Safety Planning with People at Risk for Suicide – Companion Guide

Overview

This document provides guidance to health care providers regarding safety planning with people at risk for suicide. Some areas of Alberta Health Services (AHS) recommend safety planning for all people with an identified moderate or high suicide risk, but it can be a useful intervention for people with any risk level. The plan is developed with and given to persons at risk for suicide. While it can be uncomfortable to ask about suicide, this will not make a person more likely to have suicidal ideation or behaviours[1,2].

Suicide Risk

6300 people died by suicide in Alberta between 2010 and 2021, which is an average of 525 deaths per year.[3]. Many individuals who die by suicide engage with health care services in the months before their death[4]. Physical illness is one of various significant risk factors for both clinical depression and suicide[5]. For these reasons, evidence-based suicide risk intervention is essential across the continuum of care.

Alberta Health Services (AHS) Personal Safety Plan

Safety Planning – Why, What, and How?

Research shows that suicidal behaviour may be reduced by up to 43% for individuals who engage in safety planning[6], and has found improvements in suicide-related outcomes (e.g., hopelessness) and treatment outcomes[7]. The AHS Personal Safety Plan (PSP) is a one-page template consisting of a list of coping strategies and support resources to be used by individuals at risk for suicide[8]. Information in the PSP can be used by the person to manage their thoughts about suicide or get support in times of crisis. The PSP is developed in collaboration with the person, and is completely customizable to match the person's demographics (age, cognition, culture, ability, gender identity) and context (outpatient, inpatient, corrections, continuing care). It is available in printable format through the Insite Forms Library (Form #18600), and on Connect Care as a SmartText template (printable).

PSP Breakdown

The PSP is broken down into nine fields that can be completed in any order. The prompts included on the PSP were designed for the general population and specific practice areas may have additional considerations. Examples listed below are non-exhaustive.

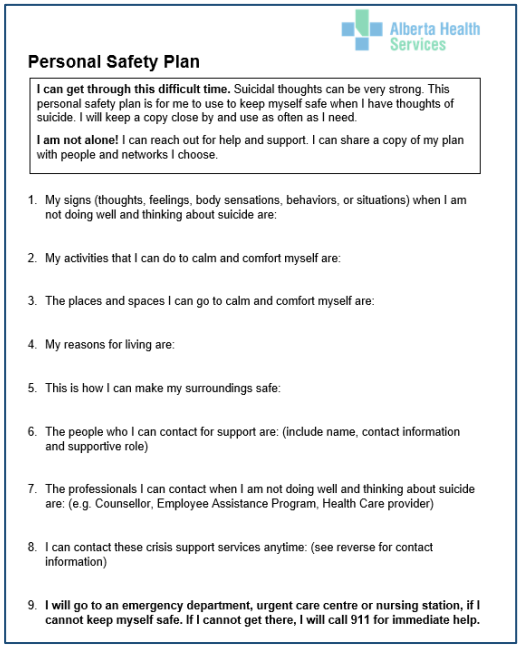
1. Warning Signs (My Signs)

Awareness of early signs of a crisis helps inform the need to put a safety plan into action. Signs include specific thoughts, feelings, body sensations, behaviours, or situations that accompany or precede a crisis.

Examples: intrusive thoughts about suicide, physical agitation, increased substance use, argument with a family member, changes in health, loss/grief.

2. Activities

Specific activities may help a person de-escalate in the



Alberta Health Services

Personal Safety Plan

I can get through this difficult time. Suicidal thoughts can be very strong. This personal safety plan is for me to use to keep myself safe when I have thoughts of suicide. I will keep a copy close by and use as often as I need.

I am not alone! I can reach out for help and support. I can share a copy of my plan with people and networks I choose.

1. My signs (thoughts, feelings, body sensations, behaviors, or situations) when I am not doing well and thinking about suicide are:
2. My activities that I can do to calm and comfort myself are:
3. The places and spaces I can go to calm and comfort myself are:
4. My reasons for living are:
5. This is how I can make my surroundings safe:
6. The people who I can contact for support are: (include name, contact information and supportive role)
7. The professionals I can contact when I am not doing well and thinking about suicide are: (e.g. Counsellor, Employee Assistance Program, Health Care provider)
8. I can contact these crisis support services anytime: (see reverse for contact information)
9. **I will go to an emergency department, urgent care centre or nursing station, if I cannot keep myself safe. If I cannot get there, I will call 911 for immediate help.**

AHS Personal Safety Plan (Form #18600)

moment until immediate suicidal thoughts pass. It is useful to focus on activities that have been effective for the person in the past rather than suggesting new activities.

Examples: meditation, breathing exercises, taking a shower, playing with a pet, listening to music, journaling, getting outside, going for a walk, working on a home project, cooking.

3. Places and Spaces

Spending time in a different environment can be a useful strategy for some people, whether that means moving to more comforting surroundings within their home, or finding a public space where they can be around others.

Examples: getting outside, going to: a coffee shop, a friend's home, a park, a mall.

4. Reasons for Living

Reasons for living are unique for each person. Engaging in a discussion to identify reasons for living can help remind someone what matters to them.

Examples: family, pets, spiritual beliefs, future goals, cherished activities.

5. Safe Surroundings

Proactive steps can be taken to make a person's environment safer in case a crisis occurs. Once a person identifies strategies, explore barriers that may get in the way of creating a safer environment and actions that can be taken to overcome those barriers.

