

Signs to look out for

- Expressing thoughts or feelings about wanting to end their life, or talking about feeling hopeless or having no reason to live;
- talking about feelings of loneliness, withdrawal from others or social isolation, being a burden to others, or in unbearable pain;
- agitation, violence, distress, or difficulty communicating (observed during a consultation or mentioned as problems);
- a change in eating or sleeping habits;
- signs of cutting or self-harm;
- arranging end-of-life personal affairs, such as writing a will; and/or
- absence of supportive family members or other psychosocial support.

Consider and assess for risk factors for suicide. These include previous suicide attempts, depression, alcohol or drug use problems, other mental health conditions such as psychosis or bipolar disorder, severe emotional distress, chronic pain or illness, experiences of trauma (e.g. sexual and interpersonal violence, war, abuse, discrimination), recent loss (e.g. unemployment, bereavement, relationship break-up) or financial problems.

What you can do

- Allocate sufficient time to talk to the person in a private space, show empathy and try to establish a positive rapport.
- Lead into the topic gradually, to gauge the current mental state of the person, before asking directly if they have thoughts about suicide. Asking about suicide does not provoke suicide, but can reduce anxiety and helps the person feel understood.
- If the person confirms that they have thought of or are thinking about suicide, ask follow-up questions to ascertain whether they have made concrete plans.
- If the person has suicidal thoughts or plans, but the plan is not concrete or immediate:
 - › offer emotional support, encourage them to talk about their suicidal feelings, remind them of their strengths, encourage them to talk of how they resolved problems in the past and explore reasons and ways to stay alive;
 - › provide them with details of a mental health specialist if possible, and maintain regular contact, initially by making another appointment; and
 - › activate psychosocial support by reaching out to family or friends and community resources, and provide details of community services including crisis lines.
- If the person has a concrete plan, including the means and the intention to die, stay with the person, remove the means of suicide, consult a mental health specialist, and assign a family or staff member to stay with the person so that they are not left alone until further specialist support is in place.

After a suicide attempt

Make sure the person is aware of available community services that can provide support and that there is a plan for regular and well-coordinated follow-up contact. Explain to the person and their family the benefits of staying in contact with health services.

More information



Preventing suicide: a resource for general physicians

Preventing suicide: a resource for primary health care workers

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