
COMMENTARY

Suicide prevention in Nigeria: Can community pharmacists have a role?

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ABSTRACT

One of the main causes of death worldwide and a challenge for global public health is suicide. Every year, over 700,000 people worldwide—representing all ages, genders, and geographical areas—die by suicide. Community pharmacists are dependable, approachable front-line healthcare providers. They offer the community pharmaceutical care, but their role has not yet been properly optimized.

Community pharmacists may be able to contribute to suicide prevention and awareness in Nigeria by limiting access to methods, directing people to services, and having talks with patients based on mutual trust and accessibility to the local population.

In this essay, we examine the research on community pharmacists' contributions to the fight against suicide.

Additionally, given the current gaps in knowledge and awareness of suicide prevention within community settings, we discuss the potential role of community pharmacists in Nigeria through developing trustworthy relationships with patients, clinical counseling, and medication gatekeeping.

This commentary offers recommendations for further research while outlining potential obstacles and solutions.

Key Words: *Nigeria, Low-Middle Income Country, Community Pharmacists, Mental Health, Suicide, and Suicide Prevention.*

INTRODUCTION

One of the main causes of death worldwide and a challenge for global public health is suicide. Every year, over 700,000 people worldwide representing all ages, genders, and geographical areas—die by suicide. After traffic accidents, TB, and interpersonal violence, it is the fourth most common cause of mortality for 15 to 19-year-olds. Suicide prevention is a top objective for the World Health Organization, which wants to reduce suicide rates globally by one-third by 2030. However, 77% of suicide deaths worldwide occur in LMICs, including Nigeria, and there are few tools available to prevent them. According to the most recent WHO data on suicide worldwide, over 7000 suicides are anticipated in Nigeria year 2019. However, the number of suicides is based on assumptions because underreporting occurs due to the stigma and legality associated with suicide as well as the subpar vital registration system in Nigeria's healthcare system. As a result, it is challenging to precisely measure the burden of suicide in Nigeria.

In Nigeria, independent pharmacists who hold valid licenses run the majority of neighborhood pharmacies. Local pharmacists offer pharmaceutical treatment to the community and are dependable, approachable frontline healthcare providers. Furthermore, because consultation and Counselling are provided without charge at community pharmacies, they are less expensive than hospitals in Nigeria. As a result, they serve as many people's first point of contact and may be the only healthcare system that the majority of people use. Community pharmacies have the opportunity to interact with a variety of people as a result of the various pharmaceutical services they provide, including disease management, sex education, and immunization. These services also give them the chance to identify high-risk patients and provide suicide intervention and prevention through interactions and medication management. In Nigeria, independent pharmacists who hold valid licenses run the majority of neighborhood pharmacies. Local pharmacists offer pharmaceutical treatment to the community and are dependable, approachable

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Community pharmacists' current involvement in suicide prevention

Gibson and Lott made the first mention of community pharmacists' engagement in suicide prevention 50 years ago when discussing their role in preventing prescription overdoses. But it wasn't until a few years ago that community pharmacy engagement was looked into. Although Murphy noted the importance of community pharmacists in preventing suicide, she also noted the scant research on their function and effects. In addition, a thematic analysis of responses to open-ended survey questions about the experiences of Canadian and Australian pharmacists revealed that pharmacists play a role in supporting and caring for people who are at high risk of suicide as well as those who are thinking about suicide, primarily through referral and triage. According to a Japanese study, pharmacists who have taken suicide prevention training have a positive outlook on the subject.

Through a thorough, open-ended qualitative interview study, Gorton in the UK provided a more in-depth view of community pharmacy staff involvement in suicide prevention. Participants had positive attitudes toward discussing suicide, and the community pharmacy staff saw their easy accessibility and relationships with patients as important facilitators of such efforts. However, some barriers, such as participants' own beliefs, attitudes, lack of personal experience, and potential stigma, were identified as impeding factors to such efforts.

According to Gorton and Murphy, referral and triage are crucial in community pharmacies' attempts to prevent suicide. The two studies showed that in order to refer people who had suicide thoughts, pharmacists and their teams worked in conjunction with general practitioners, non-governmental organizations, and community-based resources. This is in favour of an extensive Japanese programme for preventing suicide that is founded on the value of widespread multidisciplinary teamwork; it was not made clear, though, whether community pharmacists are involved in this programme. Currently, Scotland and Washington State in the United States both require all licensed pharmacists and those working in the health service to complete suicide prevention training. All healthcare professionals, including pharmacists, are given the option to take suicide prevention training in other nations like the UK and Australia

Pharmacists in the community: Potential suicide prevention role

With only seven government-owned psychiatric clinics and less than 150 psychiatrists servicing a population of more than 200 million, mental health in Nigeria continues to get appallingly inadequate funding. Because there are so few mental healthcare facilities, most individuals find it difficult to receive mental healthcare, which raises the out-of-pocket medical costs that most people cannot pay. The

apparent dearth of psychiatrists in the healthcare system may make it difficult to address the population's need for mental healthcare, which is a suicide risk factor. In Nigeria, there were more than 3000 licensed community pharmacists as of 2018. Community pharmacists might expand their role and close the nation's apparent shortage of mental health professionals. In fact, a recent systematic review in Sub-Saharan Africa claimed that task sharing among medical experts was a crucial strategy for enhancing access to mental health interventions.

