Safety Planning: A Critical Mental Health Intervention to Mitigate Suicide Risk

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Presentation Objectives

1

Understand the necessary elements to create an effective mental health safety plan.

2

Understand that Safety planning is a critical intervention with individuals at risk for suicide.

3

Understand that a Safety Plan and a suicide risk assessment, such as the C-SSRS, work cooperatively to decrease risk.

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Reminders for Today's Training:

- This Training serves to provide education and information about Safety Planning and examples of Interventions that may be employed.
- This is not to substitute your personal or professional guidelines, policies, or practice related to your specific position or licensure.
- No actual patient information is included in this presentation.
- Safety Planning strategies vary, and steps can be tailored to your needs.

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PIRC

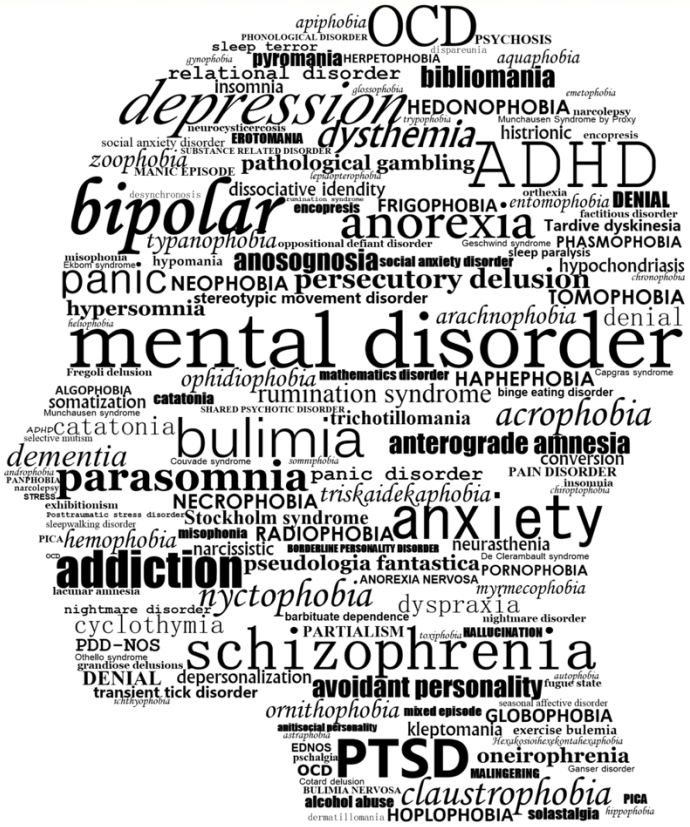
Psychiatric

Intake

Response

Center

513-636-4124



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PIRC Levels of Care

- PIRC completes the Psychiatric Emergency Assessment (C-SSRS) in the Emergency Department.
- Possible referrals:
  - Inpatient Psychiatric Hospitalization
  - Partial Hospitalization Program (PHP)
  - Bridge Clinic
  - Intensive Outpatient Program (IOP)
  - Internal Departments

