

# Mental Health and Well-being of Pharmacists and Pharmacy Technicians

Supporting the Frontline of Medication Safety

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# Introduction

- Importance of pharmacists and pharmacy technicians in the healthcare system
- Mental health as a foundation for quality patient care
- Purpose of this presentation



# Current Challenges

- High workload and long shifts
- Staffing shortages and increasing demands
- Emotional stress from patient interactions
- Corporate pressure vs patient care priorities



# Mental Health Statistics

- 51% of pharmacists report experiencing burnout

(A Systematic Review and Pooled prevalence of Burnout in Pharmacists, 2002)

- Chronic uncontrolled, unmanaged, workplace stress
- Anxiety, depression, PTSD symptoms are common
- Pharmacists report higher stress than many other healthcare professionals

# Burnout



The diagram consists of three elements arranged horizontally on a pink background. On the left is a large white circle containing a blue rectangle with the text 'Who you are' in a black script font. In the center is a white square containing an orange rectangle with the text 'Stress' in a black script font. On the right is a large white circle containing a green rectangle with the text 'Passion' in a black bold sans-serif font.

*Who you are*

*Stress*

**Passion**

# Signs & Symptoms

- People pleaser
- Highly intelligent
- Depersonalization
- Emotional exhaustion
- Lack of Empathy
- Lack of personal accomplishment

# Suicide Warning Signs

**TABLE 1.** Warning Signs of Suicidal Behavior<sup>3</sup>

Warning signs	Description
Behavioral changes	<ul style="list-style-type: none"><li>- Withdrawal from social interactions and activities</li><li>- Neglect of personal hygiene and grooming</li><li>- Unusual or risky behaviors</li><li>- Abrupt changes in daily routines or responsibilities</li></ul>
Emotional indicators	<ul style="list-style-type: none"><li>- Persistent sadness or depression</li><li>- Intense feelings of worthlessness or guilt</li><li>- Sudden calmness or apparent resolution after a period of distress</li></ul>
Physical indicators	<ul style="list-style-type: none"><li>- Significant alterations in sleep patterns, such as insomnia or excessive sleeping</li><li>- Noticeable changes in appetite, including overeating or loss of appetite</li><li>- Fluctuations in energy levels, including persistent fatigue or sudden bursts of energy</li></ul>



# Suicide Awareness

In 2022, the age-adjusted rate of suicide in the United States was 14.21 per 100,000 individuals, and men were 3.85 times more likely than women to die by suicide. White men made up 68.46% of suicide deaths, and firearms were used in 54.64% of all suicides. Mental health is a major issue that affects emotional stability, relationships, and overall quality of life. It shapes how individuals manage stress, interact with others, and perform everyday tasks.





# Suicide Awareness

## Pharmacists are in the top 10 professions with highest suicide rates

- Odds: 1.29

Being a pharmacist often results in working long hours, getting inadequate sleep, and high levels of stress. Pharmacists need to be highly alert because they are responsible for dispensing pharmaceutical prescriptions on a daily basis. All it takes is one major error in the dosing of the medication that they provide for them to lose their job. They need to make sure that they follow proper protocol and are essentially perfect in the dispensing of medications.

The perfectionist nature of this job results in further stress upon the pharmacist. Additionally, some pharmacists are required to work shift-work at 24 hour pharmacies, which is well-established to be detrimental to a person's mental health. The suicide rate among pharmacists is approximately 1.29 times that of the average occupation. While most licensed pharmacists earn a good salary, they carry a significant amount of responsibility.

They are responsible for informing patients of medication side effects and dealing with collecting payments for certain medications. Often times a patient who cannot afford a particular medication or is confused will unleash their misguided anger upon a pharmacist. Also considering the fact that a pharmacist has easy access to drugs and a general knowledge of dosing and pharmacology, it makes suicide via overdose a more common option.

# Suicide Awareness

<https://www.wgal.com/article/suicide-pharmacists-higher-rate/65528492>



# Media Reports

## Solutions, not scapegoats, needed for challenges facing medical professionals

GUEST COMMENTARY

By Elton Williams

The recent Associated Press series of articles regarding pharmacist workload sent two distinct messages first, that state boards of pharmacy should pay individual pharmacists more often for errors, and second, that the workload conditions for pharmacists are becoming unbearable. I agree with the second, but do not agree with the first.

