

A Warm Welcome...

to the My SafeSide Reflection Tool from our Lived Experience Team

Hi there,

This reflection tool is for you—to prompt, guide and support you in reflecting on your thoughts and feelings. You can keep these reflections private or share with someone safe when you feel ready.

My SafeSide was co-developed by our Lived Experience team, a group of caring individuals. Communicating about mental health, safety, wellbeing including risks can raise many feelings. Talking about suicide or violence to others can be challenging; and it is important.

As you use this tool, you may decide which prompts to reflect on or which ones you skip over. You may feel differently at another time, but it is designed for you to reflect upon the following concepts and for you to decide who you invite with you to share this experience. Take note of the areas that you don't cover... maybe take time when you are ready to consider why you didn't use them.

When you read the word "team" - this could be a friend, a nurse, a helper, a peer worker, family member, a clinician or a neighbour. A member of your team may have their own understanding about the SafeSide Framework - it is the organising structure for this tool. We have included the framework and some additional resources at the end for your reference.

It is our hope that this be an opportunity for you to invite those who support you into your journey and encourage you to reach out as you need in times of crisis - may conversations with others be supportive.

We hope you find this tool helpful and encouraging!



MEL CLARK

*Family Advocate, Lived Experience Faculty
SafeSide Prevention*



JO KAIN

*Peer Worker and Next Steps Team
Leader, Grand Pacific Health*



GEORGE

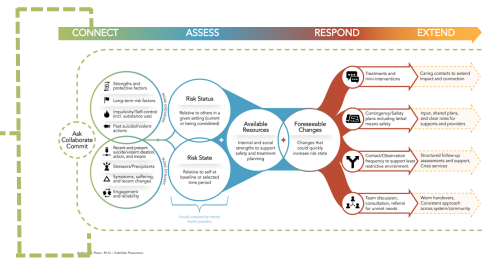
*Lived Experience SafeSide
Supporter*



KRISTINA

*Lived Experience Faculty
SafeSide Prevention*

CONNECT with myself and with others about how I am doing



ASK

- Who can I connect with? Who understands me? And who does not?
- Who has asked me directly about my experiences and struggles?
- Who have I felt genuinely connected to around...
 - my mental health?
 - my well-being?
 - my suicidal distress?
- Do the people I connect with respect me and my culture?
 - Do they know about my physical health?
 - Do they know about my spiritual life?
 - Do they know about my family and my place in my family?
- Have they asked me directly about my thoughts related to suicide?

COLLABORATE with others around the common goal of feeling better and early and often with family, supports, and others.

In this context, think of collaborate as the people working with me.

- What would I hope to see/feel when working with others?
- What's been helpful in the past when working with others?
- Do I still have my team with me on my journey or do I need more or different support to help keep me motivated?
- Who is seeking to work with me? Whom do I feel genuinely wants to partner or collaborate with me?
- Who are my family or supports that work with my support team?

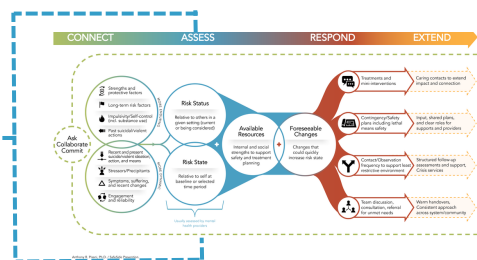
COMMIT to steps towards feeling better. Where is a place to start?

- What am I wanting to work towards?
- What am I ready to work towards right now?
- Where do I hope to be next week? In a month? In a few months?
- Am I moving in that direction? Where am I today with steps to feel better?
- Who is on my team that is committed to walking with me in that journey? Are they working with me on this? Are they going to stick around?

When thinking about connections, I'll reflect on my support team.

- Does my team understand my current needs as it relates to feeling better?
- What do I need from people on my team supporting me?
- What is most helpful to me?
- Who are the people I feel I can trust on my team?

ASSESS where I am and share that with others as I choose



My Strengths and Protective Factors

- What and who do I value in my life? What and who is important?
- What do others value about me? What would others say are a strength that I have?
- When do I feel hopeful about the future?
- What successes have I had in the past?

My Long-Term Risk Factors

- What's happened to me or my family? What challenges have I/we had to face?
- Does anyone I know struggle with suicide, mental health or substance use concerns? How is this relevant to me?

It is important to acknowledge the past and my family's past, and its impact.

