

## Communication Training about Depression and Suicide Prevention for Pharmacists: A Hungarian Pilot Study

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**Abstract :** Communication training about depression and suicide prevention for pharmacists - A Hungarian pilot study Mónika Ditta Tóth<sup>1</sup>, Ádám Fritz<sup>2</sup>, Balázs Hankó<sup>2</sup>, György Purebl<sup>1</sup> 1: Semmelweis University, Institute of Behavioural Sciences 2: Semmelweis University, University Pharmacy Department of Pharmacy Administration Background: Suicide rates in Hungary have been one of the highest in the European Union. Depression is one of the main risk factors for suicide and recognizing and treating depression is an effective way to prevent suicidal behaviour. In their daily practice, pharmacists meet patients with high risk of mental health problems. Therefore they have a key role in the prevention of depression and suicide. Aim: The main aim of this study is to raise pharmacists' awareness about depression and suicide to enable better recognition of verbal and non-verbal signs of these diseases. Another important objective is to reduce their stigma about depression and increase their confidence in communication with depressed and/or suicidal patients. Methods: A 3-hour communication workshop has been delivered in this pilot study about the reasons, trigger factors, verbal and non-verbal signs of depression and suicide. The training includes communication techniques which have been developed to patients needs, as well as role-playing scenarios. Depression Stigma and Morris Confidence Scales were applied before, after and 6 weeks following the training. The results of the training group are then compared with two of the following pharmacist groups: 1. written material only (N=15), 2. no material (N=15). Results: One-way ANOVA revealed significant differences in the training group regarding the level of confidence in treating and communicating with patients with depression and/or suicide following the training, and after 6 weeks ( $F(2, 24) = 7,135, p = .004$ ; baseline: 20,37, after training: 30,00, follow up: 27,66). After the 3-hour workshop the personal stigma about depression decreased (baseline: 19,75 after training: 17,00,  $p = 0,075$ ) in the training group (N=9), whilst the perceived stigma did not change (before: 33,54, after: 33,44,  $p = \text{NS}$ ). Trainees assessed the workshop as 'useful' and 'gap filling'. No significant differences was found in the group of pharmacists who got written material only. Conclusions: Despite the high rates of depression and suicide in Hungary, pharmacists do not receive lectures or seminars about mental health during their university studies. Such half-day workshops could fill this gap and give practical help to recognize and communicate with depressed and/or suicidal patients in a more effective way. This way pharmacists, as community gatekeepers, could contribute to a more effective suicide prevention program in Hungary.

**Keywords :** communication training, pharmacists, depression, suicide

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