

Support and Safety Plan: Suicide Prevention QUICK GUIDE

Portsmouth Department of Behavioral Healthcare

WHAT IS A SAFETY PLAN?

A Safety Plan is a prioritized written list of coping strategies and sources of support individuals can use who have been deemed to be at high risk for suicide. Individuals can use these strategies before or during a suicidal crisis. The plan is **brief**, is in the **individual's own words**, and is **easy** to read.

WHO SHOULD HAVE A SAFETY PLAN?

Any person who has a suicidal crisis should have a comprehensive suicide risk assessment. Therapist and Case Managers should collaborate with the individual on developing a safety plan.

WHEN A SAFETY PLAN IS NEEDED:

SIGNS TO LOOK FOR

IS PATH WARM?

I Ideation

S Substance Use

P Purposelessness

A Anxiety

T Trapped

H Hopelessness

W Withdrawal

A Anger

R Recklessness

M Mood Changes



A person in acute risk for suicidal behavior most often will show warning signs:

- Threatening to hurt or kill him or herself, or talking of wanting to hurt or kill him/herself; and or,
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; and/or,
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary.

These might be remembered as expressed or communicated **IDEATION**. If observed, seek help as soon as possible by contacting a mental health professional or calling 1-800-273-TALK (8255) for a referral.

HOW SHOULD A SAFETY PLAN BE DONE?

Safety Planning is a clinical process. Listening to, empathizing with, and engaging the individual in the process can promote the development of the Safety Plan and the likelihood of its use.

Expanded Warning Signs

- Increased **SUBSTANCE** (alcohol or drug) use
- No reason for living; no sense of **PURPOSE** in life
- **ANXIETY**, agitation, unable to sleep or sleeping all of the time
- Feeling **TRAPPED**, like there's no way out
- **HOPELESSNESS**
- **WITHDRAWING** from friends, family and society
- Rage, uncontrolled **ANGER**, seeking revenge
- Acting **RECKLESS** or engaging in risky activities, seemingly without thinking
- Dramatic **MOOD** changes



SUGGESTED INTERVENTION

- 1) If a client has a plan and a means to accomplish the plan call **Emergency Services**
- 2) If they do not have a plan, develop a **Safety Plan** with their identified triggers and alternative to take when approached with triggers
- 3) Have **Peer Support** staff call and check on the individual
- 4) Provide them with a **Warm Line** number
- 5) Make sure **Family** is aware and have them commit to checking on the Individual
- 6) Try to get individual to **Stay With Family** if possible

Linking, Supporting, and Reaching Back

“WE RISE”

Portsmouth Department of Behavioral

Healthcare Services

1811 King Street

Portsmouth, VA 23703

Phone: (757) 393-8618

Crisis Line: (757) 393-8990

MAKING THE HOME SAFE

- Ask individuals which means they would consider using during a suicidal crisis.
- Ask *"Do you own a firearm, such as a gun or rifle?"* and *"What other means do you have access to and may use to attempt to kill yourself?"*
- Collaboratively identify ways to secure or limit access to lethal means: Ask *"How can we go about developing a plan to limit your access to these means?"*
- Restricting the individual's access to a **highly lethal method**, such as a firearm, should be done by a designated, responsible person, usually a family member or close friend, or the police.

WHAT ARE THE STEPS AFTER THE PLAN IS DEVELOPED?

Assess the likelihood that the **overall safety plan** will be used

Discuss where the individual will keep the safety plan and how it will be located during a crisis.

Evaluate if the format is appropriate for the individuals' capacity and circumstances.

Review the plan periodically when individual's circumstances or needs change.