**Suicide Prevention and Suicide Safety Planning**Jan Orman

How many patients leave the emergency department with their stomachs pumped and their wounds sutured and an appointment for a visit to the local community mental health team or psychiatric outpatient’s department in a few days’ time, or an instruction to see their GP?

Is this good enough when we know that the risk of suicide is highest in the 48 hours after discharge for a suicide attempt?

In the late 1990s and early 2000s psychologists Barbara Stanley and Gregory K Brown developed Suicide Safety Planning as an intervention to help reduce suicidality after discharge of patients who had made suicide attempts from Vet Affairs hospitals in the USA. Their work has shown the efficacy of the intervention.

Suicide Safety Planning is easily transferable to the general practice setting, providing GPs with a much-needed intervention to help manage suicidal patients.

In this presentation Dr Jan Orman, GP Services Consultant at Black Dog Institute, will lead a discussion of the assessment of suicide risk in primary care and the integration of suicide safety planning into practice.

**Learning Objectives**

By the end of the session participants will:

* be able to describe how to conduct a suicide risk assessment
* understand the difference between “statistical risk factors” and “warning signs” for suicide and their significance in risk assessment
* be able to describe the content of a Suicide Safety Plan
* be familiar with an eMH tool to help them collaboratively create a Suicide Safety Plan with their patients