EYEZ ON ICE

QAIHC
Queensland Aboriginal and Islander Health Council

Family Support Safety Plan

(For supporting someone I care about)

Who I'm supporting

Name: _____

My relationship to them: _____

What I notice when they're not okay

(Early warning signs)

Changes in mood: _____

Behaviour changes: _____

AOD use changes: _____

Other signs: _____

When It's Serious

(I need to act quickly if I see these)

- Talking about suicide or wanting to die
- Severe withdrawal or aggression
- Hallucinations
- Heavy or risky substance use
- Not eating, sleeping, or functioning

If this happens, I will:

Contact: _____

Go to: _____

Call emergency if needed

How I can respond calmly

(What helps, not harms)

I will:

- Stay calm and speak gently
- Listen without judging
- Give space if needed
- Check in: **"Are you okay?"** and **"I'm here for you"**

I will try NOT to:

- Yell or argue
- Shame or blame
- Try to control everything
- Take things personally

Who I can reach out to (for support)

(I don't have to do this alone)

Name: _____

_____

_____

Name: _____

_____

_____

Name: _____

_____

_____

Safe places/options

(If things escalate)

Their safe place: _____

My safe place: _____

Community service: _____

When I need extra help

Local Health Service: _____

AOD or SEWB worker: _____

Crisis line: _____

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