

SUICIDE RISK ASSESSMENT IN PRIMARY CARE

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more than **8** suicides are attempted every hour



suicide is the most common cause of death for Australians aged

15 to **44**



Aboriginal & Torres Strait Islander people are



2x

more likely to suicide than non-indigenous people

8 people die by suicide every day



men represent **3/4** of suicide deaths in Australia



male suicide age demographic

Ages **20-44** accounted for **39%** of male suicide deaths in 2016

Age 15-19 **5%** Age 45-64 **31%** Age 64+ **15%**

The rates of suicide in males ages 20-24 is at their highest in more than a decade



\$17.2 billion

THE PROBLEM.



IDENTIFICATION OF PERSONS AT RISK

- SCREEN FOR DEPRESSION
- SCREEN FOR ALCOHOL DEPENDANCE.
- PAST SUICIDAL ATTEMPTS.
- DELIBERATE SELF HARM IN THE RECENT PAST OR CURRENTLY SELF HARMING.





DELIBERATE SELF HARM

- 50% OF PEOPLE WHO SELF HARM EVENTUALLY ATTEMPT SUICIDE.
- BUT DELIBERATE SELF HARM IS NOT SAME AS SUICIDAL ATTEMPT.

Self-harm and suicide attempts are different

	SELF-HARM	SUICIDE ATTEMPTS
FREQUENCY	Incidents are very frequent	Attempts happen less frequently
METHODS	Cutting, burning, self-hitting	Self-poisoning
SEVERITY	Less severe	Much more severe, sometimes lethal
PURPOSE	Done to avoid suicidal impulses	Done with an intent to die

(Klonsky, May, & Glenn, 2014)

ASSESSMENT

PERSONALITY DISORDER

Deliberate self harm Your

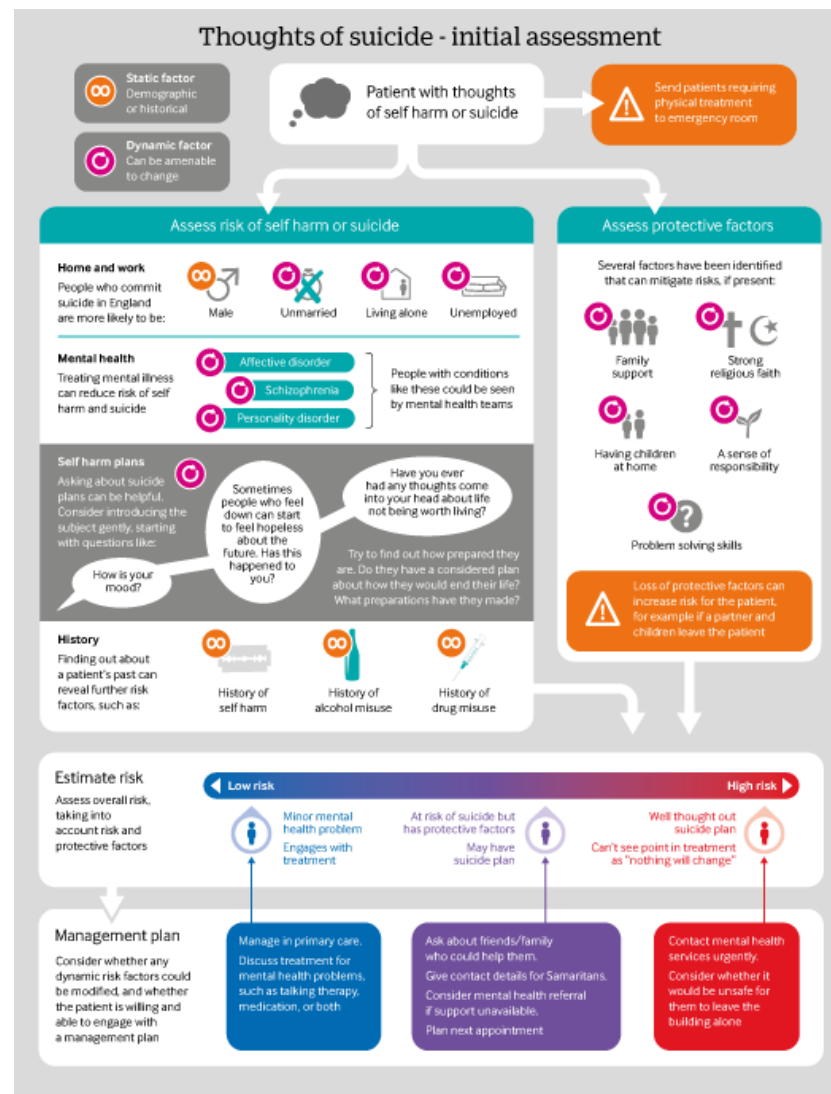
depression

*Drug and Alcohol
dependence*

ADVERSE CIRCUMSTANCES

ASSESSMENT.

