

Response ID ANON-4Q29-ND6D-V

Submitted to Suicide Prevention Strategy Development Questionnaire
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Questions

Prevention

When thinking about suicide prevention work in Scotland, what do you feel has worked well in the past? What is currently working well?

Please give us your views:

Patients have access to pharmacological and non-pharmacological therapies which is critical to the effective and safe management of mental health conditions.

Increasing numbers of pharmacists working within mental health services and GP practices are using prescribing skills to manage conditions by initiating, reviewing, and reducing medication as part of the multidisciplinary team.

What do you know from other areas/countries you would like to see happen in Scotland?

Please give us your views:

The New Medicine Service (NMS) in England has improved patients' medicines adherence by 10%, creating short-term savings of over £75 million in the first five years of the service; this will lead to savings of £517.6 million in the longer term.

To improve support, consistent messaging and follow up, the RPS believes that the principles from the NMS could be applied in Scotland and enhanced by formal links between GP practices and community pharmacies, supported by the New Medicines Intervention Tool and Medicines Care and Review (MCR) service. This would improve medicines adherence which in turn leads to better treatment outcomes for patients and reduces the risk of those patients entering crisis or suicidal situations.

What should improve from what currently happens?

Please give us your views:

Timely access to pharmacological and non-pharmacological therapies could be improved. Waiting times can be lengthy and COVID has only worsened this situation.

Regular reviews of medication to ensure they are not prescribed for longer than is necessary. Many of the medicines used to treat mental health conditions are complex and associated with acute and chronic health risks and therefore require frequent blood and physical health monitoring, e.g. clozapine and lithium. Side effects vary from mild and short term to long-term and significant for some medicines. Improvement is required in monitoring and follow up to avoid and minimise the impact of medicines on physical health.

The expertise, clinical knowledge and accessibility of pharmacists across the NHS should be better used within multidisciplinary teams to support people with mental health conditions to help them live longer and healthier lives.

What additional or innovative things could be done to help?

Please give us your views:

Is there anything else you would like to add about prevention of suicide?

Please give us your views:

Early Intervention

What is currently working well to support early intervention?

Please give us your views:

What needs to improve from what currently happens?

Please give us your views:

There is a potential role for community pharmacy in preventing suicide and self-harm if properly integrated into the multidisciplinary team and included in suicide prevention strategies.

Mental health and hospital services should prioritise communicating with all relevant healthcare professionals working in primary care including community pharmacies, so that a collaborate approach to supporting people with mental health conditions is achieved in order to improve care and

prevent re-admission. All pharmacists directly involved in patient care must have access to IT systems that are interoperable with other primary care IT systems. This would include read and write access to a full and integrated electronic patient record, to allow pharmacists to fully support patients with mental health conditions.

And for those patients not already in contact with services who experience distress or voice suicidal ideas, where communication is not the priority, we need to ensure that those they turn to are equipped with the skills to provide that immediately required support and the tools to refer them to the appropriate professionals in a timely manner. To this end it is important that all pharmacists and pharmacy teams are offered suicide awareness training and have access to robust referral pathways into mental health services to help those who come to them in crisis.

What additional or innovative things could be done in the area of early intervention?

Please give us your views:

All pharmacists directly involved in patient care must have access to IT systems that are interoperable with other primary care IT systems. This would include read and write access to a full and integrated electronic patient record, to allow pharmacists to fully support patients with mental health conditions.

Is there anything else you would like to add about early intervention?

Please give us your views:

Crisis Intervention

What is currently working well to support those in suicidal crisis?

Please give us your views:

Early identification of suicidal crisis and quick access to advice and care is vitally important. Through vigilance and rapport with their patients and the public, pharmacists are well placed to identify changes in behaviour and early signs of crisis. Community pharmacists and their teams interact with 1.6 million people every day. Conveniently located on high streets and in the heart of communities they are particularly important in the early detection of mental health and wellbeing problems.

What needs to improve from what currently happens in crisis intervention?

Please give us your views:

The community pharmacy network must be involved in any local planning to identify and support people in suicidal crisis. Formal systems must be in place to enable pharmacists to directly refer patients that require immediate mental health care to appropriate health professional colleagues.

What additional or innovative things could be done to support people when they reach a point of crisis?

