
RBC
Cardinal Health
DENVER
JULY 9-12, 2025
NCPA®
NATIONAL COMMUNITY
PHARMACISTS ASSOCIATION

Mindful Medicine: A Clinical Update for Managing Mental Health

Rhianna Fink, PharmD, BCACP, BC-ADM

Associate Professor and Clinical Pharmacist, University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences

NCPA NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

RBC Cardinal Health DENVER JULY 9-12, 2025

Disclosure Statement

There are no relevant financial relationships with ACPE defined commercial interests for anyone who was in control of the content of the activity.

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

RBC Cardinal Health DENVER
JULY 9-12, 2025

Pharmacist and Technician Learning Objectives

1. Review diagnosis and management of common mental health disorders, including depression and anxiety.
2. Discuss considerations for special populations being treated for depression and anxiety.
3. Summarize strategies for supporting patients through a mental health crisis.

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

RBC Cardinal Health DENVER
JULY 9-12, 2025

Speaker

Rhianna Fink, PharmD, BCACP, BC-ADM

Associate Professor and Clinical Pharmacist

University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

MAJOR DEPRESSIVE DISORDER (MDD)

- 21.9 million adults (8.5%) and 4.5 million adolescents (18.1%) estimated to have had at least one major depressive episode in 2023.
- May develop at any age.
- Half of patients with an initial episode will experience another.
- Risk factors

GENETIC

BIOLOGICAL

ENVIRONMENTAL

PSYCHOLOGICAL

NCPA NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

SAMHSA. Key substance use and mental health indicators in the United States. July 2024. Available at: https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report

SCREENING RECOMMENDATIONS

U.S. Preventive Services Task Force (USPSTF)

- Adults age ≥ 18 years (2023)
  - Screen for depression in the adult population, including pregnant and postpartum persons, as well as older adults.
  - Grade: B
- Adolescents aged 12 to 18 years (2022)
  - Screen for major depressive disorder (MDD) in all adolescents aged 12-18 years
  - Grade: B

US Preventive Services Task Force. Screening for Depression and Suicide Risk in Adults: US Preventive Services Task Force Recommendation Statement. *JAMA.* 2023;329(23):2057–2067.
US Preventive Services Task Force. Screening for Depression and Suicide Risk in Children and Adolescents: US Preventive Services Task Force Recommendation Statement. *JAMA.* 2022;328(15):1534–1542.

SCREENING TOOLS FOR DEPRESSION

PHQ-2

- Used for depression screening
- Includes the first 2 questions of the PHQ-9
- Scores ≥ 3 should be followed by full assessment using the PHQ-9

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

Kroenke K, Spitzer RL. The PHQ-9: a new depression diagnostic and severity measure. Psychiatric Annals. 2002.32(9):509-515. https://doi.org/10.3928/0048-5713-20020901-06
Figure available here.

NCPA NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

PHQ-9

- Used for screening, diagnosis, and monitoring
- Items scored from:
  - 0 (not at all) to 3 (nearly every day)
- Scoring
  - 0-4 no or minimal depressive symptoms
  - 5-9 mild depression
  - 10-14 moderate depression
  - 15-19 moderately severe depression
  - 20-27 severe depression

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals _____ + _____ + _____

Add Totals Together _____

NCPA NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Kroenke K, Spitzer RL. The PHQ-9: a new depression diagnostic and severity measure. Psychiatric Annals. 2002.32(9):509-515. https://doi.org/10.3928/0048-5713-20020901-06
Figure available here.