Examples: keeping a phone charged at all times, placing contact information somewhere that is easy to find, removing potentially lethal items from the space.

6. Current Contacts[i] – Informal

Informal supports are personal contacts that can be supportive during a crisis. Ask about individuals that the person would feel comfortable contacting, what level of information they might be willing to discuss with each contact, and whether the contact is local. The person may even want to share their safety plan with their informal contacts.

Examples: parents, adult children, friends, faith leaders, Elders, coworkers, mutual support group.

7. Current Contacts – Formal/Professional

List professionals or agencies a person can contact, including specific hours and days of availability if that information is known. Having the person share their safety plan with actively engaged providers can help with continuity and coordination of care. Only those professionals the person is willing to contact during a time of crisis should be included on the safety plan.

Examples: psychiatrists, mental health therapists, peer support workers, family physicians, social workers, agency support workers, teachers, or Children's Services supports.

8. Current Contacts – Crisis

A list of crisis contact numbers is available on the back of the paper form, including local/regional, provincial, and national resources. These are also available to select as SmartLists on the Connect

[i] Verify that contact information is up to date (for items 6, 7, 8).

Care template (printable). Review available resources with the person and discuss and highlight the ones that would be most appropriate for them. Local contacts are generally preferable, as they are more likely to have knowledge about local resources and may have capacity to dispatch crisis response services as needed.

9. Immediate Help

A prompt is included at the bottom of the PSP to remind the person that help is available if immediate support is needed, either by calling 9-1-1, visiting their local emergency department, or going to the nursing station.

Helpful Tips

Collaboration is key

Meaningful collaboration has been shown to increase the value of safety planning, as well as help foster a stronger therapeutic alliance and increased motivation.[9] A safety plan will be much more effective if you complete it *with*, rather than for, the individual.

Be mindful of your approach

Consider your body language, word choice, vocal tone, and physical environment when safety planning. It is also important to be aware of your comfort level in discussing suicide, and any personal beliefs you may hold that could impact your approach. A safe, supportive and non-judgmental approach is essential. Request additional support if you do not feel you can effectively complete safety planning.

Designed for widespread use

This PSP was developed for use by health care providers outside and in the mental health field. Safety planning can be an appropriate and useful intervention at any point along the continuum of care (e.g., emergency, acute care, outpatient, corrections, continuing care, etc.). The prompts used in the PSP were designed for the general population, there may be additional considerations required in specific care areas (e.g., seniors, children/youth, corrections). Request additional support if you do not feel you can effectively complete safety planning.

Know when the timing is right

While there is never a bad time to discuss practical strategies for maintaining safety, it can be helpful to complete (or revise) a safety plan at a time when the person is not in crisis. Consider the person's current emotional state, medical stability, cognitive skills, level of intoxication, and any psychiatric comorbidities that may impact their ability to engage meaningfully in safety planning. If the person is in imminent danger, it may be more appropriate to request a mental health consult or crisis intervention supports rather than completing a PSP.

Family can help

Family engagement can be incredibly valuable during safety planning (where appropriate). Family members may contribute to the discussion about coping strategies, highlight warning signs that the person may be unaware of, or even be part of the action plan in times of crisis. Family dynamics vary widely, especially during times of crisis, so ensure informed consent is sought when involving family members in safety planning. Family involvement should not replace direct, private conversations with the person without their family present.

"No-suicide contracts" are ineffective

A "no-suicide contract" is a verbal or written agreement in which the person contractually agrees to abstain from suicidal behaviour and seek professional help in times of crisis[10], often including a signature to formalize the agreement. Empirical evidence **does not support** the use of these types of contracts[11,12], and it has been suggested that they may even cause people to withhold information about suicidal ideation to not disappoint their provider or violate the contract if suicidal behaviour occurs[10]. AHS **does not support** the use of "no-suicide contracts."

Additional Resources

Consult the following resources for more information on suicide prevention:

- Suicide Prevention | Insite (albertahealthservices.ca)
- Preventing Suicide | Alberta Health Services
- Tips for Communicating about Suicide (albertahealthservices.ca)
- Suicide Risk Level Criteria (albertahealthservices.ca) (includes Risk and Protective Factors)
- Designated Living Option (DLO) Suicide Risk Management Resource Guide (albertahealthservices.ca)
- Suicide Prevention, Risk Assessment & Management | Alberta Health Services

Appendix A: *Dos* and *Don'ts* of Safety Planning

	Do	Don't
When creating a Personal Safety Plan…	☑ Use a collaborative approach	☒ Dictate mandatory actions, or initiate a "no-suicide contract"
	☑ Use empathetic, respectful and supportive language	☒ Use language that may be perceived as judgmental, dismissive, stigmatizing, or argumentative
	☑ Meet privately, and involve family when appropriate	☒ Exclusively meet while family or others are present
	☑ Plan for ample time, and allow for pauses if needed	☒ Rush, or redirect heavily to keep the discussion on track
	☑ Be mindful of your body language and voice tone	☒ Fidget, avoid eye contact, or focus on a notepad
	☑ Find a quieter, more private space when possible	☒ Meet in a public space with loud noises and distractions
	☑ Ask direct, clear questions	☒ Use ambiguous language when asking about suicide (e.g., "are you thinking about hurting yourself?")
	☑ Clarify details that seem vague or impractical	☒ Assume details are understood when they have not been articulated
	☑ Be sensitive to cultural and/or spiritual beliefs	☒ Use personal beliefs about suicide to guide your clinical approach

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