Please give us your views:

Pharmacists and their teams are at the front line of patient care wherever they are practicing. They can face sensitive or challenging situations and need to be equipped to support patients in distress and be aware of suicide prevention techniques. There is a potential role for community pharmacy in preventing suicide and self-harm if properly integrated into the multidisciplinary team and included in suicide prevention strategies.

Everyone in patient facing roles should be trained in mental health first aid and should be mandated to access the training now available to all staff working in health and social care to support Scotland's Suicide Prevention Action Plan. The Distress Brief Intervention (DBI) initiative which currently is accessed by some front-line services should be extended to allow community pharmacists to access training and refer directly into the service and the pilots extended to all health board areas.

Is there anything else you would like to add about crisis intervention?

Please give us your views:

Postvention

What postvention activity is currently working well?

Please give us your views:

What should improve from what currently happens?

Please give us your views:

What additional or innovative work could be done in postvention?

Please give us your views:

Is there anything else you would like to add about postvention?

Please give us your views:

Tackling Stigma

What is currently working well to address stigma?

Please give us your views:

What needs to improve from what currently happens?

Please give us your views:

Pharmacists and their teams need the knowledge, skills and confidence to effectively talk about and manage the challenges of mental health. This confidence would break down the barriers that are sometime present which may prevent a patient speaking up in times of crisis. Protected learning time is essential to be in place for all pharmacists so that they have the time to refresh their skills and further embed into the multidisciplinary health team. There must a co-ordinated approach of psychological first aid training and mental health first aid training to all pharmacists and pharmacy staff. This should include the principles of providing support to people/carers, as well as advice on the management of high-risk situations e.g. self-harm and suicide prevention.

What additional or innovative things could be done to tackle stigma around suicide?

Please give us your views:

How can we encourage open, honest and safe conversations and discussion about suicide?

Please give us your views:

We can encourage these discussions by furnishing all those involved in the patient's care with the tools, skills and confidence to start those conversations or engage with them when approached.

What could/should we do around the influence (positive and negative) of the media and social media on conversations and perceptions around suicide?

Please give us your views:

Is there anything else you would like to add about tackling stigma?

Please give us your views:

Raising Awareness and Building Capacity

What is currently working well?

Please give us your views:

Specialist mental health pharmacists currently have a valuable input in all settings into the multidisciplinary team. All pharmacists have an important role in identifying declining mental health and signposting to appropriate support when it is required.

What needs to improve from what currently happens?

Please give us your views:

What additional or innovative things could be done to raise awareness of suicide and suicide prevention work?

Please give us your views:

Specialist mental health pharmacists working with families, carers, care staff, general practice and

specialist care of the elderly teams could have a valuable input with regards patients medication and the optimisation of regimes and build capacity.

How do we improve the knowledge and skills of those who will support people with thoughts of suicide in different settings such as communities, families, workplaces etc?

Please give us your views:

Pharmacies are at the heart of communities; they are accessible and the public know there is a healthcare professional there who is easily accessible. It makes sense that people in crisis will often turn to pharmacists for help. Pharmacists and pharmacy staff need to undergo suicide awareness/intervention training so that when faced with these patients they have skills to support and help them immediately. There must also be

appropriate referral pathways set up to ensure that pharmacists and pharmacy teams can contact mental health teams who can input into that patients care immediately and going forward.

Is there anything else you would like to add about building capacity and raising awareness?

Please give us your views:

Cross-policy Work

Which other policy areas/interests need to be involved in the prevention of suicide?

Please give us your views:

What makes this difficult?

Please give us your views:

How can the effectiveness of cross-policy work be ensured?

Please give us your views:

Anything else?

Please use this space to highlight or raise any other areas you feel should be included in the next suicide prevention strategy for Scotland.

Please give us your views:

Data Sharing

Please confirm that you agree to your anonymised responses to the Suicide Prevention Strategy Development questionnaire being shared with Scottish Government and partners.

I agree:

Yes

About you

What is your name?

Name:

Laura Wilson

What is your email address?

Email:

laura.wilson@rpharms.com

Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:

Royal Pharmaceutical Society

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this engagement exercise?

Yes

I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy.

I consent

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Very satisfied

Please enter comments here.:

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:

Very satisfied

Please enter comments here.: