Suicide risk and safety planning

What CRPO expects, how to assess, the six steps of a safety plan, when and how to involve others, and what to write down, with the peer-reviewed evidence and 9-8-8.

Study aid, not legal advice. Last verified against the official sources linked below on 11 November 2026.

1 What CRPO expects

- **Competency 4.4**: assess for specific risks as indicated, develop safety plans with clients at risk, refer where appropriate, report as the law requires, and follow up to monitor risk over time.
- CRPO's practice manual: risk assessments are structured tools to spot red flags; they are useful but **not infallible**, and harm can occur when someone is judged low risk.
- Know evidence-based assessment and safety planning tools, **document safety planning** efforts, and inform clients of risks without steering their decisions.
- A case too complex for your competence is referred or taken to supervision (Standards **1.9 and 2.1**).

2 Assess: ask directly, then structure

- Asking about suicide **does not raise** suicidal ideation; talking about it may lower it (Dazzi et al., 2014, Psychol Med 44(16):3361-3363).
- **Thoughts**, intent, plan, means and access to them, timeframe, past attempts, substance use, and what keeps the person safe: supports, reasons for living.
- Risk factors alone predict poorly: across 50 years of studies, prediction was only **slightly better than chance** (Franklin et al., 2017, Psychol Bull 143(2):187-232). Use them to understand this person, not to score them.
- While risk is raised, reassess at **every contact** and say when you will next check in.

3 The safety plan, step by step

1. **Warning signs**: the thoughts, moods or situations that come before a crisis.
2. **Coping alone**: things the client can do by themselves to get through it.
3. **People and places** that offer distraction and company.
4. **Asking for help**: family or friends the client can tell they are struggling.
5. **Professionals and services**: their therapist, a crisis line, 9-8-8, and 911 or the nearest emergency department.
6. **A safer environment**: a plan to reduce access to lethal means. Reasons for living can be added.

4 Why safety planning

- Written with the client, in their words, and kept by them: **Stanley and Brown (2012)**, Cogn Behav Pract 19(2):256-264.
- With follow-up calls after an emergency visit, **45% fewer** suicidal behaviours over six months than usual care, in a cohort comparison (Stanley et al., 2018, JAMA Psychiatry 75(9):894-900).
- A meta-analysis of six studies: relative risk of suicidal behaviour **0.57**, with no significant effect on ideation (Nuij et al., 2021, Br J Psychiatry 219(2):419-426).
- Evidence for restricting access to **lethal means** has strengthened (Zalsman et al., 2016, Lancet Psychiatry 3(7):646-659).

5 Involving others

- **Plan it together**: who may be contacted, and when, goes in the safety plan, so the client's wishes are known before a crisis.
- PHIPA **s. 40 (1)**: you may disclose without consent if you believe on reasonable grounds it is necessary to eliminate or reduce a significant risk of serious bodily harm.
- **Weigh** the level and nature of the risk, the client's wishes and the options, such as crisis response or police-partnered services (CRPO manual).
- **Danger now**: call 911. Only a physician applies for a psychiatric assessment (Mental Health Act s. 15); a justice of the peace can order an examination on sworn information (s. 16); police can take a person for examination (s. 17).
- **9-8-8: Suicide Crisis Helpline**, call or text 9-8-8, 24 hours a day, every day of the year.

6 What to write down

- **What you asked** and what the client said, in their words where it matters.
- **Your judgement** of the risk and why, the safety plan and its copy, consultations, referrals and the next follow-up (Standard 5.1).
- **Any disclosure** without consent: what, to whom, when, why, and under which provision.

Ask directly, plan together, make the means safer, involve others when the risk calls for it, write it down, follow up.

Official sources: CRPO, Professional Practice and Jurisprudence manual: Risk Assessment and Safety Planning and PHIPA, s. 40 (1) and Mental Health Act, ss. 15 to 17. Condensed from Therapeutic Process and Mandatory Reporting and the Limits of Confidentiality. Independent study aid, not legal advice, not affiliated with CRPO or COMPASS.