*Safety Planning occurs during all levels of care

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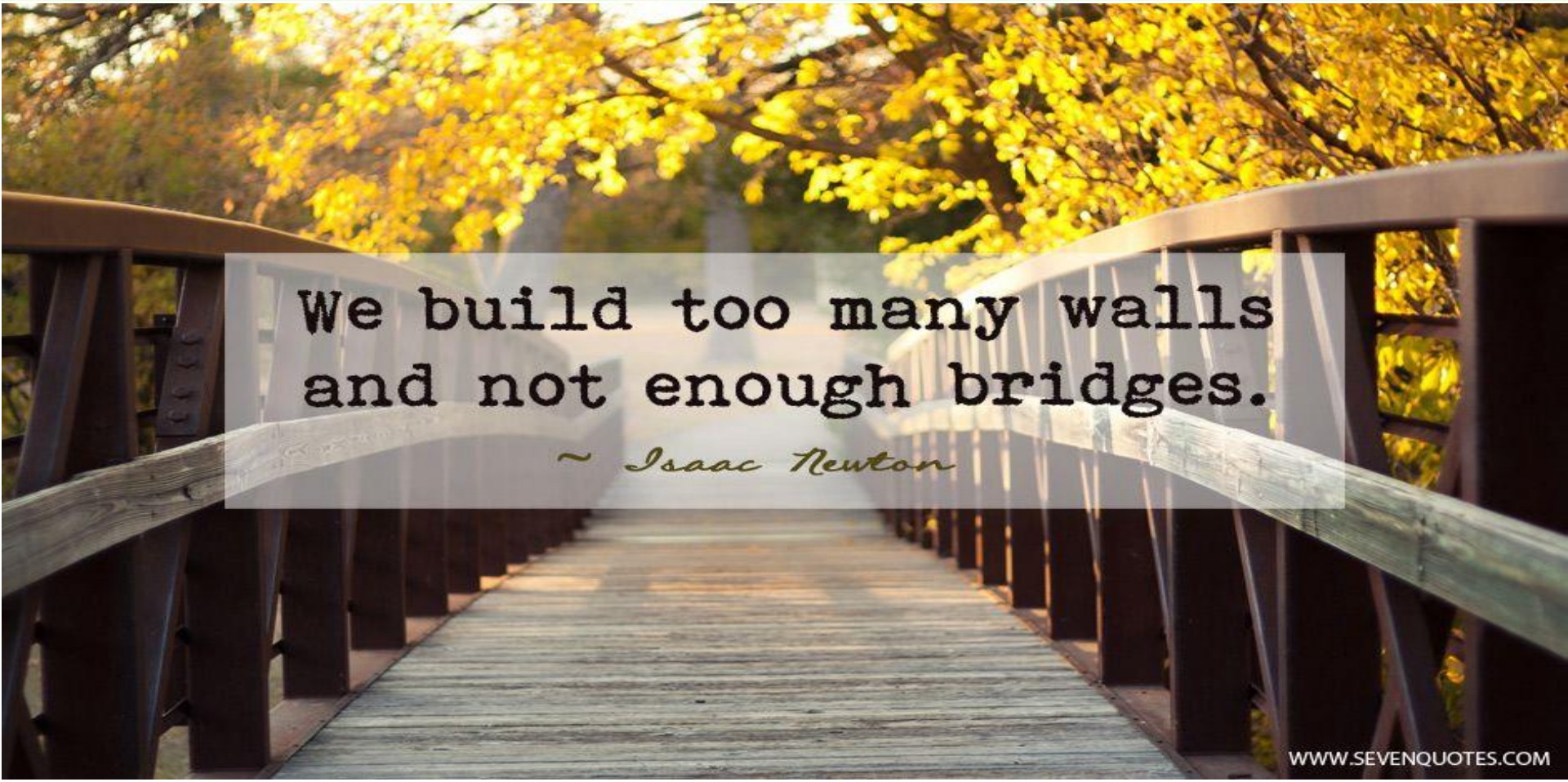
PIRC Bridge Clinic



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PIRC Bridge Clinic

PIRC Bridge Clinic - An alternative clinic established in 2017 to provide psychiatric assessments, brief crisis support, mental health resources/referrals and assistance with coordination of ongoing mental health treatment.

- Emergency Department Diversions - PIRC Intake will review criteria and refer to Bridge for a Psychiatric Intake Assessment. The outcome may be admission to Psychiatry, Safety Planning, Brief Crisis support, and/or referrals to other levels of care (PHP, IOP, etc.).

- Brief Crisis Services - Patients without a mental health provider may meet criteria for brief crisis services in Bridge Clinic.

* Safety planning is a critical function of the Bridge Clinic.

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Barriers to Safety During a Mental Health Crisis

- Mental Health Stigma.
- Fear of the Hospital.
- Fear of Parent Awareness (punitive, emotional attachment, anxiety).
- Communication Concerns.
- Feeling out of control.
- Perceive inability for others to help.
- Mistrust of the Intentions of Others.
- Lack of Experience with Mental Health Support.

