



deeper together.

SUICIDE SAFETY PLAN

(Collaboratively Developed)

Client Name: _____

Date: _____

Clinician: _____

Review Date: _____

1. My Personal Warning Signs

When I begin to feel overwhelmed or unsafe, I notice:

Thoughts:

- "I can't do this anymore"
- "People would be better off without me"
- _____

Feelings:

- Hopelessness
- Shame
- Agitation
- Numbness
- _____

Physical sensations:

- Tight chest
- Restlessness
- Fatigue
- _____

Behaviours:

- Withdrawing from others
- Increased substance use
- Giving away belongings
- Searching online for suicide methods
- _____

2. Things I Can Do on My Own (Internal Coping Strategies)

Before contacting others, I will try:

- Slow breathing (e.g., 4-6 breathing)
- Grounding exercise (5-4-3-2-1 senses)
- Going for a walk
- Cold water on face / holding ice
- Listening to music
- Prayer / meditation
- Reading a meaningful text
- Journaling
- Watching a familiar show
- Other: _____

3. People and Places That Help Me Feel Safer

These are not necessarily people I will tell about suicidal thoughts — just people or environments that reduce isolation.

People:

Name: _____ Phone: _____

Name: _____ Phone: _____

Places:

- Friend's house
- Café
- Church
- Beach / park
- Community centre
- Other: _____

4. People I Can Tell I Am Struggling

When I need direct support, I can contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I can say:

“I’m not okay and I need help right now.”

5. Professional and Crisis Support

If I am at immediate risk, I will contact:

Emergency Services (Australia): 000

Lifeline – 13 11 14 (24/7)

Text: 0477 13 11 14

Suicide Call Back Service – 1300 659 467

Beyond Blue – 1300 22 4636

Local hospital / mental health triage: _____

My GP: _____

My Therapist: _____

6. Making My Environment Safer

If I feel at risk, I will:

- Remove or lock away medications
- Ask someone to hold onto harmful items
- Avoid alcohol or substances
- Not be alone
- Go to a public or safe place
- Other: _____

7. Reasons to Stay Safe (Protective Factors)

Even when things feel unbearable, these matter to me:

- My family
- My children
- My faith
- My future goals
- My friends
- My responsibilities
- My pet
- Other: _____

8. My Commitment to Safety

When suicidal thoughts increase, I agree to:

- Follow this plan step by step
 - Reach out before acting
 - Seek emergency support if needed

Client Signature: _____

Clinician Signature: _____

Clinical Notes Section (For Practitioner Use)

- Current risk level: Low / Moderate / High
- Protective factors identified: _____
- Access to means assessed: Yes / No
- Substance use considerations: _____
- Next review date: _____