



Safety Planning with Clients Experiencing Suicidal Ideation

Guidance for service providers

Service providers play a critical role in identifying, assessing, and managing the risk of suicide. This guide informs service providers about the fundamentals of utilizing safety plans with newcomers experiencing suicidal thinking or risk.

This guide accompanies Switchboard's editable [Suicidal Ideation Safety Plan Template](#), which can be used when working with clients expressing thoughts about death or suicide *but have no immediate plan or intent*.

This guide is also intended to be used regularly for individuals who have previously experienced suicidal ideation and/or attempted suicide within the last twelve months. Regular assessment and discretion are advised as needed.

Fundamentals of Safety Planning

Newcomers face unique risks and vulnerabilities due to their experiences of forced displacement and stressors of resettlement. Safety planning can be a necessary or helpful intervention to maintain safety and wellness.

A safety plan is a personalized, structured plan for how someone can manage unsafe situations, difficult moments, or full-blown crises in their lives.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a **crisis** is defined as "an event or situation that results in a person's inability to cope using their usual resources and supports." This definition emphasizes the impact of a crisis on an individual's mental and emotional state, highlighting the need for immediate intervention and support.

SAMSHA's definition continues: "A client is generally considered to be in crisis when they experience a situation or set of circumstances that overwhelms their ability to cope effectively with stress and demands. This can occur in various contexts, including mental health, social and cultural impacts (i.e. displacement), and emergency situations."

Clients may feel more at ease sharing sensitive information in a crisis with specific staff members, such as interns, volunteers, or interpreters, with whom they have a closer connection. However, these individuals may not have the necessary training to handle such disclosures. In such cases, they should refer the client to trained staff who are better equipped to provide appropriate support.

When supporting clients with safety planning, service providers should have an awareness of those clients' cultural beliefs about, and stigmas around, mental health and suicide. They should engage clients with an understanding of the clients' culture and use a trauma-informed approach. Safety plans and strategies must align with clients' personal values, beliefs, and social context, accounting for their resources and potential language barriers.

When to Develop a Safety Plan with Clients Experiencing Suicidal Ideation

Level of Risk

Safety planning may be appropriate and helpful for individuals at **low or moderate** risk of suicide. This may

A safety plan is a personalized plan with practical steps to help manage crises, avoid dangerous situations, and navigate difficult emotions.

See Switchboard's [Introduction to Safety Planning](#) for more information on safety plans and the safety planning process.

include clients who are thinking about but have no immediate plan or intent to complete suicide and are able to use coping strategies and their support system to remain safe on their own.

Individuals must agree to engage in safety planning and contribute to its development. **Not being willing to engage in or contribute to safety planning puts someone at higher risk for suicide.** Additionally, those with a **plan or intent** to complete suicide are considered **high risk** and require intervention beyond safety planning. When dealing with high risk or non-compliant clients, follow your agency's critical incident protocols to engage emergency services for immediate assessment and care to ensure safety compliance and effective responses.

For more information on determining risk, see [The Columbia Lighthouse Project](#)'s simple screening tool. Also see [Switchboard's Critical Incident Response: Toolkit for Developing Organizational Policies and Procedures](#) to learn more about responding appropriately to critical incidents.

Additional Factors for Consideration

The following factors may impact a client's ability to follow a safety plan and should be considered when determining if safety planning is appropriate:

- Frequent use of alcohol, drugs, or other substances that impair decision-making
- Hallucinations and other symptoms of psychosis
- Cognitive delays or impairment
- Demonstrated inability to follow a safety plan in the past

Appropriate Provider Training

Only appropriately trained service providers should support with safety planning for clients experiencing suicidal ideation. Resources and training on suicide prevention are available at the end of this document.

Recognizing and acknowledging secondary trauma and re-traumatization/triggers is essential, as staff may be indirectly affected by the trauma stories or experiences shared by those they serve. This understanding helps prevent burnout and emotional distress, ensuring staff can effectively support their clients while maintaining their own mental well-being.

To support staff, organizations should offer access to Employment Assistance Program services and regular supervision or peer support, ensuring the client's needs are still met while protecting the emotional health of staff.

Using the Safety Plan Template

Prioritize Confidentiality

Before beginning any assessment of suicidality, or engaging in safety planning, ensure you and your client are in a private space. Additionally, inform clients of the limits to confidentiality and your duties as a mandated reporter before continuing the conversation (for more, see Switchboard's [Fundamentals of Mandatory Reporting: A Guide for Refugee Service Providers in the U.S.](#)).

Working within the bounds of confidentiality, do keep in mind the importance of support systems. Clients may have trusted family or friends they wish to include in the process. Before creating a safety plan, try to secure a signed release of information with at least one emergency contact for the individual.

Use a Client-Centered Approach

The client-centered approach to safety planning focuses on engaging the client as an active participant and developing a personalized plan that respects their autonomy (while also prioritizing their safety).

This process is effective only when you develop it in collaboration with the client, allowing them to decide what feels most realistic and supportive. The provided template can help ensure all safety considerations have been made and documented. However, you should encourage clients to record the information in any way that feels most useful to them—including by independently writing out the plan, drawing, or even

recording audio on their smartphones. Allowing clients to record or express information in multiple formats helps break down language barriers and provides an accessible way for people with different skills and backgrounds to engage. This approach is crucial for limited English speakers or pre-literate clients because it respects their preferred modes of communication, increases comprehension, and enhances their overall experience. It empowers clients to take an active role in their own planning, leading to more successful and personalized outcomes.

