

# Research Viewpoints

## Suicide safety planning during a pandemic

### What you need to know

Development of suicide safety plans is a common intervention to help people who are at risk for suicide. During a pandemic, it is important that mental health service providers recognize the potential for increased suicide risk and work with their clients to both establish and adapt suicide safety plans in ways that account for lifestyle changes associated with the COVID-19 pandemic and related government responses.

### Background

The impact of physical distancing guidelines on people at risk for suicide is unknown but concerning. Enforced isolation may increase risk of suicide, and many coping strategies in standard suicide safety plans could increase risk of COVID-19 infection or violate public health orders. Within this article, the researchers present a number of recommendations for modifying standard suicide safety plans in response to COVID-19.

### What ideas are the researchers presenting?

Safety plans may benefit from reconsiderations in five areas:

- 1. Triggers:** It's important to identify specific triggers associated with the pandemic period that may increase the risk of suicide and indicate when the safety plan needs to be acted upon. For example, certain negative thoughts or emotions may result from reading the news. Once triggers are identified, strategies can be developed for managing responses to them.
- 2. Coping strategies:** Many common coping strategies need to be adapted to accommodate the physical distance required between people

from different households to prevent disease spread. In particular, suggested activities should be adapted to ones that can be done online, outdoors, or alone at home while retaining the same function.

- 3. Social support:** In the context of the global COVID-19 pandemic, both the sources of social support and the means of acquiring it may be different, with many people forced to rely on technology for social interaction. Safety plans should make note of this, keeping in mind that technology can serve as a facilitator but also as a barrier to social support, especially to people without sufficient access to it and to people for whom specific technology use is stressful and difficult.
- 4. Emergency supports:** Many emergency services have adapted their hours and locations to accommodate the pandemic and related public health guidelines. Emergency support plans should take into account types of support that also reduce infection risk, along with when and where they are open.
- 5. Lethal means safety:** With recommendations for people to stay at home and to purchase

supplies in large quantities to prevent the need for frequent outings, the risk can increase for accessing lethal firearms and substances in the home environment. Plans should account for both responsible purchasing and safe storage.

The researchers note that it may be worthwhile to expand the use of safety plans beyond just those who are at risk of suicide and adapt the concept of “safety planning” to one of “coping planning” relevant to any individuals dealing with prolonged isolation. The critical components of any effective safety/coping plan are:

- the desire to cope with crisis
- clarity around when to use the plan
- ability to access and use the plan early in a crisis period
- simple and effective strategies
- flexibility to be applied to multiple crisis scenarios
- ideas that are self-generated and self-relevant.

## How can this information be used?

Mental health service providers can use this research to guide their interactions with clients around plans for coping during a pandemic.

## What future research is recommended?

More research is needed on the relationship between physical distancing requirements and suicidality, as well as research into the outcomes of adapted suicide safety planning.

## Keywords

Suicide, safety planning, crisis, coping, pandemic

## About the researchers

Larry D. Pruitt<sup>1,2</sup>, Leidy S. McIntosh<sup>1</sup>, Greg Reger<sup>1,2</sup>

1. VA Puget Sound Healthcare System, Seattle, WA, USA
2. University of Washington School of Medicine, Seattle, WA, USA

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