

Research Project

We were approached by Dr Hayley Gorton who is a Pharmacist and Senior Lecturer around supporting to design a research proposal around the role of pharmacy in suicide prevention.

Pharmacists have shared that they have had service users with limited prescription quantities but were not given information about the reasons for this. This feels like a missed opportunity to include pharmacists in the circle of care which can include suicide prevention.

The research aims to understand whether limiting medicines within a prescription works to prevent suicide.

There is already an understanding that limiting medications may have a negative impact on individuals such as the inconvenience or inaccessibility of collecting them leading to not taking the medication for another health condition.

Dr Gorton was keen to hear from:

- People with experience of having limited medication quantities prescribed in order to keep them safe.
- People who have been offered medicines in a limited quantity by the Doctor (or other prescriber) and did not go ahead with these medicines.
- People bereaved by suicide.

Some of our volunteers and our Project Coordinator attended the research consultation.

“We have invaluable information which needs to be fed in to research. Hayley was interested in our responses”

How did involvement impact the research?

1 Hidden Harms

The group endorsed the need to balance poisoning risk and appropriate treatment considering potential ‘hidden harms’.

These included distress about obtaining supply in time, with people sometimes going without treatment; feeling disempowered and ‘counterproductive’ as people may substitute methods of self-harm.

2 Work package sequence

Discussions showed that themes from interviews with people with experience will inform the interviews conducting with healthcare professionals

As a result, the order of these studies have been swapped.

3 Big data study

Members felt this study was an appropriate use of anonymised, linked healthcare data.

Restricting the cohort to people who self-harmed would be unrepresentative, as their experience was that their prescriber did not know about their self-harm.

4 Interview studies

- Opinions differed about whether 1:1 interview or focus groups would be preferred but, on balance, interviews will be offered.
- Ensuring people from all communities can participate is essential, particularly those from ethnic minorities.
- Flexibility of interview times and modality was deemed crucial.
- Members agreed that secondary care doctors (e.g. pain specialists) were important but questioned the value of including GP receptionists, citing some poor experiences. As this in itself could be informative, this group will be included.

Next steps:

These suggestions have supported Dr Gorton to develop her research proposal further and will continue to inform the work going forwards.

Reflections

One challenge was that for co-production to feel meaningful, it is important to have regular updates and feedback on how input has impacted on outcomes and changes.

Due to the long-term nature of research and some changes in circumstances for the researcher, it was not possible to share many updates with those who gave their lived experience perspective.

However, the researcher was careful to be transparent and open about this and has more recently followed up with our Coordinator to maintain contact and showcase the changes that the consultation has led to as shown above.

Impact for researcher:

“I have been humbled by people’s generosity of sharing their experience, in a sensitive and constructive way. Arlie led the group with compassion and supported me to ensure my approach was optimal and sensitive to people’s needs. I hope members of the group can continue to be involved in the project, as working with them so far has been an absolute privilege.”