



My Safety Plan

Triggers and warning signs that tell me when to use my plan

Thoughts, feelings, behaviors or experiences that have been or could become dangerous
(Examples: feeling tense, thoughts of dying)

Warning signs that others can see that show them I need help

(Examples: Scared face, clenched fists)

Reasons for living

Things to look forward to (Examples: Be with family/friends/pets, life goals)

1. _____
2. _____
3. _____

The one thing that is most important to me and worth living for

Coping strategies that I can do on my own to safely feel better

Things that take my mind off my problems (Examples: Practice relaxation skills, listen to calming music)

Coping statements

Positive self-talk.

1. _____
2. _____
3. _____

People/places/activities that provide distraction:

Making my environment safe

Ways to reduce the risk of harm in places that I spend the most time with the help of a designated, responsible family member, friend or agency (Examples: Preventing access to sharp objects, weapons, medications and/or illegal substances).

People that I can call for help and to feel safe

Examples: Parent, grandparent, or trusted adult.

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

Professionals / Agencies that I can call for help and to feel safe

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

Emergency Room: _____

Phone/Address: _____

Emergency Room: _____

Phone/Address: _____

Suicide Prevention Lifeline Phone: 1-800-273-8255

Crisis Text Line: Text HOME to 741741

I have participated in the development of this safety plan with my mental health provider:

Recipient Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Provider Signature: _____ Date: _____

FOR ANY SAFETY CONCERNS, CALL 911 OR GO TO NEAREST EMERGENCY ROOM.