gpmhsc
General Practice Mental Health Standards Collaboration

Education for GPs providing care for patients at risk of suicide

A resource for training providers

GPs and other primary care providers play a vital role in the prevention of suicide and self-harm. GPs play a difficult but important role of often being the first point of call for consumers who experience difficulties with suicidal ideation and self-harm. Suicide takes the lives of more than 2,000 people in Australia every year[1] and has devastating effects on families, friendship groups, workplaces and communities.

Rates of suicide in Australia

The most recent Australian data reveals the rate of suicide for males was higher than for females in every age group. Males accounted for around 75% of all deaths by suicide.[1] Suicide rates for females were similar for all age groups. The highest age-specific rate was in the 40–44 age group (9.4 per 100,000) and the lowest in the 80–85 years age group (4.0 per 100,000).2 The age-specific suicide rates for males show significant variations between age groups, with the highest being in the 85 years and over age group (38.3 per 100,000) and the lowest in the 15–19 years age group (14.3 per 100,000).[2]

Suicide and mental illness

Evidence suggests around 90% of people who die by suicide have a diagnosis of mental illness at the time of death.[3] People with a mental illness are more likely to experience suicidal ideation than those not experiencing a mental illness. However, many people who live with mental illness do not experience suicidal ideation and some people at risk of suicide do not have a mental illness. Every year GPs in Australia provide more than 10 million mental health consultations,[4] therefore they are well placed to assess mental health patients for risk of suicide. GPs should be aware of this relationship when treating patients with a mental illness, especially those with depression. The risk of suicide is also further increased in those experiencing multiple mental illnesses.[5] Other risk factors for these patients should be monitored by the GP to determine if their suicide risk has increased.

Risk factors and high-risk groups for suicide need to be understood

GPs should be aware of the risk factors for suicide and should recognise if their patients fall into a high-risk group. Patients who are feeling suicidal may not immediately feel confident telling their GP about their issues. It is a myth that talking about self-harm or suicide with patients leads to an increased risk of suicide.[6] Suicidal patients often in fact appreciate the opportunity to talk about their thoughts and feelings. It is important that GPs discuss mood and suicidal ideation with all patients who are at an increased risk, and conduct a thorough risk assessment.

The following factors might increase a person's risk of suicide:[7]

- Chronic illness
- Mental illness
- Past suicide attempt
- Suicidal ideation
- Self-harm behaviour
- Substance abuse
- Physical, emotional or sexual abuse
- Recent traumatic event
- Other social issues such as issues with housing, homelessness, social connectedness.

The following groups may be at increased risk of suicide:[7]

- men
- young people
- elderly people
- Aboriginal and Torres Strait Islander people
- LGBTI people
- people in rural or remote communities
- people bereaved by suicide
- people from culturally and linguistically diverse backgrounds
- young offenders and prisoners.

GPs should also be aware of protective factors that can be encouraged to reduce the risk of suicide. These include social connectedness, problem solving skills and resilience.[5]

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Coordinated care is important for patient safety

Patients showing heightened risk of suicide should be referred to a mental health professional and an appointment made as soon as possible. If the patient is at an immediate risk they should be referred as a priority to a public or private outpatient mental health service for urgent assessment. Most Australian urban centers also have community mental health emergency services which may have the capacity to do home assessments. GPs should be aware of the services that exist in their own region to ensure they can respond promptly in a crisis. If a patient appears to be an immediate danger to themselves or others, call 000 or have them accompanied to the local hospital emergency department. GPs should give comprehensive information in the referral documents to ensure the patient receives the best possible care.

The GP should also arrange a follow up appointment with the patient, within seven days,[8] and encourage them to connect with various community resources. If possible, involvement of the carers and family in the patient's care may improve compliance and patient outcomes.

There is substantial evidence that the likelihood of suicide increases once people have left clinical treatment. It is therefore crucial that people have access to continuous care from integrated services and receive support from their support networks.

Support for family and carers is also required

Providing specific support for people and communities bereaved by suicide has been shown to be of benefit. The patient's family may be dealing with feelings of grief and guilt after an episode of suicide or attempted suicide. GPs should also note that there may be an increased risk of mental health concerns or suicidal ideation in other family members, friends and carers following the suicide of a patient.

Assessment tools

Assessment tools can be a helpful way for clinicians to quantify suicide risk; however, it is important that these tools are utilised as guides rather than replacing clinical judgement. Tools that may be used are:

- Columbia-Suicide Severity Rating Scale (C-SSRS)
- Suicide Questions Answers Resources (SQuARe): Risk Assessment Questions.

Referral options

The Access to Allied Psychological Services (ATAPS) Suicide Prevention Service

This service provides priority access to a psychologist through the ATAPS initiative for people who have self-harmed, attempted suicide or who have suicidal ideation and are being managed in the primary health care setting. It is aimed at those who are deemed to be at a mild to moderate risk. It is primarily designed for three groups of people:

- people who, after a suicide attempt or self-harm incident, have been discharged from hospital or released into the care of a GP
- people who have presented to GP after an incident of self-harm, and
- people who have expressed strong suicidal ideation to their GP.

A person does not need to have had a diagnosis of a mental disorder before referral to the ATAPS Suicide Prevention Service, and is not required to have a GP Mental Health Treatment Plan. There is no limit on the number of times an individual can be referred for services in a calendar year.

Patients can also be referred to a consultant psychologist or psychiatrist specialising in suicide for longer term care. Patients should be advised of the costs involved with treatment.

Helplines

Patients should be encouraged to call the following helplines whenever they need to. These helplines are available 24/7 across Australia and are completely confidential.

- Suicide Call Back Service (**1300 659 467** – available 24/7)
- Lifeline (**13 11 14** – available 24/7)
- Kids Help Line (**1800 55 1800** – available 24/7)
- MensLine Australia (**1300 789 978** – available 24/7)

Useful resources

- Suicide Prevention Australia
- SANE Australia
- Living is For Everyone (LiFE)
- Suicide Questions Answers Resources (SQuARe)

References

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Contacting the GPMHSC

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RACGP · Australian College of Rural & Remote Medicine · APS Australian Psychological Society · The Royal Australian & New Zealand College of Psychiatrists · Mental Health Australia