



## Mental Health Safety Plan

Signs that a crisis is developing (thoughts like "I do not care", feeling hopeless with no options, anxiety, intense emotional pain):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Things I can do to take my mind off my problems without contacting another person (gaming, relaxation, an activity):

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

People and social settings that provide distraction:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Support system (people I can ask for help such as family or friends):

- |          |              |
|----------|--------------|
| 1. _____ | Phone: _____ |
| 2. _____ | Phone: _____ |
| 3. _____ | Phone: _____ |

Other organizations I can contact: **Suicide Prevention Lifeline: 800-273-8255**

**Teen Lifeline: 602-248-8336      24hr Crisis Center: 800-631-1314      Text SHARE to 741741**

Things I can do to make the environment safe:

1. \_\_\_\_\_
2. \_\_\_\_\_

**The one thing that is important to me and worth living for is:**

\_\_\_\_\_

My provider and I have reviewed this Safety Plan and we each have a copy.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
DOB