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Safety Planning Breaks Down Barriers

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What is a Safety Plan?

A Safety Plan is a plan that draws on the ***strengths*** of the individual and provides safe, healthy, and supportive options when in crisis for the purpose of avoiding unsafe behaviors.

According to the Centre for suicide prevention,

"A safety plan is an **assets-based approach** designed to focus on a person's strengths. Their unique abilities are identified and emphasized so they can draw on them when their suicidal thoughts become intense."

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Safety Plan Objectives

Goal = ↑ Safety ↓ Future Risk

- Propose safe options for ***future*** crises.
- Reinforce feelings of control.
- Assist with treatment goals.
- Provide reassurance for the individual and guardian/family.
- Enhance Communication to decrease risk.
- Highlight strengths and provide encouragement.

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First Determine Risk

A Safety Plan is formulated *AFTER* risk is assessed and *WHEN* it is determined appropriate and safe to proceed. When assessing risk, the provider must ask specific questions about suicidality.

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Safety Plan Basics

Youth is stabilized – Not expressing imminent risk and can discuss (or show with behavior) that no safety concern exists. Youth exhibits self- awareness and engagement in the process.

Youth, provider and guardian are present – Guardian is key in establishing safety when youth leaves your presence. Interventions draw upon youth/guardian collaboration and communication.

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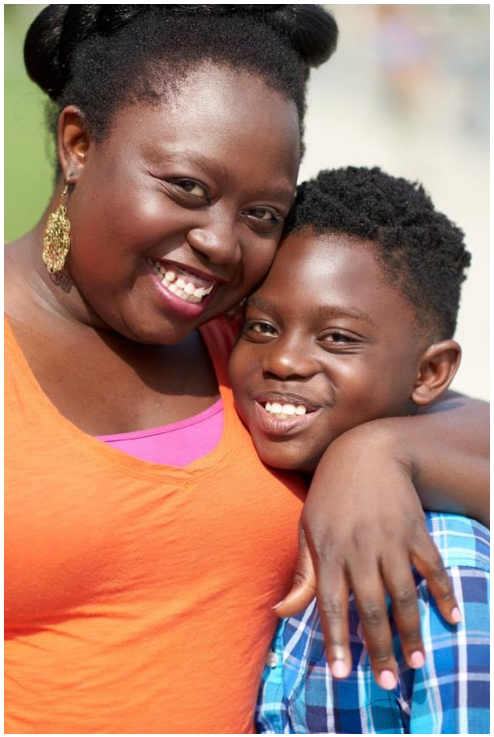
Guardian Involvement - Imperative for Youth Safety Planning



Youth ~ Guardian ~ Support Provider

- Guardian involvement and agreement with this plan of care is imperative.
- Youth *MUST* be engaged and willing to participate with the exception of youth not developmentally able to participate.
- Support Provider who can assist in a risk assessment and if appropriate, the safety plan.

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C-SSRS and Protective Factors Guide Safety Planning

- **C-SSRS** and **Protective Factors** help to identify potential risk.
- C-SSRS assesses Suicidal ideation, Suicidal Intensity, Suicidal Behavior.
- Intent (Stated or Implied) is of Primary Importance when considering whether or not to Safety Plan.
- Protective factors promote well-being and when present, can decrease risk.

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Benefits of Safety Planning Outside of the ED

Immediate Safety Concern  Emergency Department

<u>Safety Planning</u>

- Least Restrictive
- Least Traumatic
- Does not stress families - Logistics/Financial Stressors
- Avoids transmission risk/ ED exposure

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Some Examples of Appropriate Referrals to PIRC or the Emergency Department

- Guardian has an acute safety concern that cannot be managed safely at home.
- Recent or immediate suicide attempt.
- Youth expresses intent to act on acute harm to self or others.
- Youth is unwilling to discuss suicidality or engage in safety planning.
- Medical concerns (possible ingestion, deep cuts, etc.)
- Provider or guardian instincts show concern that the youth is at imminent risk.
- Additional social or environmental dynamics increase risk factors already present.

