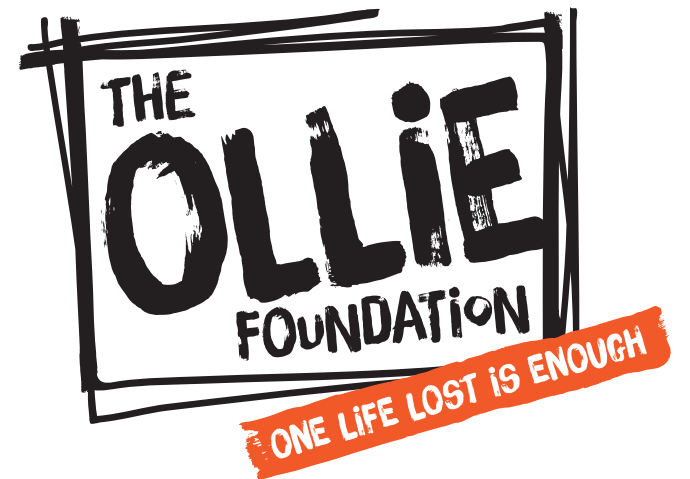


**OLLIE'S  
SAFER  
PRESCRIBING  
INITIATIVE**



## The OLLIE Foundation

The OLLIE Foundation is a suicide prevention charity, set up in 2016 by three Hertfordshire parents who had each lost a son to suicide. They met in bereavement support and vowed to do all they could to stop another family going through the heartache they were experiencing.

**OLLIE** stands for **One Life Lost Is Enough**.

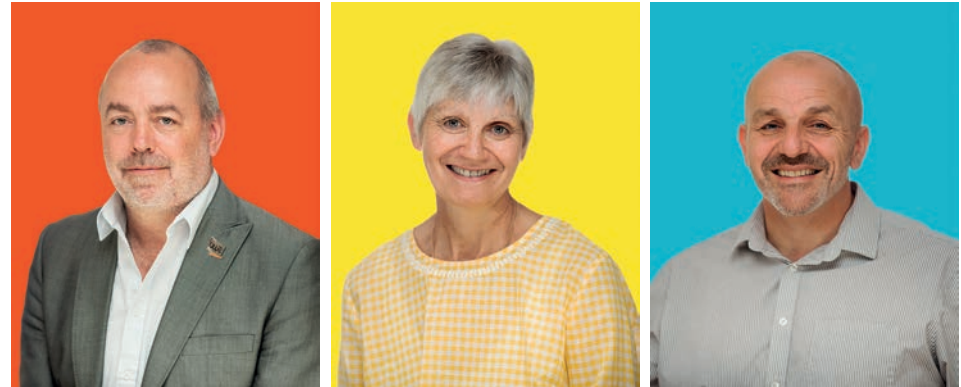
OLLIE provides wellbeing, prevention and intervention events, training, talks and panel events for professionals, parents and students.

Our mission is to reduce the incidence of suicide, particularly amongst our young people.

One way we do this is through the provision of training and education to parents, children, teens and young adults and to all those with a duty of care for others. Through our work we aim to reduce both the stigma and the fears people have in talking about suicide.

We aim to advance the pedagogy and discourse around suicide studies and effective early intervention and prevention techniques and strategies.

Our work always aims to support curiosity, skills, capacities and knowledge so each generation can stay safer from suicide and bereavement from suicide.



The OLLIE Foundation founders – Stuart, Jane and Chris

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# 1. Why is this proposal important?

## The context

There is an inherent conflict when prescribing antidepressants (SSRIs). On the one hand, we know that untreated depression can lead to suicide, however, we also know that SSRIs can initially make a patient feel worse and known side-effects include deepening depression, worsening anxiety and suicidal thinking.

SSRIs have been a useful addition to the prevention tool kit and many benefit enormously from them. And while this is the case, it is also true that many people have ended their lives in the first few weeks of starting antidepressants.

Patients using SSRIs may have suicidal thoughts or end their life because of the initial issues and lack of support which brought them to experience depression in the first place.

However, SSRIs have had a black box warning attributed to them since 2009 and some patients have become suicidal and ended their life as a result of their medication.

For the most part, the public are unaware of all of this.

A 2019 study by the Council for Evidence-Based Psychiatry (CEP) found that approximately 1 in every 200 people who started taking antidepressants would attempt suicide due to the pharmacologic effects of the drug. Evidence shows there to be an increased impact on younger populations.

