

# Thoughts of suicide - initial assessment

**Static factor**  
Demographic or historical

**Dynamic factor**  
Can be amenable to change



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?

Sometimes people who feel down can start to feel hopeless about the future. Has this happened to you?

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

Try to find out how prepared they are. Do they have a considered plan about how they would end their life? What preparations have they made?

### 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

## Assess protective factors

Several factors have been identified that can mitigate risks, if present:



Family support



Strong religious faith



Having children at home



A sense of responsibility



Problem solving skills



Loss of protective factors can increase risk for the patient, for example if a partner and children leave the patient

## Estimate risk

Assess overall risk, taking into account risk and protective factors

Low risk



Minor mental health problem  
Engages with treatment

At risk of suicide but has protective factors  
May have suicide plan



Well thought out suicide plan  
Can't see point in treatment as "nothing will change"



High risk

## 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

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

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