Advocating the increased payment of individual pharmacists is a type of blame. This is a process in which individuals who are in contact with weak parts of a system are blamed for system failures. James T. Reason, a human factors expert, in his book, "Human Error in Medicine," states that one reason this is a common thought process is that it is much easier to pin the responsibility for an accident upon the perpetrators of those acts than had an immediate impact. This mindset has little or no remedial value, especially if you have a highly trained and motivated work force (which certainly applies to pharmacists in the United States). The Blame Trail actually ends up raising additional problems, with the added detriment that it leads to firing valuable, highly trained individuals from the system you are trying to fix.

Medicine is a complex and critical system, but think how complex the human body is. Human factors specialists have done many studies of errors within other complex industries, such as the aviation, aerospace, and the military. These studies have shown that when errors are made within a complex system, the root causes are usually series of small failures. These small failures are the consequences of decisions made in the upper echelons of the organization or by others such as regulators, rather than the operator. If any one of these had not happened, the error may not have been made. Take for example the infant death case in Denver. A human delivered a normal birth but the physician decided to treat the baby with intramuscular penicillin to prevent

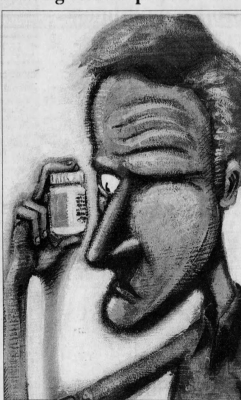
aphyllis. A nurse gave the dose through the intravenous line and the baby died. The three nurses who were involved were indicted for murder, not in mention that they lost their jobs. When you analyze the system to determine what happened, it was determined that the mother's medical history of aphyllis was not clear to the physician who decided to treat the baby anyway. The pharmacist was not familiar with the pediatrician, and was not familiar with the pediatrician. The pharmacist sent a two-fold overdose to the patient. The nurse

checked their reference books to see how to give intramuscular penicillin. Their reference book had a misprint. They thought it was totally appropriate to give this intramuscular dose to this baby through an intravenous line. Why were the medical records not clear for the physician when he was prescribing? Why did an adult service pharmacist fill in for a pediatric pharmacist? And why did the reference book have an error? The nurses were not convinced of murder, but the pharmacist attempted suicide.

Human factors specialists, along with the FAA, the military, and the National Transportation Safety Board have developed systems in which these smaller failures are either disclosed to the operator or are prevented by technology such as redundancy, checklists, computerization or automation. I fly with a pilot that has flown small airplanes for 50 years. Each time that we maneuver into the terminal, he always goes through his checklist. He does this even though he has flown for 50 years. The new Boeing 777's greatest cost is its software. Flows and flight crews are not punished for reporting "near misses" or errors. They are encouraged. In some cases, these reports are anonymous. The result of all of these practices is that the U.S. has the safest aviation system in the world. Compare this to medicine, where there are some checklists, a great redundancy such as the five right process that nurses go through when giving medications and the triple checks that Mission K. Joseph's pharmacists do when preparing chemotherapy. There is no computerization and much less redundancy than in other fields. No physician can know everything about everything on all the drugs on the market. However, due to their concentration on a primary care and intensive computerized drug databases, pharmacists provide much of this information and make invaluable recommendations to the physician and patient. Another study done by the Harvard School of Public Health shows that pharmacists involved in helping direct medication therapy is intensive care and results in decreased adverse drug events by 66 percent. The series of medication errors and medication dispensing errors does not mention all of the errors caught by pharmacists that happen on the way to the patient.

For an example of the role the pharmacists can play in patient care that

Elton Williams



assures that medications are used appropriately and medication errors are reduced, just ask one of the City of Asheville employees enrolled in the Mission K. Joseph's coordinated community pharmacist diabetes program (known as the Asheville Project). These employees have been monitored by a pharmacist for over a year. The monitoring consists of pharmacists working with the employees monthly by drawing their blood sugars and making suggestions on lifestyle changes to the patient and on medication changes to the physician. They even encourage the employee to see the physician more often than they did in the past. This has resulted in increased blood sugar savings and increased productivity to the City of Asheville and better health for the employees.

Elton Williams is Director of Pharmacy at Mission K. Joseph.

## Bill aims to engage Mo. pharmacists in suicide prevention

BY GRACE ZOKOVITCH  
St. Louis Post-Dispatch

JEFFERSON CITY — State lawmakers are looking to mobilize pharmacists to help prevent suicide, taking up the mantle of a former St. Charles-based pharmacist.