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Trust Your Instincts

Every situation is unique. Sometimes Safety Planning is an appropriate deterrent from the ED.

Trust your instincts about safety and call PIRC (513-636-4124) for guidance when considering the Emergency Department.

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Protective Factors

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Protective Factors

- **Social Connectedness**
  - Connectedness to parents/ non-parental adults/ friends/ neighbors
  - Connectedness to community organizations (schools, faith groups).
- **Self-esteem/Sense of Purpose**
- **Life Skills**
  - Problem solving/ Coping skills
  - Adaptability to change
  - Overall resilience – positive self-concept and optimism
  - Academic Achievement
- **Cultural, religious, personal beliefs that discourage suicide.**
- **Access to Effective Behavioral Health Care**

(Suicide Prevention Resource Center, https://www.sprc.org/about-suicide/risk-protective-factors)

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Case Examples
Protective Factors

Jordan, age 11, has experienced suicidal thoughts and increased anxiety since COVID quarantine began. He states, “No matter how bad I feel, I would never act on suicide because of my grandmother.” (Social connectedness)

Serenity, age 14, has history of one intentional ingestion. She reports that the act is now a deterrent from ever attempting to end her life again. She was afraid, regretted the act instantly, and states that she learned from it. Serenity is proud that she now uses coping skills and tells her mom when she has suicidal thoughts. (Life skills, Self esteem, Sense of Purpose)

Morgan, age 15, has a history of anxiety and depression and she feels the highest anxiety at school. She is engaged in therapy, trusts her therapist, and seeks her out at school when struggling with her emotions and stressors. (Access to Effective Behavioral Health Care)

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Safety Plan or Refer to the Emergency Department?

The next activity determines whether Safety Planning is appropriate or a referral to the Emergency Department.

The C-SSRS and Protective Factors should help you make your determination.

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Group Discussion #1
Sydney

Sydney, age 15, is sent to the office after her friends notify school staff that she posted suicidal thoughts on Social Media last night. Sydney's messages stated that she was going to end it all after school today. Sydney is initially resistant to talk to the School Counselor, but eventually talks. The C-SSRS is completed. Sidney states that she currently wants to die and does not have a method, but wishes she had the ability to do "something" to end her life now. Sydney denies history of suicide attempts. Her suicidal thoughts are persistent and occur many times each day. She frequently wants to find something to complete the act.

Sydney does not have a Therapist and says she doesn't want to talk to one. In the past, her Therapist shared everything with her mother, so she doesn't trust Therapists.

Sydney is angry at her friends and is not going to talk to them for telling staff. Syndey reports that she will be in trouble with her mom for posting her thoughts. She states that now she will be locked up in a "mental hospital" and she should have just ended it all last night.

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Polling Question One:

Would you refer Sydney to the ED or complete a Safety Plan ?

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Group Discussion : 10 minutes

Discuss Sydney's risk factors and protective factors. How would they guide your decision making?

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Inferences about Sydney

- Sydney is expressing intent to act on her thoughts.
- Sydney does not believe others can help her.
- Sydney believes that she will be punished for sharing her thoughts.
- Sharing has made things worse for her (friends, mother, next steps).
- Sydney describes suicide as a “solution” to her current stressors.
- Sydney plans to isolate further from others.

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Recommendations for Sydney

- Express your concern.
- Staff should be with Sydney at all times.
- Notify Sydney of all steps.
- Contact Sydney's mother.
- Notify mother of all concerns and statements.
- Engage Sydney and her mother in discussion of next steps and why.
- Call PIRC to refer to the Emergency Department and to provide collateral information.

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Group Discussion #2
John

John, age 14, asks to speak with his School Therapist today. He tells her that sometimes when experiencing a panic attack, he thinks that he should end his life. He states that he hates his anxiety and the associated thoughts.

