

25 May 2022



## Response to a request for official information



Thank you for your request for official information received 19 April 2022 by Nelson Marlborough Health (NMH)<sup>1</sup>, where you seek the following information.

- 1. Full descriptions and/or a copy of the measurement tool(s), procedure(s) or method(s) used to assess the risk of suicide or self-harm, informing decisions on providing access to the DHB's services.**

### NMH response:

We interpret your request asks for documents related to the processes that occur within our Mental Health Directorate's clinical response to suicide risk. Implementation of risk assessment protocols and process is managed by our Mental Health Clinical Teams.

We advocate in the wider community for the use of Safety Plans, and the following documents (attached) support our suicide risk assessment process:

- Mental Health Foundation *Guide for Health Professionals or Support Person to Assist Someone to Complete Manawa – My own suicide survival plan*
- Nelson Marlborough Health *My Safety Plan* (May 2021)
- Nelson Marlborough Health *How to Use a Safety Plan* (July 2021)

The following practical tool also forms part of our process:

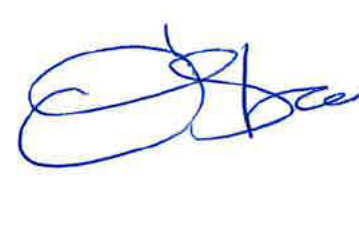

- Nelson Marlborough Health *Helping to keep your clients safe* (March 2022)

This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or free phone 0800 802 602. If you have any questions about this decision please feel free to email our OIA Coordinator [OIArequest@nmdhb.govt.nz](mailto:OIArequest@nmdhb.govt.nz)

I trust this information meets your requirements. NMH, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released. If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider.

<sup>1</sup> Nelson Marlborough District Health Board

Yours sincerely



Lexie O'Shea  
**Chief Executive**

Encl:

- Mental Health Foundation *Guide for Health Professionals or Support Person to Assist Someone to Complete Manawa – My own suicide survival plan* (7 pages)
- Nelson Marlborough Health *My Safety Plan*- May 2021 (1 page)
- Nelson Marlborough Health *How to Use a Safety Plan*- July 2021 (3 pages)
- Nelson Marlborough Health *Helping to keep your clients safe*-(March 2022 (1 page)

## **Guide for Health Professional or Support Person to Assist Someone to Complete Manawa - My own suicide survival plan**

### **Suicide Safety Plan**

A six step **clinical intervention** that generates a one-page document for managing and decreasing suicidal feelings and for staying safe when these feelings emerge.

- Plan developed collaboratively – guide the service user (SU) to generate their own ideas before suggesting yours (balance collaboration with directive approach);
- Include obstacles to carrying out the steps and problem solving around them;
- Can be done in one session and refined over time.

### **The Safety Plan covers the following areas:**

1. Recognising warning signs
2. My reasons to live
3. Keeping safe – Reducing potential for use of lethal means
4. What can I do by myself – Using internal coping strategies (without contacting another person)
5. Who can I connect with – Socialising with others as a way of distraction
6. My supporters – Contacting family members, friends, or professionals to help resolve crisis
7. Helplines

Establish the foundation for safety planning by asking the SU to tell the story of their suicide attempt or suicidal crisis.

- Beginning of the story
  - When was the major decision point associated with suicide crisis/attempt/risk?
  - What was the strong emotional reaction to a specific event (either external or internal)
  - Follow backward in time

- Ask the SU to describe events, situations, and their reactions to events, in as much detail as possible.
- It is important to understand the function of suicidal behavior and thinking from the SU's perspective
- Empathize with strong feelings and desire to reduce distress
- Avoid immediate problem-solving without understanding the details and motivation for the suicide attempt and/or suicidal crisis

### **Introduce the Safety Plan**

- Introduce the safety plan as a way to help recognise warning signs and take action to reduce risk or prevent it escalating.
- Describe how suicidal thoughts come and go; that suicidal crises pass and that the safety plan helps one to not act on feelings, giving suicidal thoughts time to diminish and become more manageable.
- Explain how using the strategies enhances self-efficacy and a sense of self control
- Describe that the development of the plan is collaborative

### **Explain - How to Follow the Steps**

- Progress through each step on the plan. If following step one is not helpful in reducing risk, go to the next step.
- That if the suicide risk has subsided after a step, then the next step is not necessary.
- That skipping steps is likely to result in them acting on their suicidal feelings.