Despite the variations in community pharmacy procedures throughout nations, there are some universal aspects of these practises, such as medication knowledge and the interaction between the pharmacist and the patient. Nigeria could benefit from the material already in existence on community pharmacists' involvement in HIC suicide reduction efforts, such as the WHO suicide prevention recommendations, but this should be contextualized and tailored to their pharmacy practise. As previously said, community pharmacists could play a big part in preventing suicide through interactions with patients and drug management, which is categorized as limiting access to methods. In terms of referral and triage, community pharmacists may also serve as a link to other healthcare systems.

Challenges to community pharmacists' suicide prevention engagement

Despite encouraging previous research on the potential contribution of community pharmacists to suicide prevention in Nigeria, substantial obstacles still stand in the way. These barriers include the following factors.

Stigma

Nigeria has a significant stigma since Section 327 of the criminal code makes suicide a crime. This might be a barrier to its inclusion in the curricula of pharmacy schools, impeding the beginning of raising awareness of and providing assistance for suicidal people. Community pharmacists could aid in lowering stigma associated with suicide and patient hospitalization in Nigeria if a community-based approach to suicide prevention is advocated.

Insufficient cross-sectoral cooperation

When it comes to adjusting a patient's treatment plan and referrals, Multisectoral collaboration is a valuable component of suicide prevention. Although many studies have advocated collaboration, the majority of healthcare professionals in Lmics prefer to work independently of pharmacists. It may be crucial for community pharmacists and other healthcare practitioners to work well together. In Nigeria, the majority of neighborhood pharmacists do not have access to patient prescription histories. Inability to access patient information may be a major barrier to providing effective suicide intervention and referral.

Inadequate referral services

Suicidal patients may be able to access extra medical assistance through their local community pharmacy. Due to a lack of cooperation between community pharmacists and other healthcare providers, referral and triage have been cited as impediments to effective suicide prevention. For instance, Gorton study participants expressed a quandary about where to refer suicidal patients they encounter. They indicated sending the majority of their patients to family members or general practitioners. A well-developed referral

system has been emphasized as an essential component of successful suicide prevention.

Facilitators for community pharmacists' involvement in suicide prevention

Here, we go into more detail about two key facilitators that mirror the barriers to involvement.

Training and education

Community pharmacists' lack of confidence, lack of training, and lack of information have been proven to be barriers to successful communication and intervention with people who are considering suicide. To advance the pharmacist's involvement in suicide prevention, suicide prevention has to be introduced to the curricula of pharmacy schools and continuing education programmes for pharmacists. According to a survey conducted in Washington State on pharmacy students' knowledge, confidence, and skills in suicide prevention before and after training, they now have more confidence in their ability to spot the warning signs of suicide and to intervene emotionally. Supporting each and every one of the findings mentioned in this article.

DISCUSSION AND CONCLUSION

The roles of community pharmacists in preventing suicide have been divided into two types of interventions: limiting access to means and interactions between pharmacists and patients. Since they are the gatekeepers and authorities on medications, community pharmacists have a clear role in means restriction. Established patient connections have been found to be facilitators in suicide prevention efforts in studies. The studies emphasized the community pharmacy setting as a secure setting where people considering suicide could speak with the pharmacy teams about their thoughts and feelings.

There is a need to create private consultation areas within the pharmacy as secure locations for people at risk of suicide in community pharmacy settings in Nigeria. The reports that are now available in some HICs on community pharmacists' interactions with suicidal patients or those who have suicidal thoughts may highlight how crucial data accessibility is to developing a suicide prevention programme. In addition, Nigeria urgently needs to implement legislation and take action against stigma in order to ensure adequate reporting of suicide. This might raise awareness of the issue and pique government interest in giving suicide prevention programme top priority. The importance of community pharmacists in preventing suicide will be recognized more and more as literature, regulations, and reports are released. Although the majority of the available but restricted research is focused on HICs, this may still be a good place to start. A deeper comprehension of Nigeria's suicide prevention plan is required. To completely understand the best strategy to teach and train community pharmacists for a future role in suicide risk assessment and prevention, additional in-depth study on suicide and community pharmacists' knowledge, attitudes, and views regarding suicide has to be undertaken in Nigeria.