Impulsivity and Self-Control, including Using Substances

- Have I been able to sit and be with hard feelings lately? Can I stop and think about stuff? Or have I been more impulsive? Reactive?
- Am I doing things to cope that cause me trouble? Or that I would rather not do?
- Do I use alcohol or other substances? Do I tend to use alcohol or substances when I am feeling particularly down?
- When I use alcohol or drugs, do I tend to become more distressed or suicidal? Am I more impulsive when I'm using alcohol or drugs?
- Have others mentioned my use of alcohol or substance and wondered if it might be problematic?
- Do I get very angry and aggressive? More when using substances?

My Past Suicidal or Violent Actions

- Have I ever had suicidal or violent thoughts or behaviours, even long ago?
- How often has it come up?
- Is there a time I could've been violent, either to myself or others, but didn't act on it? What was I thinking?

My Recent or Present Suicidal or Violent Thinking or Actions

- What are my thoughts or plans around suicide / violence now? Are they fleeting or do they stay with me? How strong are they?
- How has my suicidal thinking or feeling changed compared to the past?
- To cope with these thoughts and feelings I have been _____.
How well is my coping working right now?
- Who knows about these thoughts? Who can I share them with?

My Stressors

- What is stressing me out lately? Has something happened to make things worse? What am I worried about?
- How are my social life, my hobbies, my work, my family, my friends? Do I have a safe space to live?
- Have I been feeling isolated or alone? Or feeling like I'm a burden to others? Do I feel as though I can never belong?

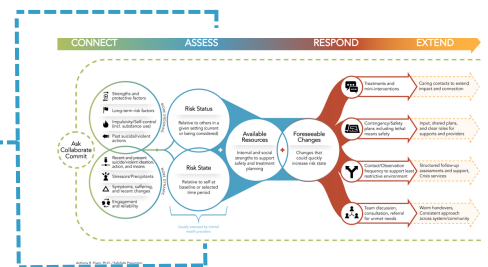
My Symptoms and Recent Changes

- Am I in more emotional or physical pain more now than usual? How would others know?
- Has anyone said they are worried about me lately?
- Am I withdrawing from others? Or neglecting my self-care? How am I sleeping? Am I eating? Too much? Too little?
- Do I feel hopeless about my situation? Do I feel there is any chance of things changing?

My Engagement with Others

- Do I have connections with people who can help? Can I tell them I need help?
- Is there something stopping me from asking for help? Am I open to people helping me?
- When I ask for help, what am comfortable being honest about or sharing? Where can I start? What gets in the way of working with people?

ASSESS how I am doing in the context of my life and my supports



In the Context of My Own Life at Other Times

- Thinking about how I've been doing lately compared to my history. How am I going compared to myself 2 weeks ago? Over the last 2 days?
- Compared with the last time I talked with a person supporting me on my team?

Reflect on my strengths, well-being, vulnerabilities and what supports might be helpful.

In the Context of Supports Available to Me

- In thinking about how I've been doing in the context of the supports currently available to me, is there a good match?
- When considering how I'm doing, do I have enough support and contact? Or should I seek more support?

Thinking through my Available Resources

- When I've had tricky times before, what are the strengths, skills, or people that have gotten me through? What thoughts, feelings and beliefs have helped?
- What are my own strengths? How do I get through difficult times and can I use this?
- Who are my social connections? Who's around for me right now?
- Are there clear roles for people supporting me? How do I involve them?
- How may my available resources change in different situations?

Available resources are people, support services, activities, or actions I can take specifically to help me if I'm struggling.

Foreseeable Changes I Can Plan For

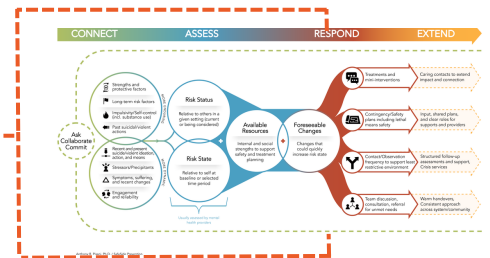
What are a couple of examples of things that, if they happened, would make things much worse quickly?

- 1.
- 2.

A **Foreseeable Change** is something that, if it happened, could quickly make me feel worse. I think about foreseeable changes so that I can plan ahead and be more prepared for them.

Strong plans that will support me and my team if the foreseeable change happens are increasingly important if the foreseeable change is very likely, likely to occur soon, and less visible to others.

