[Insert organisation name/logo]

# CLIENT SAFETY PLAN

This safety plan is an agreement between:

Client  
 **[insert client name]**

and staff member:

on date:

When I feel like harming myself I will instead:

1. Try to identify exactly what is upsetting me.
2. Write out and review more helpful responses to my suicidal thoughts, including thoughts about myself, others and the future
3. Do the things that help me feel better for at least 30 minutes (such as listen to music, exercise, focus on nature, call my best friend). For me these things are:

|  |
| --- |
|  |

1. If the thoughts continue, contact my drug and alcohol worker on **[insert organisation number]**
2. Contact Lifeline on **13 11 14.**

I, agree to use these strategies when I feel things are becoming too overwhelming.

If, after using these strategies, my feelings are still unbearable, I agree to go to the

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital emergency department or call **000.**

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| --- | --- |
| **Client signature** |  |
| **Staff member signature** |  |

*Reference:* [*Suicide Assessment Kit (SAK)*](https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Suicide%20Assessment%20Kit%20updated.pdf)