allows us to remain associated to the patient while 'following an evidence base'. We would be interested to see the evidence base that such SPJ tools reduce rates of suicide in the general population, the population presenting to the emergency department for psychiatric review, or any day-to-day psychiatric population. To our knowledge, the only randomised controlled trial which compared SPJ with assessment as usual failed to show any superiority in preventing subsequent violence.² Our concern is that SJP feels like science and is therefore more comfortable for the clinician, while not actually providing any clinical benefit.

The problem is that suicidal behaviour has multiple causes and occurs in many psychiatric conditions, as well as in the absence of any psychiatric diagnosis. There is nothing wrong with trying to create a structure for suicide risk assessment, but the emphasis on the predictive ability of SPJ (typically measured using the area under the curve (AUC) statistic) conceals the potentially endless list of risk factors that must be filtered through a clinical algorithm, and which ultimately only an experienced clinician can process. And for some diagnostic categories, reliance on SPJ to predict outcome is as accurate as tossing a coin.³

Ultimately, clinical experience and skill, rather than a checklist of commonly associated variables, are needed to determine the appropriate intervention. It is the intervention after assessment, or the risk management, that is the key and typically omitted from SPJ.

So, no more suicide risk assessments without risk management. It is also important to be wary of paying for courses taught by those with little relevant clinical experience such as the emergency room, as is often the case with SPJ. Finally, do psychiatrists who routinely assess suicide risk really carry out 'unstructured' assessments?

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Monochrome

Francis Anthony O'Neill

We never had that frank discussion, about the birds and bees, or how the storm of sixty-five, made that tree, fall and cut your bus in two. Your face in monochrome, etched upon my brain with Miss Hozier's husband on a barge.

We lay upon the bed and watched the clouds float by, the altitude determining their velocity, and talked about how cartoons work, and the power of metonymy.

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