

Information Sheet 12



Recognising signs:

Most people who feel suicidal don't really want to die, they just want an end to their pain. These are some of the signs that may indicate that someone is thinking about suicide....

Behavioural

Becoming isolated, sudden changes in mood or behaviour, abusing substances, a suicide attempt or act of self harm, problems in school or at work, dropping out of activities, difficulty sleeping or eating, high-risk behaviour, neglect of appearance, persistent physical complaints

People with suicidal thoughts may present at surgery in 3 ways

Feelings and thoughts

Depression, hopelessness, failure, anger or rage, sadness, unable to problem solve, self critical, thoughts of dying or not wanting to live, talking about suicide methods, self harm.

Events and situations

Recent loss or other trigger like anniversaries, a big life change e.g. change in financial circumstances, trauma.

N.B. These warning signs can be associated with everyday behaviour and occurrences and should be looked at in the context of the overall picture.

Concerned about suicide?

Recognising signs and risk factors

Patient is thinking about suicide but can't tell you directly; they appear distressed and may be sending out 'indirect signs'.

This can be because of stigma, shame, fear of saying it out loud.

Patient indicates clearly they are thinking about suicide. By telling you they are showing clear ambivalence about dying, they have come to you for help.

They may talk about:

- Wanting to die
- Not wanting to go on living
- A suicide plan
- Patient has already been helped by an ASIST trained community member or professional and they have formulated a plan to help keep them safe.

Telling you is part of this plan.









Risk factors include:

- Having a suicide plan
- Access to means
- Unbearable mental and/or physical pain, chronic illness
- Relationship breakdown/loss of significant other
- Isolation
- Impulsive, risk taking behaviour
- Drug or alcohol abuse
- Prior suicidal behaviour
- History of mental health problems

What else can I do?

Of those who go on to complete suicide, 45% will have been in contact with Primary Care in the previous month. GPs who attend suicide prevention training are 20% more likely to identify those at risk of suicidal behaviour.

Dealing with suicide can be stressful and upsetting even for highly trained professionals. Sharing the burden can make a real difference. Taking a whole practice approach and training practice staff, including nurses and receptionists, in programmes like ASIST and SafeTALK are steps that can have a big impact on suicide prevention efforts.

For more information about how Positive Choices suicide prevention training programmes including ASIST can help you to recognise and respond to vulnerable individuals, go to:

www.positivechoices-wales.org or contact positivechoices@mind.org.uk

How to respond:

If a patient presents with thoughts of suicide or displays signs that give you cause for concern:

- Show you care
- Take them seriously
- Ask directly and unambiguously about thoughts of suicide
- Take time to listen
- Identify risk factors
- Identify protective factors

In addition to consulting with the new Primary Care Mental Health Team and making any necessary health referrals, also consider the following:

- The patient's own resources
- Any community resources and other available local supports
- Whether you need to arrange a follow up

Sources of help

Knowing about community resources and other supports can be lifesaving. Make sure you have telephone numbers for helplines such as Samaritans and C.A.L.L. to hand.

Samaritans: 08457 90 90 90

C.A.L.L.: 0800 132 737

The 'Need Help' section of the Positive Choices website lists lots of useful resources and other information.