This is significant, given that between April–June 2021 20.5 million antidepressant drugs were prescribed in the U.K. This is a 2% increase

from 20.2 million items in the previous quarter, and a 7% increase from 19.2 million items for the same quarter in 2020/21. Given that international estimates suggest around 1 in 20 suicide attempts will end in death, these are extremely concerning sets of numbers.<sup>1</sup>

## Our existing protocols around patients using SSRIs have struggled to manage this inherent conflict.

What if there was a way to provide an extra layer of protection to patients at the point of prescribing without extending the appointment time?

What if there was a way to ensure the patient left their consultation confident in their medication and better equipped to navigate suicidal thoughts, whether from overwhelm or as a side-effect of their medication?

And what if this could all be done within the allotted appointment time – would that be useful?

**The OLLIE Foundation's Safer Prescribing Initiative** offers a comprehensive and robust programme of support for all stakeholders that can enhance both the medical, community and self-support of patients using SSRIs such that patients can be better protected from self-harm and suicide whilst on medication.

## 2. Why do we need safer prescribing?

### The current reality

Doctors, nurses and other healthcare professionals are not routinely trained in suicide prevention and intervention skills. Something many tell us they wish they had received in their training.

People who are overwhelmed will often go to their GP (or are assessed remotely or by phone) where they may be referred to counselling and/or prescribed antidepressants. Although NICE guidelines suggest talking therapies first or in combination, mental health provision across the UK is overwhelmed and many patients are left waiting for months for talking therapy to start. Not surprisingly, many start antidepressants without therapy in place.

### Are we having standardised and supportive conversations?

Many patients report not being warned about the true nature of the side-effects they may encounter. This is possibly because the warning they were given was not clear for the patient, often receiving advice such as:

**“If you don’t feel like yourself over the next few weeks, please do come back to me.”**

This kind of message sadly does not convey the possibility of suicidal thinking, nor does it provide any practical guidance for how the patient can manage a situation that by its very nature will render them less likely to reach out for help.

Even when this guidance is clear, patients may not process what was said or read the warnings that come with the medication, and, because they are already overwhelmed, may assume their depression is getting worse **despite** the medication, not because of it.

Guidelines for healthcare professionals exist and “a child or young person prescribed an antidepressant should be closely monitored by the prescribing doctor... for the emergence of suicidal behaviour, self-harm or hostility” particularly at the beginning of the treatment or when the dose is changed.

However, no guidance is given as to how a busy professional with enormous caseloads can effectively ‘closely monitor’ such patients. Nor does it suggest what best practice looks like. Staff are left unsupported on this aspect of patient management, and in many cases no monitoring takes place. And what about our young adults, especially those who have recently left home, perhaps for university where risk factors have increased and protective factors in most cases have reduced significantly?

Furthermore, and as already mentioned, despite the known problem and our best intentions, not all prescribers deliver this ‘safety’ conversation such that their patient leaves both confident in the medication prescribed and what to do if they experience side-effects or feel suicidal because of their capacity to manage their current circumstances.

### 3. What if there was a safer way of prescribing antidepressants and supporting patients who may feel or become suicidal?

The OLLIE Foundation's Safer Prescribing Programme supports all stakeholders by providing patients with an extra layer of protection (in line with NICE and Maudsley Prescribing Guidelines) should they feel suicidal whilst taking SSRIs or because of their personal situation.

By empowering professionals with the knowledge and confidence to have safer prescribing conversations and by creating a safe-plan with patients at the time of prescribing, we believe patients can be better supported to stay safe from harm.

Whether it's an online, phone or face-to-face appointment, anyone prescribed an SSRIs will now receive clear, easy to understand information about their medication and will create a bespoke prescription safe-plan with a professional which will be reviewed with any follow up appointments or repeat prescriptions.

#### What is a safe-plan?

A safe-plan is the universal currency of all suicide interventions. It is a co-produced document that includes practical and individual tips and strategies that patients can use to keep themselves safe from harm when they are experiencing intrusive thoughts. It prepares in advance what a patient should and could do if they were to feel overwhelmed – who they can contact and how they can keep themselves safe while they are waiting for professional guidance.

The prescription safe-plan discussion is started by the prescriber (GP or Mental Health Clinician) and completed by the Community Pharmacist.

The patient would be in contact with both these professionals, but this initiative means they have had more meaningful and supportive interactions. This is good for the patient and much better for the professionals too.

Where other allied health care providers are in place, for instance Community Navigators or Practice Mental Health Nurses, they may also support this process.

This initiative upskills health care professionals with much needed training in suicide intervention skills, including clear guidance on language and how to clearly and calmly speak about potential side-effects (just as they would do when discussing potential side-effects of antibiotics) and create a clear plan of action for keeping safe should the patient experience side-effects or moments of overwhelm.