### **Step 1: Identify Warning Signs**

- Explain that the purpose of identifying warning signs is to help recognise when the crisis may escalate so that they know to refer to their plan and take action to reduce risk.
- Ask "What do you experience when you start to think about suicide or feel distressed?" If the warning signs are vague, say, "Let's try to be more specific." Explain that it is important to be specific so that they are more likely to recognize the beginning of the crisis. Use their words. Help with suggestions from their suicide narrative.
- Write down warning signs in the SU's own words...
  - Thoughts, emotions, behaviour, physical sensation, external cues.

## **Step 2: Reasons to Live**

- Ask "When you're feeling bad, what are the things you can remember that are worth living for?"
- These may be things or people who are important to you, or things you want to do in the future that you are looking forward to such as travel or starting a family.

## **Step 3: Keeping safe - Making the Environment Safer**

- If SU identifies a potentially lethal method to kill themselves, ask, "Do you have access to this method?" Be aware of the view that having access to a lethal means to kill oneself may be a strategy used to cope with crises.
- Express concern about the SU's safety.
- Explain that making the environment safer will help to lower risk of acting on suicidal feelings (delays urge to act on suicidal thoughts)
- For some SU's who attempt suicide, the interval between thinking about and acting on suicidal urges is only a matter of minutes.

**For each lethal method, ask "How can we go about developing a plan to make your environment safer so that you'll be less likely to use this method to harm yourself?"**

- "How likely are you to do this? What might get in the way? How can we address the obstacles?"

**If doubt is expressed about limiting access, ask:**

- "What are the pros of having access to this method and what are the cons?"
- "Is there an alternative way of limiting access so that it is safer?"
- "What does it mean to you to limit access?"



### **Step 4: What can I do by myself? Identify Internal Coping Strategies**

Explain how distracting oneself from the suicidal thoughts helps to lower risk

- Ask "What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?" Identify at least three specific strategies unless SU declines.
- Provide suggestions if they cannot think of any. Determine whether the strategies are safe and will not increase distress.
- Ask "How likely do you think you would be able to do this during a time of crisis?" or "Is it feasible?"
- If doubt about use is expressed, ask "What might stand in the way of you thinking of these activities or doing them if you think of them?"
- Use a collaborative, problem solving approach to address potential roadblocks and identify alternative coping strategies that are more feasible.

### **Step 5: Who can I connect with? Identify Social Contacts and Social Settings**

Explain that if Step 4 does not lower risk, then go to Step 5. Explain that people are generally helpful distractors and that, in this step, you do not inform them that you are suicidal or upset.

- Ask "Who would help you take your mind off your problems for at least for a little while? "Who helps you feel better when you socialise with them?" Identify at least two people.
- Ask "Where can you go to be around people to distract you from your suicidal feelings?"
- For each response, ask "How likely do you think you would be able to do talk with someone/go somewhere during a time of crisis?" "Is it feasible and safe?"
- If doubt is expressed, ask "What might stand in the way of you thinking of contacting someone or going to a social setting?" Identify ways to resolve roadblocks or identify alternatives.



## **Step 6: Identify Family Members or Friends**

Explain that if Step 5 will not lower risk, then go to Step 6.

- Ask "Among your family or friends, who do you think you could contact for help during a crisis?" or "Who is supportive of you and who do you feel that you can talk with when you're under stress or feeling suicidal?" Identify at least three people with phone numbers unless SU declines.
- Ask "How likely is it that you would be able to reach out to each person?"
- If doubt is expressed about contacting others, ask "What might get in the way of reaching out to this person? Resolve roadblocks or brainstorm others to contact.