The bill heard by the House Health and Mental Health Committee on Monday is named for Patricia Leann Tharp, who lost her life to suicide in 2002.

Following her death, her father, Patrick Tharp, began to recognize an avenue within his field of pharmacy to help prevent deaths like hers.

Because pharmacists dispense medication and interact with patients, especially those being treated for depression, they have a unique opportunity to see and respond to suicide risk indications, Tharp said. In order to educate those in his profession, Tharp founded the nonprofit Pharmacists Preventing Suicides Inc., a group he ran until his death in 2017.

"Even with limited interaction, they might be able to see the signs as a result of this education that would at least raise a flag, so they could even ask a simple question

'Are you OK?'" said the bill sponsor, Rep. Adam Schwadron, R-St. Charles.

Under the legislation, licensed pharmacists would have access to suicide prevention training for continuing education credits. The Missouri Board of Pharmacy also would oversee the creation of curriculum for use in pharmacy schools and courses.

The measure joins a couple narrow suicide prevention and awareness proposals taken up by the Legislature this session. In 2020, Missouri's suicide rate was the 11th highest in the nation, and more than 1,000 Missourians lost their lives to suicide, according to the Missouri Center for Local Public Health Services.

"With my religion, if you save one life, it's as if you save the world," said Schwadron, who is Jewish. "So if this legislation will help save one life, then it would be worth it."

Resources for those in crisis are available through the National Suicide Prevention Lifeline by visiting the website or calling 1-800-273-8255.

The legislation is House Bill 1644.

# Media Reports

## Suicide note tells pharmacist's story

By COLLEEN KRANTZ  
REGISTER COLUMBUS CITY BUREAU

Fort Madison, Ia. — Steve Helling was seven days from reporting to a federal prison when he checked into a West Burlington hotel.

The Fort Madison pharmacist downed handfuls of anti-depressant pills at the American on the afternoon of March 6. Long before a housekeeper found him not next morning, the anti-depressants had killed him, according to the medical examiner.

Helling, 47, left notes for his wife and two daughters and a seven-page letter. In it he painted a picture of a man who unknowingly ended up at the core of a prescription drug trafficking ring.

"I have chosen to write this letter to convey what has happened to an innocent man," Helling wrote in the letter, which relatives shared with The Des Moines Register.

In Fort Madison, where Helling spent most of his life and ran his pharmacy, hundreds of people believe in his innocence. He may have been careless, they say, but not criminal.

Investigators and jurors who convicted him of knowingly filling invalid prescriptions believe he understood the role he played for the group dealing and abusing prescription drugs in southeast Iowa and Illinois.

The case has its roots in a day four years ago when Leslie Greenslaugh went to the Keokuk home of Doug Delperding, Greenslaugh, now 38, knew that Delperding, a friend who had a pharmacy in Keokuk, was in prison after admitting he distributed prescription drugs illegally.

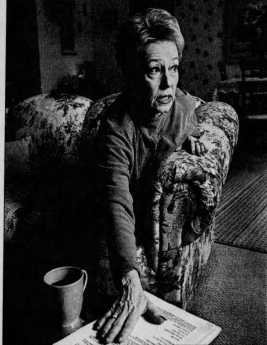
Greenslaugh stole a box of old prescriptions from Delperding's porch, according to court records. The old prescriptions served as a foundation on which Greenslaugh, her sister, Laura Newell-Law, and a friend, Debra Arnold, both from Carthage, Ill., built their prescription drug ring.

One or two at a time, they took prescriptions for painkillers and stimulants to Helling HealthCare, Steve Helling's pharmacy. They recruited at least six other people to take in the prescriptions, court records say.

Cindy Gaffney, whose sister is Helling's widow, believes Helling HealthCare was targeted because of its 24-hour service. Helling could be paged to fill prescriptions when the store was closed.



Convicted on drug charges, Steve Helling left behind a letter, claiming he was innocent.



WIDOW BELIEVES THE REGISTER

**Relative concern:** Cindy Gaffney, at her home in Burlington, has vowed to share the concerns Steve Helling expressed in a seven-page letter he wrote before he killed himself.

The women probably knew he was the only pharmacist at his store and was very busy, she said. In January 2001, a federal grand jury indicted Greenslaugh and Newell-Law on drug charges. Arnold already faced charges in a separate case.

The women reached plea agreements with federal prosecutors. They implicated Helling in exchange, counts were dropped from their indictments or they avoided further charges.

Helling was indicted two months later.

