

This guide was prepared by Counties Manukau District Health Board to be used by clinicians when supporting a patient to create a personal safety plan.

Guide for health professionals assisting someone to complete a personal safety plan

What is a personal safety plan?

A personal safety plan is a six-step clinical intervention developed collaboratively with the person you are supporting. The plan aims to support those at-risk of suicide or having suicidal thoughts to manage and decrease their suicidal feelings and help them stay safe when these feelings appear.

A safety plan covers the following areas:

1. Recognising warning signs – identifying feelings, thoughts, or behaviours.
2. My reasons to live – naming people, things or opportunities that are important to me.
3. Keeping safe - reducing the potential for use of lethal means.
4. What can I do by myself - using internal coping strategies (without contacting another person).
5. Who can I connect with – connecting with whānau, friends or just being around others in a busy space as a way of distraction.
6. My supporters – identifying supportive whānau, friends or health professionals who can help during a crisis.
7. Helplines and other sources of support.

We recommend you:

- Develop the plan collaboratively with the person you are supporting.
- Guide them to generate their own ideas before suggesting yours (balance collaboration with directive approach).
- Include obstacles to carrying out any of the steps and problem solve them together,
- Try to complete it in one session, and then refine over time.

Before you begin

Invite the person to share their story. Here are some useful questions and ideas to prompt them.

Beginning of the story:

- When was the major decision point associated with suicide crisis/attempt/risk?
- What was the strong emotional reaction they experienced to a specific event (either external or internal)?
- Ask them to describe events, situations, and their reactions to these events, in as much detail as possible.

Points to keep in mind:

- It is important to understand the function of suicidal behaviour and thinking from their perspective.
- Empathise with strong feelings and desire to reduce distress.
- Avoid immediate problem-solving without understanding the details and motivation for the suicide attempt and/or suicidal crisis.

Introduce the safety plan

- Describe the safety plan as a tool they can use to recognise their own warning signs and reduce the risk or prevent the situation from escalating.
- Share with them that suicidal thoughts come and go and that suicidal crises pass. Using their personal plan can help them not to act on these feelings and allow time for suicidal thoughts to diminish and become more manageable.
- Explain how using the safety plan's strategies can improve self-efficacy and offer a sense of self-control.
- Discuss that the development of the plan is collaborative.

Explain how to follow the steps:

- Discuss how they can progress through each step on the plan and explain that it's important that:
 - if following step one is not helpful, then go to the next step, and so on.
 - if their risk has subsided after a step, then the next step is not necessary.
 - skipping steps is likely to result in them acting on their suicidal feelings.

Step 1: Recognising warning signs

Explain that the purpose of identifying warning signs is to help recognise when the crisis may escalate so that they know to refer to their plan and take action to reduce risk.

- Ask *"What do you experience when you start to think about suicide or feel distressed?"*
- If the warning signs are vague, say, *"Let's try to be more specific"*. Explain that it is important to be specific so that they are more likely to recognise the beginning of the crisis.
- Use their own words about warning signs on the plan and help with suggestions from their suicide narrative.
- Include thoughts, emotions, behaviour, physical sensation, and external cues.

Step 2: Reasons to Live

- Ask *"When you're feeling bad, what are the things you can remember that are worth living for?"*
- Prompt them by asking about the things or people who are important to them or things they want to do in the future (e.g. travel or starting a family).

Step 3: Keeping safe - making the environment safer

- If the person identifies a potentially lethal method to kill themselves, ask, *"Do you have access to this method?"* Be aware they could have the view that having access to a lethal means may also be a strategy used to cope with crises.
- Express concern about their safety.
- Explain that making the environment safer will help to lower risk of acting on suicidal feelings (delays the urge to act on suicidal thoughts).
- Keep in mind that for some people who attempt suicide, the interval between thinking about and acting on suicidal urges is only a matter of minutes.
- For each lethal method identified, ask *"How can we go about developing a plan to make your environment safer, so you'll be less likely to use this method to harm yourself?"*

Also consider asking:

- *“How likely are you to do this?”*
- *“What may get in the way of you using your safety plan?”* And *“how can we address this?”*
- If doubt is expressed about limiting access, ask:
 - *“What are the pros of having access to this method and what are the cons?”*
 - *“Is there an alternative way of limiting access so that it is safer?”*
 - *“What does it mean to you to limit access?”*

Step 4: What can I do by myself? Identifying internal coping strategies

Explain that these internal coping strategies can help distract them from their suicidal thoughts and help to lower their risk.

