My Safety Plan

Make this plan when you can think clearly. Keep a copy where you can reach it. Share it with a trusted person or qualified professional. If you may act on suicidal thoughts now, skip the worksheet and call or text 988.

THIS PLAN BELONGS TO: _____ DATE UPDATED: _____

STEP 1 | My warning signs

Thoughts, feelings, situations, images, moods, or behaviors that tell me a crisis may be developing:

STEP 2 | Things I can do on my own

Activities I can try without contacting someone else to help take my mind off the thoughts:

STEP 3 | People and places that can distract me

People I can spend time with, and safe public or social places I can go:

STEP 4 | People I can ask for help

Trusted people I can tell directly that I am struggling. Include names and phone numbers:

STEP 5 | Professionals and crisis services

My clinician, doctor, local crisis service, and nearest emergency department:

988 Suicide & Crisis Lifeline	Call 988	Text 988
Emergency	Call 911	Nearest emergency room: _____

STEP 6 | Ways I can make my environment safer

Steps I or someone I trust can take to create time and distance from firearms, medications, or other things I could use to harm myself:

WHAT MATTERS TO ME

People, pets, responsibilities, hopes, values, or small reasons that can help me stay through the next moment:

People who have a copy of this plan: _____
Next review date: _____

Adapted for personal education from the Stanley-Brown Safety Planning Intervention. Source: suicidesafetyplan.com. Crisis information: 988lifeline.org. Beyond September is not a therapy, medical, crisis, diagnostic, or peer-support provider. This worksheet does not replace care from a qualified professional.