#### Creating a prescription safe-plan

- Having completed the appropriate training, professionals will be able to use a standardised process and feel more confident to have clear conversations with their patients about suicide and how to use a prescribing safe-plan.
- When prescribing an SSRI, the GP or Clinician will start a prescribing safe-plan with the patient. They will only complete the first part of the plan, keeping appointment times in line with current guidance.

- The first section highlights that the patient is clear on the following:
  - That the medication prescribed is the most appropriate based on the health concerns presented.
  - That some people can feel a little worse before they feel better.
  - Although unlikely side-effects can include suicidal thoughts.
  - That some people prescribed SSRIs are living with situations that can be overwhelming.
  - As all these possibilities exist, a bespoke safe-plan will be useful to detail all the ways the patient can keep themselves safe should their mood deteriorate.
- The remaining sections of the safe-plan are completed by the pharmacist or other professionals.
- Where additional wellbeing professionals are based at the surgery (Mental Health Nurse, Social Prescriber / Community Navigator) the patient should be offered the opportunity to work with them to create a more detailed safe-plan before they leave the surgery.
- The partially completed plan is sent with a script to the pharmacist or given, with the script, to the patient.
- Patients leave the consultation with an awareness of the side effects and an understanding that although they may feel reluctant to ask for help, they must speak to a health professional should their mood deteriorate so their medication can be reviewed, and their situation monitored.
- Ideally and where appropriate, the patient should be asked at this point if they would like to nominate a representative to speak with their care providers if they are unable to. The GP then has permission from this

point to speak with a nominated advocate who can call on behalf of the patient. It also prompts the patient to think about who can support them.

- The patient will now have had a minimum of two supportive conversations and will be clear about both the possible risk of side-effects and what they will do should their wellbeing deteriorate.
- Because a safe-plan includes details of who else can support, the patient will now have a better understanding of local, national and online support available to them.
- The safe-plan is agreed, and a copy given to the patient – depending on systems used, a copy is also kept by the Pharmacist and GP.

## How can we make this accessible to all?

- Equitable access is vital and key information will be available in different languages. The intention will be to also ensure information can be accessed by those with visual impairments and for those with poor literacy.
- QR codes and physical cards and flyers will be part of the resource suite inside every prescription bag of antidepressants.
- The safe-plan can be accessed and completed as a paper based or electronic document. It can also be accessed via an app (to be created) so patients can access it in a way that most suits their lifestyle.
- Handouts repeat key points and include a QR code or link to a secure area of OLLIE's website or local PH website. Here patients will be able

to view examples of safe-plans and find links to further local, national, and online support and information.

This programme acknowledges that the majority of people search for the information they need online, including information on antidepressants and information on how to end their lives.

Within the first 2 weeks of February 2022, 'antidepressants' had been searched over 40 thousand times through Google.

An ambition of this programme as it develops, is to leverage SEO (search engine optimisation) and existing tools like R;pple, to display guidance on how to minimise the increased risk of suicide associated with taking anti-depressants every time someone searches "antidepressants" on search engines and social media platforms.

As part of a safer-prescribing safe-plan, health professionals will invite patients to download R;pple, a disruption tool for those searching suicide methods, on to their laptops and computers.

**[www.ripplesuicideprevention.com](http://www.ripplesuicideprevention.com)**

## Regular reviews

Follow up conversations with younger patients starting SSRIs are strongly recommended by NICE. Where possible, the safe-plan process will support and prompt further check-in conversations for all patients.

Depending on local resources, patients will access 'check-in' appointments at a minimum of 1, 3 and 6 weeks.

Using technology, it is possible that a safer-prescribing app can support check-ins and alert professionals if a patient needs to be contacted sooner. Technology can support anonymised data collection that could highlight patterns relating to time, days and information sought.

It is recommended that young people should be seen by someone weekly in the first four weeks after SSRI treatment is initially prescribed. The Safer Prescribing Process supports this ambition. We would also recommend that professionals review the safe-plan after a change in dose or type of medication too.

Safe-plans are working documents that can be reviewed at each follow up to ensure the listed strategies are effective and add new strategies if useful.

With each safe-plan review, the patient should feel more confident in their own self-care strategies and their knowledge of support services. Each time the safe-plan is created or reviewed, professionals have an opportunity to notice deteriorating health or new or emerging needs.



## 4. Who will benefit?

### Patients

Patients will be better informed and should feel more confident to support themselves out of hours by creating their own unique plan of action for managing their situation now and over the next few weeks. They will know when and how to connect with services that are available to them locally, nationally, and online including out of hours.

