

## Provider Notice

To: **PerformCare Network of Providers**  
From: **PerformCare, Pennsylvania**  
Date: **09/08/2021**  
Subject: **Suicide Prevention Memo #1: Cautions on the Use of Safety Contracts**

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September is Suicide Prevention Month and September 10<sup>th</sup> is World Suicide Prevention Day. To kick off these important dates, PerformCare would like to make our network of providers aware of a new initiative we are rolling out related to this important topic. We will be sending out brief communication every other month related to clinical best practice standards on assessment, treatment, and management of clients with suicidal thinking, as well as any new information that emerges in the literature we feel may be helpful to you in caring for our Members in this regard.

As you are all aware, over the past ten years suicide rates have risen dramatically. That said, according to preliminary 2021 CDC data overall suicide rates have been decreasing over the past two years. Despite this decrease, it remains the 13<sup>th</sup> leading cause of death. Rates have risen dramatically amongst those aged 10-24 at a 60% increase making it the second leading cause of death in this age group. The CDC reported elevated suicidal thinking for adults during the height of COVID. It will likely be some time until the research is more expansive on the impact of COVID and suicidal thinking across various populations. Additionally, there are various populations who have particular vulnerabilities and important treatment considerations that include but not limited to, older adults, those who identify as LGBTQIA+, children and adolescents, individuals with substance abuse disorders, and middle-aged males.

The prevention of suicide is multifaceted to include community prevention programming, decreased stigmatization, awareness efforts, having natural supports, and receiving sound and evidenced based risk assessment and treatment for those with suicidal thinking. The goal of this provider communication initiative is to provide up to date and best practice information for clinical treatment in general and will also address considerations for vulnerable populations.

To begin, the first topic we would like to partner with Providers on is the use of safety contracts and the terminology “contracted for safety”. The use of safety contracts is an outdated standard of care. According the American Academy of Pediatrics and American Psychiatric Association Guidelines, the use of safety contracting is not best practice, does not prevent suicide and could increase liability to the provider using them. A published randomized controlled study involving 97 Army soldiers who presented with mental health concerns confirmed that Crisis Response Planning was more effective than utilizing safety contracts by way of preventing suicide attempts, eliminating suicidal ideation and reducing inpatient hospitalizations. (Bryan et.al, 2017) Despite this knowledge, we are seeing a slow shift in the mental health field in moving to use of Crisis Response Plans and still seeing safety contracting being used in many cases.

In our series of communications to providers, we will be sending out more information on Best Practices in Risk Assessment and Crisis Response Planning, as well as links for further education in this area.

Your continued feedback as we begin to disseminate information to our network will be helpful, as well as sharing any requests or recommendations for the provision of information.

#### References

Bryan, C.J., Mintz, J., Ciemans, T.A., Leeson, B., Burch, T.S., Williams, S.R., Maney, E. & Rudd, M.D. (2017). Effects of crisis response planning vs. Contracts for safety on suicide risk in U.S. Army Soldiers: A randomized clinical trial. *Journal of Affective Disorders*, 212, 64-72