

Suicide prevention: Introducing the *Lothian Safekeeping Plan*[©] for parents as a clinical innovation for use alongside safety plans for children and young people

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Abstract

Topic: Internationally, preventing suicide in children and young people is a priority and there are a range of preventative approaches available for health professionals to use, including brief interventions. Safety planning is one such brief intervention. Safety plans have long been recommended for use with young people who are suicidal but, these were initially developed for adults. A recent scoping review revealed safety plans need to be tailored to children and young people. This review also identified an important practice gap, that parents also require plans supporting them to keep their child safe.

Purpose: This paper highlights how a Scottish clinical child and adolescent mental health setting in the UK's National Health Service developed and implemented evidence-based safety plans for suicidality—the *Lothian Safety Plan* for young people and the *Lothian Safekeeping Plan* for parents. This paper outlines both plans and gives recommendations for their use by healthcare professionals. The parental *Lothian Safekeeping Plan* is discussed in more depth as this is a novel intervention.

Conclusion: The *Lothian Safekeeping Plan* is a clinically led evidence-based practice innovation. It is a specific suicide prevention plan for use by parents as an additional, complementary, and enhanced resource to the *Lothian Safety Plan* for young people. It is recommended that healthcare professionals also use a parental safety plan when supporting young people presenting with suicidal crisis. Further research is needed to evaluate the impact of these plans.

KEYWORDS

child and adolescent mental health services, children and young people, parents, suicide, safety planning

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1 | INTRODUCTION

Caring for children and young people (CYP) who are suicidal is a growing international challenge for health care professionals (HCP) (World Health Organization, 2021). It is widely recognized that safety planning plays an important part in meeting the needs of CYP who are suicidal (Berk, 2019). Suicidal thoughts fluctuate considerably amongst CYP and the crisis that proceeds suicidal ideation or behavior is normally short lived. A brief intervention such as safety planning that targets the ability to cope with such a crisis may be especially useful in reducing the likelihood of future suicide events (Berk, 2019). Safety planning is part of a process for assessing CYP around suicide prevention (Cwik et al., 2020). A safety plan is designed to help CYP navigate an emotional crisis by enabling them to utilize their personal coping strategies or, if unable to do this, to then seek help.

Safety plans are usually co-produced with the CYP but, for them to be used to full effect, parents of suicidal CYP have their own requirements around safety planning which also need addressing. However, until recently safety plans for parents did not exist (Berk, 2019). A recent systematic scoping review (Abbott-Smith et al., 2023) revealed other studies within this field of safety planning with CYP. Asarnow et al. (2015) and Berk (2019) identified that although some brief interventions included parents, there remained a need to include them in a collaborative manner within safety planning. This scoping review also revealed an absence of any stand-alone framework for HCPs to work with parents around safety planning for their child (Abbott-Smith et al., 2023). This paper describes firstly, an innovative evidence-based nurse-led approach to adapting safety plans used within a Child and Adolescent Mental Health (CAMH) Service in one Scottish area of the UK's National Health Service (NHS) and secondly, the subsequent development of a complementary plan for use by parents of children using this service for suicidal behavior.

2 | SAFETY PLANNING FOR CHILDREN AND YOUNG PEOPLE

The response of HCPs to suicidal CYP must be appropriate and proportional to their needs with safety planning as part of the plan for care. Safety planning was first introduced into adult mental health settings. In the lead author's CAMH service, two safety plans have been developed to support the care of suicidal CYP: the *Lothian Safety Plan* for CYP and the *Lothian Safekeeping Plan* for parents. Both plans support the practice principles for managing ongoing suicidal ideation (Rice et al., 2014) but each has been designed to support the needs of these two different groups. (Note, in the context of this paper, the term "parent" denotes not only biological parents, but also kinship carers, carers, and corporate parents).

3 | THE LOTHIAN SAFETY PLAN[®] FOR CYP

The first prototype of the *Lothian Safety Plan* (Figure 1) was introduced over ten years ago within NHS Lothian's CAMH service. It was adapted from the adult patient focused Stanley and Brown framework (2012) and made young person friendly from the perspective of experienced HCPs. Local NHS service evaluations have since identified this to be a suitable and relevant tool for CAMH service HCPs to utilize when assessing and treating CYP with suicidal ideation and behavior.

