# Beneficiary Safety Plan Template

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| **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  |