The indictment refers to a conspiracy between Helling and the women. It states that Helling knew their prescriptions were invalid.

Thomas Crabb, a Des Moines lawyer who represented Helling

## Pharmacist's suicide note: Sons were killed to protect them

ASSOCIATED PRESS

COLUMBUS — A pharmacist who shot and killed his two sons and himself left a note explaining he did so to protect the boys from

a life of hopelessness.

The Franklin County Coroner's Office in Columbus said Troy Geller left a suicide note at his suburban Columbus home.

His wife, Sarah, had been away for the weekend and found his body along with those of their two sons, 8-year-old Solomon and 6-year-old Samson on Sunday, police said.

"I am haunted by

thoughts about apples and trees," Geller wrote in the note, which the coroner's office showed to an Associated Press reporter. "I will shield S&S from a life filled with confusion, questioned allegiances, guilt, hopelessness, codependence, and insecurity.

"This cycle of misery ends with me."

Autopsies show the boys died from gunshot wounds to the head and chest. Troy

Geller died from a gunshot wound to the head.

Sarah Geller called 911 and cried, "Oh my God, my beautiful babies." Her voice shattered in the call.

Hysterical, she found some neighbors, who also called police. "I can't believe I left them with him," she screamed. "I can't believe I left them with him."

Solomon had just started second grade, and Samson was in kindergarten.

### SUDOKU SOLUTION

Puzzle on Page 11

Solution to 9/29/10

2	3	7	6	4	1	5	8	9
1	5	9	2	8	7	6	4	3
6	4	8	9	3	5	1	2	7

# Media Reports

## Convicted pharmacist is suicide victim

*The Associated Press*

WEST BURLINGTON — A Fort Madison pharmacist sentenced to federal prison for filling forged prescriptions was found dead Thursday, apparently a suicide.

West Burlington Police Sgt. Frank Newberry said motel staff at AmericInn found Steve Helling in his room and notified police at 11:42 a.m.

Newberry said a gun and a suicide note were found in the room.

Helling, 47, had been convicted in U.S. District Court in Davenport of conspiring to distribute a controlled substance and distributing a controlled substance.

## Crooked pharmacist commits suicide

PLEASANT HILL, Calif (AP)

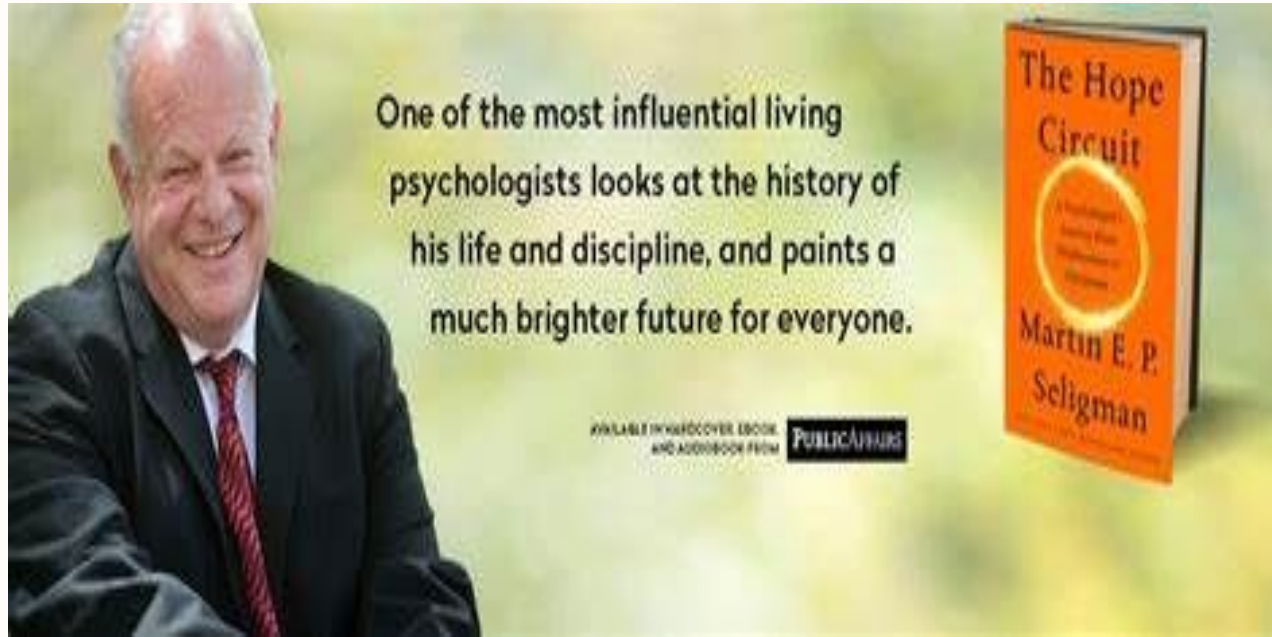
— The former co-owner of a pharmacy blamed for a fatal meningitis outbreak was found dead with six skin patches containing a powerful painkiller attached to his body.

