



**Service Priorities and Programmes**  
**Electronic Presentations**

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**Submitting author:** Mr Ping Chiu CHU

**Post title:** Ward Manager, TPH, NTEC

**Safety Plan for Management of Suicidal Idea**

*Chu PC, Cheung KY, Shum YK, Chew SW, Leung KL, Li H, Li KHN, Wong KH  
The Department of Psychiatry, Tai Po Hospital*

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**Introduction**

Given that suicidal thought can ebb and flow, an intervention that assists patients to cope with the recurrent risk is necessary. Originated by Stanley & Brown (2012), Safety Plan is a brief, strength-based intervention to manage suicidal idea based on cognitive behavioral therapy. It is a list of coping strategies and sources of support, developed collaboratively with a patient, for he/she and care givers to use when suicide risk escalates. Since 4/2017, a modified safety plan in Chinese version has been implemented to inpatients who admitted for suicidal ideations or attempts to foster self-management upon surge of suicidal idea.

**Objectives**

1. To prevent and manage suicidal risk ;
2. To plan in advance and reinforce coping strategies when warning signs surge;
3. To strengthen patients' awareness on suicidal warning signs and own capacity to manage suicidal idea.

**Methodology**

Patient aged 16 years or above, who admitted for suicidal ideations or attempts were flagged as high risk for suicide (N=32). A safety plan was developed collaboratively with these high risk patients. A self-designed 6-point Likert scale evaluation survey to measure usefulness of the plan and its elements were distributed to patient before discharge and again at least one week after the discharge.

**Result**

From 4/2017 to 1/2018, 32 patients were invited to join the program. All safety plans were completed and all patients could work collaboratively to identify their warnings signs of suicidal ideation, internal coping strategies and helping resources. 90.6 % patients expressed their willingness of using the plan even after discharge. 93.8% nurses agreed that the safety plan could strengthen patients' capacity to manage suicidal idea. Safety plan is perceived as a useful and practical strategy for managing suicidal urges or crisis by patients. Through developing of a written list of coping strategies and sources of support collaboratively with the patients, they were empowered to actively manage their suicidal crisis. A structured framework to

ensure quality of nursing intervention on suicide management was implemented with encouraging result.