There are different versions of safety plans for children and young people available and their specific elements have been identified (Berk, 2019). The *Lothian Safety Plan* version was developed following HCP review and, as recommended by others, designed to be inclusive and to consider the different needs of this population (Cioffi, 2013). For example, CYP with neurodevelopmental issues are also at risk of suicidal behavior (Hannon & Taylor, 2013) and colors in the plan were chosen to best support this group. Pictures illustrate the different elements of the plan to help CYP with reading difficulties better understand each section (see Figure 1). Funding from the Edinburgh Children's Hospital Charity also enabled an experienced graphic designer and artist to support the design process of both plans to ensure they were easy-to-read and understood. The *Lothian Safety Plan* continues to be refined to suit the needs of CYP through feedback from HCPs and those with lived experience.

Figure 1 shows the seven *Lothian Safety Plan* Elements: Self-awareness; Action; Friendly people and places; Emotional support; Turn to helpful organizations; Yes, I can get through this; and How can I keep myself safe now and, in the future (see Table 1 for further information). These elements align with the Stanley and Brown safety plan (Stanley & Brown, 2012), except for Element 6, the 'Yes, I can get through this' which was added to instil hope into the young person. Completing the plan enables discussion and planning around future crises. For example, identifying whether there are certain situations more likely to trigger a suicidal crisis such as specific events (e.g., drinking alcohol), time of year (e.g., Christmas, birthdays) and/or arguments with family or friends. In NHS Lothian CAMH service, this CYP's safety plan is used in conjunction with the *Lothian Safekeeping Plan* aimed at supporting CYP's parents.

4 | THE LOTHIAN SAFEKEEPING PLAN[®] FOR USE WITH PARENTS

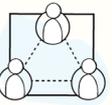
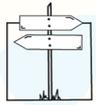
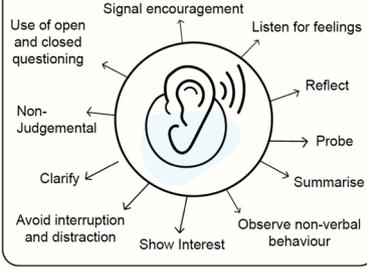
The involvement of parents is critical when working with suicidal CYP but, whilst parents/carers have a crucial role in safety planning they are often left out of the process (Berk, 2019). Although our recent scoping review found that that no safety plans designed for use by parents of suicidal children existed, we were able to identify six elements to support safety planning by parents for CYP (Abbott-Smith et al., 2023). Findings from the scoping review and these

Lothian Safekeeping Plan[®] Parents and Carers

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<p style="text-align: center; border-bottom: 1px solid black;">Monitoring and Supervision</p> <div style="text-align: center; margin-top: 50px;">  </div>	<p style="text-align: center; border-bottom: 1px solid black;">Warning signs/Triggers</p> <div style="text-align: center; margin-top: 50px;">  </div>	<p style="text-align: center; border-bottom: 1px solid black;">Connectiveness</p> <div style="text-align: center; margin-top: 50px;">  </div>
<p style="text-align: center; border-bottom: 1px solid black;">Keeping Them Safe</p> <div style="text-align: center; margin-top: 50px;">  </div>	<p style="text-align: center; border-bottom: 1px solid black;">Helpful Organisations/ Support Needed for you?</p> <div style="text-align: center; margin-top: 50px;">  </div>	<p style="text-align: center; border-bottom: 1px solid black;">Active Listening</p> <div style="text-align: center;">  </div>

Name:

Date of birth:

Date completed:

Completed by:

Framework developed from: Abbott-Smith, S., Ring, N., Dougal, N., & Davey, J. (2023). Suicide prevention: What does the evidence show for the effectiveness of safety planning for children and young people systematic scoping review. *Journal of Psychiatric and Mental Health Nursing*. V1.0 Approved by NHS Lothian Patient Information Nov 23, Review: Nov 26

