

Safety Plan Template

1. Warning signs (thoughts, mood, behavior, situation) that I may be in extreme distress or at risk of suicide.

Identify any thoughts, emotions, situation and/or behavior indicating that you may be in extreme distress or at risk of suicide. Being aware of this will help you understand when to use your safety plan.

1. _____
2. _____
3. _____

2. Things I can do to distract myself or overcome my thoughts of suicide without contacting another person (relaxation technique, physical activity).

Identify all activities which can distract you when you are distressed or having thoughts of suicide or harming yourself.

1. _____
2. _____
3. _____

3. People or places which can distract me when I'm in distress or having thoughts of suicide.

Identify any person or safe places which can help distract you from your thoughts.

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ Place _____

4. People whom I can share my thoughts with and ask for help.

Identify names and contact details of any loved ones whom you can share your thoughts with and ask for help.

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

5. Health professionals and helplines I can contact in an emergency.

Identify contact details of mental health clinicians, community health workers or helpline numbers you can contact in an emergency situation.

1. Name _____ Phone _____
 2. Name _____ Phone _____
- Helpline Number _____

6. Making my environment safe.

Identify how to restrict access to any means of harm and mention any hospital emergency department where you can go to ensure your safety.

1. _____
2. _____
3. Hospital Name _____ Phone _____

