SUICIDE SAFETY PLANNING WITH YOUNG PEOPLE: A GUIDE FOR PARENTS

What is safety planning?

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 often follow a template and are typically completed by the young person with their treating clinician during session. They usually include a list of warning signs and subsequent steps to take, depending on the young person's level of risk of suicide or self-harm (ranging from making the environment safe to contacting emergency services). Safety plans can be created in digital or hard-copy formats. For young people, the safety plan may be more visual or decorative in design.

Safety plans work best when they are updated and revised regularly to reflect the changes in young people's lives as they develop.

Who is involved in creating a safety plan?

The clinician might recommend that a safety plan be completed if they believe your child is at risk of suicide or self-harm. This could occur during sessions with a psychologist or case manager, during an inpatient hospital stay, or during an emergency department visit.

The safety plan is usually created by the young person, directed by and in collaboration with a clinician.

What role can parents have in creating a child's safety plan?

The role of parents in safety planning varies, depending on factors such as the age of the young person and the preferences of the young person. Generally, it's considered best practice to include parents or other family members in safety planning, and what the clinician believes may be in the best interests of the young person. The younger your child is, the more likely it is that you will be present during the creation of the safety plan, though this is not always the case. Sometimes safety plans are only shared with parents after they have been created, e.g. at the end of a session.

If parents are present when creating the safety plan, the process will be led by the clinician. Parents may be asked to contribute suggestions about what they've noticed about the young person's warning signs, any strategies that seem to work for the young person, and their role in supporting the young person during a crisis.

Many parents continue to play a crucial in their child's safety plans, even after their child turns 18, although the role may continue to evolve to reflect growing independence and the young person's ability to manage their own risk. How the role changes depends on the young person and their situation and needs. Accepting a less hands-on role can be difficult, but continued open dialogue with your child will assist the process.

What can I do if my child won't let me be involved in creating their safety plan?

Not being involved in the creation of your child's safety plan can be upsetting and frustrating. Try to understand and respect your child's preference for privacy in not wanting to have you involved at this point. It's important for your child's privacy to be respected so they maintain trust in the clinician and stay engaged in care. The clinician will also generally encourage your child to identify you as a key person to support their use of the safety plan.

What can I do if the safety plan is not shared with me?

As a first step, ask your child to share it with you, explaining how that will help you in knowing how to best support them when they are distressed. It is often the parents who need to take over when a young person is at very high risk of harm so take this as an opportunity to discuss and come to an agreement on what this would look like.

It can also be helpful to speak with the clinician about the safety plan, though they may not be able to share the details. If the clinician or your child won't share the safety plan, you could still have a conversation with the clinician about your role in helping your child manage risk.

What do I tell the rest of my family?

Encourage family members to reflect on what their role is in implementing the safety plan – e.g. what do they notice in the young person, what works, when might they need to step into more of a controlling position? If possible, try to work in partnership with your child about with whom and how this information is shared.

The role of siblings in the safety plan will be unique to each family – and this may change over time. It will depend on factors such as the maturity and age of the sibling, and the preferences of the child making the safety plan. Even if siblings are not told about or named on the safety plan, they will likely be aware of the young person's immediate or ongoing distress. It's important that siblings do not feel responsible for their safety, and that not too much pressure or responsibility is put on them. Encourage siblings to come to you if they have any concerns or notice an escalation of risk, and to prioritise and look after their own wellbeing.

What should I do if the safety plan is not working?

There may be times when the safety plan doesn't seem to be working for your child, e.g. they are not consulting it when feeling at risk or the strategies are not helping in reducing risk. There are multiple reasons why this might occur, e.g. changes to your child's circumstances, such as a change of school or break-up of a close relationship.

It's important that you and/or your child talk to the clinician, who will be able to help you identify why the safety plan is not working and explore ways to improve it.

Where should the safety plan be located?

If your child agrees, consider having multiple copies located in different spaces that are easy to access, and a visual reminder for both you and your child, e.g. in the car glovebox, on the fridge, on the back of your child's bedroom or summary notes on a phone. This can be particularly helpful in the early days, weeks and months of having a safety plan, after which time the strategies tend to become more embedded.

A safety plan is most effective when young people are able to take ownership of it as much as possible, with the support of clinicians and family.

What role do schools have in safety plans?

School staff have a responsibility to keep your child safe while in their care and sharing your child's safety plan with the relevant staff can be a useful step in helping them to do this. Schools will usually require a safety plan if your child has made a suicide attempt, particularly if it has resulted in an absence from school.

A meeting with the school (including wellbeing staff, teachers and principal or assistant principals) and your child's clinician is recommended. This will usually be initiated by either the clinician or the school, but you should also feel free to contact the school to ask about this/ensure it goes ahead.

At times school policies and procedures can seem inflexible, so it may take time to come to an arrangement that fits both the individual needs of your child and requirements of the school. Including your child in these discussions provides them with an opportunity to contribute and ensure any additional strategies will work for them. It may also require regular check-ins with the school to consider what is working well and what could be improved.

Where can I get further information about safety plans and keeping my child safe?

Managing safety plans and the safety of a child is an incredibly challenging and stressful time. It's important you get the information and support you need, both for your child and for your own mental health and wellbeing. The following services offer free and confidential information and support.

- **kids Helpline Parentline**
  kidshelpline.com.au/parents/issues/how-parentline-can-help-you?
- **headspace support for family**
  headspace.org.au/services/family
- **ReachOut for Parents/Carers**
  parents.au.reachout.com
- **Suicide Call Back Service**
  www.suicidecallbackservice.org.au

HOW WAS THIS RESOURCE DEVELOPED?

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