**STEP 1: Safety Plan – Youth complete their answers below:**

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| **1. Warning signs**- What I need to be aware of and watch out for to stay well? (such as: arguing with family/friends, increase substance use) |
| **2. Coping strategies**- What can I do to distract myself when I don’t feel well? (such as: exercise, watch TV, play game) |
| **3. Self-care**- What are some activities I can do to make me feel good? (such as: go for a walk, meet a friend) |
| **4. Support**- Who are the people that can help me stay well? (such as: school counsellor, friend, counsellor)  |

**STEP 2: Know where to go for help**

|  |  |
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|  **People I can call for help- Keep Safety Card Handy** | **Other Important Resources**  |
|  |  |
| CYMH clinician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**250.992.4267** | Mindshift (available in the App store) [**www.anxietybc.com/resources/mindshift-app**](http://www.anxietybc.com/resources/mindshift-app) |
| School Counsellor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Kelty Mental Health Resource Centre 1-800-665-1822[**www.keltymentalhealth.ca**](http://www.keltymentalhealth.ca) |
| **Friendship Center** Youth Support Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:**250 992 8347**  | Rep4rights(available in the App store) [**www.rcybc.ca/rep4rights**](file:///C%3A%5CUsers%5Cuser%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CJF5WZ4E7%5Cwww.rcybc.ca%5Crep4rights) |
| **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

**STEP 3: Strategies for Parent/Guardian to ensure safety at home**

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| ❑Monitor child/youth **for 48-hours**❑Identify crisis support contacts for youth (names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)❑Make environment safe; put away sharp objects, pills and medications; no access to weapons❑Once a day until Dr./CYMH follow-up occurs, ask your child/youth whether they have thoughts about suicide❑Have an open discussion about appropriate internet use❑Beware of isolating behaviour; changes in mood, sleep, eating patterns, normal activities; statements of hopelessness, and/or signs of drugs/alcohol use❑Supervise child/youth when taking medications (if prescribed)❑Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

❑I consent to my/my child’s medical records being sent to: CYMH:\_\_\_\_\_\_ SU: \_\_\_\_\_\_ *(initials)*

Discharge Safety Plan and Discharge/Referral Communication plan forms faxed to: ❑GP/FP/NP ❑CYMH ❑SU

Youth Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician/Clinician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_