<https://www.bmj.com/content/356/bmj.j1128>



thebmj

Read the full article online

<http://bmj.co/suicidA>

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- https://www.bmj.com/content/bmj/suppl/2017/03/30/bmj.j1128.DC1/suicide_v23_web.full.pdf

Suicidal ideation, plans and attempts

- The National Survey of Mental Health and Wellbeing (2007) estimated that, at some point in their lives, 1 in 8 (13%) Australians aged 16–85 had had serious thoughts about taking their own life; 1 in 25 (4.0%) made a suicide plan, and 1 in 33 (3.3%) had attempted suicide. This is equivalent to more than 2.1 million Australians having thought about taking their own life, more than 600,000 making a suicide plan and more than 500,000 making a suicide attempt during their lifetime (Slade et al. 2009).

INTERVENTION

- SAFETY PLANNING
- COUNCELLING ON MINIMIZING ACESS TO LETHAL MEANS.
- FOLLOWUP PHONE CALLS:

Research has shown that when at-risk patients receive further screening, a Safety Plan intervention, and a series of supportive phone calls, their risk of suicide goes down.

Safety plan mission statement

- The College believes that every person who self-harms and/or has suicidal thoughts should have a Safety Plan, which gives specific personalised advice to care providers on how they can reduce the individual's risk of self-harm and suicide.

WHAT DO YOU PUT INTO A SAFETY PLAN


- Reasons for living and/or ideas for getting through tough times
- Ways to make your situation safer
- Things to lift or calm mood
- Distractions
- Sources of support, to include anyone you trust

BEYOND NOW

- <https://www.beyondblue.org.au/get-support/beyondnow-suicide-safety-planning/create-beyondnow-safety-plan>

GVAMHS

SAFETY PLAN TEMPLATE

 Goulburn Valley Health Goulburn Valley Area Mental Health Service	Safety Plan	Unit Record No: _____ Name: _____ Address: _____ Date of Birth: _____ Sex: Male/Female Place Identification Label here
Step 1: Warning signs (thoughts, images, mood, situation, behaviour) that a crisis may be developing:		
1. _____ 2. _____ 3. _____		
Step 2: Internal coping strategies- Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):		
1. _____ 2. _____ 3. _____		
Step 3: People and social settings that provide distraction:		
1. Name: _____ Phone: _____ 2. Name: _____ Phone: _____ 3. Place: _____ 4. Place: _____		
Step 4: People whom I can ask for help:		
1. Name: _____ Phone: _____ 2. Name: _____ Phone: _____ 3. Name: _____ Phone: _____		
Step 5: Professionals or agencies I can contact during a crisis:		
1. Clinician Name: _____ Phone: _____ 2. Clinician Name: _____ Phone: _____ 3. Mental Health Triage (24 hours): 1300 369 005 Lifeline: 13 11 14 4. Local Urgent Care Services: _____ Urgent Care Services Phone: _____ Urgent Care Services Address: _____		
Step 6: Making the environment safe:		
1. _____ 2. _____		
The one thing that is most important to me and worth living for is: _____ _____ _____		
Adapted from: Safety Plan template 2008 Barbara Stanley and Gregory K Brown.		

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SAFETY PLAN

 MR485

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TAKE HOME

- Most people expressing suicidal thoughts are ambivalent about dying.
- Every contact a suicidal individual has represents an opportunity to intervene and prevent them from going on to die by suicide.
- Suicide is a behavior and not a diagnosis.
- Self-harm and suicidal thoughts should be taken seriously, and met with empathy, compassion, and understanding

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- Clinicians, patients, and their carers (supporters) are calling for a paradigm shift in suicide risk assessment that moves away from 'characterising, predicting, and managing risk' towards 'compassion, safeguarding, and safety planning'.

5

Action Steps for Helping Someone in Emotional Pain



ASK

"Are you thinking about killing yourself?"



KEEP THEM SAFE

Reduce access to lethal items or places.



BE THERE

Listen carefully and acknowledge their feelings.



HELP THEM CONNECT

Save the National Suicide Prevention Lifeline number 1-800-273-8255.



STAY CONNECTED

Follow up and stay in touch after a crisis.



NIH

National Institute of Mental Health

www.nimh.nih.gov/suicideprevention

So welcome to the
world of
RISK MITIGATION NOT RISK
MANAGEMENT

• THANK YOU

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- THANK YOU

5 Action Steps for Helping Someone in Emotional Pain



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