

My Safety Plan

Name:

Date:

1. **SIGNS** that I am in crisis. Thoughts, feelings, or behaviours/activities that are signs I am distressed and might be thinking about suicide:

2. **COPING STRATEGIES:** Things I can do to help me stay safe when I am distressed or suicidal: (things that can comfort, calm, or distract me):

3. **SUPPORTIVE PEOPLE** who can help me stay safe (+ phone/email):

4. **PLACES** I can go that are good for me, and will help me stay safe:

5. **KEEPING MY ENVIRONMENT SAFE** (removing harmful or risky things... could someone help me with this?):

6. **MY REASONS FOR LIVING:**

7. **WHAT MIGHT GET IN THE WAY OF ME FOLLOWING THIS PLAN?**

Important Contacts:

905-972-8338	COAST 24 Hour Crisis Line
905-529-7878	Barrett Centre for Crisis Support