

## Safety planning

This section is applicable to anyone who finds themselves directly assisting a person who is at risk of self-harm and/or suicide. It is aimed at non-professionals who may have only limited training; as such, they may or may not follow all of the strategies outlined here – this will depend on their role, experience and training, and their relationship to (and responsibility for) the person at risk.

At root, the skills outlined here should give practitioners the confidence to discuss a person's situation in an empathic and compassionate way, and help the person identify specific alternative courses of action they can take to stay safe until they can access further help.

### Basic principles of safety planning

An ability to draw on knowledge that a safety plan is:	a way of helping a person to find alternatives to suicide and self-harm at the time of crisis
	a 'stepped' list of potential coping strategies and sources of support that a person at risk can use during or before a crisis
	intended to be used by a person in a step-by-step manner until the crisis has resolved or the person has accessed urgent help
An ability to draw on knowledge that a person at risk should have 'ownership' of the safety plan – it should be created by them with assistance from the practitioner (rather than 'prescribed' with no or minimal discussion)	
An ability to draw on knowledge that a safety plan should be expressed in a person's own words	
An ability to draw on knowledge that a safety plan should be easily accessible and can be written or stored electronically (e.g. in a person's mobile phone)	

### Constructing a safety plan

An ability to draw on knowledge that safety plans typically address the following steps:	warning signs and external triggers of an impending suicidal crisis or an imminent episode of self-harm that are specific to a person
	coping strategies that a person can employ to distract themselves from (or reduce) suicidal urges or impulses to self-harm
	people who can be contacted to help distract a person from suicidal urges or impulses to self-harm
	supportive contacts (both professionals and non-professionals) who can help to resolve the crisis
	professionals who can help to resolve the crisis
	reducing access to means of harm
An ability to help a person understand the step-by-step nature of the safety plan	
An ability to help a person describe/write each step in their own words	
An ability to help a person identify a limited number of activities per step (usually no more than three) so as to keep strategies focused and specific	

An ability to agree a strategy to ensure that the safety plan can be easily located, accessed and shared (e.g. with family and significant others)

An ability to help a person review and amend the safety plan (to make it more likely that it will be used and be effective at times of crisis)

### **Warning signs**

An ability to help a person at risk identify the warning signs of a suicidal crisis and/or episode of self-harm:

situations or circumstances that may act as 'triggers'

thoughts

images

thinking styles (e.g. rumination, thinking biases such as catastrophising, 'all or nothing' thinking)

mood

experience of shame or guilt

changes in habits or behaviours (e.g. sleeping poorly or arguing more with family)

escalating frequency and/or severity of impulses to self-harm

An ability to help a person recognise the significance of their warning signs so that they can use them as indicators to initiate the safety plan

### **Constructing the steps of a safety plan**

An ability to undertake safety planning with the full involvement of a person, aiming to engage their resilience and resources

### **Coping strategies people can employ**

An ability to draw on knowledge that a person needs some effective strategies that they can implement alone (even for brief periods) as help may not always be immediately available from others

An ability to help a person identify activities they can use to distract themselves from thoughts of self-harm and/or suicide, such as:

soothing techniques that they know from their own experience of any therapeutic sessions they have had

going for a walk, listening to music, exercising, engaging in a hobby, reading, praying (if religious)

using substitutes for self-harming behaviour

An ability to help a person identify potential barriers to participating in a planned distracting activity

### **Contacting others as a distraction from suicidal impulses**

An ability to draw on knowledge that contact with family members, carers or friends (without explicitly informing them of their suicidal state/self-harming behaviour) may help to distract a person from their problems and/or their thoughts about self-harm or suicide

An ability to help a person identify key social settings and people in their natural social environment who may help to refocus their attention and so distract them from self-harming or suicidal thoughts and urges

An ability to ensure that relevant information contained within the safety plan includes:

specific details of the service or people who can be contacted, including addresses and phone numbers

consideration of any factors that may place a person at increased risk (e.g. access to alcohol or drugs)

### **Seeking support from others to help to resolve a crisis**

An ability to draw on knowledge that seeking support from others is distinguished from contacting others as a distraction in that a person explicitly identifies that they are in a suicidal crisis or are at risk of self-harming and need support and help

An ability to help a person identify and engage with supportive individuals who:

they feel able to tell that they are experiencing thoughts of self-harm or suicide

are likely to respond in a compassionate and helpful manner

are able to engage explicitly with the safety planning process

An ability to help a person at risk indicate what support they would like from their supportive contacts and how they will help when contacted

### **Seeking support from professionals to help to resolve a crisis**

An ability to help a person identify local services and professionals (healthcare, social care or others) who will provide appropriate and accessible professional help in a suicidal crisis

An ability to ensure the relevant information is contained within the safety plan and includes:

specific details of the service or people who can be contacted, including addresses and phone numbers

adequate consideration of service remit and opening times, to ensure that contacts for both daytime and out-of-hours access are included

### **Increasing safety by reducing access to means of harm**

An ability to draw on knowledge that because most suicidal acts are impulsive, a plan to reduce access to potentially lethal means of harm can reduce the risk of suicide

An ability to help a person identify lethal means of harm to which they would have access in a suicidal crisis, and to help them place those means out of reach (possibly involving one of the people named in the safety plan)