SYMPTOMS OF DEPRESSION

Emotional

- Depressed mood
- Irritability
- Anxiety
- Social withdrawal
- Crying spells
- Preoccupation with death
- Guilt, self-criticism
- Pessimism

Physical

- Fatigue, loss of energy
- Insomnia or hypersomnia
- Pain
- Change in appetite
- Weight loss or gain
- Gastrointestinal complaints
- Dry mouth & skin
- Decreased libido
- Psychomotor agitation or retardation

Cognitive

- Loss of interest
- Decreased concentration
- Confusion
- Indecisiveness
- Memory impairment

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

DSM-5 TR CRITERIA FOR DIAGNOSIS

- Five or more of the following symptoms:
  - Depressed mood*
  - Markedly diminished interest or pleasure in all or almost all activities*
  - Significant weight loss or gain (>5% body weight), or increase or decrease in appetite
  - Insomnia or hypersomnia
  - Psychomotor agitation or retardation
  - Fatigue or loss of energy
  - Feeling of worthlessness or excessive or inappropriate guilt
  - Diminished concentration or indecisiveness
  - Recurrent thoughts of death or suicide
- Symptoms present during the same 2-week period
- Represent a change from previous functioning

NCPA NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

RBC Cardinal Health DENVER JULY 9-12, 2025

American Psychiatric Association. Depressive Disorders. In *DSM-5-TR*. 2022.

DEPRESSION TREATMENT STRATEGIES

	American Psychiatric Association (2010)	VA/DoD Clinical Practice Guidelines for the Management of Major Depressive Disorder (2022)
Mild or Moderate Depression	Psychotherapy +/- Pharmacotherapy (SSRI, SNRI, bupropion, or mirtazapine)	Psychotherapy or Pharmacotherapy (SSRI, SNRI, bupropion, or mirtazapine, **trazodone, vilazodone, vortioxetine**)
Severe Depression	Psychotherapy + Pharmacotherapy *ECT in certain situations	Psychotherapy + Pharmacotherapy *ECT in certain situations

NCPA NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder. October 2010.
VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder. February 2022.

*ECT = Electroconvulsive therapy

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

- **Available agents**
  - Citalopram (Celexa®)
  - Escitalopram (Lexapro®)
  - Fluoxetine (Prozac®)
  - Fluvoxamine (Luvox®)
  - Paroxetine (Paxil®)
  - Sertraline (Zoloft®)

- **Warnings/Precautions/Contraindications**
  - QTc prolongation (especially citalopram)
  - Serotonin syndrome
  - Withdrawal syndrome*

- **Notable adverse effects**
  - Gastrointestinal – nausea, vomiting, diarrhea
  - Weight gain
  - Sexual dysfunction
  - Orthostatic hypotension
  - Drowsiness
  - Insomnia/agitation

SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

- **Available agents**
  - Desvenlafaxine (Pristiq®)
  - Duloxetine (Cymbalta®)
  - Levomilnacipran (Fetzima®)
  - Venlafaxine (Effexor®)

- **Notable adverse effects**
  - Gastrointestinal – nausea, vomiting, diarrhea
  - Sexual dysfunction
  - Elevated blood pressure
  - Insomnia/agitation
  - Hyperhidrosis

- **Warnings/Precautions/Contraindications**
  - Serotonin syndrome
  - Withdrawal syndrome*

OTHER FIRST LINE AGENTS

Bupropion

- **Notable adverse effects**
  - Nausea and vomiting
  - Tremor
  - Agitation
  - Insomnia
  - Weight loss
- Caution use in patients with seizure disorders, eating disorders, and other conditions which increase seizure risk
- Other clinical uses: smoking cessation, SSRI-induced sexual dysfunction

Mirtazapine

- **Notable adverse effects**
  - Sedation
  - Weight gain
  - Anticholinergic (e.g. dry mouth, constipation)
- Caution in patients with decreased GI motility, urinary retention, BPH

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

OTHER FIRST LINE AGENTS

Trazodone (Desyrel®)

- **Adverse effects**
  - Nausea and vomiting
  - Dry mouth
  - Dizziness
  - Sedation
- Side effects associated with higher doses may limit use
- Other clinical uses: insomnia

Vilazodone (Viibryd®)

- **Adverse effects**
  - Nausea
  - Diarrhea
  - Headache
- Now available generically
- Positive short-term data; limited long-term data

Vortioxetine (Trintellix®)