## **Identify Professionals and Agencies**

- Ask "Who are the mental health professionals that we should identify to be on your safety plan? List names and numbers." Identify ask least one professional unless SU declines.
- Explain how to contact the relevant help lines.
- Ask "Where is the hospital or urgent care setting you can go in an emergency?" List address.
- Assess the likelihood they will contact each professional, agency, or crisis line; identify potential obstacles, and problem solve.

## **Implementation of the Safety Plan**

1. **Assess** the likelihood of the plan being used – "what are the barriers that might get in the way of using this plan?"
2. **Discuss** where the plan will be kept so it is easily accessible in a crisis.
3. **Evaluate** whether the format is appropriate for the SU's capacity and circumstances.
4. **Review and revise** the plan regularly:
  - Determine if the safety plan has been used.
  - Identify what has been helpful and what isn't helpful and why not? For example, forgetting to use it, how to use it, or where to find it.
  - Always review access to means and whether there is a need to remove means.



- Revise plan as indicated - remove unhelpful items, discuss with individual what may be more helpful. Note the changes on the plan or generate a new one if the changes are extensive.

## **Reviewing the Plan - Questions for Improving Steps**

### **Warning Signs:**

Can the warning signs be changed or revised to be more specific so that you will remember to use it?

Can you review the Safety Plan on a regular basis so that you will remember to use it?

Can the Safety Plan be placed somewhere so that it is more visible and serve as a reminder to use it?

### **Reasons to Live**

Are there new reasons to live that can be identified?

### **Keeping safe - Making the Environment Safer:**

Have you been able to make the environment safer by removing or restricting access to anything that could be potentially harmful to you?

Is removing alcohol or other drugs when you are feeling unsafe in your plan?

Is there anything else that could be done to make your environment safer?

### **What can I do by myself - Internal Coping Strategies:**

Are there new internal coping strategies that would be more effective or more feasible distractors?

Are there any coping strategies listed on your Safety Plan that should be removed because they weren't that helpful?

### **Who can I connect with - Social Contacts and Social Settings:**

Are there new people or social settings that would be more effective or feasible distractors?





Are there some people or social settings listed on your Safety Plan that should be removed because they weren't that helpful?

**My supporters - Social Support for Help with Crises:**

Are there other family members or friends who should be added?

Are there people listed on your Safety Plan who should be removed because they were unhelpful or unavailable?

**Professionals and Agencies:**

Are there other professionals or agencies that should be added or removed?

Were there any problems you experienced when you tried to contact a professional or agency for help?

*Remind them that thoughts about killing yourself are just thoughts.*

*You don't have to act on them, no matter how overwhelming they are or how often you have them.*

*You won't always have these thoughts. They are not who you are.*



# My Safety Plan

**Step 1:** The things that are most important to me and make life worth living are:

---

---

---

---

---

**Step 2:** My strengths: things I do well:

---

---

---

**Step 3:** Warning signs (thoughts, images, feelings, situation, behaviour) that tell me I am feeling distressed:

①

---

---

---

②

---

---

---

③

---

---

---

**Step 4:** Coping strategies—things I can do to take my mind off my problems without contacting another person (eg relaxation technique, physical activity):

①

---

---

---

②

---

---

---

③

---

---

---

**Step 5:** People and social settings that provide distraction:

Name:

Phone/place:

Name:

Phone/place:

Name:

Phone/place:

**Step 6:** People who I can ask for help:

Name:

Phone:

Name:

Phone:

Name:

Phone:

**Step 7:** Professionals or agencies I can contact if I get distressed:

Free phone or text 1737 to reach a counsellor

24 hours, 1737.org.nz

Your GP:

Name:

Phone/place:

Name:

Phone/place:

**Step 8:** Making the environment safe, eg removing access to things that can harm you:

---

---

---

**Step 9:** The 'Red Button': People I can contact immediately when I am very stressed:

Phone:

