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Rethinking Suicide Research & Prevention

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Identifying risk - carrying responsibility: Physicians' views on documenting suicide risk in changing healthcare settings

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In Lithuania—a country with persistently high suicide rates—most people who die by suicide have consulted at least one physician in the year before their death, yet only about one third have had contact with a mental health professional. In countries where national suicide prevention strategies are still emerging, the role of non-psychiatric physicians in identifying suicide risk remains unclear. Therefore, it is important to understand how physicians outside psychiatry perceive their role in suicide prevention. This study explored Lithuanian physicians' experiences with documenting suicide risk following 2023 regulations mandating the registration of suicide-related diagnoses and referrals for psychosocial assessment.

Method. Semi-structured interviews examined physicians' experiences of providing help to patients who were at suicidal risk. Sixteen physicians from a range of specialties (family medicine, internal medicine, emergency medicine, toxicology, neurology, and anesthesiology), with varying levels of experience and working in both inpatient and outpatient settings, participated. The data were analyzed using reflexive thematic analysis.

Results. Four main themes with subthemes were identified: 1. The need to learn to talk about suicide (Both sides find it difficult to talk about suicide; Suicidality itself is complex; Knowledge and experience build confidence); 2. The decision to record the diagnosis is subjective (Duty to help the patient; Perception of seriousness; Perceived benefit or risk); 3. Procedure as a Barrier or Enabler (Knowing What to Do Depends on Exposure; The importance of clear procedures; Legal responsibility and fear of sanctions; Documenting, but not recording the diagnosis); 4. Not My Domain (A Psychiatric Matter; Referral challenges and resource gaps; Choosing not to register risk when care isn't available).

Conclusions. Physicians face substantial challenges in identifying and documenting suicide risk. To serve effectively as gatekeepers in suicide prevention, they require clear guidelines, training, and institutional support.

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