- **Adverse effects**
  - Nausea
  - Diarrhea
  - Insomnia
- Brand name only

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

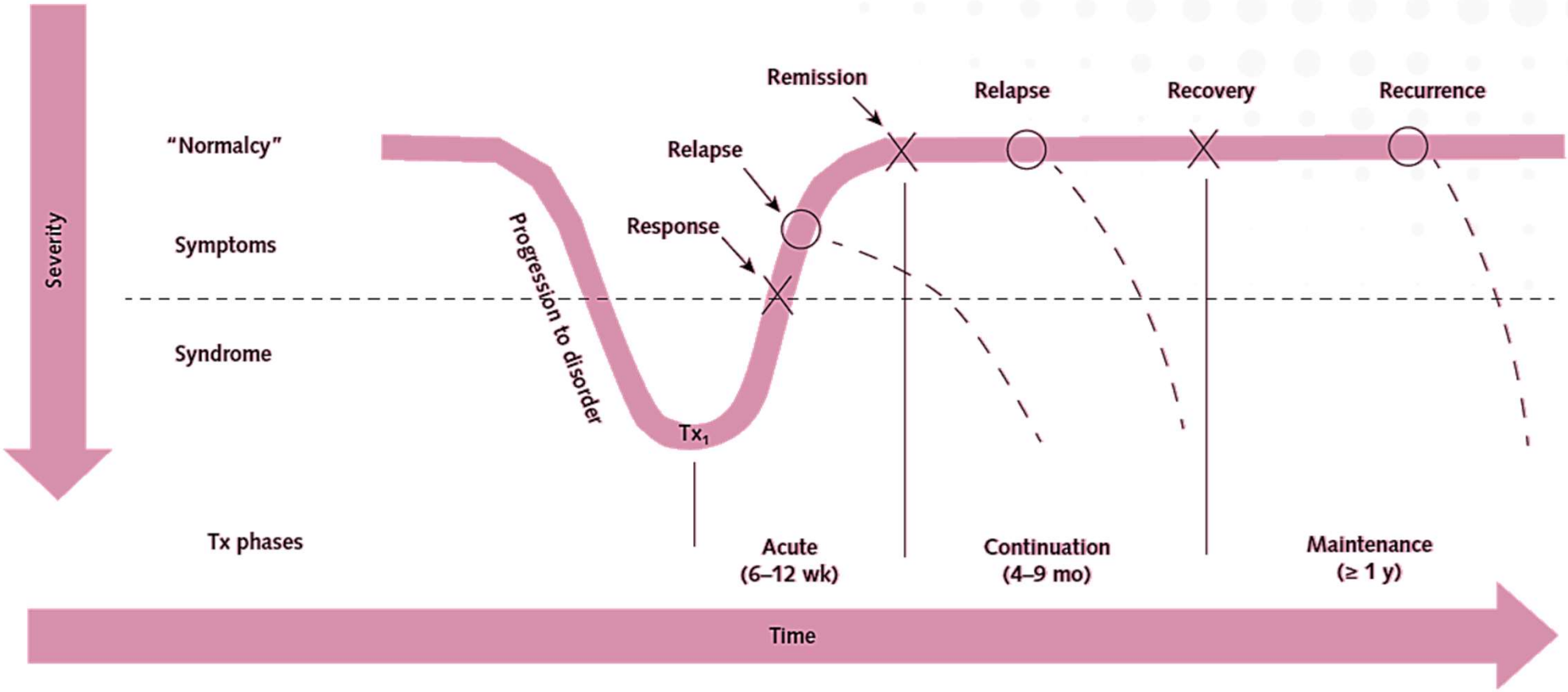
SELECTING AN INITIAL ANTIDEPRESSANT

- Prior treatment response (patient, family)
- Comorbid medical conditions
- Concurrent medications and drug-drug interaction potential
- Pharmacokinetic considerations
- Adverse event profile/tolerability
- Presenting symptoms
- Cost

VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder. February 2022.

