SUICIDE SAFETY PLANNING WITH YOUNG PEOPLE: A GUIDE FOR CLINICIANS

What is a suicide safety plan?

A suicide safety plan is a tool designed to be used by a person at risk of suicide to help them stay safe when experiencing suicidal thoughts. Safety plans usually include a list of warning signs and steps to be engaged in progressively, depending on the young person's level of risk (ranging from making the environment safe to contacting emergency services). Safety plans typically take the form of either a dedicated app or a completed paper-based template, although they can also be created in other formats (e.g. a note saved in a smartphone notes app).

How do I develop a safety plan with a young person?

The process of safety planning should be considered equally as important as the product. While often clinicians feel pressured to complete a safety plan as soon as possible, it's important to work collaboratively with the young person to ensure this process is done in a way that feels meaningful and safe to them.

In the first instance you should check whether the young person has previously developed a safety plan, explore what that experience was like, and how the safety plan worked for them. If the young person already has an effective safety plan, you should use this as the basis for a safety planning discussion, rather than creating a brand new one.

Explore with the young person what format is likely to work best (which could be multiple formats depending on the context, e.g. paper at home and digital outside of home) and work through how the young person will practically access the safety plan during a crisis (see below for some questions to ask).

Young people can tell when safety planning is being done as a "tick box" exercise, and this can make safety plans feel less useful. You should use the safety planning "areas" as topics for collaborative discussion and be open to extending this discussion over a few sessions, if the young person is likely to have recurring appointments. If this is the case, consider prioritising conversations about crisis support and then work backwards.

It's also important to adapt your approach to the circumstances of the young person (e.g. developmental age, neurodiversity). You should consider using metaphors, such as traffic light systems, number systems, or images (e.g. smiley faces) as part of safety planning.

Should I involve family in safety planning?

The short answer is yes – family should be involved in safety planning whenever possible. Family members can provide invaluable contributions about the different elements of a safety plan based on their observations of the young person. For example, family members often notice signs a young person might be experiencing suicidal distress that the young person is not aware of.

Family members can also play a crucial role in activating a young person's safety plan (i.e. prompting them to use it, and being more proactive as risk escalates) and may also be listed on the safety plan itself. If this is the case, collaborating with family in the safety planning process is likely to lead to better support being provided at the point of crisis, because family members are aware of what the young person needs from them. Ideally family members will also be given their own copy of the safety plan, but this doesn't have to be in the same format as the young person's version – think about what is going to work best for the family member.

Despite these benefits, young people may be resistant to involving family members in safety planning or even allowing them to have a copy of the plan. It's important for you to respect the young person's preference for privacy and autonomy, and carefully balance the risks and benefits of involving family members contrary to the young person's wishes, with consideration given to age and developmental stage. Always talk to the young person about their reasons for not wanting family involved and consider if any compromise can be reached (e.g. family members having a copy of a partial version of the safety plan). You could also consider having a separate safety planning discussion with family members to develop a family-member-specific version of a safety plan.

QUESTIONS TO ASK YOUNG PEOPLE

- Are you the kind of person who likes to look at your phone when you're really upset?
- Where do you think you might put this safety plan once you take it home? Is it somewhere you'll be able to easily find it when you're feeling suicidal?
- In the past, when you've been feeling like you might want to hurt yourself, what has helped?
- Tell me about the different support people in your life, and what kind of things they are each good at supporting you with? Are some people better at distracting you, while others are better at talking about your feelings?

We've made a safety plan – now what?

One of the biggest mistakes clinicians make in safety planning is filing the safety plan away and never revisiting it. Research shows that safety plans are far more useful and accessible to young people if they are regularly updated and reviewed, particularly following crisis episodes. Young people often experience changing support networks and may also be learning new coping skills – it's important all of this is reflected in their safety plan.

It's also important to make sure the safety plan is shared with other services or systems involved in supporting the young person, such as schools or mental health supports. Meeting with relevant school staff (ideally also attended by the young person and their parent or carer) to provide information and shared understanding can be helpful. You should do what you can (within the scope of your role) to ensure these systems have a copy of the safety plan and understand its purpose and their role in helping the young person to access it.

What do I do if the young person refuses to create a safety plan?

This is a common experience and can make clinicians feel quite anxious. If this happens, try to think flexibly about the meaning of safety planning – is there even one strategy or contact person the young person can nominate? This is when family involvement becomes very important – sometimes, you might need to safety plan with the family alone. It's also worth thinking about what the young person understands about safety planning – it's not asking them to guarantee their safety, it's asking them to think about things that they could try out when feeling unsafe. Make sure you document the conversations you have about safety planning, even if you aren't able to create one.

HOW WAS THIS RESOURCE DEVELOPED?

The content for this resource was developed by the Suicide Prevention Research Unit at Orygen in collaboration with families, young people, and clinicians to ensure they reflect lived experience and clinical best practice.

Orygen acknowledges the Traditional Owners of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to their Country, which continue to be important to First Nations people living today.

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