

Appendix D: Personal Safety Plan for Young Person

This is an agreement developed by (insert name) in partnership with
(staff member) from (agency) that describes actions that can be taken when feeling suicidal.

My coping strategies (E.g. read, take a shower)

1.
2.
3.

Things I can do to distract myself (E.g. visit a friend, go to the park)

1.
2.
3.

People I can talk to

Name: Phone Number:

Name: Phone Number:

Services I can talk to

Name: Phone Number:

Name: Phone Number:

Follow-up agreement

To make sure that I am okay

1. I will contact (insert name)

When: How:

2. (insert name) will contact me

When: How:

In an emergency I can contact

Emergency services: 000

Mental Health Emergency Response Line (MHERL) (For over 16's): 1300 555 788

Acute Response Team (ART) (For under 16's): 1800 048 636 (8am to 10pm),
after hours call 08 9340 8222 and ask to speak to the Psychiatric Liaison Nurse.

Poisons Information Centre: 13 11 26

Lifeline: 13 11 26

Kids Help Line: 13 11 14

Suicide Call Back Service: 1300 659 467

The Samaritans 24/7 Youth Line: 1800 198 313

Other: