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Suicide Prevention: Building a Safety Plan

#suicideprevention

#sharehope

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March 20th, 2018



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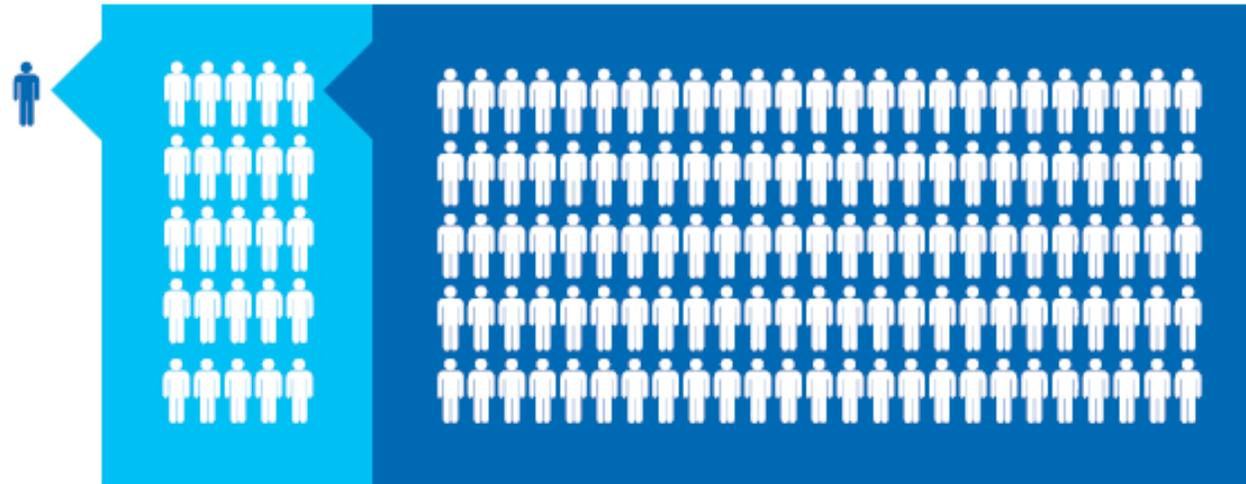
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Suicide Prevention – A High Priority

For every death by suicide,
25 people are severely devastated and 125 people are directly impacted.



Over
4,000
Canadians die by
suicide every year*

Over the past decade that equates to
5,000,000
Canadians directly impacted by suicide
...or 1 in every 7 Canadians.

#Sharehope Campaign

- Year-round, online social media campaign
- A safe space to share messages of hope
- End stigma related to mental illness and suicide



As an individual, you are not powerless. It makes a difference when you #sharehope
<https://www.mentalhealthcommission.ca/English/sharehope>

Presenter



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Safety Planning

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Mental Health Commission of Canada
March 20, 2018

- Suicide risk fluctuates over time.
- The ability to problem solve and/ or to access autobiographical memory is limited for people with suicide attempts,
 - Unable to “think” when flooded with emotion.
 - Practicing and discussing when “iron is cold” provides opportunity for skill development, rehearsal and making strategies explicit

(Kaviani, Rahimi, Rahimi-Darabad et al. 2003; Maurex, Lekander, Nilsonne et al, 2010; Gimaggio, Salvatore, Popol, Lysaker, 2012; WHO, 2014)

Why a Safety Plan?

- Suicide is a behavior and we wish to create options for safer behaviours
- Elements of CBT, ACT, DBT, SfSL in the intervention- dependent on the facilitator skill, interest, comfort and applicability at the given session

Why a Safety Plan?

- Adaptation of Stanley and Brown's (2008) safety planning template with a focus on keeping safer.

