

Mental Health Crisis Plan

Name:		Date:
Warning signs		
<i>Body signs or feelings that tell me a crisis may be developing</i>		
Coping strategies or distractors		
<i>Things I can do to help distract myself or help me feel safe</i>		
My safe places		
<i>Places I can go where I feel safe</i>		
Support systems		
<i>Friends, family, peers, or people I can reach out to for help</i>		
Name	Phone number	Address
Professionals		
<i>Mental health professionals and emergency services I can contact in a crisis</i>		
Name		Contact