The body of Jamey Phillip Sheets, 32, the former co-owner of Doc's Pharmacy, was discovered by his wife, Michelle, on Tuesday.

Michelle Sheets told authorities her husband was depressed about a 90-day suspension of his pharmacy license. No note was found, but authorities said they do not suspect foul play. The punishment stemmed from a state investigation linking the pharmacy to a tainted batch of injectable steroids that caused an outbreak of meningitis last June, killing three people and leaving 13 others hospitalized.



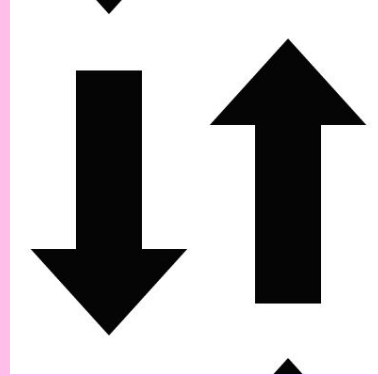
# Learned Helplessness



[https://video.search.yahoo.com/search/video;\\_ylt=AwrNPD5U.YdoTD4KYhyJzbfF?p=martin+seligman+dog+experiment&type=E210US1589G0&fr=mcafee&fr2=p%3As%2Cv%3Ai%2Cm%3Apivot#id=12&vid=fa1b7e6b8be261729b10b89698244851&action=view](https://video.search.yahoo.com/search/video;_ylt=AwrNPD5U.YdoTD4KYhyJzbfF?p=martin+seligman+dog+experiment&type=E210US1589G0&fr=mcafee&fr2=p%3As%2Cv%3Ai%2Cm%3Apivot#id=12&vid=fa1b7e6b8be261729b10b89698244851&action=view)

# Impacts of Poor Mental Health

- Increased medication errors
- Reduced patient satisfaction
- Staff turnover and absenteeism
- Personal toll: fatigue, insomnia, emotional detachment



# Contributing Factors/ Risk Factors

- Fast-paced work environment
- Limited autonomy
- Constant multitasking
- Lack of institutional mental health support





# Recognizing Warning Signs

- Emotional exhaustion or cynicism
- Physical signs: headaches, fatigue, poor sleep
- Loss of motivation or joy in work
- Isolation or avoidance



## **Self-Care and Resilience Strategies**

- Mindfulness and stress management
- Work-life boundaries
- Peer support and practicing empathy with co-workers
- Professional therapy
- Regular breaks and time off
- Physical activity

<https://video.search.yahoo.com/search/video?fr=mcafee&p=brene+brown+empathy+vs+sympathy&type=E210US1589G0#id=1&vid=ff7d9e085bdcf714ea628ebae8cccbc9&action=click>

**Brene Brown**

# Organizational Support Strategies

- Employee wellness programs
- Mental health training for leaders
- Confidential counseling services (EAPs)
- Shift scheduling that allows recovery time



WORKPLACE  
WELLNESS

## **Case Study:**

Burnout among clinical pharmacists: Causes, interventions, and a call to action

### **Call to action:**

Organizations must make clinician well-being a priority and address burnout as a systemic and chronic problem rather than only performing isolated interventions after a specific event (eg, a retreat after a clinician suicide or major medical error). Without significant structural changes implemented by organizational leadership, burnout will likely persist.

## Action Steps and Recommendations

- Advocate for supportive policies
- Encourage leadership to prioritize well-being
- Integrate mental health into pharmacy culture

let's  
TALK  
about  
MENTAL  
health

# Resources

**Mental health helplines (e.g. NAMI, SAMHSA)**

**(NABP)**

**Peer support networks and online groups**



# Think Tank Discussion Questions



What challenges have you faced?

What support would make a difference?

How can we improve the workplace culture?





Contact me:

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Thank you kindly to Dr.  
Jessen and Dr. Stone for  
the invitation

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