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

PHASES OF TREATMENT



NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Figure from: Qaseem A, et.al. Ann Intern Med. 2016; 164:350-359

RESPONSE TO THERAPY

- Goal of therapy = remission
- Approximately 2/3 of patients fail to achieve remission with initial pharmacotherapy
- Strategies for managing partial or nonresponse
  - Increase dose (if not optimized)
  - Augmentation
  - Switch antidepressants
  - Add psychotherapy

Nonresponse
Less than a 25% decrease in baseline symptoms

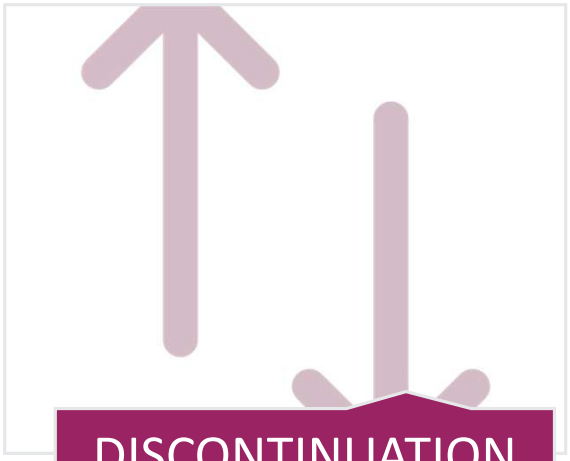
Response
50% decrease in baseline symptoms

Remission
Absence of symptoms

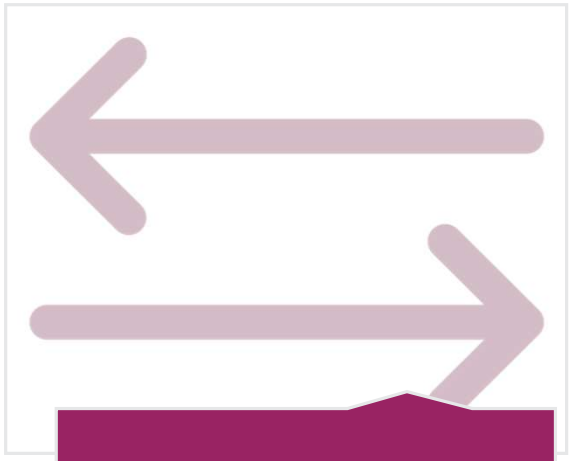
NCPA NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder. February 2022.

SWITCHING ANTIDEPRESSANTS



DISCONTINUATION AND WASHOUT



DIRECT SWITCH

CROSS TITRATION

VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder. February 2022.

NCPA NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

AUGMENTATION

- May consider if partial response to therapy after ~4-8 weeks; avoid if nonresponse to treatment
- Agents include
  - Second generation antipsychotics (e.g. aripiprazole, brexpiprazole, quetiapine)
  - Lithium
  - Liothyronine
  - Buspirone
  - Stimulants – modafinil, methylphenidate
  - Ketamine?

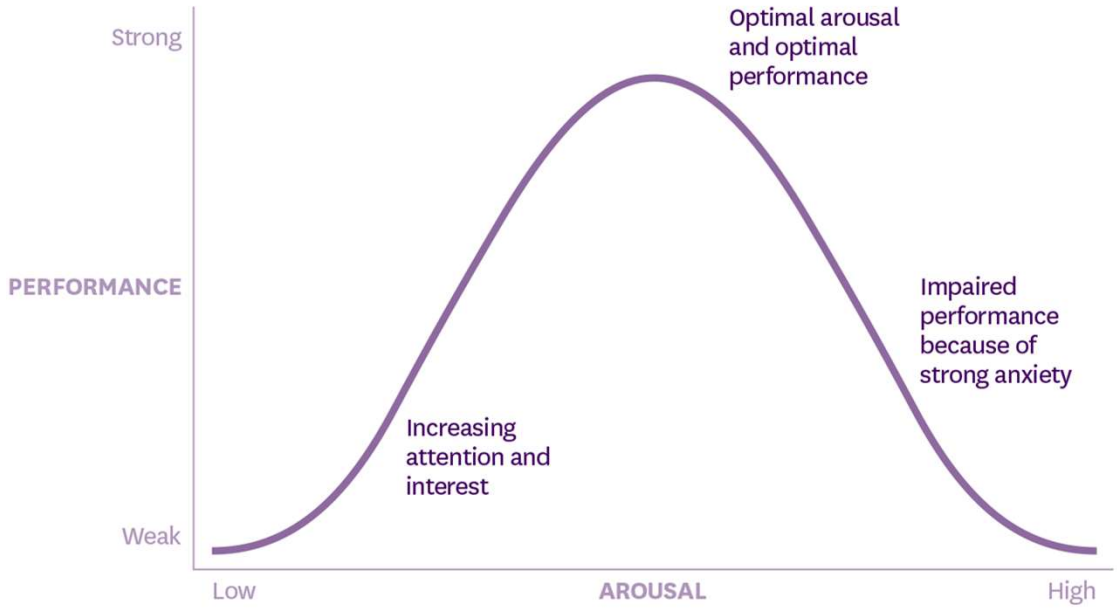
VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder. February 2022.

