

My Safety Plan

Step 1: The things that are most important to me and make life worth living are:

Step 2: My strengths: things I do well:

Step 3: Warning signs (thoughts, images, feelings, situation, behaviour) that tell me I am feeling distressed:

①

②

③

Step 4: Coping strategies—things I can do to take my mind off my problems without contacting another person (eg relaxation technique, physical activity):

①

②

③

Step 5: People and social settings that provide distraction:

Name: _____

Phone/place: _____

Name: _____

Phone/place: _____

Name: _____

Phone/place: _____

Step 6: People who I can ask for help:

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Step 7: Professionals or agencies I can contact if I get distressed:

Free phone or text 1737 to reach a counsellor _____

24 hours, 1737.org.nz _____

Your GP: _____

Name: _____

Phone/place: _____

Name: _____

Phone/place: _____

Step 8: Making the environment safe, eg removing access to things that can harm you:

Step 9: The 'Red Button': People I can contact immediately when I am very stressed:

Phone: _____

Phone: _____

Phone: _____

I will share my Safety Plan with:
