

# Priority Topic: SUICIDE

## Key Features:

1. **Actively inquire about suicidal and homicidal ideation** (e.g. ideas, thoughts, a specific plan), particularly when caring for patients with chronic illness, mental illness, or substance use problems; recent loss or emotional distress; impulsivity; or repeated suicidal ideation or attempts.

### **What you should study:**

- ✓ Evaluation and Treatment of the Suicidal Patient AAFP 2012
- ✓ Suicidal Ideation and Behaviour CPS 2021

2. Given a suicidal patient, **assess the degree of risk** (e.g. thoughts, specific plans, access to means, impulsivity) **to determine an appropriate intervention and follow-up plan.**

### **What you should study: see also Priority Topic Depression**

- ✓ L'évaluation de risque de suicide chez l'ado MduQ 2017
- ✓ Informal Suicide risk Assessment Checklist
- ✓ Suicide Assessment BMJ Infographic
- ✓ Suicide High Risk Groups PHAC
- ✓ Mental Health Screening Tools and Rating Scales CPS

3. In patients who present with [self-injury \(e.g. cutting\)](#):

- a) [Assess the risk of suicide](#) , but [do not assume that this is a suicidal gesture](#) (not all people who cut are suicidal, but some are).
- b) Explore the [underlying emotional distress](#) .
- c) Discuss [alternative adaptive coping strategies](#) .

***What you should study:***

- ✓ [Self-Injurious Behavior in an Adolescent AAFP 2011](#)

4. In patients at [low risk of suicide whom you are managing in the community](#) :

- a) Provide [specific instructions for follow-up](#) .
- b) Develop an [appropriate contingency plan](#) with the patient should their suicidal ideation progress/worsen.

***What you should study:*** remember that there are usually crisis centres also where patients can spend a few nights in a controlled environment without being admitted to hospital ([Suicide Action Montreal](#))

- ✓ [Suicide Safety Plan Template](#) - **this doesn't replace giving instructions to patients but is a useful clinical tool**

5. When assessing and managing a patient [at risk of harm to themselves or others that has been reported by proxy](#) , balance the patient's and the informant's rights to confidentiality with the risk of harm to the patient, the informant, or others.

***What you should study:***

- ✓ [When a person presents a danger to him or herself or others Douglas 2011](#)
- ✓ **Chapter 2:** [Practical Guide to Mental Health Rights MSSS Québec 2009](#)
- ✓ **Chapitre 2:** [Guide pratique sur les droits en santé mentale MSSS Québec 2009](#)

6. In suicidal patients presenting at the emergency department with a [suspected drug overdose](#), always screen for [acetylsalicylic acid and acetaminophen overdoses](#) as these are common, dangerous, and frequently overlooked.

***What you should study:***

**If you want to read about assessment and management of patient with overdose, this is a good article: (covered in [Priority Topic Poisoning](#))**

- ✓ [Acute Medication Poisoning AAFP 2010](#)

7. In [trauma patients](#), consider [attempted suicide](#) as the precipitating cause.