RESPOND to my needs and vulnerabilities

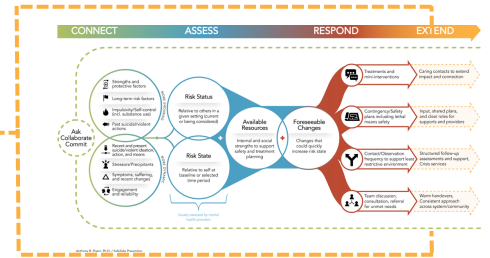


- If one of my foreseeable changes happens, do I have a plan in mind for what I will do? Perhaps I may write that down here.
- Have I written MY safety plan? Or when is the last time I looked at my safety plan or updated it? Who could help me with this?
- If I don't have a safety plan, am I ready to start one here?



- Do I need to keep in contact with someone at the moment? What will be enough?
- Who else could be around if I asked them? Would anyone know I was struggling more?
- Is my environment safe for me at the moment? What could I lock away or ask a family member or support to hang on to for me for a bit? Is there anything I can do or add to environment to make it safer for me?
- What do I need longer term? What problems do I need to sort out? What will help?
- What has helped previously? Who will be able to help?

EXTEND my plans for longer-term support, plans, follow up



- Who could check in with me from time to time? Would that be helpful? How would it be to tell them?
- Who has seen my safety plan? Who is helping with it? Do they know what to do? Who else could play a role in my plan?
- Would being in contact with other supports services more long term be helpful?
- What parts of my plan can I share with my family or other supports? Do the support persons have clear roles in my plan as to what they will do? Who could I ask to have a role in supporting my safety plan?

This Family Support Plan Worksheet is in the appendix or [click here to download.](#)

Family Support Plan SafeSide PREVENTION

Family Support Plans are developed through a collaborative process with the person you support who is at risk and their care team. It specifically states what family and other support people can do to support safety and recovery in a crisis. Family Support Plans directly link to individual's contingency and safety plan. As long as the contingency and safety plan is reviewed, the Family support plan should be reviewed and updated to align with any changes.

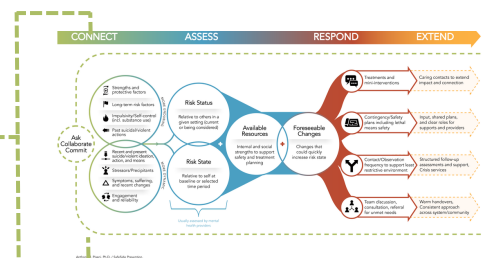
Name of the person being supported in this plan:	Date:
Name of Support Person implementing this Plan:	Relationship to the Person being Supported:

What have you found works well when acting as a support person?

Name	Relationship	Comments

- How much do I want other services or people to know or have a say about me? Who would they be?
- What roles in my recovery or crisis would others take? What crisis services or supports would I reach out to if needed?

CONNECT – Am I still Connected, can Collaborate and have a sense of Commitment?



