Safety Planning

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Research conducted among Veterans Health Administration (VHA) patients at high risk for suicide suggests that safety plans may be more effective if clinicians followed up to determine if (1) patients use their safety plans, (2) the safety plans need updating, and (3) outpatient care providers include the safety plans in their treatment strategy.

The authors defined a safety plan as “a collaborative process in which the provider and patient list strategies for the patient to use when suicide ideation is elevated” and noted that this was the first study of its kind to investigate fidelity to safety plan implementation and its association with patient outcomes in the VHA.

The research found that 90 percent of the patients seen at facilities in the regional VHA healthcare system who were flagged as high-risk for suicide had safety plans documented in their medical record. Most of those who did not have safety plans were treated at outpatient clinics rather than as inpatients at a VHA hospital. On average, safety plans were found to be “fairly complete and of moderately good quality.” However, there was little follow-up to determine whether patients were using the plans or evidence that the plans were being updated as necessary and used as a therapeutic tool in treatment. The authors suggested that these failures in implementation may have been due to the fact that many of the providers who treated patients after discharge were not involved in creating the plans.

The completeness and quality of the safety plans were not found to be associated with “subsequent suicide attempts, hospitalizations, or veteran attendance of four or more subsequent outpatient mental health sessions.” Higher quality plans were found to be associated with a reduced chance that the patient would be rehospitalized. The authors cautioned that while this could be evidence for the effectiveness of safety planning, it could also be “possible that patients who were better able to participate in the safety planning process and identify coping skills that could help them in the future were less likely to need hospitalization later.”