

## QC18 Suicide Prevention Skills: Core

Instructional video transcript: Safety planning	
Video link:	<a href="https://youtu.be/f2M7DjMMXvo?si=chXO_XH0hndnLjLx">https://youtu.be/f2M7DjMMXvo?si=chXO_XH0hndnLjLx</a>
<b>Speaker (Mel):</b>	<p>Hi, I'm Mel, and welcome to this instructional video on safety planning. Safety planning is a brief but essential intervention that comes after we assess for suicide risk. It is an evidence-based, collaborative, and therapeutic strategy that helps the person cope with a suicidal crisis. It has multiple functions, but the most important is to buy time for the crisis to subside and to get others involved to provide support and care.</p> <p>An effective safety plan is based on establishing a good rapport with the person. It is important the person understands the purpose of a safety plan and knows when to use it. The first part of the plan asks the person to identify warning signs to know when it's time to use the plan.</p> <p>Next, it lists the person's coping strategies that they can use immediately to help them in a crisis and then names the people and services they can reach out to for help. The safety planning process demonstrated in this video draws upon the original work of Barbara Stanley and Gregory Brown. The safety plan used in your local HHS may be structured differently. However, they all essentially contain the same components which we will cover now.</p> <p>This demonstration starts after you have assessed for suicide risk and when the person is feeling calmer and less distressed. Remember, establishing a good rapport with the person and explaining the purpose of a safety plan will increase the likelihood that they will engage in this conversation.</p>
Clinician:	Thanks for sharing your story with me, Charlie. One of the things that can be really helpful when feeling suicidal is to have a plan for how to cope with the suicidal thoughts if they happen again. This is called a safety plan. Would it be OK if we talked about what that is?
Charlie:	Yeah, sure.
Clinician:	Charlie, have you heard of a safety plan before?
Charlie:	Not really.
Clinician:	So it's a plan that's uniquely yours, and it sets out the types of things that you've done in the past and people that you've reached out to that have helped you cope when you've been having a hard time. It also really helps me to understand who's important in your life.
Charlie:	OK.
Clinician:	<p>So first of all, I'd like to talk about what early warning signs are for you. And what I mean by that is when people start to have thoughts of ending their life, they can notice changes in what they're thinking about and how they're acting. Knowing your warning signs can help you act early before things get really bad.</p> <p>Sometimes these signs come on really quickly, other times slowly. Now, you've already told me about some of your warning signs.</p> <p>You told me that you felt quite depressed. You stopped going to uni and seeing your friends. Have you noticed any other warning signs, Charlie?</p>

Charlie:	I notice that I start drinking quite a bit. I wouldn't want to go see my friends anymore. So I just end up staying at home and drinking more to just get numb. I hope that it would help me sleep, but I just wake up at 3:00am in the morning and then lie there thinking. Yeah, drinking way too much.
Clinician:	Is there anything about the thoughts you were having that can share?
Charlie:	I often think that I'm such a disappointment to my parents and I'm just a big burden on them. I felt really bad I wasn't doing much to help them out. Like, I would skip shift at the restaurants. I wouldn't go and help them. I suppose I was also snapping at them quite a bit, too, and I would just keep myself in the bedroom, lock the door, and not let anyone in.
Clinician:	We can write these down as possible warning signs. Do you agree?
Charlie:	Yeah.
Clinician:	Do you remember feeling anything in your body around this time, like sensations that were uncomfortable, as these can be warning signs as well?
Charlie:	Now you mentioned it, I thought I had some kind of a bug because my stomach was aching a lot. I couldn't seem to concentrate on much either. Even watching something on TV was really hard, and I just couldn't focus. I also found it really hard to sleep.
<b>Mel:</b>	<p>Charlie has named the behaviours, the types of thoughts he was having, as well as bodily sensations leading up to his suicide attempt. He spoke about binge drinking, not being with friends, difficulty sleeping, not concentrating, having a stomach ache, and withdrawing into his room, with thoughts of being a disappointment, not helping his parents, and talking back at them. When we write up Charlie's warning signs, we try as much as possible to use the language that Charlie has used so he can recognise his own way of describing his experiences.</p> <p>The next part of the plan is to identify internal coping strategies that have helped Charlie in the past. Often, people don't recognise what strategies they're already using to help them cope during difficult times. This part of the safety plan helps the person identify what strategies these are. Here's one way to ask about it.</p>
Clinician:	<p>Charlie, thanks for sharing these. A lot of people found that when they notice these early warning signs, distraction strategies can be really helpful. A distraction strategy is anything that helps us to shift our focus from suicidal thoughts or painful feelings to other activities.</p> <p>It might not make the thought or feeling completely disappear, but often, it does help to make them less intense and less powerful. And that buys us time to let others to step in to help. Would it be OK if I ask you about that now?</p>
Charlie:	Sure.
Clinician:	What things do you normally do when your friends aren't around to hang with or you aren't working at the restaurant?
Charlie:	I like to watch TikTok and YouTube videos, too, and I usually watch things about crypto or gaming on Xbox.
Clinician:	Great. Is there anything that helps you when you're feeling really distressed and your stomach hurts?
Charlie:	I think I learned once to hold my breath for a few seconds and then let it out slowly to the count of eight. Yeah, that helped the tight feeling in my chest when I was stressing out.

