



Step 1: Warning signs (thoughts, images, mood, situation behaviors) that a crisis may be developing

- 1.
- 2.
- 3.

Step 2: Internal coping strategies; things that I can do to take my mind off of my problem without contacting another person (Interest/hobby, healthy distractions, relaxation technique)

- 1.
- 2.
- 3.

Step 3: People and social settings that can provide a healthy distraction

- | | |
|------------|----------------|
| 1. (name) | (phone number) |
| 2. (name) | (phone number) |
| 3. (place) | |
| 4. (place) | |

Step 4: People who I can ask for help

- | | |
|-----------|----------------|
| 1. (name) | (phone number) |
| 2. (name) | (phone number) |
| 3. (name) | (phone number) |

Step 5: Professionals or agencies I can contact during a crisis

1. (name) (phone number)
2. (name) (phone number)
3. KSPHQ counseling center 24-hour crisis and emotional support line, 785-841-2345
4. National Suicide Prevention Lifeline, 1-800-273-8255; chat online at CrisisChat.org
5. Crisis Text Line, text KANSAS to 741-741
6. Community Mental Health Center (phone number)
7. Local hospital/emergency room (address)
8. Non-emergency police/fire/ems/mental health care team (phone number)
9. Call 911 for emergencies

Step 6: What can I do to keep my environment safe? (reducing access to firearms, medication, sharps, ropes/cords, avoiding substance use, etc...)

- 1.
- 2.
- 3.

The one thing that most important and worth living for is:





After a Crisis

KANSAS SUICIDE PREVENTION HQ

Scheduled appointments and follow up

1. Follow-up phone call
(name/provider/group) (date and time)
2. (name/provider/group) (date and time)
3. (name/provider/group) (date and time)
4. (name/provider/group) (date and time)

Things I plan to prioritize (healthcare appointments, activities, socializing, relationships, values, goals, etc...

24-48 hours:

7 days:

14 days:

Safety Plan completed by:

- | | | |
|-------------------------------|------------|-------|
| 1. Primary | Signature: | Date: |
| 2. Parent/Guardian | Signature: | Date: |
| 3. Mental Health Professional | Signature: | Date: |