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Assessment and management of suicidality in chronic pain

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Coverage

- Why it is important? Epidemiology → everyone's job
- What can get in the way – clinician fears, lack of "how to" knowledge & resources
- Practical steps and skills:
  - Create the systems to respond to identified risk: Consider your service and processes; ensure your team is prepared
  - Assessing and responding to suicide risk with the patient in front of you

Suicide Risk in Chronic Pain

- The risk of suicidal behaviour and completed suicide is at least double in people with chronic pain (Racine, 2018)

- 5-14% of people with chronic pain attempt suicide over their lifetime (Tang & Crane, 2006); that risk may be increased fourfold in those referred to Pain Clinic (Stenager et al, 2014)

- So:
  - In Pain Teams, suicide risk assessment and management is everyone's business
  - Our teams need to be prepared and equipped to assess and respond to suicide risk **at all stages of our service pathway**

Factors that inhibit risk assessment & management

- Team members' concerns and anxiety:

"If I ask about suicidality, I'll put the idea into their mind"

Asking doesn't increase risk, and opens the door to management

"I don't know how to ask, or what to do after asking"

Procedures:

- Create a framework to support effective management responses
- Clear questions to assess risk, linked to responses to manage risk.

Preparation: Suicide risk information before attendance

- Pre-assessment / Triage Questionnaires.

- E.g., At Salford – the PHQ9 Depression Scale item 9:

  "Over the last 2 weeks, how often have you been bothered by: Thoughts that you would be better off dead or of hurting yourself in some way"

  A standard letter goes to the GP for the 25% of patients who endorse "More than half the days" or "Nearly every day"

Very occasionally, we will write a bespoke letter when suicide risk information is included in free report sections of the Questionnaire.

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Dear GP

Re: [Insert patient details here]

This is a standard letter to inform you of risk information regarding the above patient.

..PHQ9 … one item of which asks patients to report the frequency of thoughts that they may be "better off dead or of hurting [themselves] in some way".

Your patient rated the frequency of such thoughts as either "More than half the days" or "Nearly every day" …such responses …are associated with some increase in the risk of a suicide attempt over one year. … This question is therefore by no means a comprehensive assessment of suicide risk for an individual patient.

… we wanted to inform you of your patient's response on this question in order that you may consider whether [further action] is necessary [prior to our assessment]. Your knowledge of the patient's history and status will of course inform this decision, and it may be that no further action is necessary.

Yours sincerely,

The Manchester & Salford Pain Centre.

Preparation: Resources, links, and procedures

- Consider compiling a list of support resources / crisis help to give to patients who voice distress or suicidality

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Mental health support

- The GMMH helpline for people in crisis is **0800 953 0285 (free phone). This number is staffed by experienced mental health professionals, and interpreters are available if English is not your first language.**

- **Urgent mental health services helpline tool** This website allows you to search by postcode for local urgent mental health helplines: https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline

- **Emergency GP appointment** – you can ask your GP for an emergency appointment when you require support for your mental health, but there's no immediate danger to your safety or the safety of others.

- **NHS 111 – you can dial 111 for advice and support about what to do in a mental health crisis and they will direct you to the most helpful service.**

- **Samaritans** – call 116 123 – available 24hrs a day, 7 days a week. You can also email the Samaritans at jo@samaritans.org
https://www.samaritans.org/

- **HOPEline UK** - Papyrus runs a listening service if you're under 35 and may be having thoughts of suicide.
Call 0800 068 4141
Text 07786 209 697
https://www.papyrus-uk.org/papyrus-hopelineuk/

- **Urgent mental health services helpline tool** This website allows you to search by postcode for local urgent mental health helplines: https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline

- **Shout** is a free text-based support service for people in crisis – text Shout to 85258 to access support 24hrs a day, 7 days a week https://giveusashout.org/get-help/

- **SANEline (4.30pm to 10.30pm) –** call 0300 304 7000 for emotional support and information. This includes if you're a family member, friend or carer. https://www.sane.org.uk/how-we-help/emotional-support/saneline-services

- **CALM helpline (5pm to midnight) –** "We stand together with everyone who's struggling with life, no matter who they are, where they're from or what they're going through." You can ring the Campaign Against Living Miserably (CALM) helpline to talk or find support. Call 0800 58 58 58 https://www.thecalmzone.net/there-is-nothing-you-cant-talk-about

- https://www.prevent-suicide.org.uk/find-help-now/stay-alive-app/ - **Stay Alive** is a pocket suicide prevention resource, full of useful information to help you to stay safe. You can use it if you are having thoughts of suicide or if you are concerned about someone else who may be at risk.

Preparation: Resources, links, and procedures

- Consider compiling a list of support resources / crisis help to give to patients who voice distress or suicidality
- Find your local Mental Health Trust's 24 hour telephone helpline (for patients and clinicians) www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline
- If in an Acute Trust – ensure your team have contact details for your local Mental Health Liaison Team (MHLT)
- Working in a Hospital with A&E gives ready MHLT access; have a procedure if your team works in other settings or remotely – your MHLT may advise
- Consider how you will manage people on waiting lists in your service where your team has identified suicide risk

Assessing and responding to suicide risk in consultations

Four key questions to establish suicidal ideation, intent, and plans:

- Do you feel that life is not worth living?
- Have you had thoughts about ending your life?
- Have you felt like acting on these thoughts?
- Have you thought about how you may act on these thoughts or made any preparations to act on them?

Also consider:

- Protective / Preventative factors that patient identifies (e.g., children)
- History of previous suicide attempts - recency increases risk
- Evidence of impulsivity or disinhibiting factors (e.g., substance misuse)
- Warning signs of immediate suicide risk

Warning Signs

Talking about:

- Wanting to die
- Great guilt or shame
- Being a burden to others

Feeling:

- Empty, hopeless, trapped, or having no reason to live
- Extremely sad, more anxious, agitated, or full of rage
- Unbearable emotional or physical pain

Changing behavior, such as:

- Making a plan or researching ways to die
- Withdrawing from friends, saying goodbye, giving away important items, or making a will
- Taking dangerous risks such as driving extremely fast
- Displaying extreme mood swings
- Eating or sleeping more or less
- Using drugs or alcohol more often

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Responding to risk level

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Thoughts of life not worth living, no thoughts of ending life	Alert GP – establish risk monitoring plan Establish safety plan with patient
Thoughts of ending life, but no plans, has preventative factors (Consider also previous attempts & presence of warning signs	
Thoughts of ending life; limited preventative factors, but not at imminent risk	Limit access to means (e.g., medications) Establish safety plan Alert GP urgently: - monitoring plan - recommend mental health referral
Imminent risk of acting to end life (e.g., lack of preventative factors, plans to act or preparations, and / or warning signs)	Escort to A&E if in Hospital Contact Mental Health Crisis Team Contact police for Welfare Check if patient leaves

Safety plan:

Coping strategies – soothing, distraction, reminders of barriers

Restrict access to common means, e.g., reduce access to medication

Contacts for social support and Crisis support – Friends & Family; list of formal support resources

Adapted from Chincholkar & Blackshaw, 2023

Key Points

- Our patient population is relatively high risk
- Preparing our services to respond to suicide risk at all stages of our pathway – processes and resources
- 4 key questions to establish risk, with linked responses

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Thank You

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