



Oxford Health
NHS Foundation Trust

Safety Planning Guidance

Safety Planning

Safety planning is a structured and proactive way to help people plan a range of activities and sources of support they can use at the right time to help them prevent or manage a developing crisis. Safety planning should be seen as part of the overall care, crisis and contingency planning.

Safety plans should ideally be completed by service users themselves with the support of a mental health worker.

Robust safety plans should follow the following principles (Stanley & Brown 2008):

1. Recognising warning signs that are proximal to an impending suicidal crisis

By reflecting back on previous crises, using timelines or chain analysis, the service user can be supported to identify warning signs to watch out for.

Helpful questions to assist recognition of warning signs might be:

“How will you know when you need to start using your safety plan?”

“Looking back, what events, thoughts and feelings have triggered previous crises?”

2. Identifying and employing internal coping strategies without needing to contact another person

a) **Identify coping strategies** – *“what has worked before, what strategies do you suggest to your friends”*

(b) **Discuss the likelihood of using such strategies** *“How likely do you think you would be able to do this during a time of crisis?”*

(c) **Identify barriers and problem solve** - *“What might prevent you from thinking of these activities or doing these activities even after you think of them?”* Use collaborative problem solving techniques to address barriers and discuss alternative and contingency strategies.

Remember to ensure that distraction techniques are conducive to the underlying emotional state. The table below, adapted from the MIND understanding self-harm booklet, might be helpful (but remember that not every technique will work for every person – encourage people to try the out and work out which are helpful):

Feeling/emotion	Possible distraction technique
Anger	Deep breathing, counting, exercise, hit cushions, shout, dance, bite on scrunched up material, go for a long run
Sadness/fear	Wrap a blanket round, pets, walk in nature noticing surroundings, soothing music, allow crying, talk to someone, relaxation.....or try dancing or smiling to introduce positive feelings

Feeling out of control	Mindfulness exercises, write lists, tidy up, gardening, write a letter saying what you are feeling then burn it, gardening, clench and relax muscles.....something that accomplishes
Numb, disconnected	Flicking elastic bands, ice cubes, strong tastes (chilli, peppermint), strong smells, cold shower.....something that reconnects you
Shame	Stop spending time with anyone who treats you unkindly, recognise that it is normal and human to make mistakes, remind yourself that there are reasons for how you behave – it is not because you are bad
Self-hatred	Write a letter from the part of you that feels the self-hatred, then write back with as much compassion and acceptance as you can. Find creative ways to express the self-hatred e.g., poetry, song, movement, drawing. Do physical exercise (e.g., running, gym)

3. Use contacts with people as a means of distraction from suicidal thoughts and urges. (social & familial contacts – without discussing suicidal thoughts)

To optimise social connectiveness look at social settings commonly used e.g. day centres, coffee shops, gym, clubs and identify friends, acquaintances and family members that the service user might feel able to contact to do something with, such as attend one of the social settings

4. Contact family members or friends who may help to resolve a crisis and with whom suicidality can be discussed

Ideally this should be carried out in collaboration with a family member or carer in order that the best response can be agreed.
Communication strategies such as a blank text or a specific cue might be helpful if the service user finds it difficult to ask for help.

5. Contacting mental health professionals

Modes of contact should be agreed along with the primary focus of the contact i.e. the healthcare professional will be aware of the care plan and will guide the service user through the safety plan. An agreed time period for contact and use of said time may need to be agreed e.g. 30 minutes, 15 minutes to talk about thoughts and feelings and 15 minutes to look at coping strategies and planning ahead.

6. Reducing the potential for use of lethal means

Where suicidality is articulated discussion around access to means must take place and strategies to reduce risk discussed. Service users should be encouraged to take responsibility for disposing of or handing in means that they are in possession of and are thinking of using to self-harm. It is important to tap into the ambivalence here; the articulation of suicidality is evidence of ambivalence and provides opportunities to look for reasons for living and allowing more time.

To support safety planning you may want to advise service users with android or iPhone to download the Stay Alive suicide prevention App which has safety planning pages which include reasons for living, life box, how to stay safe right now, breathing and grounding techniques etc.

http://prevent-suicide.org.uk/stay_alive_suicide_prevention_mobile_phone_application.html

For self-harm you can advise the DistrACT app:

<http://www.expertselfcare.com/health-apps/distract/>

Example proformas for safety planning are shown overleaf –the service user should keep a copy, and where possible the carer, and a copy should be stored on carenotes.

My Safety plan

My name	Date
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Warning signs that things are difficult for me

Things I can do to take my mind off my difficulties and help me cope/ what have I done in the past that will help me now?

Things I can do to keep myself and others safe and reduce my distress?

Friends or family I can call?

Name	Number	Do they know I might call?	I am going to give them a copy of this plan?

What can they do to help?

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Professionals or agencies I can call in a crisis?

What can they do to help?

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Crisis numbers

Samaritans: 116123	24hour
Saneline:	Evenings 4.30-10.30pm Daily
Oxford Health: 01865 902000	24hour
Other	

MY SAFETY PLAN

My warning signs

Warning signs are changes in thoughts, moods or behaviours that suggest you may be heading towards a suicidal crisis. Knowing your warning signs can help you take action early.

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My reasons to live

When you're having thoughts or feelings about suicide, it's easy to get caught up in the pain you're feeling and forget the positives in your life. Thinking about your reasons to live may help you change your focus until the suicidal thoughts pass.

Write down the things in your life, large and small, that are important to you and worth living for.

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Make my environment safe

Having a safe space is important if you are having thoughts of suicide. This includes making the environment around you safer, or taking yourself out of unsafe situations.

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You can do some of these things right now, while others are plans for when you start to experience your warning signs.

Things I can do by myself

Suicidal thoughts can make it hard to focus on anything else. Activities that distract you from them are an important strategy to keep you safe. List some activities to do by yourself.

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Connect with people and places

It can be hard to socialise when you're struggling with suicidal thoughts, but just being around other people can improve your mood.

Make a list of people you could spend time with or social places you could go.

Trusted friends and family members can help you stay safe and feel better by providing practical support, or just being there to listen. List supportive people you can talk to when feeling suicidal.

If you don't feel you can talk to friends or family about your suicidal feelings, you might find it helpful to speak with a trained counsellor or Health practitioner:

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- The Samaritans 116 123
- Saneline 0845 7678000
- NHS 111
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MY SUPPORTERS

EDIT

Name

Phone

Alt. Contact

Add

Professional support

Professional support is always available when things become too much.

List the names, numbers and/or locations of mental health professionals, crisis teams and hospitals you can contact. In an emergency, always call 999.

You can also contact one of the services listed below to speak confidentially with a trained counsellor or Health Practitioner:

- The Samaritans 116 123
- Saneline 0845 7678000
- NHS 111

MY CONTACTS

EDIT

Name

Phone

Alt. Contact

Add