Thoughts of suicide - initial assessment

Patient with thoughts of self harm or suicide

Send patients requiring physical treatment to emergency room

Assess risk of self harm or suicide

Home and work
People who die by suicide in England are more likely to be:

- Male
- Unmarried
- Living alone
- Unemployed

Mental health
Treating mental illness can reduce risk of self harm and suicide

- Affective disorder
- Schizophrenia
- Personality disorder

People with conditions like these could be seen by mental health teams

Self harm plans
Asking about suicide plans can be helpful. Consider introducing the subject gently, starting with questions like:

- How is your mood?
- Have you ever had any thoughts come into your head about life not being worth living?

History
Finding out about a patient’s past can reveal further risk factors, such as:

- History of self harm
- History of alcohol misuse
- History of drug misuse

Estimate risk
Assess overall risk, taking into account risk and protective factors

Low risk
- Minor mental health problem
  - Engages with treatment

High risk
- At risk of suicide but has protective factors
  - May have suicide plan
  - Can’t see point in treatment as “nothing will change”

Management plan
Consider whether any dynamic risk factors could be modified, and whether the patient is willing and able to engage with a management plan

Low risk
- Manage in primary care.
  - Discuss treatment for mental health problems, such as talking therapy, medication, or both

High risk
- Ask about friends/family who could help them.
  - Give contact details for Samaritans.
  - Consider mental health referral if support unavailable.
  - Plan next appointment
- Contact mental health services urgently.
  - Consider whether it would be unsafe for them to leave the building alone