



Synopsis

Adapted Safety Plans to Address Self-Harm and Suicide Behaviours in Autistic Adults: single arm feasibility trial and external pilot RCT

Jacqui Rodgers,^{1*} Nawaraj Bhattarai,² Jane Goodwin,¹ Isabel Gordon,^{3,4}
Phil Heslop,⁵ Emma Nielsen,³ Rory Ciaran O'Connor,⁶ Emmanuel Ogundimu,⁷
Mirabel Pelton,¹ Sheena Ramsay,¹ Ellen Townsend,³ Luke Vale,²
Janelle Wagnild,⁸ Colin Wilson¹ and Sarah Cassidy^{3*}

¹Population Health Sciences Institute, Newcastle University, Newcastle upon Tyne, UK

²Health Economics Group, Population Health Science Institute, Newcastle University, Newcastle upon Tyne, UK

³School of Psychology, University of Nottingham, Nottingham, UK

⁴Institute of Mental Health, University of Nottingham, Nottingham, UK

⁵Social Work, Education and Community Wellbeing, Northumbria University, Newcastle upon Tyne, UK

⁶Suicidal Behaviour Research Laboratory, School of Health & Wellbeing, University of Glasgow, Glasgow, UK

⁷Department of Mathematical Sciences, Durham University, Durham, UK

⁸Department of Anthropology, Durham University, Durham, UK

*Corresponding authors jacqui.rodgers@newcastle.ac.uk and sarah.cassidy@nottingham.ac.uk

Published November 2025

DOI: 10.3310/CGDF8525

Volume 13 • Issue 10

Plain language summary

Adapted Safety Plans to Address Self-Harm and Suicide Behaviours in Autistic Adults: single arm feasibility trial and external pilot RCT

Public Health Research 2025; Vol. 13: No. 10

DOI: 10.3310/CGDF8525

NIHR Journals Library www.journalslibrary.nihr.ac.uk

Plain language summary

Autistic people are more likely to experience self-harm and suicidal behaviour than non-autistic people. No suicide prevention interventions have been developed specifically for autistic people. Interventions to support autistic people tend to work best when developed specifically to meet their needs. Safety plans are developed by people with help from staff to identify their own warning signs and what or who could help them when they are in crisis. Research shows that safety plans help keep people safe from self-harm and suicide. Safety plans may be potentially useful to autistic people. We need to adapt safety plans to make sure they are useful for autistic people.

We asked autistic people, their families, and service providers, what they thought about a draft autism adapted safety plan. Their feedback helped us refine the safety plan for autistic people. Next, autistic adults completed a safety plan with a service provider. This helped us to refine the safety plan and study processes. Next, 25 autistic adults completed a safety plan with support and 24 autistic adults received usual care. We asked autistic adults to complete some questionnaires before, 1 and 6 months after consenting to take part in the study. We asked participants who completed an autism adapted safety plan what they thought about it.

Most (68%) of the autistic adults were satisfied with their safety plan. Less than half of the autistic adults thought their safety plan was usable (41%). Autistic people said their experience of using their safety plan was positive. Autistic adults suggested minor changes to some questionnaires to make them clearer. Most participants remained in the study regardless of whether they received the autism adapted safety plan or not. The Autism Adapted Safety Plans were delivered to autistic participants very consistently by support workers.

We conducted the first study to develop and test a safety plan intervention with autistic adults. Our findings suggest that autistic people are satisfied with Autism Adapted Safety Plans and with taking part in the study. This means that it is possible to undertake a larger study testing if Autism Adapted Safety Plans can reduce self-harm and suicidal behaviour in autistic adults. This further work could potentially help prevent the high rates of self-harm and suicide in autistic adults.