Lothian Safety Plan[®] Children and Young People

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<p style="text-align: center; border-bottom: 1px solid black;">Self awareness:</p> <div style="text-align: center; margin-top: 50px;">  </div>	<p style="text-align: center; border-bottom: 1px solid black;">Action:</p> <div style="text-align: center; margin-top: 50px;">  </div>	<p style="text-align: center; border-bottom: 1px solid black;">Friendly people and places:</p> <div style="text-align: center; margin-top: 50px;">  </div>
<p style="text-align: center; border-bottom: 1px solid black;">Emootional support:</p> <div style="text-align: center; margin-top: 50px;">  </div>	<p style="text-align: center; border-bottom: 1px solid black;">Turn to helpful organisations:</p> <div style="text-align: center; margin-top: 50px;">  </div>	<p style="text-align: center; border-bottom: 1px solid black;">Yes! I can do this:</p> <div style="text-align: center; margin-top: 50px;">  </div>

How can I keep myself safe now and in the future?

Name:

Date of birth:

Date completed:

Completed by:

Adapted from Stanley, B., & Brown, G. K. (2012). Safety Planning Intervention. V1.0 Approved by NHS Lothian Patient Information Nov 23, Review: Nov 26

FIGURE 1 This is the *Lothian Safekeeping Plan* and the *Lothian Safety Plan*. [Color figure can be viewed at wileyonlinelibrary.com]

1746171, 2024, 1, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/jcpp.12455 by Nhs, Edinburgh Central Office, Wiley Online Library on [26/02/2024]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

TABLE 1 The seven elements in the *Lothian Safety Plan* for children and young people.

<p><i>Element 1: "Self Awareness"</i></p> <p>This focuses on helping the CYP to identify their feelings, behaviors and thoughts identified with their suicidal ideation or behavior.</p>
<p><i>Element 2: "Action"</i></p> <p>This involves the HCP working with the CYP to consider things that they can do which helps them feel better such as distraction techniques.</p>
<p><i>Element 3: "Friendly people and places"</i></p> <p>This is where the HCP can prompt the CYP to identify people and places who can help keep them safe e.g., a particular teacher or youth worker they might feel safe around or a place such as a café where they can be around others.</p>
<p><i>Element 4: "Emotional support"</i></p> <p>This prompts the CYP to think through who they can share their troubling feelings with and ask for support.</p>
<p><i>Element 5: "Turn to helpful organizations"</i></p> <p>This involves the HCP providing the CYP with useful contact information of who they can contact e.g., during the day, it might be their HCP or in the evening/at night a support organization such as The Samaritans or UK National Health Service.</p>
<p><i>Element 6: "Yes, I can get through this"</i></p> <p>In this element the HCP aims to motivate and instill hope into the CYP e.g., working with the CYP to reframe their thoughts around the meaning of their life.</p>
<p><i>Element 7: "How can I keep myself safe now and, in the future"</i></p> <p>This section gives the HCP an opportunity to discuss means safety with the suicidal CYP; that is, to have a conversation with them around how they can reduce their access to harmful objects and situations. This discussion needs to be conducted in a developmentally appropriate way and needs to involve the HCP exploring with the CYP how they can identify and remove items which they could use to hurt themselves. It also involves the CYP identifying plans and strategies they need to consider such as those that will stop them buying or obtaining objects, they can use to attempt suicide.</p>

elements were then incorporated into the parental *Lothian Safekeeping Plan* (Figure 1), developed to fill this identified practice gap. The *Lothian Safekeeping Plan* provides a resource to help parents think through in a supported manner the way(s) in which they can better keep their child with suicidal ideation/behavior safe.

The *Lothian Safekeeping Plan* recognizes that parents have their own needs and offers a framework for HCPs to discuss with parents the difficult issues around supporting a CYP who is suicidal. The *Lothian Safekeeping Plan* is especially beneficial when a CYP declines to develop their own *Lothian Safety Plan* or does not consent to their plan being shared with parents. From its initial development, the *Lothian Safekeeping Plan* has been going through a process of refinement and adaptation following feedback from parents with lived experience, HCP feedback and reflecting research developments in the field.