GENERALIZED ANXIETY DISORDER

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

GENERALIZED ANXIETY DISORDER (GAD)

- Anxiety = physiological and psychological state of increased arousal
- In 2019, 15.6% of adults experienced mild, moderate, or severe symptoms of anxiety
- Women experience anxiety more than men
- Frequently co-occurs with depression



NCPA NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Terlizzi EP, Villarroel MA. NCHS Data Brief. No 378. September 2020.
Image from: https://hbr.org/2016/04/are-you-too-stressed-to-be-productive-or-not-stressed-enough

RBC Cardinal Health DENVER JULY 9-12, 2025

SCREENING RECOMMENDATIONS

U.S. Preventive Services Task Force (USPSTF)

- Adults 64 years or younger (2023)
  - Screen for anxiety disorders in adults, including pregnant and postpartum persons
  - Grade: B
- Children and adolescents (2022)
  - Screen for anxiety in children and adolescents aged 8-18 years
  - Grade: B

US Preventive Services Task Force. Screening for Anxiety Disorders in Adults: US Preventive Services Task Force Recommendation Statement. *JAMA.* 2023;329(24):2163–2170.
US Preventive Services Task Force. Screening for Anxiety in Children and Adolescents: US Preventive Services Task Force Recommendation Statement. *JAMA.* 2022;328(14):1438–1444.

GAD-7

- Used for anxiety screening
- Scores ≥ 10 suggestive of GAD
  - Diagnosis requires clinical interview to confirm
- Items scored from:
  - 0 (not at all) to 3 (nearly every day)
- Scoring
  - 0-4 minimal anxiety
  - 5-9 mild anxiety
  - 10-14 moderate anxiety
  - 15-21 severe anxiety

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals _____ + _____ + _____ + _____ =

Total score _____

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

NCPA NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Figure available here.

DSM-5-TR CRITERIA FOR DIAGNOSIS

- Excessive anxiety and worry occurring more days than not about a number of events or activities (e.g. work, school performance)
- Individual finds it difficult to control the worry
- ≥ 3 symptoms
- Present most days for at least 6 months
- Causes significant distress or impairment in social, occupational, or other important areas of functioning.
- Not attributable to the effects of a substance or other medical condition.
- Not better explained by another mental disorder.

Restlessness/keyed up/on edge
Easily fatigued
Difficulty concentrating or mind going blank
Irritability
Muscle tension
Sleep disturbances

American Psychiatric Association. Generalized Anxiety Disorder. In *DSM-5-TR*. 2022.

ANXIETY TREATMENT STRATEGIES

	British Association for Psychopharmacology (BAP) (2014)	World Federation of Societies of Biological Psychiatry (WFSBP) (2022)
First Line	CBT SSRI: escitalopram, paroxetine, sertraline BZD: alprazolam, diazepam TCA: imipramine Buspirone, Hydroxyzine	CBT SSRI: escitalopram, paroxetine, sertraline SNRI: duloxetine, venlafaxine BZD: short-term use before onset of efficacy of antidepressants
Second Line	Alternate evidence-based treatment	Imipramine Pregabalin

NCPA® NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Baldwin DS, et al. Evidence-based pharmacological treatment of anxiety disorders, PTSD, and OCD: a revision of the 2005 guidelines from the British Association for Psychopharmacology. 2014.
Bandelow B, et al. World Federation of Societies of Biological Psychaitry (WFSBP) guidelines for treatment of anxiety, obsessive-compulsive and posttraumatic stress disorders – Version 3. Part 1: Anxiety disorders. 2022.