- Ask: *“What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?”*
- Identify at least three specific strategies unless the person declines.
- Provide suggestions if they cannot think of any. Determine whether the strategies are safe and will not increase distress.
- Ask *“How likely do you think you would be able to do this during a time of crisis?”* or *“Is it feasible?”*
- If doubt about use is expressed, ask *“What might stand in the way of you thinking of these activities or doing them if you think of them?”*
- Use a collaborative, problem-solving approach to address potential roadblocks and identify alternative coping strategies that are more feasible.

Step 5: Who can I connect with? Identifying social contacts and social settings

Explain that if Step 4 does not lower risk, then go to Step 5. Explain that having strong social connections and people to talk to can be a helpful distraction.

- Ask *“Who would help you take your mind off your problems for at least for a little while?”* And *“Who helps you feel better when you socialise with them?”*
- Identify at least two people.
- Ask *“Where can you go to be around people to distract you from your suicidal feelings?”*
- For each response, ask *“How likely do you think you would be able to do talk with someone/go somewhere during a time of crisis?”* *“Is it feasible and safe?”*
- If doubt is expressed, ask *“What might stand in the way of you thinking of contacting someone or going to a social setting?”*
- Identify ways to resolve roadblocks or identify alternatives.

Step 6: Identify family/ whānau or friends

Explain that if Step 5 will not lower risk, then go to Step 6.

- Ask *“Among your family or friends, who do you think you could contact for help during a crisis?”* or *“Who is supportive of you and who do you feel you can talk with when you’re under stress or feeling suicidal?”*
- Identify at least three people with phone numbers unless the person declines.
- Ask *“How likely is it that you would be able to reach out to each person?”*

- If doubt is expressed about contacting others, ask *“What might get in the way of reaching out to this person?”*
- Resolve roadblocks or brainstorm others to contact.

Identify professionals and other support agencies

- Ask *“Who are the mental health professionals that we should identify to be on your safety plan?”* List names and numbers.
- Identify at least one professional unless they decline.
- Explain how to contact the relevant helplines.
- Ask *“Where is the nearest hospital or urgent care setting you can go to in an emergency?”* List address.
- Assess the likelihood they will contact each professional, agency, or crisis line and identify potential obstacles, and problem solve.

Implementation of the safety plan

1. Assess the likelihood of the plan being used. Ask *“What are the barriers that might get in the way of using this plan?”*
2. Discuss where the plan will be kept so it is easily accessible in a crisis.
3. Evaluate whether the format is appropriate for the person's circumstances.
4. Review and revise the plan regularly:
 - Determine if the safety plan has been used.
 - Identify what has been helpful and what isn't helpful and why not? For example, forgetting to use it, how to use it or where to find it.
 - Always review access to means and whether there is a need to remove means.
5. Revise plan as needed - remove unhelpful items, discuss with the person what may be more helpful. Note the changes on the plan or generate a new one if the changes are extensive.

Reviewing the plan - Questions to ask

Warning signs:

ASK:

- Can the warning signs be changed to be more specific so that you will remember to use it?
- Can you review the safety plan on a regular basis so that you will remember to use it?
- Can the safety plan be placed somewhere so that it is more visible and serve as a reminder to use it?

Reasons to live:

- Identify if there are any new reasons to live that can be recorded.

Keeping safe:

ASK:

- Have you been able to make the environment safer by removing or restricting access to anything that could be harmful to you?
- Is removing alcohol or other drugs when you are feeling unsafe in your plan?
- Is there anything else that could be done to make your environment safer?

What can I do by myself? Internal coping strategies:

ASK:

- Are there new internal coping strategies that would be more effective or more feasible distractors?
- Are there any coping strategies listed on your safety plan that should be removed because they weren't that helpful?

Who can I connect with? -Social contacts and social settings:

ASK:

- Are there new people or social settings that would be more effective or better distractors?
- Are there some people or social settings listed on your safety plan that should be removed because they weren't helpful?

My supporters - social support during a crisis:

ASK:

- Are there other family members or friends who should be added?
- Are there people listed on your safety plan who should be removed because they were unhelpful?

Professionals and agencies:

ASK:

- Are there other professionals or agencies that should be added or removed?
- Were there any problems you experienced when you tried to contact a professional or agency for help?

Remind the person you are supporting that:

- Thoughts about killing themselves are just thoughts.
- They don't have to act on them, no matter how overwhelming they are or how often they have them.
- They won't always have these thoughts.
- These thoughts are not who they are.