Approach to the Suicidal Patient

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Dr. Jon Davine, MD, FCFP, FRCP©
Associate Clinical Professor
McMaster University

Faculty/Presenter Disclosure

- **Faculty: Dr. Jon Davine**

- **Relationships with financial sponsors:**
  - **Any direct financial relationships including receipt of honoraria: Pri-Med Canada/Humber River Health, William Osler Health, Peterborough FHT, McMaster CME, KW Family Medicine, Ont. College of Family Physicians, Touchstone Institute, Trillium Health, CME Away by Sea Courses, Trillium Health Partners.**
  - **Memberships on advisory boards or speakers' bureau: No**
  - **Patents for drugs or devices**: No
  - **Other: financial relationships/investments: CAMH, Toronto, Co-Editor of Book, "Psychiatry in Primary Care"**

Disclosure of Financial Support

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

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  - Jon Davine has not received payment

Learning Objectives

- Describe important demographic factors in suicide risk
- Describe key questions to ask when assessing suicide risk
- Describe developing a suicide prevention plan with the patient
- Apply suicide risk principles to the patient with Borderline Personality Disorder

THINK, PAIR, SHARE

CASE

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.

Risk Factors

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

Risk Factors

- Has thought of life not being worth living (passive SI)
- Has thought of suicide (active SI) Bill has.

- Has thought of taking an overdose of pills---did he ORGANIZE this, or not. (Bill did not)

- Has never had an attempt before . (Very important)

- No delusions, no hallucinations

CASE

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

- What do you do now?

Case—If Agreeable

- I would feel he has to be in an inpatient setting

- If patient is very agreeable, can send to the ER, with a friend or family member if possible.

- Call the ER.
- They should call you back when patient arrives

- If patient does not arrive, try to quickly locate and speak to the patient if possible, or call the police.

Case--If not agreeable

- I would feel the need to certify
- Tell the patient you are very concerned about them
- Tell them you are obligated by law to ensure their safety
- Call the ambulance or police for transport
- If the patient tries to leave, do not try to physically stop them

- 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?

Case

- I would certainly consider continuing our care as an outpatient
- I would ask him to lower alcohol use as well.
- I would start an antidepressant (not a tricyclic)
- Discuss expectation of positive outcome
- Refer for counselling or do it yourself. See at least 1/week at first

Case

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.

Case

You are able to certify the person because you have seen him within 7 days

Case

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

Case

- After 7 days, you can call the police, or the family member can call the police, and they can bring the person to hospital (Brian's Law)
- Another option is for you or a family member to contact the Justice of the Peace (JP) who fills out a form 2, which is a non-medical form 1
- COVID?? Virtual Care. Seems to be ethically and probably legally ok

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)

Question?

- What do the different letters in the SAD PERSONS pneumonic stand for?

SAD PERSONS

SEX

- Men - complete suicide at a rate three times more than women.
- Women however attempt suicide three times more often than men

AGE

- males age 20-64, flat curve, 25/100,000/year
- women are approximately 8/100,000/year
- after age 75, males increase to 45/100,000/year
- 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? Imminent plans?
- Have you gone about organizing the plan at all
- Is there a means? Access to guns, dangerous amounts of meds. Guns should be asked about and dealt with
- 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

OTHER RISK FACTORS

- Hopelessness
- Family history of suicide

Other Risk Factors

- Borderline Personality Disorder

- 10-15 % Lifetime prevalence of completed suicide

PROTECTIVE FACTORS

- No previous attempts
- No psychiatric diagnosis
- Reality testing intact
- No recent losses
- Marital Status,
- CHILDREN, ESPECIALLY UNDER 18
- 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/SAFETY PLAN

- How does the patient respond to your interview?
- Are they calmed?
- Can they set up a personal safety plan?

Safety Plan

- There can be a hierarchy of activities re :
  - 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
- ***Screen for psych illness e.g. depression, psychosis, borderline personality disorder
- *** Ask re past attempts
- ***Screen for alcohol abuse
- ***Ask specific questions re suicidal plan (?organized)
- ***Ask re safety plan

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:

- Indigenous Canadians, White
- Professionals, business executives
- MD's 2:1
- Opthalmologists 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

SELF HARM

- Weisman 160-300/100,000 (60's)
- Whitehead 730-1400/100,000 ('73)
- Therefore:
  - Hamilton 7/day
  - Toronto 70/day
  - Self harm is a risk factor for suicide attempts
  - Borderline PD may have co-existence of both

BORDERLINE PERSONALITY DISORDER

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

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 will admit, but try to keep it as short as possible

Specific Situations

- After the end of a romantic relationship. Also ask re harm to others
- In a female patient with postpartum depression. Also ask re harm to baby
- In the under 18 population, when using antidepressants
- In transitions: recent d/c from psych inpatient, or from psych emergency assessment where SI was involved

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

Commentary

- Because suicide is a relatively rare event, and suicidal intent can change rapidly, it is not possible to predict which patient will or will not attempt, or die by suicide at any given point in time.

- Clinician's job:
  - Identify those at higher risk
  - Take steps to lower that risk

Resourcers

- Centre for Suicide Prevention (for practitioners)
- www.suicideinfo.ca

- Canadian Association for Suicide Prevention (for patients and families)
- www.suicideprevention.ca

- Toolkit for People Who Have Been Impacted by a Suicide Attempt and Toolkit for People Who Have Been Impacted by a Suicide Loss
- www.mentalhealthcommission.ca

Questions? Comments?