



Safety Planning Intervention versus Usual Care

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Emergency department patients with suicide-related concerns who received a brief intervention with telephone follow-up were less likely to engage in suicidal behavior and more likely to engage in mental health treatment than those who received usual care.

Nearly 1,200 patients seen in Veterans Health Administration emergency departments for suicide-related concerns received the Safety Planning Intervention-Plus. This brief, structured intervention included six steps delivered by a trained mental health professional:

1. Identify warning signs of an imminent suicidal crisis.
2. Determine existing coping strategies that can help distract from suicide-related thoughts.
3. Identify family and friends who can help distract from suicidal thoughts and social places that provide opportunities for interaction.
4. Identify individuals who can help provide support during a suicidal crisis.
5. Identify mental health professionals and other resources to contact during a suicidal crisis.
6. Identify ways to make the patient's environment safer through lethal means counseling.

The intervention also required that a patient receive telephone contact within 72 hours of discharge from an emergency department, with additional telephone follow-up for those without an outpatient behavioral health appointment.

Compared to patients who received treatment as usual, those in the intervention group were half as likely to engage in suicidal behavior and twice as likely to attend mental health appointments in the six months after their emergency department visit. This study demonstrates that a brief, structured intervention with telephone follow-up can help protect patients at risk for suicide, particularly during the high-risk period following emergency department discharge.

Stanley, B., Brown, G. K., Brenner, L. A., Galfalvy, H. C., Currier, G. W., Knox, K. L., . . . Green, K. L. (2018). Comparison of the Safety Planning Intervention with follow-up vs usual care of suicidal patients treated in the emergency department. *JAMA Psychiatry, 75*(9), 894–900.

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Suicide Prevention Resource Center

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