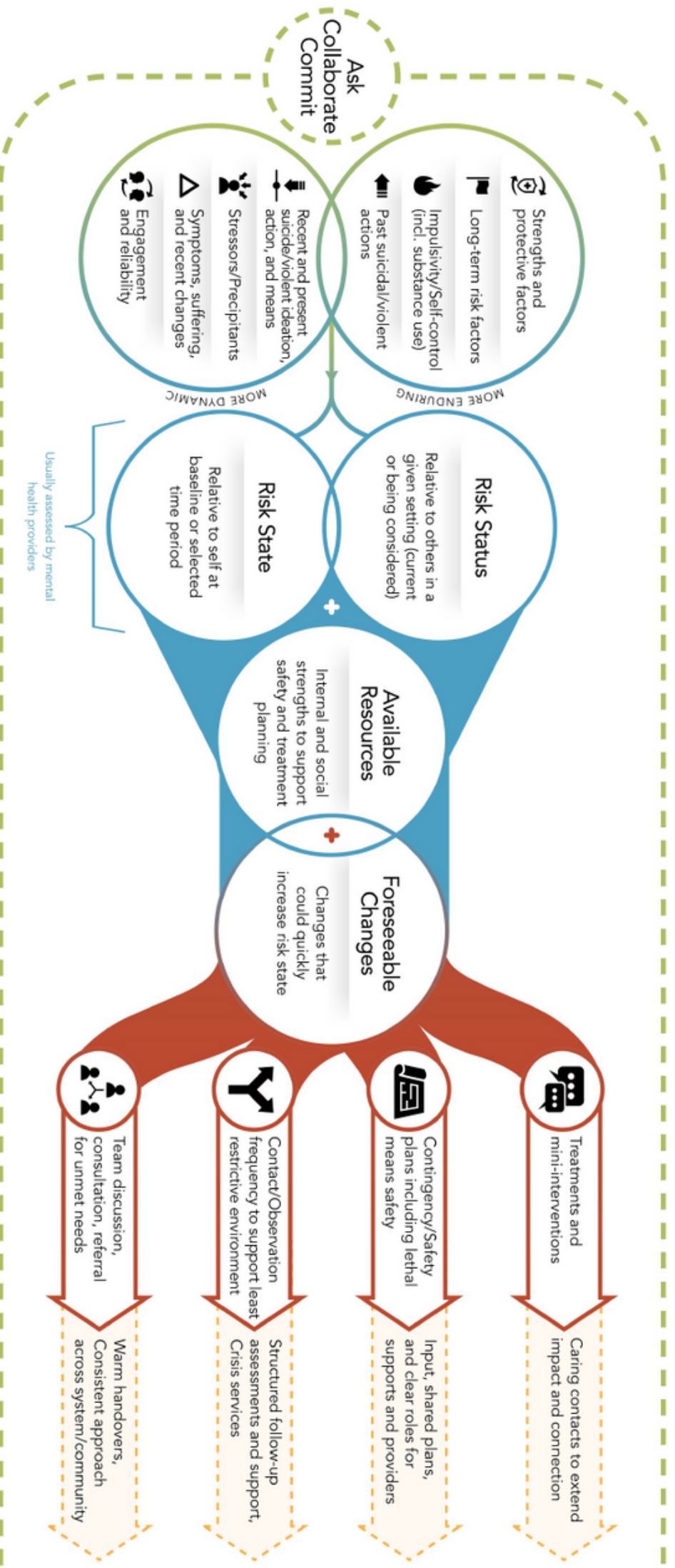
SafeSide Framework for Suicide Prevention

