



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