Many will feel increased self-efficacy working with their health care providers to create a unique safe-plan that they can use to keep themselves safe and help preserve their own mental health. By completing a prescription safe-plan, both patients and professionals will identify the support needed, available and any gaps that exist. Identifying local gaps in provision can then inform the commissioning process.

### Healthcare professionals

Professionals taking part in this initiative will receive comprehensive training and all the resources needed to communicate with patients confidently and effectively about the potential for suicidal ideation, prevention and the possible side-effects of the medication being prescribed. Professionals will have a common and consistent language and increased confidence to keep their patients safe.

The prescription safe-plan provides a versatile tool that professionals can adapt and use in a range of health care conversations where the patients may be struggling to comply with guidance or their medication - diabetes, asthma, or where side effects can impact mental wellbeing.

Professionals will feel more confident to have supportive, non-sensational conversations with patients about SSRIs (just as they would when prescribing antibiotics) such that the patient is clear why this medication is the best choice for them at this point, and how to manage any side-effects.

### Extending this initiative – Educational Settings

This initiative can be extended to include Wellbeing Leads and their teams in schools, colleges and universities, including school counsellors. They will be able to access training on the possible side effects of medication used to support students with ADHD, BP and anxiety and depression, in particular suicidal ideation. This will leave educators and mental health professionals better equipped to support a safer-prescribing plan and the young people in their settings.

### Students, families and friends

This programme can be extended further to include a 'Wise Up On Meds' or 'Be A Savvy Patient' element where sixth-form, college and university students and their families are targeted with direct public health messages and, or, online access to the key messages within this initiative and all relevant resources.

By educating students they will be better able to support themselves and notice and signpost to appropriate help if they see their friend's mood deteriorate.

Parents and guardians, who are usually not part of the conversation with the clinician, often are aware that their child's wellbeing had reduced since starting meds but are not aware that it could be a side-effect and so don't know to push for a review. Being better informed, means they will be better placed to support their child to stay safe.

## Moral injury

Moral injury refers to the damage done to one's conscience or moral compass when a person witnesses or fails to prevent acts that transgress one's own moral beliefs, values, or ethical codes of conduct.

Health Care providers can suffer moral injury when they know they cannot possibly follow up each week with every patient starting meds or when they hear that the patient, they were treating has ended their life.

Health care professionals are at higher risk of suicide than many other professions. Moral injury can lead to suicidal thinking and so we must do all we can to reduce its occurrence.

This programme protects all stakeholders. It's primary focus is to provide an extra layer of protection for patients, but it also educates professionals and reduces the potential for moral injury by providing the tools they need to effectively communicate both potential concerns and how as a community, working together, they are going to help the patient help themselves to stay safe.

## 5. What will the safe-plan look like?

The safe-plan will be a co-produced, personalised plan that includes practical ways to help keep a person safe. It is ideal for limiting and avoiding self-harming behaviours and actions.

Paper based and electronic versions will be available.

## What will the safer prescribing safe-plan include?

- A reminder that their deteriorating mood may be due to their medication and that regardless of the cause, they must speak with their GP or prescriber to discuss ASAP.
- Ways to make their space/situation safer.
- Things they have suggested can lift, lighten, and calm their mood.
- Who they can contact for support.
- Emergency professional support.
- Online support.
- Things they can do now to distract themselves.
- Reasons for living.
- Notes and items that bring hope.

**Table 1: At a Glance: Working with Health Professionals**

PROJECT	OVERVIEW	TRAINING	ADDITIONAL INFORMATION & RESOURCES
<p><b>Health Professionals</b></p> <p><b>Safer Prescribing</b></p>	<p>Standardise conversations and support for patients using drugs where suicidal ideation is a possible side effect.</p> <p>Short online training to upskill work force.</p> <p>Standardised process that meets all NICE Guidelines.</p> <p>Does not add time to consultation.</p> <p>Provides clarity on side effects and how we mitigate their impact should they arise.</p> <p>Support patients' ability to be a compliant but educated patient who understands how to use their medication.</p> <p>Creates moments for deeper understanding of the issues faced and the signposting needed.</p> <p>Connects with community prescribers and extends the patients knowledge of local provision.</p> <p>Repeated at point of repeat prescription.</p>	<p>'Talk Safe, Plan Safe' Training from The OLLIE Foundation</p> <p>Safe-Plan Training</p> <p>Safer Prescribing Training Overview</p>	<p>Options for pre-recorded, live and in-person training.</p> <p>Dedicated website.</p> <p>Drop in support sessions.</p> <p>Physical and e resources including QR codes to local and national provision.</p> <p>Electronic and paper-based safe-plan documents in a range of languages.</p> <p>BSL video guidance on how to create and use a safe-plan.</p> <p>Safe-plan Apps.</p> <p>In time – using SEO (search engine optimisation) alongside others working in this space (like R;pple) to ensure that safer prescribing advice and guidance to mitigate the increased risk of suicide associated with taking anti-depressants, is found every time someone searches 'antidepressants' on a search engine or social media platform.</p>