SAFETY PLAN

- 1. **Early Warning Signs:** physical, emotional, behavioural, cognitive.
- 2. **De-escalation and Coping:** Distraction, self-soothing, grounding on an individual basis.
- 3. **De-escalation and Coping:** People and Places.
- 4. **Personal Supports**
- 5. **Professional supports**
- 6. **Creating a Safer Environment**

Steps in the Creation of a Safety Plan

- “Dig deeper”
- Look for and discuss potential patterns.
- *“ I didn’t think anything about forgetting my keys three times in a week. Now when I think about it; it was a sign something was off.”*
- *“Watching too much news.”*

Early Warning Signs

- Focus on internal coping strategies.
 - Review what has worked on previous occasions.
 - Iterate “It may not make you feel better, the goal is to keep as safe as possible and alive.”
 - Point out the fluidity of this section both asking for crisis-de-escalation support from friends/family and professionals .
-
- *“Sitting in silence.”*
 - *“Break things down/making lists.”*
 - *“Watching TV.”*

De-escalation and Coping:

Distraction, self-soothing, grounding on an individual basis.

- People or places that can provide distraction, support, self-soothing and grounding.
- Important to distinguish between de-escalation strategies and support.
- Emphasize boundaries.
- Even when a person is not helpful and are part of our lives they can play a role;
- E.g mom that is not a good listener and she cleans really well so invite her over to help me clean all of the kitchen cupboards.

- *"Off-leash dog park"*
- *"That path by my house that goes out to the beach"*
- *"Just being in public spaces"*

De-escalation and Coping: People and Places

- Discuss the process of how to have a conversation with someone the participant wants on their list.
- Make sure the name and phone number is written on the plan.
- Discuss potential boundary issues.
- Use this conversation to educate participants on identifying what the needs are to keep safer and how to ask for those needs to be met.
- Remind participants that changing people on this list is not unusual given that needs change as we change.

- *"Dom."*
- *"Mother."*

Personal Supports

- Identify professional supports and indicate availability.
- Introduce well-known crisis supports in GTA.
- Share experiences (good or bad).
- Emphasize the importance of “*identifying the need*” when accessing crisis lines or warm lines.
- Discuss the limitations.

Professional supports

- **Canada Suicide Prevention Service:**

- 1-833-456-4566
- Text: 45645
- Chat: www.crisisesservicescanada

Canadian Association for Suicide Prevention:

- www.suicideprevention.ca

Local Respite Centre:

Local Warm Line:

Resources

- Removing means and methods by which the person could hurt themselves.
- Identifying objects, sounds, textures, visualizations, tastes that may enable the person to keep themselves safer.
- Removing oneself from the environment when feeling unsafe or escalated.

- *"Pen and paper beside the bed."*
- *"I made a safety box and made it visible and accessible"*

Creating a Safer Environment

- Identify obstacles that could get in the way of implementation.
- Identify possibilities to overcome those obstacles.
- Encourage client to share plan with family/friends.
- Encourage client to keep plan in an accessible place.

Obstacles

- Dimaggio, G., Salvatore, G., Popolo, R. & Lysaker, H. (2012, November). Autobiographical memory and mentalizing impairment in personality disorders and schizophrenia: clinical and research implications. *Frontiers in Psychology*
-
- Kaviani, H., Rahimi, M., Rahimi-Darabad, Kamyar K. & Naghavi, H. (2003). How autobiographical memory deficits affect problem-solving in depressed patients. *Acta Medica Iranica, 41(3)*
- Stanley, B. The Safety Planning Intervention and Other Brief Interventions to Mitigate Risk with Suicidal Individuals downloaded, August 20, 2014 from
- <http://www.texassuicideprevention.org/wp-content/uploads/2013/06/TexasSuicidePrevention-Symposium-Presentations-BriefInterventionsAndSPI-2013-07-09.pdf>)
-
- World Health Organization www.WHO.com

References

Questions?



Next Suicide Prevention Webinar

Date: Thursday, May 18th, 2017 at 1:00pm to 2:30pm ET

To rewatch or share this webinar visit:

<http://www.mentalhealthcommission.ca/English/suicide-prevention-webinar-series-archive>



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Thank you!

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