CONNECT

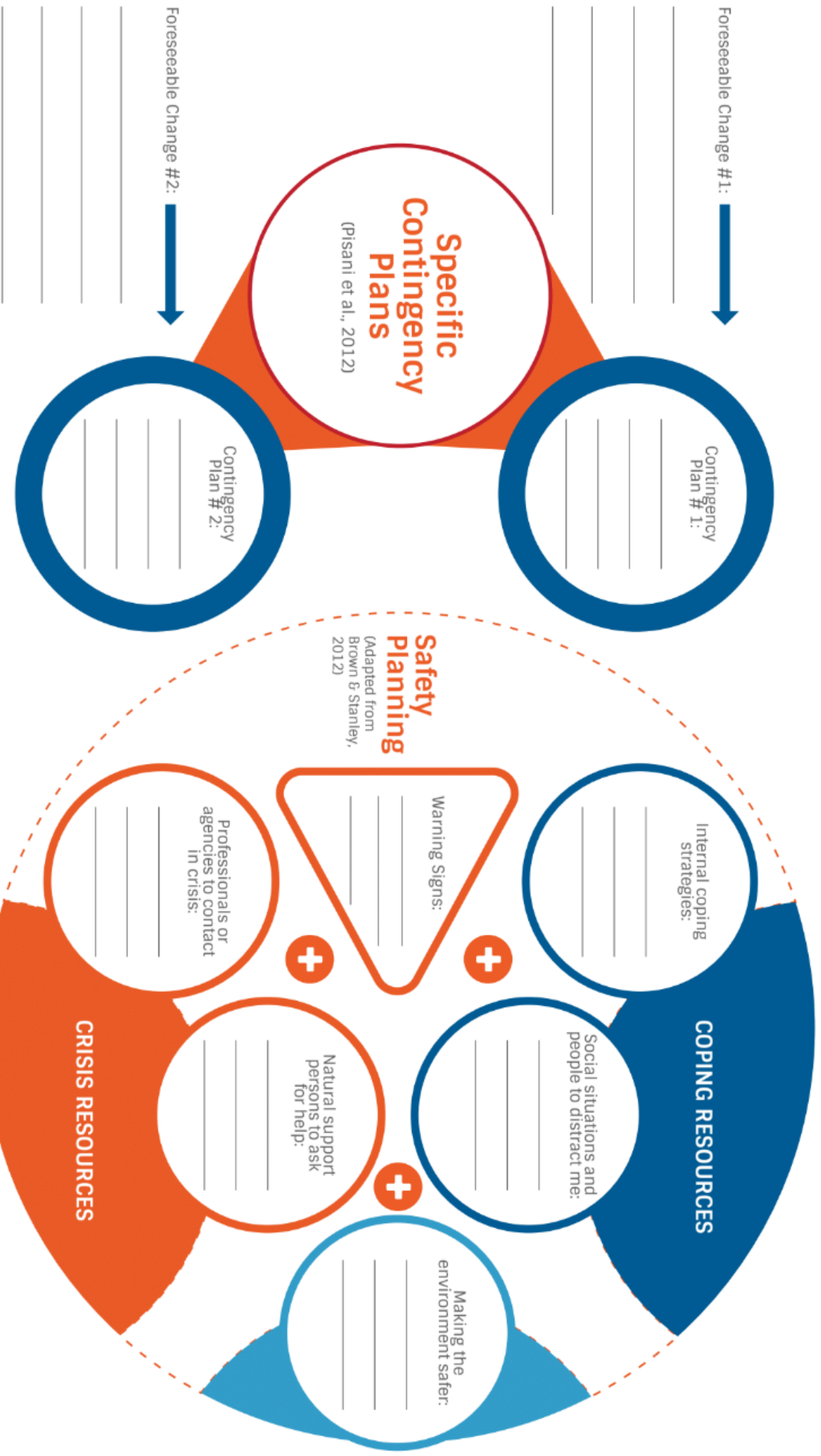
ASSESS

RESPOND

EXTEND



PLANNING FOR SAFETY WORKSHEET



Family Support Plan

Family Support Plans are developed through a collaborative process with the person you support who is at risk and their care team. It specifically states what family and other support people can do to support safety and recovery in a crisis. Family Support Plans directly link to individual's contingency and safety plan. Anytime the contingency and safety plan is reviewed, the family support plan should be reviewed and updated to align with any changes.

Name of the person being supported in this plan:	<input type="text"/>	Date:	<input type="text"/>
Name of Support Person Implementing this Plan:	<input type="text"/>	Relationship to the Person being Supported:	<input type="text"/>

What have you found works well when acting as a support person?

List the names of those involved in developing this plan:	Name	Relationship	Comments
		<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreseeable Changes and Contingency Plans	
What are specific events identified in my loved one's plan that can cause them to become quickly overwhelmed?	What will I specifically do to help them at these times?
1. <input type="text"/>	1. <input type="text"/>
2. <input type="text"/>	2. <input type="text"/>

Warning Signs. Being aware of early warning signs can make it easier to support someone or to remind them of their contingency and safety plan.

What early warning signs could you watch for? (examples: withdrawal, substance use, impulsivity, anger, specific words or phrases)

Other supports my loved one can contact when feeling bad/overwhelmed/suicidal	
Family/Friends (Role)	
Name: <input type="text"/>	Number: <input type="text"/>
Name: <input type="text"/>	Number: <input type="text"/>
Name: <input type="text"/>	Number: <input type="text"/>
Professional and Agency Contacts (incl 24/7)	
Emergency: <input type="text"/>	Number: <input type="text"/>
Crisis Line <input type="text"/>	Number: <input type="text"/>
Local Police Station: <input type="text"/>	Number: <input type="text"/>

Treatment Team Care Professionals

Name/Role: _____	Number: _____
Name/Role: _____	Number: _____
Name/Role: _____	Number: _____

Other Supports

Support Service: _____	Number: _____
Faith Community/Pastor/Chaplain: _____	Number: _____
Disability Provider: _____	Number: _____

Making the Environment Safe. Increasing safety around lethal means is an important step of my loved one's plan. These are the steps I agree to take to support that plan:

- I will collaborate with the person at risk, team &/or relevant authorities when appropriate around the safe handling of:**
 - o Firearms
 - o Medication (may include prescription, non-prescription, or illicit drugs): _____

- I will take temporary possession of:**
 - o Alcohol
 - o Knives or sharp objects
 - o Other: _____

- I will temporarily take possession of my loved one's access to keys for operating vehicle or machinery**
 - o I will provide or help secure alternative transportation for them.

- I will listen for any stated methods of suicide and advise treatment team of necessary information to inform assessment**

- Collaborate with treatment team or local authorities if breeches occur around orders made in court (e.g., Community treatment or violence orders**

- Other:** _____

	Person being supported	Support Person	Worker	Other
Name	_____	_____	_____	_____
Signature	_____	_____	_____	_____
Date	_____	_____	_____	_____