# Beneficiary Safety Plan Template

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What are the warning signs? List the types of situations / images / thoughts / feelings** | | | | | | |
| 1 |  | | | | | |
| 2 |  | | | | | |
| 3 |  | | | | | |
| **What are your reasons for living? *Think about the positives in your life*** | | | | | | |
| 1 |  | | | | | |
| 2 |  | | | | | |
| 3 |  | | | | | |
| **What activities help calm or comfort you? (*consider physical activity, relaxation, hobbies*)** | | | | | | |
| 1 |  | | | | | |
| 2 |  | | | | | |
| 3 |  | | | | | |
| **Who or what helps distract you if you are feeling upset (*consider people, places, social settings)*** | | | | | | |
| 1 | Name |  | | Phone |  | |
| 2 | Name |  | | Phone |  | |
| 3 | Place |  | | | | |
| 4 | Place |  | | | | |
| **Who can you talk to / turn to for support? (*consider friends, family, religious leader*)** | | | | | | |
| 1 | Name |  | | Phone |  | |
| 2 | Name |  | | Phone |  | |
| 3 | Name |  | | Phone |  | |
| **Who can you turn to for professional support?** | | | | | | |
| GP | |  | | Phone |  | |
| Emergency Contact | |  | | Phone |  | |
| Other Healthcare Professional / organisation | | *Consider Adult Mental Health Services / A&E* | | | | |
| Samaritans | | | Tel: 116 123 | | | 24 hrs |
| Out Frontline | | | **Text BLUELIGHT to 85258** | | | 24 hrs |
| Campaign Against Living Miserably (CALM) – for Men | | | Tel: 0800 58 58 58 | | | 17.00 hrs – 24.00 hrs |