

How can we work together to keep you safe?

A simple and effective intervention that can save lives

People experiencing self-harm and suicidal behaviour often present to primary care to seek help. In fact, 80% of those who die by suicide contact primary care in the year (even months) prior to the suicide.¹ We know from our work² and that of others,³ that GPs are a trusted and valued source for help-seeking among those who are at risk of suicide.

Suicide prevention remains, however, a challenge for primary care with many GPs citing constraints including time pressures, lack of training and resources, and lack of clear and effective care pathways.⁴ Managing risk in primary care, with little input from other professionals or agencies, is an ongoing concern for many GPs. As one GP I recently spoke to said: *There's nothing worse than losing a patient to suicide. What it comes down to is this: how can I keep this patient safe?*

In a recent report by the Centre for Mental Health and Samaritans,⁵ GPs have highlighted the need for resources, tools, and interventions that are evidence-based and quick and easy to use to support them in monitoring risk and keeping patients safe.

This is where safety planning comes in. Safety planning is a simple and brief intervention⁶ whereby a clinician and a patient work collaboratively to identify:

- signs (such as behaviours, feelings, or situations) in the patient's life that can trigger a suicidal crisis; and
- protective factors such as coping strategies or resources the patient can use before or during a suicidal crisis to help them cope.

WHY IS SAFETY PLANNING IMPORTANT?

During an acute suicidal crisis what people often feel is hopelessness along with a claustrophobic sense of being trapped; feeling like there is no hope that things will ever get better, and no way of escaping from the pain. What can make a difference is having a list of tools, coping strategies,

and resources that patients can use to help them break the cycle of suicidal thinking.

Safety planning is recommended as best practice for the management of suicide risk by the National Institute for Health and Care Excellence.⁷ New evidence published in the *British Journal of Psychiatry*⁸ shows that safety planning can reduce the risk of suicidal behaviour by 43% among patients who have received such an intervention.

For GPs, safety planning can be a practical way of identifying risks and needs in primary care but are also key for building a trusting relationship with a patient.

FIVE KEY QUESTIONS CAN BE USED BY GPs TO CO-CREATE A SAFETY PLAN WITH A PATIENT

1. What are those signs (for example, stressful situations or distressing thoughts and feelings) that might trigger your suicidal thoughts?
2. What are some of the things you can do to distract yourself when having suicidal thoughts?
3. Who would you turn to (for example, a friend or family member) or where would you go for help when feeling suicidal?
4. Which professionals or agencies can you contact when feeling suicidal (for example, helplines and emergency services)?
5. What things (for example, sharp objects and medication) can we remove or limit access to in order to keep you safe?

SOME PRACTICAL TIPS ABOUT CO-CREATING A SAFETY PLAN

- Write down the safety plan using the patient's own words — if the plan is personalised it will be easier for the patient to engage with it;
- keep it brief and simple;

- work with the patient to identify reasons to stay alive — for example, what keeps them going? What do they look forward to in the future? And;
- give the patient a copy of the safety plan to take with them so they can use it whenever they feel suicidal.

To summarise, safety planning is a quick, practical, and effective intervention, grounded in the realities of general practice, that can save lives.

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