Dealing with the suicidal patient

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Remember

- Australia has one of the highest rates of youth suicide in the world.
- Suicidal thinking is common. However, many patients will not mention these feelings unless asked.
- If you suspect someone may have suicidal feelings, ASK. You will not make your patient more likely to suicide – in fact you are making a crucial step in reducing his or her risk of suicide.
- Assessment of suicidal thinking is mandatory in any patient presenting with depressive symptoms.
- People with suicidal thoughts may also have thoughts of harming others. It is important to ask about this, particularly in parents with young children (e.g. women with postnatal depression).
- Liaison with others is crucial in managing the suicidal patient. As well as the support from a community mental health team or psychiatrist, the patient's family or loved ones should be involved if at all possible.

Assessment

- Adopt an open, nonjudgemental style. Practice improves the ease with which you can elicit suicidal or homicidal thoughts.
- Your willingness to listen aids in the development of the therapeutic relationship.
- Make time to complete a thorough assessment then and there – you could be dealing with a psychiatric emergency.
- If your patient has suicidal thoughts, you must delve further to better gauge his or her risk of suicide (see box). Particularly, you should establish whether the patient is planning to make an attempt, or has recently made one (you may find the occasional patient who has taken an overdose shortly before seeing you).
- It can be helpful to consider suicidal thoughts as having a hierarchy of risk:
  – transient suicidal ideas
  – recurrent or persistent ideas
  – suicidal ideas and a plan
  – suicidal ideas, plan and means available.
- Always ask about the availability of weapons. You may be surprised how many people have access to firearms.
- Your history taking should aim to identify factors that may increase your patient's risk of suicide. These include the patient's sex, social supports, previous attempts, mental health problems (such as depression, schizophrenia, personality disorder or substance use), chronic medical illness and current stressors.
- Perform a mental state examination, especially looking for current intoxication, psychotic symptoms or evidence of major depression. Assess the patient's sense of hopelessness and degree of impulsivity.
- Interview a family member or friend as part of this assessment if you can. This often provides invaluable information and may modify your own level of concern.

Management

- Patient safety is paramount. Some patients – often teenagers – may ask you to promise confidentiality. Do not do this. Instead, explain the limitations of confidentiality and that your job is to ensure their safety and wellbeing.
- Be wary of the evasive patient. If a patient denies suicidal thoughts but you remain concerned, trust your gut instinct.
- Adequate supervision must be provided. Part of the decision-making process about inpatient or outpatient care will depend on the availability of family or community mental health team support. Involve them early.
- Inpatient care may be needed if the patient is at immediate risk of suicide, has active psychosis or has few social supports. If your patient is unable or unwilling to engage in treatment, involuntary hospitalisation may be required.
- The patient who has taken an overdose will need a thorough physical assessment, including paracetamol levels and other investigations and monitoring as indicated.
- Always ensure the patient has follow up appointments, and that the family is aware how to access help if the patient deteriorates after hours.
- Limit the patient's access to the means of committing suicide (e.g. by removing firearms and dispensing small amounts of medication only).
- Specific treatment will depend on your assessment (e.g. antidepressants for major depression).
- If there is a specific precipitant, this may be able to be resolved.
- If involved in the care of patients who repeatedly attempt suicide, you should assess each attempt seriously because these patients have a higher long term risk of completed suicide. It is worthwhile considering a case conference with mental health professionals about such patients.
- If a patient completes suicide, remember the needs of the bereaved loved ones. MT

Sample questions to ask when assessing a suicidal patient

1. Have you had any thoughts of harming yourself?
2. What exactly has been going through your mind?
3. Have you considered acting on these thoughts in any way?
4. What have you thought of doing?
5. Have you taken any steps towards doing this?
6. Have you decided when you might do this?
7. Have you made any changes to your financial affairs or will recently?
8. What has stopped you from doing anything to date?
9. Have you made any attempts in the past? What did you do?

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