



Let's talk about suicide: Getting the most from a GP appointment



BARNSLEY
Metropolitan Borough Council



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Barnsley Clinical Commissioning Group

Suicide

Suicidal behaviour exists along a continuum from thinking about ending one's life (suicidal ideation), to developing a plan, to non-fatal suicidal behaviour (suicide attempt), to ending one's life (suicide)

"Suicide is not chosen; it happens when pain exceeds resources for coping with pain."



'Facts' and figures

- In 2017 there were 5,821 suicides registered in the UK, one death every 2 hours
- Males accounted for three-quarters of suicides registered in 2017 (4,382 deaths), which has been the case since the mid-1990s
- Suicide is the leading cause of death among young people aged 20-34 years in the UK and the leading cause of death for men under 50 in the UK
- "Hanging, strangulation and suffocation" was the most common method of suicide in 2013, accounting for 56.1% of male suicides and 40.2% of female suicides
- 33% of young people who take their lives are intoxicated
- Recent statistics show that only 27% of people who died by suicide between 2005 and 2015 had been in contact with mental health services in the year before they died
- 60% of people who are suicidal don't receive treatment

Suicide prevention...

Of people taking their own lives...

- **18%** had seen a GP in the previous week

And a further...

- **21%** had seen a GP in the previous month

i.e.

- **Nearly 40%** present an opportunity to affect the outcome

(Sheffield Public Health Audit 2001-10)

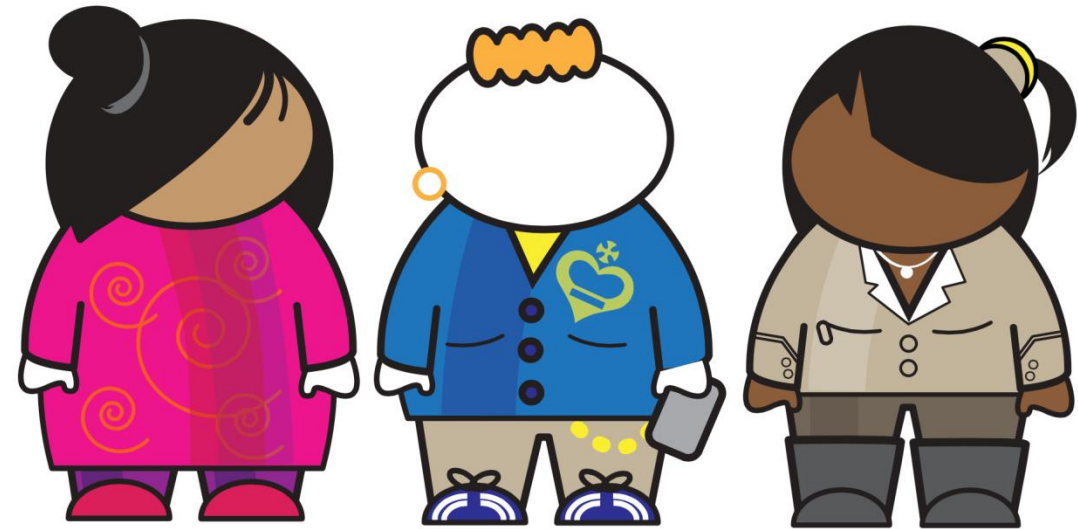
Remember...

- *“There is no evidence that asking a young person whether they are having suicidal thoughts will put the thought into their mind if it were not there before”*
- *“There is however, a great deal of evidence to suggest that being able to talk to clients about suicide is extremely important in providing a safe place for them to explore their own feelings”*

Rudd (2008), Barrio (2007)

Opportunities in the consultation

- Patients engage better when they feel heard
- If you don't ask the question you won't find out
- Don't leave it to someone else (alone) to follow up
- Make good records – embed own behaviour
- Risks exist outside the accepted risk factors e.g. impulsivity



Vital first 10 minutes...

- Patient journey before consultation
- May be the only chance
- Limitations of 10 minutes
- Make sure they come back
- Risks can be harder to identify in young people

(DOH preventing suicide in England 2012)

Conversation starters..

- How are you? Be prepared for 'fine' or 'good thanks' and follow up with: How are you really?
- You don't seem yourself.
- I've noticed that...
- How are things at home/work/uni?
- Tell me about...



What to say...



- Ask the direct question. Are you having thoughts about suicide?
- Ask open ended questions, encourage conversation... How long have you been feeling this way? Have you felt this way before?
- Patient the sole focus
- Listen, not talk. Take time.
- Let them tell their story
- Normalise mental health
- Try to offer hope and reassurance
- Acceptance and support not judgement
- Validate

What not to say...



- Don't try to talk them out of suicide by reminding them 'what they've got going for them' or how much it would hurt their friends and family.
- Don't try to fix their problems. Listen with empathy and without judgement.
- Don't dismiss it as 'attention seeking'. Take them seriously and acknowledge the reasons they want to die.
- Do not rush, or put off...