The Therapist completes the CSSRS and John denies current suicidal thoughts or intent. John reports that he experiences suicidal thoughts 2-3 times per week. Suicidal thoughts last occurred a week ago. At that time, he did not have intent to act on his thoughts. The last time John experienced intent to act was two years ago. At that time, he ingested 12 Ibuprofen pills as an attempt to end his life.

John states that he is very afraid of the Emergency Department, so he has never told anyone about his suicidal thoughts or ingestion. He is sharing today because he now feels comfortable talking about it with his therapist and his anxiety is worsening. John has not notified his mother about the past attempt, but he does tell her about his anxiety. He reports that his mother stays with him and helps him feel better.

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Polling Question Two:

Would you refer John to the ED or complete a Safety Plan ?

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Group Discussion : 10 minutes

Discuss John's risk factors and protective factors. How would they guide your decision making?

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Risk factors and Protective Factors

- Risk factor: Distress from anxiety and the associated suicidal ideation.
- Protective factor: John is engaged in Therapy.
- Protective factor: John wants to feel better and to get help.
- Protective factor: John is now communicating his risk.
- Risk factor: Previously unreported attempt.
- Risk factor: John is afraid of the next steps in sharing his risk.
- Protective factor: John took the chance to share today.
- John trusts his mother and now his Therapist.
- John can verbalize what helps him.

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Initial Information is Encouraging for Safety Planning

- John denies immediate intent or plan
- Guardian collateral is needed.
- If appropriate, proceed with Safety Plan.
- John has “Protective Factors”
- Contact PIRC to discuss additional mental health supports if needed.
- Mother should be made aware of ALL statements made by John and she should be involved in Safety Planning.

*We will revisit this case to highlight Safety Planning / Interventions

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Key Components of a Safety Plan

Safety Plans may be individualized for your setting, however some key components are:

- Warning Signs/Triggers
- Home Safety Planning
- Coping skills & Problem Solving
- Family/Friends/Community Supports
- Interventions
- Steps to Use when in Crisis
- Crisis Resources

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Safety Planning Steps

Step One	Risk and Rapport
Step Two	Introduce the Safety Plan / Family Engagement
Step Three	Establish Home Safety
Step Four	Discuss Triggers, Coping Skills and Problem Solving
Step Five	Identify Community Supports and Secure Appointments
Step Six	Encourage Use of Resources and Follow-up
Step Seven	Review Steps to Use in a Crisis

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Step One: Risk and Rapport

Risk (C-SSRs)
Notify guardian of ALL statements made by youth.
Give youth the option to share. Tell why you are sharing.

Rapport
Normalize mental health / discussing feelings/ asking for help. Be creative with ways to encourage feelings of control and involvement in the process.

***Building Rapport encourages Communication**
Praise youth for ***sharing*** (Using strengths-based approach).
Point out courage/ strength.
If possible, do this with guardian present.

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Step Two: Introduce Intervention- Family Engagement

- Explain the purpose of the Safety Plan.
- Encourage guardian's support and empathy for the child.
- Discuss that communication, positive support, and empathy may lead to increased safety.
- Encourage youth participation and buy-in (how this will help you and your family)

Remember the safety plan is a partnership. Discuss this with youth.

- Ask guardian about other safety concerns.

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Step Three: Home Safety

Establish Home Safety:
Provide specific information on home safety planning. (Handouts are recommended). Suicide Safety Precautions at Home (AACAP), Safety Plan Knowing Note CCHMC.

Stress securing ALL items, especially those related to history of plans or methods.

Ask guardian about safety concerns in home. This should be done in private.

Recommend ***strict rules of safety*** until further mental health resources are implemented.

*Encourage Safety in all environments and situations.

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Safety Plan – Self-Harm/Suicide

Name: _____
DOB: _____
MRN: _____

This plan is to keep the patient safe during times of high stress and/or crisis.

