

How to use a safety plan

This is a guide to the 'My Safety Plan' templates available on the Nelson Marlborough Health website. Safety plans are suicide prevention resources.

What is a safety plan?

A safety plan is a written plan that anybody can use to help them move to greater safety so that they don't do harmful things to themselves in the future. They are not an alternative to professional support.



Why use a safety plan?

A safety plan helps the distressed person have more control over what they are feeling and thinking. That there are things they can do that can help balance their thoughts of suicide or self-harm. That there can be a positive future for them, and that there are people from many parts of their lives who can help them keep safe along the journey.

There are however no guarantees that a safety plan will help keep someone safe. It is one of a number of tools that increases the likelihood they will stay safe. A safety plan will often be used alongside support from professionals. A safety plan is not a contract to keep safe – it's simply a very helpful tool, but based on good research and evidence that it can make significant difference in a distressed person's life.

We used to think making people swear/promise not to kill themselves was the best way to stop people from taking their lives. Now we know from research that people who take an active role in constructing their own safety plan are less likely to take their lives. When people have a voice and choice in how they are kept safe they have more 'buy in' and are more motivated to own, use and follow the plan.

People need to take responsibility for their personal safety.

People need to be connected to those identified in safety plan.

Who should complete a safety plan?

Anyone can use a safety plan to help with keeping a loved one safe from risk of suicide or further mental distress. The safety plan template is simple and easy to use and has been adapted to the NZ context (ie it has NZ contacts and support services listed).

Unlike American versions, the plan is designed for use by the general public, rather than specifically for clinicians. You can complete this with family/whānau, partner, friends etc.

How to complete a safety plan

There are some easy steps to follow when completing a safety plan:



Two copies of the safety plan should be printed. One copy is for the distressed person to keep once completed – it is their plan – and the other is for their support person to hold as a reminder of things discussed during the safety planning process, and a reminder of where to go for help.

The online PDF version can be completed using an Adobe Reader free app, then saved on a smartphone or shared with people the vulnerable person trusts.

Alternatively the plan can be printed off and placed in the person's own private space as a reminder of what they can do when times are tough.

It is vital that the distressed person's support person who helps them develop their plan is someone the distressed person trusts. That person may be a friend, colleague, partner, parent or flatmate – anybody that the distressed person trusts and who is caring and non-judgmental.

Whanaungatanga – relationship, kinship, sense of family connection through shared experiences and working together which provides a sense of belonging is important to underpin the planning.

One possible scene for developing the plan might be of two people sitting at the kitchen table with a cup of coffee each, and completing the questions in a relaxed and gentle manner. Once completed the two sheets of the safety plan will be identical; one for the distressed person, one for their support person.

Ideally the distressed person needs to be in an 'ok' space – ie, not highly-stressed, highly-agitated or in a very low mood, so that they are able to think of useful supportive answers to the questions on the sheet. However, a key role of their support person is to remind the distressed person of things and people that can help when things are tough for them: reminders from the times when they have been in a good space.

Their support person needs to be empathetic and non-judgmental. Eg, 'if I had been through all the things you've been through lately I would need support, how can we work together to get over this?'

The support person may need to verbally confirm the distressed person is not stupid, crazy or weak, they just need more support and more skills to get through this tough time. And the safety plan is just one mechanism that helps with that.

It is important to note that in responding to steps 4 to 6, that the person, as much as possible, lists people that they can contact, rather than just services.

Once the safety plan is completed, the distressed person should be reminded to put the plan either in hard copy somewhere private but visible to them (eg the back of their bedroom door), as a reminder of what to do when they begin to feel distressed. Or it may be photographed on their phone and stored there.

It is often very useful for the support person to check in from time to time with the distressed person in the days and weeks after developing the plan. Showing you care is a key mechanism for improving the safety of a distressed person.

If you as the support person start to feel overwhelmed by the other person's issues or are worried about their safety especially if things are getting worse; talk to someone you trust or seek professional help.

The safety plan should, wherever practical, be used alongside assistance from mental health services and with the support of the person's GP.