## **Safety and Wellness Plan**

## **PURPOSE**

Safety plans should be used as a resource for clients to highlight what they are willing to do in order to increase their use of external and internal resources and stay safe from suicide. The following plan is a guide that can be used both during a suicide intervention and throughout the span of one's work with someone who struggles with ongoing suicidal ideation.

| Name:  |            | Date:                              |                     |                                   |
|--|------------|------------------------------------|---------------------|-----------------------------------|
| If I am unable to k  | eep myself | safe from suicide                  | e, I will:          |                                   |
| Go to the emergen  | ncy room   | • Call 911 or m                    | y 24-hour crisis    | s line                            |
| <ul> <li>Not use drugs or a</li> </ul>                     | lcohol     | <ul> <li>Ask for help f</li> </ul> | rom a supportiv     | ve adult                          |
| • Other:   |            |                                    |                     |                                   |
| People who can su  | upport my  | plan:                              |                     |                                   |
|  | Name       |                                    | Contact Information |                                   |
| Caregiver  |            |                                    |                     |                                   |
| Counsellor   |            |                                    |                     |                                   |
| Social Worker  |            |                                    |                     |                                   |
| Teacher  |            |                                    |                     |                                   |
| Doctor   |            |                                    |                     |                                   |
| Spiritual Support  |            |                                    |                     |                                   |
| Other  |            |                                    |                     |                                   |
| I commit to my wellness in t<br>Noticing my warning signs: |            | Using my coping                    |                     | Remembering my reasons for living |
|  |            | •                                  |                     | _ •                               |
|  |            |                                    |                     | _ •                               |
|  |            | <u> </u>                           |                     | _ •                               |
|  |            |                                    |                     |                                   |
| Next Steps   |            |                                    |                     |                                   |

