

# GPs call for more specialist knowledge to manage suicide risk in young people

February 18 2016, by Emma Thorne

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Suicide is the second leading cause of death in young people aged between 15 and 29 worldwide – in the UK alone, 3,156 in this age group died by suicide in 2011-2013.

A study led by academics at The University of Nottingham and published in the *British Medical Journal Open* recently has found that while GPs felt relatively confident in dealing with general [mental health](#), they would welcome more specialist knowledge to assess and manage suicide risk among their young patients.

They highlighted the HEADSS assessment (assessing the domains of Home, Education and employment, Activities, Drugs, Sexuality, Suicide/depression and Safety), of risk of suicide among young people, used by GPs in Australia, as a particular example of best practice.

Dr Maria Michail, in the University's School of Health Sciences, said: "This study has important implications for the provision of specialist training to support GPs in the assessment and management of youth suicide risk. Equipping GPs with the knowledge, skills and confidence to identify early and manage suicide risk in young people could improve the quality and safety of [primary care services](#) and ultimately prevent avoidable deaths.

"For any such training to be effective however it would need to be accompanied by significant changes in the communication between GPs and [mental health professionals](#) as well as in how quickly and efficiently young vulnerable people can access specialist [mental health services](#). Suicide is a largely preventable public health problem and we want to raise awareness about how we can support young people through difficult times in their lives."

## Identifying suicide risk

Evidence shows that GPs are well-placed to identify and assess suicide risk – young patients who go on to take their own lives tend to visit their GP more in the one to three months leading up to their death.

Those who go on to die by suicide are also likely to have attempted suicide and may have talked about suicide. Eighty per cent of those who take their own life will have self-harmed in the previous year.

The study involved GPs from five practices in Nottingham taking part in a series of focus groups over a six-month period discussing their experiences of offering mental health care to [young people](#).

These discussions highlighted the following key themes:

- Developing a guided decision-making tool to support GPs in the

assessment of [suicide risk](#), including key questions for GPs to focus on, that would inform clinical decisions about management options

- Providing GPs with specialist knowledge in youth suicide and self-harm.
  - Improving referral pathways and communication between the patient, GP and the children young person's/adult crisis team
- The study was supported by a grant from Nottingham City Clinical Commissioning Group.

The team are now planning to design a new educational intervention to trial with GP practices in Nottingham city and Nottinghamshire.

Provided by University of Nottingham

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