Suicide Prevention in Primary Care
CHANGING THE NARRATIVE ON SUICIDE

Background

Primary health care is a whole-of-society approach to effectively organise and strengthen national health systems to bring services for health and wellbeing closer to communities. Family medicine doctors or general practitioners (GPs) are often first point of contact in developed primary care systems, and work in multidisciplinary teams alongside other health professionals such as nurses, social prescribers, mental health professionals, dentists, and community pharmacists.

Family medicine doctors and GPs have a vital role in a public health approach to suicide prevention. Alongside management of physical health problems, patient consultations with a family doctor/GP offer opportunities to start conversations about self-harm, suicidal thoughts, risk of suicide sensitively, identify unmet needs, and begin a targeted treatment plan.

GPs are often the first and last point of contact for people who die by suicide. However, they have described challenges in the assessment and management of suicide risk such as short consultation times, demanding workloads, and minimal training on self-harm and suicide. A lack of integration and coordination with specialist support services is also a concern.

Best practice for clinician-led consultations

- View self-harm and suicide holistically.
- Ask about self-harm and suicide openly, sensitively, and directly.
- Take disclosures of suicidal ideation and self-harm seriously.
- Discuss confidentiality and its limits early.
- Take a non-judgmental, empathetic approach.
- Focus on building rapport and a collaborative working relationship over consultations.
- Provide resources alongside referrals, such as leaflets, links to online self-help, and community groups.
- Organise follow-up care when appropriate, and with the same clinician.
- Plan for continuous professional development on the topics of self-harm and suicide prevention.

Statistics

80%

On average, 80% of people who die by suicide were in contact with a primary health care provider in the year before suicide.

Nearly half of people who die by suicide were in contact with a primary health care provider in the month before suicide.

50+

Women and people aged over 50 are most likely to be in contact with a GP prior to a suicide death,

43%

43% of middle-aged men who died by suicide had a GP consultation in the preceding 3 months.

International Association for Suicide Prevention

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Preparing to see a family medicine doctor or GP

If you are experiencing suicidal thoughts or self-harming behaviours, it is likely that you will need to see a family medicine doctor or GP at some point.

Points to consider are:

- If possible, book a longer appointment (a double appointment in some places).
- Consider bringing in notes.
- Be honest and open with your GP.
- Ask questions and clarify anything that is confusing.
- Express your preference and opinions about your care.
- Ask to see a different GP if you do not feel comfortable, or the consultation is not helpful.

Resources

- Integrated primary care systems include Australia's headspace model and the UK's The Well Centre
- Suicide in children and young people: Tips for GPs
- RCGP Suicide Prevention Course
- RCGP Mental Health and Suicide Prevention module (LGBTQ+ suicide prevention)
- Psychosocial screening in adolescents, including suicide and self-harm: HEEADSSS assessment
- #MyGPguide - Visiting your General Practitioner: A guide for young people with lived experience of self-harm and suicidality
- Improving the management of self-harm in primary care

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