Reported safety concerns/behaviors:

_____

_____

Triggers (*things that lead to increased stress*)**:**

_____

_____

SAFETY PROOF THE HOME

Closely Monitor your Child

Monitor your child at all times until you and your child's doctor or therapist agree that this safety plan is not needed.

Close supervision means:

- ☐ Keep your child's bedroom door open at all times.
- ☐ Check on your child frequently no matter where they are.
- ☐ Do not allow your child to be alone in any room of the house without open doors.
- ☐ Others should not visit unless there is constant adult supervision.
- ☐ Monitor your child's electronic devices at least daily and consider allowing your child access to their devices on agreed upon times.
- ☐ Talk and share with your child's school counselor or administrator your child's safety plan. Inform them if your child needs constant supervision while at school.
- ☐ If your child has a history of self-harming behavior, check their skin 3 to 5 times a week. You can do this more often if needed.
- ☐ Encourage your child to stay in common areas to avoid isolation.

Safety-Proof the House

General guidelines:

- ☐ All guns and ammunition must be removed from the home. If that is not possible, lock these items away so your child doesn't have access to them. Store ammunition in a separate safe from the firearm. Having a gun in the home increases the risk of suicide.

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Safety Plan – Self-Harm/Suicide

Name: _____
DOB: _____
MRN: _____

- ☑ Lock up or remove all medication and alcohol from the home. We recommend a safety lock box for all medicines this includes over the counter (OTC) medicines, prescription medicines, vitamins, and supplements.
- ☑ Lock up or remove from your home, all razors, knives, scissors, other sharp objects, power tools and cleaning supplies. If your child needs to use these objects, they should have adult supervision.
- ☑ Search your house and your child's room. Look for any items that could be used to self-harm. This includes weapons, sharp objects, any medicines, belts, ropes, and cords.
- ☑ Complete random room checks 3 to 5 times per week. Be sure that any self-harm items are not hidden here. You can tell your child that room checks will happen. Let them know that they will be random.
- ☑ Be aware of items that your child could use to cut off their air flow. These items include: plastic bags, balloons, belts and cords of any kind.
- ☑ Secure all car keys (regardless of your child's age). Do not allow your child to drive a car for at least 30 days after they go home from the hospital.

Act Right Away on Your Child's Comments

- ☑ Take ALL comments and attempts seriously. Call members of your child's treatment team or the crisis numbers listed on your child's safety plan until you reach someone.
- ☑ Encourage your child to follow their safety plan. Refer back to this Safety Plan if needed.
- ☑ Call 911 for immediate medical or safety concerns.
- ☑ Many mental health agencies have a 24/7 emergency phone number. Program this number in to your phone. Write the number down to post in the house for easy access to all people in the home.
- ☑ Call Cincinnati Children's Psychiatric Intake Response Center (PIRC) 513-636-4124.
- ☑ Take your child (or use emergency transportation) to the emergency room. As necessary, engage safety locks on car doors and windows. Have another adult ride with you and your child.

Name of persons completing form:

Patient: _____ Parent/Caregiver: _____

Clinician: _____ Other: _____

Date: _____

Step Four: Triggers, Coping Skills and Problem Solving

Coping Skills Tool Box/ Problem Solving at Home:
Identify triggers that serve as an alert to use the safety plan (Control).

Youth lists current coping skills used.

Encourage coping skills that may be away from home (school, youth group, etc.)

Encourage youth to ask guardian for help.

Use tools of communication when needed (1-10 rating scale; code word) Communication Journal.

Ask youth what guardian can do if they notice warning signs.

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Step Five: Community Supports Secure Appointments

Identify Community Supports/ Secure Appointments: Tangible plan of action for after-care.

Youth and guardian will provide names/ phone numbers of who to contact when in crisis.

Ensure that child has an adult contact and that they utilize an adult's support in crisis.

Assist in securing appointments as able. (Primary Care Physician, outpatient therapy, etc.).

If needed, contact PIRC for assistance.

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Step Six: Encourage Use of Resources

Encourage Self-Sufficiency and Help Seeking Strategies.

