**Safety and Emergency Plan**

**Name:** **Date:**

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| **Warning Signs** that make me feel more out of control/crisis  (thought, images, mood, situation, behaviours) |
| What can I do to reduce the risk of acting on suicidal thoughts? |
| What have I done in the past that has helped? What ways of coping do I have? (Internal strategies and social settings that provide distraction) |
| What will I tell myself? What would I say to a close friend who was feeling this way? |
| What could others do that could help? |
| Who can I call? People who I can ask for help.  Name: Contact:  Name: Contact:  Name: Contact: |
| A safe place I can go: |
| Professionals/ Hospitals I can contact for help:  **Emergency services**   |  |  | | --- | --- | | LifeLine | 0861 322 322 (open 24hrs) | | SADAG Suicide Crisis Line | 0800 567 567 or SMS 31393 and they’ll call you (open 24hrs) |   My Local Hospital:  My Local Police: |
| If I feel suicidal and out of control I will\_\_\_\_\_\_\_\_\_\_\_\_ in order to protect myself: |
| **I acknowledge that should I be a risk of harm to myself or other, my mental health care practitioner has a duty to report this in order to assist me**  **I acknowledge that if my mental health becomes unstable in future, I understand that therapy sessions may be inappropriate to continue online and face to-face sessions may be best.**  **Patient : Clinician:** |