Clinician:	These are great strategies, Charlie. Let's write them down. And if you think of other things that help, we can always add them in.
<b>Mel:</b>	<p>It's also important to name the social activities and people that can help provide distractions from suicidal thoughts. For Charlie, this was playing Fortnite online with his friends. More ideas may come when you review the plan with the person in the coming days.</p> <p>The next step is to name the people and services the person can reach out to for emotional support, particularly when the earliest strategies aren't working or the intensity of their suicidal thoughts and feelings is increasing.</p>
Clinician:	Charlie, I'm just wondering, is there someone who you're close to and understands what you're going through at the moment and you feel like you can talk to if those thoughts of dying are getting worse?
Charlie:	I guess my brother? Yeah, he's a really good listener. He knows how tough Mum and Dad's expectations are on us. And, yeah, it's really hard to talk to them about how stressed I've been feeling. But I think I can talk to my brother.
Clinician:	I can really hear how close the two of you are and how much he understands. Is there someone else you can talk to who also understands how you're feeling and they might be able to help you make contact with us or some other services in case your brother isn't around?
Charlie:	Yeah, definitely not my Mum. She'll freak out. Maybe my best friend as well. He has helped me before. But he has now got a new girlfriend, and they have been hanging out a lot. So I wouldn't go bother them if she's around.
Clinician:	OK, so your brother and best friend are people you could call if those suicidal thoughts get too much to deal with. And if you want, we can talk with them both and share this plan. And that way, they know how they can help. If they're not around, is there someone else?
Charlie:	No, not really.
Clinician:	That's OK. I know you said your darkest thoughts about suicide are often in the middle of the night. Let's say you try to call your brother and best friend, and they don't answer. There are some really good 24-hour services that you can reach out to by phone now. Have you ever done that before?
Charlie:	No.
Clinician:	So call centres like Lifeline and MH CALL all have trained people behind the phones who know how to help people who are feeling suicidal, and they can support you during these times. If you'd like, I can give you some info about them and what they do. Do you think you'd be willing to contact those services?
Charlie:	Yeah, I think I actually will.
Clinician:	I also want to remind you, Charlie, that calling 000 is always an option. A lot of people do that, particularly when they're really worried they might act on their suicidal thoughts.
Charlie:	Mm-hmm. OK.
<b>Mel:</b>	Offer to speak with the support people they've identified and share the plan with them. First, check if they are willing to give their support. If they are, then take some time to explain to them what a safety plan is and how it can support a person during a suicidal crisis.

<b>Mel cont'd:</b>	<p>You can also provide details of services for the person and their supports to reach out to when experiencing a suicidal crisis. This could be your service or other services you know of in your local area. You don't want to provide too many options as this can feel overwhelming. So offer a couple of available services.</p> <p>Try to ensure that at least one service is a 24-hour helpline, as sometimes the person's support people might not be available when they need someone to talk to. In Charlie's case, this was 3:00am in the morning.</p> <p>Making sure the person's environment is safe is the final part of the safety planning process. You might have heard of lethal means counselling or safety means counselling. These are different terms to describe the same thing. If someone has told you they have a plan to end their life, it is vitally important that you talk with them about reducing access to the means or items they've considered using to end their life. Reducing a person's access to lethal means is a highly effective way to prevent suicide.</p> <p>Lethal means counselling involves working with the person and their support people to reduce access to the items they have considered using to end their life. When a person is experiencing high levels of emotional pain, ensuring these items are removed will reduce the chances that the person will impulsively use them.</p> <p>A safety plan really belongs to the person and their support people. It has to have real meaning for them and be written using their ideas and their words. The safety plan helps a person in crisis to remember what they can do to cope with their suicidal thoughts the next time they emerge.</p> <p>Suggest that they put the plan somewhere easy to find, like on their fridge or in their mobile phone. Some people may find it helpful to download a free app called Beyond Now in order to develop their safety plan. This plan can be sent or emailed to the person's key support people.</p> <p>So as they don't forget about the plan, remind them about it whenever you have contact. It can be reviewed, updated, or changed at any time. Empower the person to own it by asking them if it's been helpful and what they would like to change.</p> <p>Encourage them to give a copy to other important people in their life, even those who aren't named in the plan, as they may recognise warning signs early and can support the person to use their plan. Let the person know that you would like to keep a copy of their safety plan to review it at a later appointment. You will find a copy of the safety plan template used in this demonstration at the end of this video.</p> <p>Despite our best efforts, you might be working with someone who doesn't seem convinced of the value of a safety plan or doesn't want to participate in the safety planning conversation. Our suicide prevention training will help you learn some ways to manage these situations.</p>
<b>Time stamp 00:15:06</b>	