Phone:

Phone:

I will share my Safety Plan with:

---

---

---

## **How to Use a Safety Plan**

### **1. 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.

### **2. Why use it?**

A safety plan helps the distressed person understand that they 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

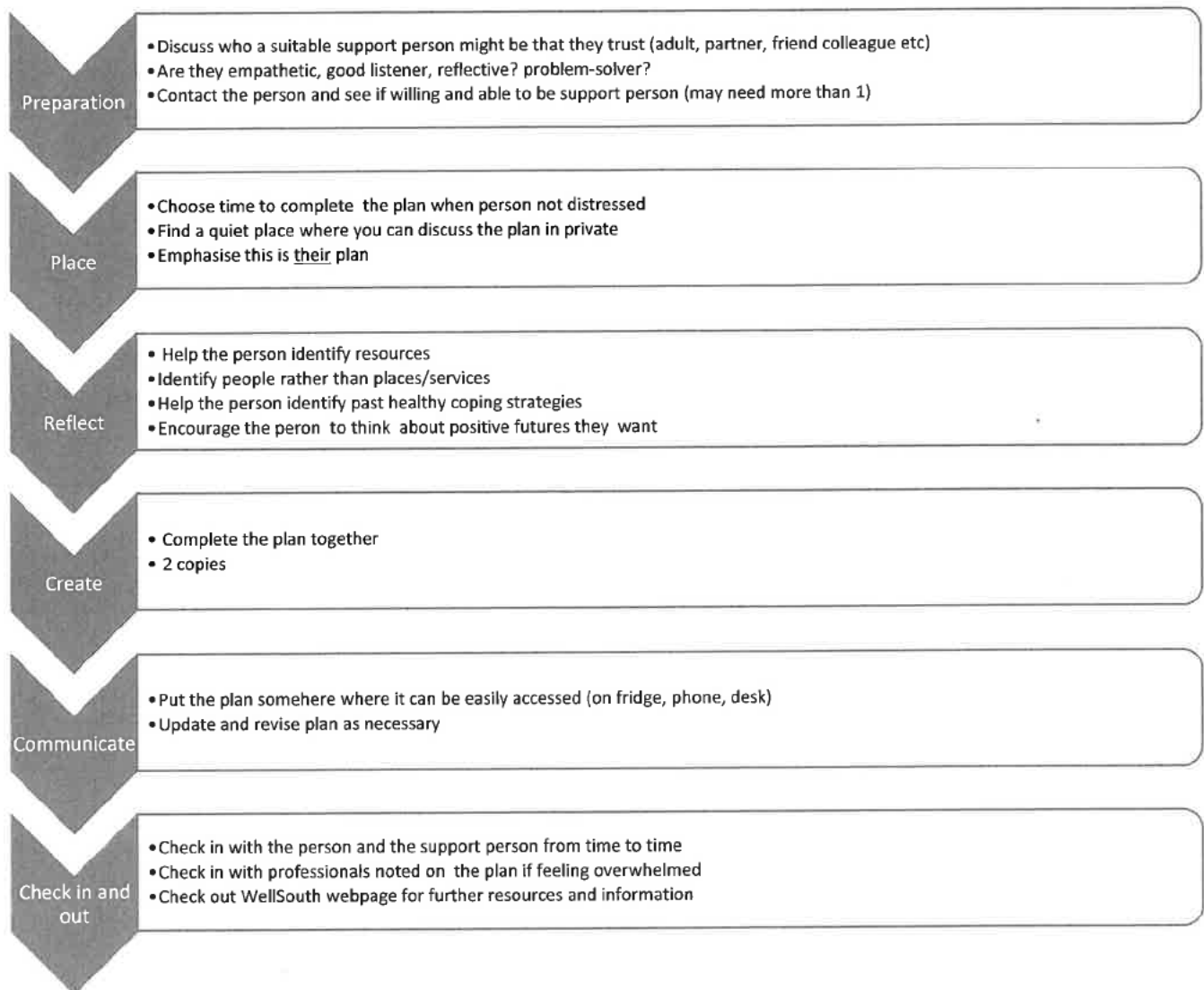
### **3. Who should complete it?**

Anyone can use this safety plan to help with keeping a loved one safe from risk of suicide or further mental distress. This safety plan is simple and easy to use and has been adapted to the NZ context (i.e. 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.

