1. A large proportion of patients who commit suicide do not make contact with a primary care health provider within the three months preceding their deaths.
2. Patients who die from suicide are more likely to visit their psychiatrist than their primary health care practitioner.
3. There may be opportunities for primary care physicians to identify suicidal patients and possibly intervene.
4. Acknowledging and discussing suicide aggravates suicidal ideation rather than reducing it.
5. Asking about suicide may help the physician to identify a patient at high risk who needs urgent intervention, as well as uncover risk factors for suicide.
6. Some risk factors for suicide are amenable to intervention, whereas others are not.
7. One of the more widely used suicide assessment tools is the SAD PERSONS scale.
8. The SAD PERSONS scale acutely predicts suicidal behaviour.
9. Thorough documentation and communication of details is important to ensure adequate monitoring and the safety of the patient.
10. Having one or more previous suicide attempts is not a strong predictor of suicide risk.
11. Having pervasive thoughts of hopelessness has been identified as a very important risk factor.
12. Interventions should aim to strengthen protective factors such as strong interpersonal relationships.
14. If there are no thoughts of self-harm, the patient is said to have active suicidal ideation.
15. The primary care physician should not ask further questions to look for behaviour that suggests intent or whether there is a specific plan to carry out a suicide.
16. All persons with clear-cut, active suicidal ideation should be sent to the designated hospital (Institute of Mental Health in the Singapore context) for urgent psychiatric care.
17. The practice of forming no-suicide contracts should be encouraged.
18. A holistic approach should be employed in assessing suicide.
19. All persons who are depressed or suicidal should not be connected to available community resources and crisis helplines.
20. Suicide risk assessment is a complex and challenging process that relies on effective communication, and it is an ongoing process for the depressed patient.