

# Restoring Destiny Mental Health Services

## Suicide & Emergency Plan

(Updated October 2025)

**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Purpose**

This plan is designed to help you stay safe during moments of emotional crisis or suicidal thoughts. It identifies coping strategies, supportive contacts, and emergency resources to use when you are in distress.

### **1. Warning Signs**

These are thoughts, feelings, or behaviors that let me know I am in distress or at risk:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### **2. Personal Coping Strategies**

These are actions I can take to calm myself and reduce distress:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*Examples: deep breathing, prayer, journaling, music, taking a walk, grounding techniques, calling a friend, resting, or using affirmations.*

### **3. Safe People to Contact**

If my coping strategies are not enough, I will reach out to trusted supports:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **4. Professional & Crisis Contacts**

If I am still feeling unsafe or unable to stay safe, I will contact one or more of the following:

**My Therapist:** \_\_\_\_\_

**RDMHS Office:** 443-282-8146

**Email:** restoringdestinymentalhealth@gmail.com (not for emergencies)

**Baltimore Crisis Response (BCRI):** 410-433-5175 (24/7 mobile crisis)

**Suicide & Crisis Lifeline:** Call or text 988 (24/7, confidential)  
**Emergency:** Call 911 or go to the nearest emergency department.

## **5. Making My Environment Safe**

Steps I can take to stay safe when feeling suicidal:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*Examples: remove or secure medications, weapons, or sharp objects; stay with a trusted person; avoid isolation; avoid substance use.*

## **6. My Reasons for Living**

What keeps me going even when life feels difficult:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## **7. My Safety Commitment**

By signing below, I acknowledge that I understand and agree to use this plan to keep myself safe. I understand that I can revise it anytime with my clinician.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Restoring Destiny Mental Health Services**

10 E. North Avenue • Baltimore, MD 21202

■ 443-282-8146 ■ [www.restoringdestinymentalhealthservices.org](http://www.restoringdestinymentalhealthservices.org)

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