**Table 2: At a Glance: Working with Educational Settings**

PROJECT	OVERVIEW	TRAINING	ADDITIONAL INFORMATION & RESOURCES
<p><b>Safer Prescribing in Educational Settings</b></p>	<p>Education for Wellbeing Leads and their teams, including school counsellors on possible side-effects with medication for ADHD, BP and anxiety and depression in particular suicidal ideation.</p> <p>2-hour Talk Safe Plan Safe (online or in-person) suicide prevention training for staff.</p> <p>Support understanding of how a safe-plan can be used with students in school.</p> <p>Support how staff prepare students to:</p> <ul style="list-style-type: none"> <li>• engage effectively with health care providers.</li> <li>• feel confident to ask for the help they need.</li> <li>• be informed consumers in relation to medication.</li> <li>• for those moving to university or already at university to be aware and feel confident to apply this learning when they are away from home.</li> </ul>	<p>Talk Safe, Plan Safe Training from The OLLIE Foundation</p> <p>Safe-Plan Training</p> <p>Safer Prescribing Training Overview</p>	<p>Options for pre-recorded, live and in-person training.</p> <p>Dedicated website.</p> <p>Physical and e-resources including QR codes to local and national provision.</p> <p>Electronic and paper based safe-plan documents in range of languages.</p> <p>Signed video guidance on how to use a safe-plan.</p> <p>Information and support for parents and carers.</p> <hr/> <p>Deploy R;pple AI protection for all school devices.</p> <p>Download STOPP App.</p> <p>Download Stay Safe from Suicide App.</p>

**Table 3: At a Glance: Working with Students and Families**

PROJECT	OVERVIEW	TRAINING	ADDITIONAL INFORMATION & RESOURCES
<p><b>Safer Prescribing with Students and Families</b></p>	<p>Clear health messages on possible side-effects with medication for ADHD, BP and anxiety and depression, in particular suicidal ideation.</p> <p>2-hour ‘Talk Safe, Plan Safe’ online suicide prevention training for parents and guardians.</p> <p>2-hour ‘Talk Safe, Plan Safe’ online safe-plan training for students.</p> <p>Support students to feel confident to:</p> <ul style="list-style-type: none"> <li>● engage effectively with health care providers.</li> <li>● ask for the help they need.</li> <li>● be informed consumers in relation to medication.</li> <li>● apply this learning when they are away from home.</li> </ul>	<p>‘Talk Safe, Plan Safe’ Training from The OLLIE Foundation</p> <p>Safe-Plan Training</p> <p>Safer Prescribing Training Overview</p>	<p>Options for pre-recorded, live and in-person training.</p> <p>Dedicated website.</p> <p>Physical and e-resources including QR codes to local and national provision.</p> <p>Electronic and paper based safe-plan documents in range of languages.</p> <p>Signed video guidance on how to use a safe-plan.</p> <p>Information and support for parents and carers.</p> <hr/> <p>Deploy R;pple AI protection for all school devices.</p> <p>Download STOPP App.</p> <p>Download Stay Safe from Suicide App.</p>

**Table 4: At a Glance: Resource overview**

STAKEHOLDER	PRE-RECORDED TRAINING	IN-PERSON TRAINING	SAFE-PLAN	WEBSITE RESOURCES COMMUNITY SIGNPOSTING SAFE-PLAN PRE-RECORDED TRAINING
GP and other pharmacists	✓	✓	✓	✓
University campus, school and college Wellbeing teams, counsellors and GPs	✓	✓	✓	✓
Parents	✓		✓	✓
Students	✓		✓	✓

For more information

See the OLLIE website [www.theolliefoundation.org](http://www.theolliefoundation.org)

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**WHEN THOUGHTS OF SUICIDE ARE OVERWHELMING,  
STAYING SAFE TAKES A GREAT DEAL OF STRENGTH.  
OLLIE'S SAFE PLAN IS SOMETHING TO USE DURING  
THOSE CRISIS TIMES. IT'S NOT A CURE TO THE ISSUES  
AND FEELINGS YOU ARE SUFFERING, BUT IT WILL  
GIVE YOU THE CHANCE TO SEEK PROFESSIONAL HELP.**

**KEEP IT NEAR TO KEEP YOU SAFE.**

[www.theolliefoundation.org](http://www.theolliefoundation.org)