List area resources on crisis plan.

Discuss apps, crisis hotlines and other links to help when in need. Provide wallet cards, etc.

Normalize needing/receiving help. (Therapists talk to Therapist. Doctors go to Doctors.)

Decrease apprehension/ fear in community support or the hospital. Non-punitive. **OPEN the door to Safety for future risk.**

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Community Resources

Mobile Response & Stabilization Services (MRSS)

https://mobileresponse.org/

Serving Butler, Preble, Warren and Clinton

Access by calling the County's hotline 24/7

- **Butler Co. Mobile Crisis 1 (844) 427-4747**
- **Warren/Clinton Co. Mobile Crisis 1 (877) 695-6333**
- **Preble County: (866) 532-3097**
- **Hamilton Co. Mobile Crisis (513) 584-5098**
- **Clermont Co. Mobile Crisis (513) 528-7283**
- **National Suicide & Crisis Lifeline 988**

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Step Seven: Review Steps to Use in a Crisis

Summarize the Plan of Action when in Crisis.

Youth will tell guardian/ a trusted adult when feeling unsafe.

Guardian will ask additional questions about feelings, thoughts, safety.

Review the youth's Crisis Plan (Coping Skills & Problem Solving).

If still in need of help, call mental health provider.

If needing additional assistance of information, call PIRC.

If you have tried the initial steps and guardian feels that youth is unsafe, call 911 or take youth to the nearest Emergency Department.

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John: Safety Planning Intervention

Practice the Intervention

Reference your Activity #2 : John

Think about protective factors, risk factors, and inferences previously considered. Remember: Safety Planning is an Intervention.

How can you help John in to trust?

How can you highlight his strengths?

How can you encourage greater likelihood that John will share future risk if it were to occur?

Use the Safety Plan Steps to Practice. Write down some helpful statements/ interventions to be used with John and his mother. (15 Minute Activity)

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Safety Planning Steps

Step One	Risk - Rapport- Communication
Step Two	Introduce the Safety Plan / Family Engagement
Step Three	Establish Home Safety
Step Four	Discuss Triggers, Coping Skills and Problem Solving
Step Five	Identify Community Supports and Secure Appointments
Step Six	Encourage Use of Resources and Follow-up
Step Seven	Review Steps to Use in a Crisis

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Practicing the Intervention

Step One – Risk and Rapport

Risk

- Review C-SSRS with John's mom.
- Involve John's mother – identify unknown risks.

Establish Rapport

- Praise John for talking today about safety.
- Normalize mental health / asking for help
- Point out strengths (caring friends who sought help for her).

Communication

- Acknowledge that sharing suicidal thoughts with parent can be scary at first.
- Discuss parent need to know – to provide safety and support.
- Highlight John's statement that mother helps – this will help also.
- Allow Susie to share detail about her thoughts and attempts with mother or help her to do so.

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Step Two - Introduce the Safety Plan

- Establish buy-in.
- You sought help and advocated for yourself, this will also help advocate for your health and safety.

Step Three – Home Safety

- Provide specific recommendations in writing.
- Stress putting away all items that could pose risk (especially medication given history).

Step Four - Discuss Triggers, Coping Skills and Problem Solving

- Triggers – anxiety/ worry about parent knowledge about mental health concerns.
- Coping Skills – Relaxation strategies, distraction techniques
- Communication Journal, 1-10 Scale

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(Continued)

Step Five – Identify Community Supports and Secure Appointments

- Next Therapy appointment?
- School staff to check-in with
- Parent/family/friend supports?
- Describe the hospital – not punitive, helping, supportive; ED will assess and provide options.

Step Six - Encourage use of resources and follow- up

- 988 Wallet Card
- Apps, hotlines

Step Seven – Review Steps to Use in Crisis

- Telling a trusted adult – WOULD John now share with his mother?
- Mother will ask additional questions
- Call Mental Health Therapist
- Review safety plan
- Call PIRC
- Emergency Department/ 911 if needed

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Questions?

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