NON-PHARMACOLOGIC INTERVENTIONS

- Cognitive Behavioral Therapy (CBT)
- Mindfulness-based therapy
- Exercise/physical activity
- Sleep hygiene
- Diet
- Meditation
- Music therapy
- Yoga

U.S. Department of Veterans Affairs. Non-Pharmacologic Approaches to Clinical Conditions. Available from https://www.va.gov/WHOLEHEALTHLIBRARY/tools/non-pharmacologic-approaches-to-clinical-conditions.asp

BENZODIAZEPINES FOR GAD

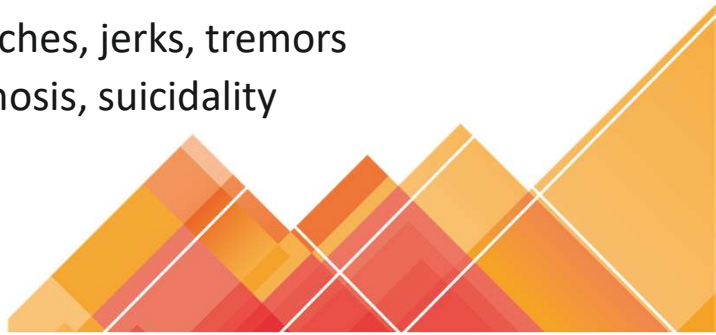
- Effective for rapid relief of acute anxiety symptoms
  - No effect on psychological symptoms
- **Short-term** use only
  - Limit duration to 2-4 weeks
- Doses scheduled rather than PRN
- Tapering required to minimize risk of withdrawal

NCPA® NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Brunner et al. Joint Clinical Practice Guideline on Benzodiazepine Tapering. J Gen Intern Med. 2025.

BENZODIAZEPINE WITHDRAWAL

- Withdrawal symptoms may occur as soon as 2-4 weeks of treatment
  - Pursue tapering after 2 weeks of use or longer to minimize risk
- Dose, duration of use, and BZD half-life influence intensity, duration of withdrawal
- Common symptoms
  - General: Increased BP, headaches, night sweats
  - Affective: anxiety, depression, irritability, agitation
  - Cardiovascular: chest pain, palpitations, tachycardia
  - Gastrointestinal: abdominal cramps, diarrhea, N/V
  - Neurologic: cognitive impairment, confusion, seizures, sensory hypersensitivity, tingling/numbness, tinnitus
  - Neuromuscular: coordination problems, muscle pain, tension, twitches, jerks, tremors
  - Neuropsychiatric: akathisia, depersonalization, derealization, psychosis, suicidality
  - Sleep: hypersomnia, insomnia, nightmares
- Inpatient versus outpatient management



Brunner et al. Joint Clinical Practice Guideline on Benzodiazepine Tapering. J Gen Intern Med. 2025.

BENZODIAZEPINE TAPERING

Recommendations from the Joint Clinical Practice Guideline on BZD Tapering:

- Optimize evidence-based treatment for any psychiatric disorder prior to the BZD taper
- Use scheduled BZD doses rather than PRN doses
- Dose reduction strategies
  - Initial: 5-10% every 2-4 weeks
  - Typically do not exceed 25% every 2 weeks
- Pause and/or slow the taper if severe withdrawal symptoms occur
- Transition patients without contraindications to a comparable dose of a longer-acting BZD for duration of the taper
- Long-term BZD use may require months to year(s) long taper

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Brunner et al. Joint Clinical Practice Guideline on Benzodiazepine Tapering. J Gen Intern Med. 2025.

