Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

MOCLI60437

Dossier : _____

Nom, prénom : _____

Date de naissance : _____ ☐ F ☐ M
aaaa/mm/jj

NAM : _____ Exp. _____
aaaa/mm

Nom, prénom de la mère : _____

Installation : _____

MY SAFETY PLAN

To be developed with the user at risk of suicide and ideally with a loved one. File in the user's record and give them a copy.

1. Recognize my signs of distress Signs that the distress is becoming more overwhelming (thoughts, emotions, physical sensations, behaviours)
2. Use my coping strategies Things I can do on my own to lessen the distress and regain control. Always remember my reason for living, my source of hope, or my helpful words.
3. Distract myself Social activities (places or people) that help distract me when I'm feeling distressed.
4. Ask loved ones for help The people I can tell about my suicidal thoughts and ask for support.

5. Contact a professional

Resources I can contact to talk about my suicidal thoughts and get help.

Suicide prevention hotlines:

- Info-Social 811
- 9-8-8: Suicide Crisis Helpline
- 1-866-APPELLE (277-3553) SMS : 535353
- La Maison Sous les Arbres: 450-699-5935
- Le Tournant: 450-371-4090
- L'Accès 450 679-8689
- CPS La Traversée 450 746-0303
- Contact Richelieu-Yamaska 450 774-6952
- CPS Haut-Richelieu 450 348-6300

6. Secure my environment

Things I need to do to protect myself and stay away from my planned suicide method.

(Source: Ministère de la Santé et des Services sociaux. (2023). *Training: Preventing suicide among people aged 14 and over: raising hope and estimating danger.* https://fcp.rtss.qc.ca/course/view.php?id=14323)

Professional's signature: _____ **Date:** _____

Last name and first name, job title, permit no. (if required) yyyy-mm-dd