Similar to the CYP's *Lothian Safety Plan*, the *Lothian Safekeeping Plan* features a structured list of strategies and support that can help parents understand the requirements of how to keep a suicidal CYP safe. The plan should be completed in a quiet environment and can take up to 1 h to complete fully. Development of the *Lothian Safekeeping Plan* by the HCP requires them to work collaboratively with parents to ensure the plan is personalized to them for example, uses appropriate terminology, reflects the home/care setting and services or supports available to them. The purpose of the *Lothian Safekeeping Plan* is to help empower the parents to develop a plan of actions and enhance their own strategies around how to help keep their child safe. This process helps them to systematically consider some of the strategies and supports that are the most effective and beneficial for them/their child and their circumstances. These strategies can then be implemented when there is a suicidal crisis. Developing the plan works best when parents are not in a heightened emotional state or stressful environment e.g., when their child has just been admitted to hospital for suicidal behavior.

As shown in Figure 1, the *Lothian Safekeeping Plan* has six elements: Monitoring and supervision; Warning signs and triggers; Connectiveness; Keeping them safe; Helpful organizations and supports you might need; and Active listening. Overall, these elements are intended to increase parental knowledge and understanding of how they can support their suicidal child and help keep them safe. This plan can be completed by the HCP who completed the CYP's *Lothian Safety Plan* but, if needed, it can be done by another HCP. The plan requires parents to discuss difficult and highly sensitive issues. Discussion will include topics that adults can find very difficult and hard to hear, especially if the CYP being supported is within their own family. However, discussing these issues gives parents a more structured approach to how they should respond to any future suicidal crisis by the CYP.

4.1 | Element 1: Monitoring and supervision

There are many factors that influence CYP risk of suicide but parental monitoring can support suicide prevention (DeVillie et al., 2020). During a suicidal crisis, the emotions of parents can be heightened, making it more challenging for them to respond proportionally to the needs of the CYP. Sometimes parents become overly protective, wanting to watch the CYP constantly to keep them safe. Other parents may respond by allowing the CYP greater freedom to do whatever they want. There needs to be discussion around the parental response and what is appropriate for the individual CYP. Low parental monitoring is associated with increased suicidal ideation (DeVillie et al., 2020). Monitoring is defined here as what a parent does to know where the CYP is, and can include knowing where the CYP is going, when they are coming back and keeping in contact with them by mobile phone messages or calls at appropriate times. Monitoring by parents is also important because of their ability to observe the CYP and note any changes in their progress and wellbeing, and therefore inform the HCP of any deterioration in a

timely manner. Supervision is the process of parental engagement in offering and discussing advice and support for the CYP. This can involve the parent actively considering the CYP's *Lothian Safety Plan* implementation and engaging with the CYP to invoke change by for example, enhancing their personal relationships. As suicidal behavior for CYP is reduced with greater parental supervision and positive school involvement (Janiri et al., 2020), parents may also have discussions with their child's school as part of their safekeeping planning. This way, if the young person goes missing from school, parents are informed as soon as possible, and the relevant action can be taken.

4.2 | Element 2: Warning signs and triggers

Parental reports of suicidality often differ to those reported by their child, for example, parents often report higher suicidal ideation compared to their child's own reports (DeVillie et al., 2020). Many parents say that they do not know what might trigger a suicidal crisis in their child or what the warning signs are. A completed *Lothian Safety Plan* should identify warning signs and triggers, but some CYP do not want this information shared with their parent. In this instance, when a CYP does not consent to an HCP sharing specific information on warning signs or triggers from their safety plan to a parent, the HCP can still generally discuss this topic with parents in the context of their safekeeping planning. This is especially important because whilst HCPs are aware of a wide range of CYP suicidal risk factors, including lack of sleep, cyber bullying, difficulties around gender and sexuality (Berk, 2019), parents are often unaware of these risks. When completing the *Lothian Safekeeping Plan*, the HCP can encourage parents to consider which of these risks might apply to their child. HCPs should also explain that drugs and alcohol reduce impulse control, so young people are more likely to act on their suicidal thoughts after taking such substances (Carballo et al., 2020).