SPECIAL POPULATIONS: OLDER ADULTS

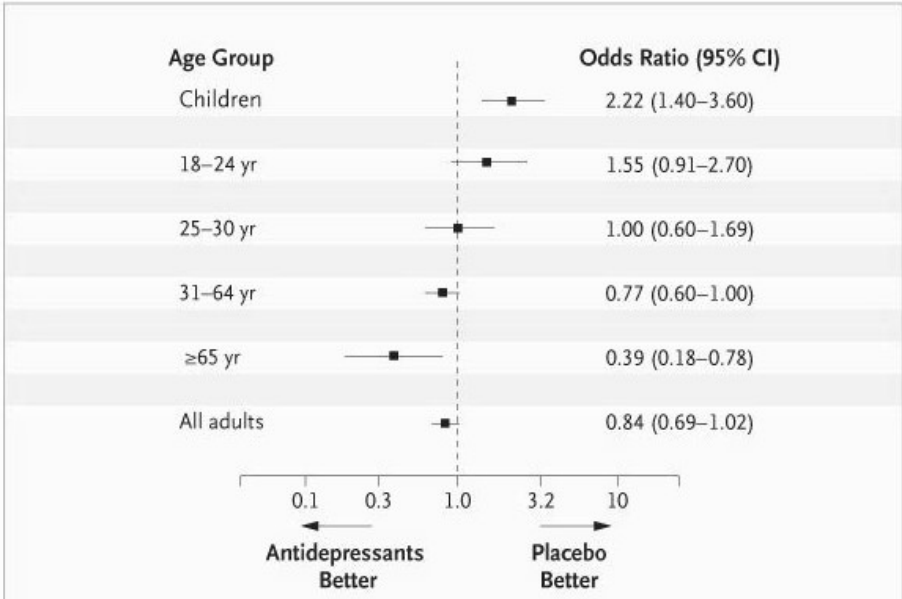
- Depressed mood may not be a prominent symptom at presentation
  - Other symptoms such as changes in appetite, sleep disturbances, cognitive impairment, somatic complaints may predominate
- Diagnosis often harder to recognize or mistaken for other disorders
- Treatment with pharmacotherapy:
  - Initiate antidepressant doses at ½ the usual initiation dose
  - Titrate more slowly

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Kok RM, Reynolds CF. Management of Depression in Older Adults: A Review. *JAMA.* 2017;317(20):2114–2122. doi:10.1001/jama.2017.5706

SPECIAL POPULATIONS: PEDIATRICS

- May present with non-specific symptoms (e.g. boredom, anxiety, impulsivity, somatic complaints)
- FDA-approved agents
  - Fluoxetine
  - Escitalopram
- Boxed warning regarding increased risk of suicidal thoughts and behavior
  - Risk thought to be age dependent
  - Applies to children, adolescents, and young adults aged 18-24 years



Friedman RA, Leon AC. N Engl J Med 2007; 356:2343-2346.

SPECIAL POPULATIONS: PREGNANCY

- Diagnosis may be harder due to overlap of symptoms common in pregnancy (e.g. mood changes, appetite and weight changes, fatigue, decreased energy)
- Psychotherapy 1st-line for mild to moderate depression
- Antidepressant considerations
  - SSRIs considered first line, with sertraline and escitalopram preferred
  - Paroxetine should be avoided
  - Risks: persistent pulmonary hypertension of the newborn (PPHN), transient neonatal adaptation syndrome
- Avoid polypharmacy
- Minimize “switching”
- Use lowest effective dose to achieve clinical goal

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

The American College of Obstetricians and Gynecologists. Treatment and management of mental health conditions during pregnancy and postpartum. June 2023.

SPECIAL POPULATIONS: LACTATION

- If stabilized on a therapy during pregnancy, avoid changing therapy postpartum
- If initiated postpartum, opt for medications with low breast milk transfer
- Factors that influence infant exposure through breast milk
  - Lipid solubility
  - Half-life
  - Oral bioavailability
  - Drug ionization
  - Protein binding
- SSRIs preferred (sertraline, fluoxetine)
- New for postpartum depression: zuranolone (Zurzuvae®)

The American College of Obstetricians and Gynecologists. Treatment and management of mental health conditions during pregnancy and postpartum. June 2023.

Let's Discuss!!

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Share your top three or four counseling points to relay to patients who may be newly initiating therapy for depression or anxiety.