Instill Hope and Identify Coping Skills

A **strengths-based approach** is one that focuses on people's resilience instead of their deficits. Professionals who use this approach recognize that all people have strengths and leverage these assets to help individuals, their families, and their communities succeed.

An essential part of safety planning is helping clients regain hope, identify their strengths, and articulate reasons to live. Reminding clients that they have made it through difficult times in the past can also be helpful. Listing out coping strategies will help people identify healthy tools when feeling overwhelmed.

To learn more, see Switchboard's information guide [Demystifying Strengths-Based Services: Fostering Refugees' Resilience in Resettlement](#).

Help Prepare Before a Crisis

Consider asking the individual if they have supportive friends or family that can be included in the safety plan—whether by simply knowing about the plan, helping develop the plan, or engaging in aspects of the plan (e.g., controlling medications, securing sharp objects like knives or razors).

If you learn that a client has a plan for how to harm or kill themselves, explore whether it is possible to obstruct any means included in that plan (e.g., medication or weapons). Additionally, help the individual identify ways to distract themselves and name specific individuals they can contact for support during a crisis. Make sure the individual knows when to use the safety plan and can recognize signs that their own distress is increasing.

Finally, make sure the individual leaves the session with a copy of their plan—in some form—as well as crisis contact information (e.g., 911 or the 988 national suicide hotline).

SAMHSA provides guidance on when to use 988 versus 911 for crisis situations:

988 Suicide & Crisis Lifeline is a nationwide service for individuals experiencing mental health-related distress, such as thoughts of suicide, mental health or substance use crises, or any other kind of emotional distress.

911 Emergency Services is intended for situations requiring immediate assistance from law enforcement, fire services, or emergency medical services.

SAMHSA emphasizes that while both 988 and 911 are critical resources, they serve different purposes. Understanding these distinctions helps ensure clients receive the most appropriate care during crises.

After Safety Planning

After developing a safety plan, it is important for providers to frequently check in on the client, reassess their level of suicidal ideation, and reinforce or adjust the plan as needed. Establish clear guidelines for when and how these check-ins will occur, and clarify the course of action if the client does not respond to you or otherwise disengages from the check-in process. This course of action might include reaching out to emergency contacts or requesting a welfare check from local authorities.

It is important to recognize that some clients may hesitate to involve law enforcement or authorities due to privacy concerns, fear, or past negative experiences. In these cases, it's crucial for you, as the provider, to explain the potential involvement of law enforcement during a welfare check.

Emphasize that this step would be taken with their safety as the top priority, and that authorities are trained to respond in a way that minimizes harm. Be transparent about what a welfare check entails and reassure the client that the goal is to ensure their well-being and prevent further harm. By addressing these concerns and building trust, you can support the client in feeling more comfortable with the safety plan and the necessary interventions should an emergency arise.

Follow agency policies around documenting and communicating elevated risk to supervisors. It is important to keep thorough records while also maintaining privacy and confidentiality—and addressing

concerns about Protected Health Information (PHI) and mental health conditions. Some tips and considerations include using natural language, avoiding diagnoses or labeling, minimizing disclosures of PHI, and focusing on actions and outcomes.

Special Considerations for Youth

Below is a list of special considerations when safety planning with youth:

- Ensure the safety plan is tailored to the youth's developmental and cognitive level. Use accessible language and check frequently for understanding. A youth may have a different understanding of concepts like suicide and death than an adult's—explore this together and adjust the safety plan accordingly.
- Provide youth-specific resources (e.g., [YouthLine](#)).
- Address family dynamics and consider engaging parents or guardians in safety planning. When balancing confidentiality and safety, be clear about what information will be shared with caregivers.
- Explore social factors such as bullying or peer conflicts. Consider whether school involvement would be supportive.
- Work with caregivers to restrict access to lethal means in the youth's environment.
- Be aware of signs of trauma or abuse. For more, see Switchboard's guide [Traumatic Stress Among Refugee Children: Responding to Abuse, Exploitation, and Trafficking](#).

Additional Resources

Suicide Prevention and Safety Planning

- International Rescue Committee (IRC) e-Learning: [Suicide Prevention in Resettlement, Asylum and Integration Settings](#) (2021)
- National Partnership for Community Training Guide: [Suicidality Among Refugees](#) (2016)
- QPR Institute Training: [Training](#) (n.d.)
- The Columbia Lighthouse Project Web Page: [About the Protocol](#) (n.d.)
- Suicide Prevention Resource Center Webinar: [Suicide Frameworks](#) (2019)
- Switchboard Evidence Summary: [What works to reduce burnout and vicarious trauma among refugee service providers?](#) (2020)

- Switchboard Guide: [Preventing Occupational Hazards by Promoting Organizational Resilience](#) (2020)
- Switchboard Archived Webinar: ["I Was Already Burned Out, and Now This..." Strategies for Staff and Supervisors to Mitigate Burnout, Vicarious Trauma, and Other Occupational Hazards](#) (2020)
- SAMSHA Fact Sheet: [988 Fact Sheet](#) (2022)

Youth-Specific Resources

- Switchboard Webinar: [Safety Planning with Unaccompanied Refugee Minors](#) (2021)
- U.S. Committee for Refugees and Immigrants Guide: [Safety Planning with Foreign National Children and Youth Survivors of Trafficking](#) (2021)
- National Child Traumatic Stress Network Tip Sheet: [Suicide and Refugee Children and Adolescents](#) (2018)

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