One difficult topic HCPs need to raise with parents is that if a CYP appears to become happier, this may not always be a good sign. Parents may consider improved mood in CYP as meaning their child has reached a place where they have resolved negative issues and/or feel more contented. However, parents need to be aware that unexplained improvements in mood, e.g., happiness or contentedness could be a sign their child has a plan and structure for a way of dying from suicide (Berk, 2019) and that is why they may appear contented or at peace. The HCP needs to discuss with parents that if their child changes their behavior in any way, including giving away clothes, personal effects or organizing their affairs, they need to report this. Having such conversations with parents can be really challenging and emotive, with this element sometimes causing parental distress and making it difficult for parents to retain the information (Berk, 2019). Whilst the *Lothian Safekeeping Plan* is about HCPs empowering parents to help support their suicidal CYP, this work needs done at a pace that suits the parents. Full completion of the document may need to be paused until another day when parental emotions are less heightened, and they are better able to consider their child's triggers

and warning signs (Lang & Lovejoy, 1997). This also enables parents to better understand their CYP whilst having time to reflect and cognitively process the information they have received.

4.3 | Element 3: Connectiveness

This section relates to identifying the network of support and the positive relationships that the CYP has within these relationships. It helps parents to understand the importance of good family relationships, positive peer networks and social connections that build greater resilience (Zareian & Klonsky, 2020). Completing Element 3 can help parents see ways to build their child's resilience, reduce isolation and foster a sense of belonging. To support recovery from suicidal behavior, the improvement of interpersonal relationships with family members has been identified as being important (Grimmond et al., 2019). However, some CYP might have issues with their parents or carers that are increasing their suicidal thoughts and behaviors. For these young people, they may feel safer with other adults such as an aunt, uncle, or social worker. HCPs need to discuss this with the primary or main care giving parent, for example to identify who is best to implement the *Lothian Safekeeping Plan*. In other cases, the parent(s) might not be able to resolve difficulties identified by the young person in their *Lothian Safety Plan*, for example, stressful over-crowding at home. Family dynamics can be very complex. Parents may be closely connected to a CYP e.g., live in the same home, but not in a position emotionally or physically to offer the support/help. Sometimes, a CYP may feel loved by one parent but rejected by another, and thus parents may be both protective and risk factors (Diamond et al., 2022). The role of siblings needs to be considered carefully too, as disassociated relationships with siblings is a risk factor (Hedeland et al., 2016).

During completion of the *Lothian Safekeeping Plan* the HCP works with the parents to identify who is best to put in place the supports needed by the CYP. The CYP may not want their primary parents to do this, so during Element 3 discussions the HCP can help identify who else is connected to the CYP that can facilitate provision of this support (Grimmond et al., 2019). Success at school is recognized as a protective factor in reducing suicidal behavior (Mirkovic et al., 2020). It may be that school is the facilitative link, or a referral may be needed to social work, nongovernmental organizations, or charitable agencies. HCPs can help parents consider how a CYP can increase and strengthen their interpersonal relationships. One way of achieving this is by connecting or re-connecting the CYP with their community through groups, hobbies, or other activities. This can, in turn, increase the young person's coping skills which is a positive factor in reducing suicidality (Mirkovic et al., 2015).

4.4 | Element 4: Keeping Them Safe

This section focuses on the HCP working with parents to reflect on means safety (Hill et al., 2020). Means safety is defined as reducing

access to lethal methods and/or increasing the safety storage of methods used for suicide (Jin et al., 2016; Yip et al., 2012). Means safety is one of the most important aspects of keeping the CYP alive (Barber & Miller, 2014), although it does not reduce suicidal ideation or behaviors (Klonsky et al., 2021). However, it does reduce the risk of lethality of the suicide crisis (King et al., 2018). Parents are often the people who initiate getting healthcare support for CYPs who are feeling suicidal (Hill et al., 2020). As means safety is about reducing the lethal means and methods available to the CYP, parents should take a key role in this process (Grimmond et al., 2019; Horowitz et al., 2020; Kivisto et al., 2021). During completion of the *Lothian Safekeeping Plan*, the HCP needs to encourage a proportionate response from parents to reduce their child's access to harmful objects or places or substances. For example, removing razor blades/knives and locking away medication at home all reduce means availability. Parents cannot remove harmful places, such as bridges or railway tracks, to keep their child safe but knowing of places where their child has discussed as a possible place to die means that if they go missing this information can be told to the police immediately.

