ENGAGE

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> ## Engage: Safety Planning
> Safety planning is an essential intervention and component of an effective and evidence-based suicide care management plan.

Overview: Collaborative Safety Planning

Safety planning is an essential intervention with individuals at risk for suicide. It can be done in a variety of settings including emergency departments, primary care, and mental health and is a key component of an effective and evidence-based care management plan. It can be used with individuals who have made a suicide attempt, experience suicidal ideation, or are determined to be at risk for suicide.[1,2] Safety planning is not be confused with contracts for safety or no-suicide contracts. There is no evidence that these contracts are effective, and they can provide a false sense of security for the provider.[1,3] Crisis response planning or safety planning have been found to be more effective than a contract for safety.[1,4]

Safety planning is a brief intervention involving a prioritized list of coping strategies and supports developed collaboratively between an individual and a clinician. Often, individuals at risk for suicide who are not admitted to treatment by emergency departments or crisis services are referred to outpatient mental health treatment. It is likely that the patient will continue to struggle with suicidal thoughts or emotional crises. The safety plan is an intervention to provide patients with a set of specific, concrete strategies tailored to their individual needs and circumstances that they can use to decrease the risk of suicidal behavior and increase treatment motivation and compliance.[5,6] Safety plans incorporate elements of several evidence-based suicide risk reduction strategies that are a part of the Zero Suicide approach, including means reduction, brief problem-solving and coping skills, social and emergency crisis support, and motivational enhancement for treatment.[5,6]

Recommendation: Engage a Safety Plan

The elements of a safety plan are as follows:[2]

Warning Signs	Recognition of the signs that immediately precede a suicidal crisis
Internal Coping Strategies	Things patients can do to distract themselves without contacting anyone
Social Situations That Can Help Distract Me	Places patients can easily access that provide a safe environment (a library, mall, coffee shop, etc.)
People I Can Ask for Help	At least three support persons; persons who are available, able to provide support, aware of resources, and informed that they are a part of the safety plan
Professionals or Agencies I Can Contact During a Crisis	Professionals and crisis support agencies including the hours and contact information for current treatment provider, local and regional crisis support, and national crisis support providing 24/7 crisis services
Making the Environment Safe	Steps to remove access to lethal means, strategies to limit or eliminate substance use, and any other strategies to maintain a safe environment

Research shows that individuals with higher-quality safety plans are less likely to be hospitalized in the year after safety planning.[1,7] Interviews with 100 veterans in a qualitative study found that 97 percent were satisfied with their safety plan, 61 percent reported using their plan, and 20 percent reported making changes to their safety plan on

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their own or with a professional. For those using the safety plan, the aspects that veterans reported were most helpful included social contacts, places for distraction, social support for crisis help, contacting professionals, and internal coping strategies.[7,8] A recent study found that crisis planning reduced suicide attempts, reduced inpatient hospitalization, and was associated with a faster decline in suicidal ideation in high-risk active duty soldiers.[4]

After a comprehensive risk assessment, safety plans are developed collaboratively with the individual at risk for suicide using a problem-solving approach that addresses barriers and explores the likelihood of use. Loved ones and others explicitly mentioned in the safety plan should be educated about their role and responsibilities should the individual come to them for support.

Staff and providers must be trained in creating safety plans, engaging the individual at risk for suicide and any necessary support persons, and documenting and following up on the safety plan. It is important to follow up and conduct internal reviews of staff use of safety planning interventions to determine effectiveness, consistent application and fidelity of this evidence-based practice, and the need for additional staff training or education.[1,2,5,9]

Conclusion: Collaborate for Accountable Care

Safety planning emphasizes collaboration between a patient and clinician and operationalizes continuity of care. As one emergency department psychiatrist reported, "I am very satisfied, but partly because [safety planning] helps facilitate my clinical role as an urgent care psychiatrist in that it provides a bridge between the emergency care and outpatient treatment."[8] Research demonstrates that effective safety planning has positive outcomes for patients and patient care management.

Citations

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