APPROACH TO THE SUICIDAL PATIENT

FAMILY MEDICINE FORUM
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Faculty/Presenter Disclosure

Faculty: Dr. Jon Davine

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Relationship with Financial sponsors:

- **Grants/Research Support:** None
- **Speakers Bureau/Honoriaria:** Michael Garron Hospital, Toronto East Health Network, Ontario Medical Association, Ontario College of Family Physicians, Touchstone Institute (IMG), McMaster University Department of Psychiatry, Nurse Practitioners of Ontario, Medical Psychotherapy Association, Sioux Lookout Medical Group.
- **Consulting Fees:** None
- **Patents:** None
- **Other:** None

Disclosure of Financial Support

- **This program has not received financial support**
- **This program has not received in-kind support**

Potential for conflict(s) of interest:

- Jon Davine has not received any funding for this program

Mitigating Potential Bias

- Dr. Jon Davine

- I have received no funding from anyone for this presentation.
- Any meds I discuss are based on reviews of the literature
- My honoraria have been received from academic institutions, medical societies, and family medicine groups

Bill is a 73 year old man. He is currently retired. He had worked as an executive for a large business firm, until 6 years ago.

His wife of 43 years died approximately 6 months ago of breast cancer

He tells you his mood has been quite unhappy in the last 3 months.

? What would you now like to ask him about.

His mood has been depressed for 6 months

sleep for 6 months

interests for 6 months

enjoyment

energy

concentration

appetite

Has been drinking more alcohol, x 3 months

Has 4-5 drinks per day

No use of street drugs

Has thought of life not being worth living

Has thought of suicide

Has thought of taking an overdose of pills

Has never had an attempt before

No delusions

No hallucinations

He states he is not sure what he will do over the next few days, and is unable to make a firm contract with you re his safety. He is ready to see you in a few days time.

What are his risk factors for suicide?

What do you do now?

What if Bill had told you he was not going to harm himself and would contract with you to call your clinic if he had increased suicidal ideation?

What would you do now?

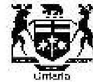
In this scenario, you have follow up with Bill as an outpatient.

Four days later, his daughter calls you telling you he has barricaded himself in his room, and has threatened to harm himself.

? What can you do.

? What if this were 8 days after you had last seen him. What would you do?

Form 1



Ministry of Health

Form 1
Mental Health Act

Application by Physician for Psychiatric Assessment

Name of physician ______________________ (print name of physician)

Physician address ______________________ (address of physician)

Telephone number ( ) ______________ Fax number ( ) ______________

On ____________ (date) I personally examined ______________________ (print full name of person)

whose address is ______________________ (home address)

*You may only sign this **Form 1** if you have personally examined the person within the past seven days. In deciding if a Form 1 is appropriate, you must complete **either** Box A (serious harm test) **or** Box B (persons who are incapable of consenting to treatment and meet the specified criteria test) below.*

Box A – Section 15(1) of the Mental Health Act Serious Harm Test

The Past / Present Test *(check one or more)*

I have reasonable cause to believe that the person:

- ☐ has threatened or is threatening to cause bodily harm to himself or herself
- ☐ has attempted or is attempting to cause bodily harm to himself or herself
- ☐ has behaved or is behaving violently towards another person
- ☐ has caused or is causing another person to fear bodily harm from him or her; or
- ☐ has shown or is showing a lack of competence to care for himself or herself

I base this belief on the following information *(you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)*

My own observations:

____

Facts communicated to me by others:

____

The Future Test *(check one or more)*

I am of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in:

- ☐ serious bodily harm to himself or herself,
- ☐ serious bodily harm to another person,
- ☐ serious physical impairment of himself or herself

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Box A – Section 15(1) of the Mental Health Act
Serious Harm Test *(continued)*

I base this opinion on the following information *(you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)*

My own observations:

____

____

____

Facts communicated by others:

____

____

____

Box B – Section 15(1.1) of the Mental Health Act
Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria

Note: The patient *must* meet the criteria set out in *each* of the following conditions.

I have reasonable cause to believe that the person:

1. Has previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in one or more of the following: *(please indicate one or more)*

   - ☐ serious bodily harm to himself or herself,
   - ☐ serious bodily harm to another person,
   - ☐ substantial mental or physical deterioration of himself or herself, or
   - ☐ serious physical impairment of himself or herself;

AND

2. Has shown clinical improvement as a result of the treatment.

AND

I am of the opinion that the person,

3. Is incapable, within the meaning of the *Health Care Consent Act, 1996*, of consenting to his or her treatment in a psychiatric facility and the consent of his or her substitute decision-maker has been obtained;

AND

4. Is apparently suffering from the same mental disorder as the one for which he or she previously received treatment or from a mental disorder that is similar to the previous one;

(Disponible en version française)

Box B – Section 15(1.1) of the Mental Health Act
Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria *(continued)*

AND

5. Given the person's history of mental disorder and current mental or physical condition, is likely to: *(choose one or more of the following)*

- ☐ cause serious bodily harm to himself or herself, or
- ☐ cause serious bodily harm to another person, or
- ☐ suffer substantial mental or physical deterioration, or
- ☐ suffer serious physical impairment

I base this opinion on the following information *(you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)*

My own observations:

____

____

____

Facts communicated by others:

____

____

____

I have made careful inquiry into all the facts necessary for me to form my opinion as to the nature and quality of the person's mental disorder. I hereby make application for a psychiatric assessment of the person named.

Today's date ____________________ Today's time ____________________

Examining physician's signature ____________________
(signature of physician)

This form authorizes, for a period of 7 days including the date of signature, the apprehension of the person named and his or her detention in a psychiatric facility for a maximum of 72 hours.

