# What Is Better to Avoid in Dealing with a Suicidal Patient

*Invited lecture · Diego De Leo*

*Prof. Diego De Leo (the Head of the UP IAM Slovene Centre for Suicide Research and Professor of Psychiatry at the Griffith University in Brisbane, Australia), is considered as one of top five world leading experts in suicidology by the international professional and scientific public. His research expertise includes definitional issues in suicidology, culture and suicide, international trends and national suicide prevention programmes. He has received numerous world-renowned awards for his scientific work. His bibliography includes over 420 peer-reviewed articles and 180 book chapters.*

*Abstract*. Assessing or treating a suicidal patient represents probably the most challenging task clinicians face in their professional life, both intellectually and emotionally. Not many clinical interactions generate emotional responses quite as intense as dealing with an individual who has recently survived a serious suicide attempt or is contemplating a fatal act. There are multiple reasons behind these responses. Firstly, as clinicians, we have been trained to objectively and systematically assess symptoms and signs of illness to reach a sound diagnosis. On the basis of it – whether provisional or confirmed – we have the responsibility of formulating and evaluating an effective treatment plan. In the case of suicidality, what we are often faced with is not a diagnosable illness but a behaviour, to which many different psychiatric illnesses of various severities may contribute. In some cases, no detectable psychiatric illness is present. Secondly, as clinicians we have been invested with the responsibility of ensuring the well-being of our patients and, as much as possible, to avert complications arising from illnesses. In recent times, clinicians have experienced an increasing level of scrutiny into the validity of the diagnoses attributed to patients and the effectiveness of the treatment strategies implemented. The threat of litigation has greatly affected the way clinicians approach clinical interactions with their patients. As a result, being able to manage the countless issues surrounding the assessment and management of individuals presenting with suicide risk represents one of the fundamental skills clinicians have to develop and preserve throughout their professional life. In this presentation, I'll guide the attendees through the main obstacles and hazards that hinder the clinical


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management of a suicidal person, from the initial approach to the assessment and therapy. Included is also a window on the possible admission to hospital and the hypothetical problems embedded to it. The presentation will also examine the experience of a contact with Emergency Department for those attempting suicide and their aftercare.