



My Personal Safety Plan (Template) Coping Strategies

It is best to complete your Personal Safety Plan with a supportive person, especially when you are not in crisis. You can also provide a copy of it to a caregiver or emergency contact/resource.

Name: _____ Phone Number: _____

Responsibilities: (school, work, pets, children, etc.) _____

What Happens when I am not doing well? or Indicates that a crisis may be developing? (warning signs, symptoms, triggers, thoughts, mood, behaviour, images) (e.g. How do I act? What do I feel?)

What can I do to help myself when I am not doing well? What can I do to help myself cope? (activities, coping strategies, things to do to take my mind off my problems?) (e.g. have a warm bath, listen to music, physical activity, relaxation techniques, breathing slowly, etc.)

Who can I call or seek help from? (supports, resources, safe places) (e.g. family, friends, crisis line, professionals or Agencies, etc.)

1. _____ Phone# _____

2. _____ Phone# _____

3. _____ Phone# _____

4. _____ Phone# _____

5. 24-hour telephone support - Free and Confidential - DMHS C.A.L.L. 1-800-742-1890 or 905-666-0483

6. Distress Centre Helpline 1-800-452-0688 or 905-430-2522

Important things in my life, most important to me, worth living for, give my life meaning:

Hope is Essential