For Use at the Psychiatric Facility

Once the period of detention at the psychiatric facility begins, the attending physician should note the date and time this occurs and must promptly give the person a Form 42.

____________________ (Date and time detention commences)

____________________ (signature of physician)

____________________ (Date and time Form 42 delivered)

____________________ (signature of physician)

(Disponible en version française)

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SEX

- Men - are successful at suicide three times more than women.
- Women however attempt suicide three times more often than men

AGE

- Older age is a risk factor
- <12   0.8/100,000
- age 15-24 (1984) 12.5/100,000
- This accounts for 12.9% of all deaths in this age group

AGE

- males age 20-64, flat curve, 25/100,000
- women are approximately 8/100,000
- after age 75, males increase to 45/100,000
- elderly are more lethal when they attempt. Fewer gestures. 1 in 4 succeed, vs 1 in 200 in young adulthood.
- Overall 1 in 18 attempts succeeds

DEPRESSION

- Has a lifetime prevalence of 15% for completed suicides
- Bipolar disease also has a 10-15% lifetime prevalence, usually in the depressed phase.

PAST ATTEMPT

- Most consistent predictor of future suicide attempts.
- Over 40% of persons who have committed suicide have a history of self harm.
- 10% of anyone who attempts suicide will ultimately kill themselves.
- If recently attempted, how lethal? Chance of discovery? How do they feel about being alive?

PAST ATTEMPT

- Ask “What did you want to have happen?” This is more important than type or amount of pills ingested, for example.

ETHANOL

- Lifetime prevalence of completed suicide of 10-15%
- Comorbid depression usually present.

RATIONAL THINKING

- Psychosis a definite risk factor
- Command hallucinations telling you to kill yourself very dangerous.
- Schizophrenia has 10-15% lifetime prevalence of completed suicide. Can often be idiosyncratic, and thus less predictable.

SUPPORTS

- Single, widowed, divorced, never married have increased risk
- Recent loss e.g. spouse, job
- Social isolation

ORGANIZED PLAN

- Are you having thoughts of suicide? (Don’t worry about “seeding” the idea)
- Do you have a plan
- Have you gone about organizing the plan at all
- Is there a means? Access to guns, lethal meds.
- Preparations for death? e.g. making a will, giving away possessions, etc.

NO SPOUSE

SICKNESS

- Severe medical illness, especially with loss of functioning or intractable pain
- Delirium or confusion

OTHER RISK FACTORS

- Hopelessness
- Family history of suicide

PROTECTIVE FACTORS

- No previous attempts
- No psychiatric diagnosis
- Reality testing intact
- No recent losses
- Marital status, children
- Strong social supports
- Employed
- Strong therapeutic alliance
- Religious beliefs
- Good health
- No drugs, alcohol

SOCIETAL PROTECTIVE

- SSRI’s vs Tricyclics
- Benzos vs Barbiturates
- Natural Gas vs Coal Gas in UK/Australia
- Stricter state gun control laws in USA

PROTECTIVE

- How does the patient respond to your interview?
- Are they calmed?
- Can they contract/set up protective activities
- Contract is verbal. Not written
- There can be a hierarchy of activities re contract:
  - Can you do anything which helps you to calm yourself
  - Is there someone you can speak to who helps calm you (without disclosing)
  - Is there someone you can disclose your suicidal thoughts to, which could help
  - Can you call your family doctor's office 24/7
  - Can you call COAST (in Hamilton) 24/7

SUMMARY

- Assess sociodemographic risk factors
- Ask about stressors currently
- Screen for psych illness e.g. depression, psychosis
- Screen for alcohol abuse
- Ask specific questions re suicidal plan
- Ask re protective factors
- Ask re contracting/protective activities

SUICIDE

- Canada
  - 7/100,000 ‘60
  - 14/100,000 ‘80 (22.2 males vs. 7.3 females)
  - Therefore,
    - Hamilton 1-2 per week
    - Toronto 1-2 per day

- 80% visited any MD within 6 months
- 50% visited any MD within 1 month
- 40% visited any MD within 1 week
- Therefore,
  - MD’s well placed

AT RISK POPULATIONS:

- Native Canadians, White
- Professionals, business executives
- MD’s 2:1
- Opthamologists Highest
- Psychiatrists increased
- Dentists

METHODS (%) (1970-1978)

	Male	Female	Total
Gunshot	33	3	36
Hanging	15	4	19
Poisons	9	13	22
Others	16	7	23
Total	73	27	100

BIOCHEMICAL PREDISPOSITION

- ↓ 5HIAA in CSF

- ↓ 5HIAA in Brain tissue

SELF HARM

- Weisman 160-300/100,000 (60's)
- Whitehead 730-1400/100,000 ('73)
- Therefore:
  - Hamilton 7/day
  - Toronto 70/day

PERSONALITY DISORDERS
BORDERLINE PERSONALITY

- 10-15% lifetime prevalence
- More self harm and “gestures” but may kill themselves while making a gesture
- Emotional lability
- Poor impulse control

PERSONALITY DISORDERS
BORDERLINE PERSONALITY

- We try not to admit the patient, and treat as an outpatient
- However, if patient unable to contract, you should send them to ER. We assess them, and we keep them in ER to see if they can ultimately contract, and then we send them home.
- If unable to contract, we reluctantly admit

COMMENTARY

- Mental illness can be fatal
- We accept death from heart disease, cancer, etc. We must accept this in mental illness, including in younger, physically healthy patients
- It does not necessarily mean that a mistake was made
- Many people who have passed their point of ambivalence may well succeed in suicide

Please fill out your session evaluation now!

Complete a session evaluation one of two ways:

- FMF app
- Fmf.cfpc.ca

Session #:S56

Session Name:Approach to the Suicidal Patient

YOUR FEEDBACK IS IMPORTANT TO US!