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**ANTI**-**SUICIDE CONTRACT**

As part of my treatment program, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

formally agree to the following:

1. I accept that the main purpose of my treatment with my counsellor is to preserve the quality of my life, and to continue with more pleasure and less pain than I am currently experiencing.
2. I understand that contemplating suicide when I feel upset or depressed interferes with this goal. Therefore, I will strive to combat this tendency. I undertake to use my treatment as an opportunity to learn better ways of coping with my thoughts and my emotions.
3. I understand that achieving the above goals may take time, therefore, I agree to the following: From today onwards I will not act upon any desire to cause harm to myself or to kill myself.
4. I understand that, should I evidence suicidal tendencies either orally or in writing, I will be referred to a mental health professional and/or be placed under Suicide Watch to help ensure my safety.
5. Should I feel that I cannot overcome the suicidal tendencies, I will immediately contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of person you can trust)

1. If the above person is not immediately available, I can also contact the South African Depression and Anxiety Suicide Line on 0800 567 567. My counsellor/psychiatrist/doctor agrees to be available in the event of a crisis, to a reasonable extent. My counsellor/psychiatrist/doctor undertakes to work with me during our scheduled appointments, and in group sessions, in order to help me identify constructive alternatives to causing harm to myself.
2. For after-hours emergencies, I undertake to make use of the following contacts:
   1. Akeso Helpline: 0861 4357 87
   2. Lifeline: **0861 322 322**
   3. SA Depression and Anxiety Group SMS: **31393** (They will phone you back)
3. I will keep to this agreement or only alter it through open communication with my counsellor/doctor.

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Signature Date

Client

08 April 2025

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Signature of Date

Counsellor