Keeping Them safe also involves HCPs having a conversation with parents about what to do if their child goes missing. That is, when they do not know where they are and cannot get in contact with them, parents need to contact the police immediately, telling them their child is at risk of dying through suicide and that they have identified a specific place where they would go to do this. Talking about how their child might die can be an extremely difficult conversation to have with parents. Initially such a conversation can be a shock for parents, but retrospectively they report finding this helpful, knowing that if their child went missing, they felt empowered and able to act. When HCPs are working with parents to complete this section of the plan, their use of language is very important. That is, talking about parents acting to keep a child safe rather than talking about a child being at high risk of dying by suicide. Such language used by the HCP enables the parents to shift their own thinking accordingly from their child being a risk to how they can keep their child safe.

The *Keeping Them Safe* section also needs to contain an emergency plan. Emergency plans differ for each CYP and their parents. If the CYP has thoughts of dying from hanging, then discussion around ensuring that the parent knows what to do if they find them with a ligature around their neck is needed. Often in the shock of finding their child like this, a parent will not think of dialing for emergency services. Again, this is a hard discussion for HCPs to have with parents, but one which the HCP should not avoid. This section also needs discussion about what parents should do if a CYP tells them their thoughts of suicide increasing. For example, can the parent keep the child safe, until they can get an appointment to see a General Practitioner or does the parent take the child to Accident and Emergency straight away? This type of discussion means there is a range of supports and options that can be included in the plan within this section.

4.5 | Element 5: Helpful organizations and supports you might need?

Reassurance and emotional support has been identified as being needed by parents (Dempsey et al., 2019). This section of the *Lothian Safekeeping Plan* allows the HCP to talk through what supports are helpful for the parent and where/how they can access the support or information. It is a key area to enhance the competence and skills of the parents when they are in a lesser state of extreme stress (Dempsey et al., 2019). Information needs to be in accessible format and language, and it needs to be culturally sensitive. Crucially, the HCP needs to ensure that supports offered to parents are still available e.g., by checking that charitable organizations are still taking referrals. The range of supports available can be discussed and those most appropriate identified and written into this section of the safekeeping plan. This is important because if too many support options are offered, this can overwhelm parents as they may be uncertain about which is most appropriate and likely to provide help to them.

4.6 | Element 6: Active listening

It is vital parents understand the importance of listening to CYP, as negative perceptions of parent support has been significantly associated with suicidality (Nagamitsu et al., 2020). Good family communication is known to be a protective factor for CYP with suicidal ideation (Ati et al., 2021). Active listening is a skill which can help the parent to think about how they talk with the CYP and enable them to communicate more effectively with their child (Feder & Diamond, 2016). However, from clinical experience, some parents can find active listening a very difficult task that they struggle with. The HCP completing the *Lothian Safekeeping Plan* can therefore use this opportunity to discuss basic active listening techniques and possibly even role play these with parents for example, using open questions in conversation with their child. The HCP can also help parents understand the importance of reflecting back and clarifying what the CYP is saying as this can show the parent is interested and not dismissive of the child and this can help ensure there is a mutual understanding of the issues. Anecdotally, suicidal CYP often report their parents or other family members have shouted at them. Parents may shout at the CYP because they are worried or do not know how to help. During completion of this section, the HCP can help parents by explaining that being an active listener is a difficult skill to master but that even simple changes in their communication can have a positive impact and help reduce the risk of suicidal behaviors in the CYP. Parents can act as a protective factor for suicidal CYP by providing a secure base and offering a source for help and support when needed (Diamond et al., 2022). However, this is not always the case. The HCP may need to help parents identify other adults who may be better placed to provide active listening support for the CYP, perhaps another relative or a school counselor.

5 | WIDER PRACTICE ISSUES RELATING TO USING THE SAFETY PLANS AND SAFEKEEPING PLANS

When implementing these plans in clinical practice many wider issues need considering including ethical issues, staff training, and organizational issues including documentation and recording. Some ethical issues needing consideration are around child protection, consent, and confidentiality around information sharing. As such, it is vital that HCPs follow legal, governance and professional requirements when completing the *Plans*. From initial HCP feedback, implementation of these plans within the CAMH service has increased staff confidence. HCPs also report that using both plans provides them with a framework to discuss all the key areas in a non-stigmatizing way with CYP. That is because the plans provide a structured process helping HCPs to ensure they cover all areas that need to be discussed without the CYP/parent feeling that they are being blamed, as they can see from the *Plans* that all the elements are discussed with all CYP/parents as a matter of routine. HCPs have also identified the potential scope for further clinical application of these plans, such as with use by corporate parents.

