Managing Passive Suicidal Ideation in Primary Care

When a patient reports suicidal thoughts without describing an active plan or intent, a structured and compassionate approach is essential. This guide outlines evidence-based strategies for Australian primary care clinicians and mental health professionals to ensure patient safety while maintaining therapeutic engagement.

Immediate Safety Assessment

Continue safety planning during the consultation by identifying early warning signs, coping strategies, and people or services the patient can contact for support.

- Trusted family or friends
- GP or psychologist
- Lifeline 13 11 14
- Local Mental Health Access Line

Crisis Team Access

Contact local Mental Health Access Line (e.g. 1800 011 511 in NSW) which triages to appropriate local Crisis Teams.

- Document all access attempts
- Direct to ED if Access Line unavailable
- Call 000 if acutely unsafe
- Provide patient with Access Line number

Follow-Up Planning

Arrange close follow-up within a few days to monitor mood, safety, and changes in suicidal ideation.

- Brief review appointments
- Schedule before weekends/holidays
- Encourage psychosocial supports
- Monitor support network engagement

Clinical Documentation

Clearly document assessed risk level, actions taken, referrals made, and safety plan discussed.

- Record passive ideation status
- Note absence of plan/intent
- Document all interventions
- Support continuity of care

Important Clinical Note: If the patient is alone, becomes unsafe, or cannot commit to their own safety, referral to the nearest Emergency Department for assessment remains appropriate — even in the absence of a specific plan, particularly if there is concern about impulsive risk.

Key Safety Thresholds

Recognizing when to escalate care is critical in managing passive suicidal ideation. The following clinical indicators suggest the need for immediate emergency assessment:

Patient Isolation

When the patient has no immediate support network or is physically alone without access to safety contacts

Deteriorating Safety

Observable changes during consultation suggesting escalating risk or emerging active ideation

Inability to Commit

Patient cannot or will not commit to their own safety or engage with the safety plan

Impulsive Risk Factors

Presence of factors increasing impulsive behavior risk including substance use, agitation, or acute stressors

Empowering Patient-Led Safety

Providing patients with direct access to crisis support services enhances their autonomy and creates pathways for help-seeking if distress escalates. Empower patients by giving them the Mental Health Access Line number directly, reinforcing that support is available 24/7 and that reaching out is a sign of strength, not weakness.