### **4. 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 off. 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 once completed via an Adobe Reader free app can be saved on a smartphone or shared with people the vulnerable person trusts. Alternatively the plan can be printed off and placed in the persons 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-judgemental.

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-i.e. not highly stressed, highly agitated or 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-judgemental. E.g. 'if I had been through all the things you've been through lately I might be thinking about suicide-are you thinking about killing yourself?'. 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 (e.g 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; 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.



# Helping to keep your clients safe

## Ideas for staff

Sometimes, people who are experiencing difficult times in their lives because of relationship breakups, loss of a job or a home, death of a person or pet, or prejudice or stigma from others about who they are, it can result in their feeling vulnerable, sad or anxious.

Feeling isolated or a burden on others, especially after having long term difficulties, can mean some people feel like giving up or that suicide might be an option.

It can be helpful to check in with that person regularly, to see how they are going. Acknowledging them can be a powerful tool that helps them feel that someone cares, that they are somewhere safe and they are connected.

If your gut feeling, your intuition, tells you that something is not quite right for one of your clients (e.g. they seem withdrawn, look hopeless/helpless, talk about death, or are acting out of character), trust your instincts and check it out.

When it feels right, reach out to them in an honest and open way—ask how they are doing and if they need any support. If they then give any indication they might be feeling hopeless or desperate or thinking about suicide, it's safe to ask: 'Are you thinking of killing or hurting yourself?' If they say 'yes', you can help them refer to any of the services below.

If they say no

- Let them know that you are concerned (and why—what you have seen/noticed) and that you and others care
- Let them know you can help them find someone to talk to (whatever is going on), help is available and does make a difference
- Leave the door open for them to come to you
- Keep checking in with them
- Listen carefully, without judgment, blame or criticism
- Don't make assumptions about how they feel, what they think—let them tell you
- Be mindful of your body language
- Be gentle and compassionate
- Stay calm, positive and hopeful

- ▶ Help connect them to other people and services that can help
- ▶ Help them develop a safety plan, e.g. [www.manawaplan.co.nz](http://www.manawaplan.co.nz)
- ▶ If they have a plan to kill themselves, help them remove the means to do it
- ▶ Check in on them regularly
- ▶ Help them strengthen their natural supports—friends, whānau and community.

### The AEIOU of suicide prevention—what we can ALL do to help save a life:



**Ask:** 'are you thinking of suicide?'



**Ensure** their immediate safety: remove any means they have to kill themselves



**Identify** their problems: encourage them to talk about what's happening for them



**Offer** hope, help and support: show that you care and that they will be okay



**Use** professionals and community: support them to get to services that can help (below)

© Roger Shave

*I know there's a lot going on for you right now...*

*I'm gutted that you are feeling this bad...*

*When life has been really hard before, what or who helped you get through it?*

## Where to go for help in Nelson/Marlborough?

- If they are at immediate risk, call **111** and ask for police
- For acute mental health issues:
  - Nelson/Tasman: 0800 776 364 then press 2 for urgent concerns, or Hospital (03) 546 1800
  - Marlborough/Blenheim: 0800 948 497 then press 2 for urgent concerns, or Hospital (03) 520 9999
  - Golden Bay—Te Whare Mahana: (03) 525 7647
- Use the free text/phone number **1737** for free counselling 24/7
- NZ Safety Plan app [www.manawaplan.co.nz](http://www.manawaplan.co.nz)



[www.mhcb.govt.nz](http://www.mhcb.govt.nz) March 2022