My Top Four

1. Common adverse effects
2. Timeframe for response
3. Discontinuation/withdrawal and need to taper
4. Suicidality

PHARMACY PROFESSIONALS AND MENTAL HEALTH CRISES

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

RBC Cardinal Health DENVER
JULY 9-12, 2025

SUPPORTING PATIENTS THROUGH MENTAL HEALTH CRISES

MYTH OR FACT???

Suicide is a leading cause of death in the United States.

Asking about suicide will cause someone to become suicidal.

Most suicides happen suddenly without warning.

Suicide is preventable.

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

SUICIDE STATISTICS

- Suicide is a leading cause of death in the United States
  - 12.8 million seriously thought about suicide
  - 3.7 million made a plan
  - 1.5 million attempted suicide
- 49,000 people died by suicide in 2023
- 1 death every 11 minutes

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

CDC. Suicide Data and Statistics. 2025. Available at: https://www.cdc.gov/suicide/facts/data.html

RISK FACTORS

- Prior suicide attempt
- Family history of suicide
- Psychiatric history
  - Mood and anxiety disorders
  - PTSD
  - Schizophrenia
  - Substance use disorders
  - Certain personality disorders
- Serious physical health conditions (e.g. pain, traumatic brain injury)
- History of trauma, abuse, neglect
- Stressful life events (e.g. relationship problems, financial crises, life transitions or loss)
- Prolonged stress (e.g. harassment, bullying)
- Access to lethal means (e.g. firearms, medications)

NCPA NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

ASFP. Risk factors, protective, factors, and warning signs. Available at: https://afsp.org/risk-factors-protective-factors-and-warning-signs/
WICHE. Suicide prevention toolkit for primary care practices: CO edition. Available at: https://www.wiche.edu/resources/suicide-prevention-toolkit-for-primary-care-practices-colorado-edition/

WARNING SIGNS

- Talking of:
  - Wanting to hurt/kill self
  - Being in unbearable pain
  - Feeling hopeless/having no reason to live
- Seeking means (e.g. seeking access to firearms, pills, etc.)
- Loss of interest, withdrawing socially
- Preoccupation with death and dying
- Giving away prized possessions
- Taking unnecessary risks/acting reckless/neglecting health
- Increased substance use
- Large changes in mood (e.g. anxiety, agitation, aggression)

ASFP. Risk factors, protective, factors, and warning signs. Available at: https://afsp.org/risk-factors-protective-factors-and-warning-signs/
WICHE. Suicide prevention toolkit for primary care practices: CO edition. Available at: https://www.wiche.edu/resources/suicide-prevention-toolkit-for-primary-care-practices-colorado-edition/

PROTECTIVE FACTORS

- Strong personal relationships and positive social connections
- Positive coping skills
- Religious or spiritual beliefs
- Access to effective mental health care
- Safe, supportive environments (home, school, work, community)

ASFP. Risk factors, protective, factors, and warning signs. Available at: https://afsp.org/risk-factors-protective-factors-and-warning-signs/
WICHE. Suicide prevention toolkit for primary care practices: CO edition. Available at: https://www.wiche.edu/resources/suicide-prevention-toolkit-for-primary-care-practices-colorado-edition/

Let's Discuss!!

What are some interventions pharmacists or pharmacy technicians could take when a patient who may be experiencing a mental health crisis presents to your community pharmacy setting?

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

PHARMACY PROFESSIONALS AND SUICIDE PREVENTION

- Recognize, respond to, and educate others on warning signs for suicide
- Collaborate in the management of mental health disorders by supporting safe and effective medication use
- Screen patients for suicide risk
- Offer support and empathy
- Promote safe environments (lethal means mitigation)
- Provide information on professional resources (e.g. 988, 911, local crisis centers, emergency rooms)
- Welfare checks
- Mental Health First Aid Training*

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Pharmacy Times. 5 Ways Pharmacists Can Help Prevent Suicide. 2018. Available at: https://www.pharmacytimes.com/view/5-ways-pharmacists-can-help-prevent-suicide

Questions?

Rhianna Fink
Associate Professor and Clinical Pharmacist
University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences
rhianna.fink@cuanschutz.edu

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION