

Suicidal Ideation Safety Plan Template

This safety plan template can be used when working with clients expressing thoughts about death or suicide. It is appropriate for clients who are thinking about suicide but have *no immediate plan or intent* to do so; these clients are able to use coping strategies and their support system to remain safe on their own. Emergency services should be called for clients who express a plan with intent to complete suicide. This template is also intended to be used regularly for individuals who have had previous suicidal ideation and/or an attempt within the last 12 months. Regular assessment and discretion are advised. This template can be edited to include information most relevant to specific clients, programs, and communities. See the accompanying [information guide](#) for more details on when to use this safety plan template for suicidal ideation.

If the client's current situation exceeds the interventions listed in this template, escalate the situation immediately. This may include involving a supervisor, consulting a mental health professional, or contacting emergency services such as 9-1-1 or 9-8-8 to ensure client and community safety. Please also see [Switchboard's Family Violence Safety Plan Template](#) if the client is facing those issues as well.

When supporting pre-literate clients or those with limited English proficiency, encourage them to record the information in any way that feels most helpful to them. Consider the following accommodations:

- Use visual aids, symbols, or pictograms to represent key concepts.
- Encourage the client to write down their safety plan in their native language.
- Engage trained interpreters or cultural mediators during the safety planning process.
- Simplify language and ensure that verbal explanations are clear and concise.
- Encourage the client to identify trusted individuals in their support network who can help interpret or assist if needed.
- Assess the client's understanding of the safety plan by reviewing key steps and asking them to explain or demonstrate how they would implement the plan.
- Encourage the client to record the session by utilizing a voice recorder app on their phone, by taking a picture of the final template (or provide them a physical print out), or by any other means that the client identifies as helpful.

To maintain quality and appropriateness, supervisors and/or mental health professionals on your team should review and approve the template prior to its use with clients. This ensures that the safety plan aligns with professional standards and adequately addresses potential challenges, fostering a sense of preparedness and security for the client.

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Suicidal Ideation Safety Plan

This safety plan will help you manage thoughts of self-harm and death, as well as other situations that may feel overwhelming or unsafe. Your safety plan will be tailored to your individual needs and will provide you with strategies and resources to support you during difficult times. You will work together with _____ [Staff Name] to ensure it is helpful for you. If your situation changes or becomes more serious, it's important to reach out for additional help. This might mean contacting your caseworker, a mental health professional, or emergency services like 9-1-1 or 9-8-8.

We encourage you to keep a copy of your safety plan in a way that feels most useful to you, such as:

- Taking a photo of the plan
- Recording the session or key points on your phone
- Keeping a printed copy in a safe place

STEPS I CAN TAKE TO KEEP MY SAFETY PLAN CONFIDENTIAL

[] Keep it in a safe location

[] Save it in a password-protected app

INSTILLING HOPE/IDENTIFYING COPING SKILLS

What are some things or people that make my life worth living or that give me hope?

1. _____
2. _____
3. _____

What are some things that have helped me cope or feel better in the past?

1. _____
2. _____
3. _____

What are some things that I think I am good at or that other people say I'm good at?

1. _____
2. _____
3. _____

When I have thought about hurting myself before, what are some things or thoughts that have stopped me or protected me?

1. _____
2. _____

3. _____

Is there anything I need to do or can do now to make my environment safer (e.g., have someone else control medications, or lock up or remove weapons)?

1. _____

2. _____

3. _____

PLANNING FOR A CRISIS

Who are some people I can include in this safety plan (i.e., people I trust, people I live with, or people who support me)?

1. _____

2. _____

3. _____

What are some things I think, feel emotionally, feel physically, or do that let me know a crisis may be developing?

1. _____

2. _____

3. _____

When I feel unsafe, what is going on around me? What do I hear and see?

What are some things I can do—or need to do—to make my environment safe when I feel a crisis may be developing?

1. _____

2. _____

3. _____

What are some things I can do, or places I can go, that could help provide a distraction when I'm feeling bad?

1. _____

2. _____

3. _____

Who can I ask to help support me when I feel a crisis may be developing (name and phone number)?

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

Who can I call in case of an emergency (name and/or phone)?

Counselor:

Doctor:

Crisis Line:

Suicide Prevention Hotline: 9-8-8

Other:

Emergency: 9-1-1

**Request interpretation by informing the operator: "I speak [name of language]. I need an interpreter."*

Other thoughts or ideas:

FOLLOW UP

How often will my service provider check in with me? _____

How will my service provider reach me (phone call, etc.)? _____

If my service provider can't reach me, who should they contact (name and phone number)?

1. _____ Phone _____

2. _____ Phone _____