Although the *Plans* appear simple in design and approach, the process of completing them requires a complex process of analysis, risk management and formulation. Completion of the *Lothian Safety Plan* and *Lothian Safekeeping Plan* takes time, approximately 30 min to over 1 h, for each plan. The HCP needs to ensure there is enough time allocated to complete this work and a quiet location free from disruptions is available. Critically, the *Lothian Safety Plan* and *Lothian Safekeeping Plan* should be developed collaboratively and be developmentally appropriate with the CYP/parent. For example, language used in the *Plans*, needs to be relevant and personal to them for them to feel invested in the document and have ownership of it. CYP need to feel they are being taken seriously and listened to (Gilmour et al., 2019), as this means they will be much more likely to engage with the *Lothian Safety Plan* when they have another crisis (Xanthopoulou et al., 2022). Occasionally a CYP does not want to complete the *Lothian Safety Plan*, in which case the HCP records that the CYP was given the opportunity to complete one, but the CYP did not wish to do so at the time. There may also be instances where a CYP has capacity but does not want their parents involved in any such discussion and does not give permission for their *Lothian Safety Plan* to be shared with their parents. In such instances whilst the HCP cannot share the *Lothian Safety Plan*, they can still work with parents to develop their own parental *Lothian Safekeeping Plan*.

Once completed, HCPs need to store the plans on the health provider's patient record system. This ensures these plans are available to out-of-hours mental health services, so these staff can more effectively support the CYP during any subsequent crisis. The CYP and parents should also be given a copy of their plan. This can be as a paper document or a photograph on a mobile phone. Each plan will need to be reviewed in agreement with the CYP and parent and this will be dependent on the risk requirements.

The *Lothian Safekeeping Plan* is a new clinical innovation which needs to be formally assessed and evaluated to assess its impact. A first stage accessibility and feasibility study of the *Lothian Safekeeping Plan* is currently being undertaken from the perspective of HCPs. Future evaluation involving parents and CYP is also planned. HCPs who implement the *Safekeeping Plan* require specific training around its implementation. A training package to support HCP to use this plan is being developed and will be available later.

6 | CONCLUSION

This paper outlines one CAMH service's approach to the routine use of safety plans in the care of CYP who are suicidal and in the support of their parents. In particular, the *Lothian Safekeeping Plan* is introduced as an additional framework which can be used by HCPs to support parents of suicidal children. This plan is intended to be used alongside the *Lothian Safety Plan*, which was adapted for use with CYP from the original *Safety Plan* designed for adults (Stanley & Brown, 2012).

The *Lothian Safekeeping Plan* is an innovative concept that offers a pragmatic approach to HCPs to enable them to better address the support needs of these parents. Design and development of the novel *Lothian Safekeeping Plan* is evidence-based (Abbott-Smith et al., 2023). Both the *Lothian Safety Plan* and the *Lothian Safekeeping Plan* requires HCPs to collaborate with CYP and parents to ensure these are completed in a systematic manner and are developmentally appropriate to the age and life stage of the CYP, and best fit with the needs and circumstances of the CYP and their parents. Further research is needed to fully understand the impact of both these plans in practice and to optimize their implementation e.g., through staff training.

AUTHOR CONTRIBUTIONS

Susan Abbott-Smith: Conceived of and developed the *Lothian Safekeeping Plan*. **Susan Abbott-Smith:** Drafted the first version of the manuscript. **Susan Abbott-Smith, Nadine Dougall and Nicola Ring:** Revised the first and subsequent versions of the manuscript. All authors approved the final manuscript.

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CONFLICT OF INTEREST STATEMENT

SAS is employed by NHS Lothian and developed the Lothian Safekeeping Plan as part of PhD studies (supervised by ND and NR) at the School of Health & Social Care, Edinburgh Napier University. All authors declare they have no conflict of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

ETHICS STATEMENT

As this is a description of innovative clinical practice no ethical approval was required.

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