Think about language

Use appropriate terminology

- Died by suicide
- Suicided
- Ended his/her life
- Took his/her life
- Attempt to end his/her life

Avoid stigmatising terminology

- Committed suicide
- Successful suicide
- Failed attempt at suicide
- Unsuccessful suicide



Next steps...

- Identify clear next steps
- Involve the person in their own safety planning (where possible)
- Follow up promptly
- Connect person to supports &/ emergency crisis care – advocate where needed
- Make environments safe
- DNA policy
- Make good records

A privacy reminder from YouTube, a Google company

REMIND ME LATER REVIEW



Search

SIGN IN



Chilypep Suicide Prevention Film 2017

337 views

6 likes, 0 dislikes, SHARE, SAVE

Up next AUTOPLAY

What It's Like To Lose Someone To Suicide
 As/Is
 4.1M views
 4:35

EXIT: The Appeal of Suicide
 Living Waters
 301K views
 39:21

"BANANA MAN" the Movie - Ray Comfort [2019 HD]

Advice from a fellow GP...

If you do nothing else in the 10 minutes...

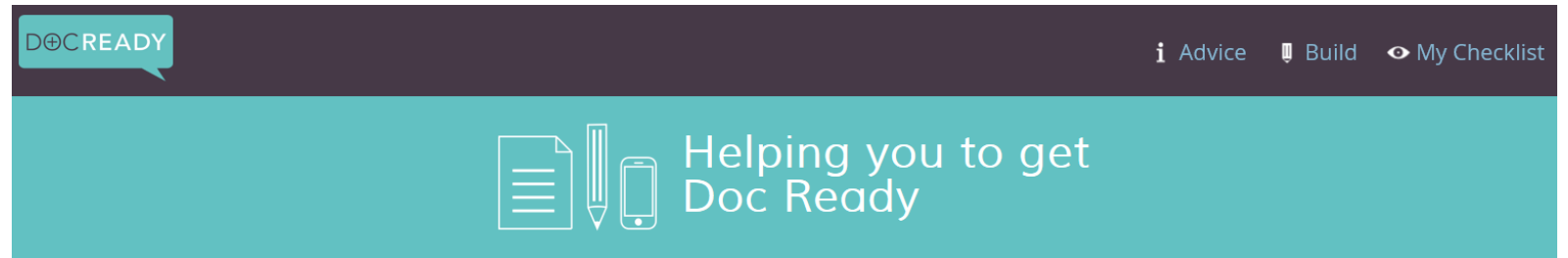
- Ask – the question directly
- Listen – actively & give your full attention
- Validate – do not dismiss as attention seeking
- Respond – with resources and follow-up
- Record – embed behaviour and sleep easier...



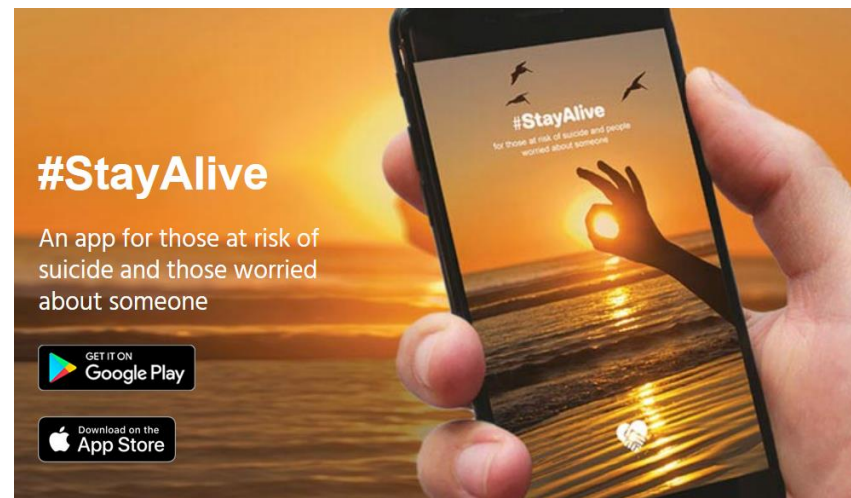
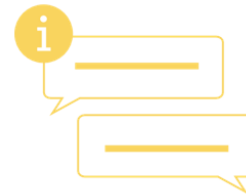
Signposting and resources



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We know that it can be difficult to talk to people when you're having difficulties with your mental health. Doc Ready helps you get ready for the first time you visit a doctor to discuss your mental health.



Signposting

- Samaritans 24/7 helpline 116 123 or jo@Samaritans.org
- Take the young person to nearest A&E
- Involve crisis teams and mental health services the young person may be in contact with
- Dial 999/112 or 111 if less urgent
- YoungMinds Parents' Helpline 0808 802 5544 or parents@youngminds.org.uk
- POPYRUS (prevention of young suicide UK) Call HOPELineUK 0800 068 41 41, pat@papyrus-uk.org or text: 07786 209697
- CALM Helpline 0800 58 58 58 or text: 07537 404717





Thank you!

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