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Situational Phobias Clinical Practice Workbook

A clinically branded, function-preserving edition retaining the original exercises, psychoeducation, checklists, logs, planning tools, and response space.

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

1 · Common Situational Phobias

2 · Symptoms of Situational Phobias

3 · Causes and Risk Factors

4 · Cognitive Restructuring

5 · Developing a Coping Plan

6 · Gradual Exposure Therapy

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9 · Creating an Emergency Anxiety Kit

10 · Practicing Self-Compassion

11 · Empowerment Strategies

12 · Building a Support Network

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How to use this workbook

- Use this workbook selectively and collaboratively; it is educational and does not replace individualized assessment, diagnosis, treatment, medical care, or crisis services.
- Skip, pause, or modify any activity that increases distress, danger, shame, or loss of functioning. Adapt language for culture, disability, neurodivergence, health, resources, and lived context.
- Ratings in this workbook are reflection tools unless a named, validated measure and interpretation are explicitly provided.

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Common Situational Phobias

Situational phobias are intense fears triggered by specific situations or environments. These phobias can cause significant anxiety and avoidance behaviors. Examples of Common Situational Phobias:

- Fear of Driving (Vehophobia)
- Fear of Flying (Aviophobia)
- Fear of Heights (Acrophobia)
- Fear of Enclosed Spaces (Claustrophobia)
- Fear of Elevators (Elevator Phobia)
- Fear of Tunnels (Tunnel Phobia)
- Fear of Bridges (Gephyrophobia)
- Fear of Public Speaking (Glossophobia)
- Fear of Crowded Places (Agoraphobia)
- Fear of Being Alone (Monophobia)

1. Which of the common situational phobias listed above do you experience?

Example: "I experience fear of flying."

2. Describe a specific situation where you experienced intense fear.

Example: "I felt intense fear when I had to take a flight for a business trip."

Symptoms of Situational Phobias

1. Review the list of symptoms below. Check off any symptoms you have experienced. Add any additional symptoms in the space provided at the end of each category. Rate the severity on a scale from 1-10.

Common Physical Symptoms:

- ☐ Rapid heartbeat
- ☐ Sweating
- ☐ Trembling or shaking
- ☐ Shortness of breath
- ☐ Chest pain or discomfort
- ☐ Nausea or stomach discomfort
- ☐ Dizziness or lightheadedness
- ☐ Chills or hot flashes
- ☐ Numbness or tingling sensations
- ☐ _____
- ☐ _____

Common Emotional and Cognitive Symptoms:

- ☐ Intense fear or panic
- ☐ Feelings of dread or terror
- ☐ Anxiety and nervousness
- ☐ Difficulty concentrating
- ☐ Fear of losing control
- ☐ Fear of dying
- ☐ Desire to escape the situation
- ☐ Feelings of unreality or detachment (derealization)
- ☐ _____

2. How do your symptoms affect your daily activities and routines?

Example: "My fear of driving prevents me from commuting to work comfortably, making me rely on public transportation."

3. In what ways do your symptoms impact your relationships with others?

Example: "I avoid social events that require travel, which sometimes strains my friendships and family relationships."

4. How do your symptoms affect your mental health and overall well-being?

Example: "The constant anxiety makes it difficult for me to relax, and I often feel exhausted and stressed."

5. What are some activities or opportunities you have missed out on due to your symptoms?

Example: "I have missed family vacations and important events because of my fear of flying."

Causes and Risk Factors

Situational phobias can develop from a combination of genetic, environmental, and psychological factors. Understanding these causes can help in managing and overcoming phobias. Common Causes and Risk Factors:

- Traumatic Experiences
- Learned Behaviors
- Genetic Predisposition
- Brain Function and Chemistry
- Personality Traits
- Environmental Factors

1. Have you experienced a traumatic event related to your phobia? Describe the event.

Example: "I was in a car accident when I was younger, which caused my fear of driving."

2. Did you learn this fear from someone else, such as a family member or friend? Describe how.

Example: "My mother had a fear of flying, and I learned to be afraid of it by observing her anxiety."

3. Do you have a family history of anxiety disorders or phobias? Explain.

Example: "My father and sister both have anxiety disorders, which may contribute to my own phobia."

4. Have you been diagnosed with any conditions that affect brain function or chemistry? Describe how they might relate to your phobia.

Example: "I have been diagnosed with generalized anxiety disorder, which exacerbates my fear of enclosed spaces."

5. Do you have personality traits that may make you more susceptible to phobias (e.g., being highly sensitive or cautious)? Describe them.

Example: "I tend to be very cautious and worry about potential dangers, which might contribute to my fear of heights."

6. Are there any environmental factors that may have influenced the development of your phobia? Describe them.

Example: "Growing up in a city with heavy traffic made me anxious about driving."

7. Are you currently experiencing chronic stress? How might this affect your phobia?

Example: "I am under a lot of stress at work, which seems to make my fear of elevators worse."

8. Do you have other anxiety disorders that may exacerbate your phobia? Describe them.

Example: "I also suffer from social anxiety, which makes my fear of public speaking more intense."

9. Have you used substances (e.g., alcohol, drugs) to cope with your phobia? How has this affected you?

Example: "I sometimes drink alcohol to calm my nerves before flying, but it doesn't help in the long run."

10. Do you feel you lack social support in dealing with your phobia?
Explain.

Example: "I don't have friends or family who understand my fear of bridges, which makes it harder to cope."

11. Have you developed avoidance behaviors related to your phobia?
Describe them.

Example: "I avoid driving altogether, which limits my independence and social activities."

12. Are you using any negative coping strategies that may worsen your phobia? Describe them.

Example: "I tend to avoid facing my fears and instead distract myself with TV, which doesn't solve the problem."

13. What did you learn about the potential causes of your phobia from this worksheet?

Example: "I learned that my fear of driving likely stems from a traumatic car accident in my childhood."

14. What steps can you take to address the risk factors and potentially reduce the impact of your phobia?

Example: "I can work on managing my stress at work through relaxation techniques and seek support from friends and family."

Cognitive Restructuring

Cognitive restructuring is a therapeutic technique used to identify and challenge negative thoughts and replace them with more positive and realistic ones. This process can help reduce anxiety and improve overall mental health, especially for those with situational phobias.

1. Recall a recent situation where you experienced your phobia. Write down a brief description of the situation.

Example: "I was driving over a bridge and felt my heart racing and my palms sweating."

2. What negative thoughts did you have during the situation?

Example: "I thought the bridge might collapse and that I would lose control of my car."

3. How did these thoughts make you feel?

Example: "These thoughts made me feel terrified and helpless."

4. What physical sensations did you experience along with these thoughts?

Example: "I felt my heart racing, my palms sweating, and my muscles tensing."

5. Consider the evidence for and against your negative thoughts.

Evidence for	Evidence against
<i>e.g., I felt anxious and my heart was racing."</i>	<i>Bridges are designed to be safe and millions of people drive over them every day without incident."</i>

6. What are some alternative, more positive thoughts you can have in this situation?

Example: "The bridge is safe, and I can drive over it calmly."

Developing a Coping Plan

List and describe various coping strategies you can use to manage your situational phobia. The following are some suggestions:

1. Deep Breathing

- Find a quiet place to sit or lie down comfortably.
- Close your eyes and take a deep breath in through your nose, counting to four.
- Hold your breath for four counts.
- Exhale slowly through your mouth, counting to four.

Repeat this process for 5-10 minutes.

How did deep breathing affect your anxiety levels and physical sensations?

2. Progressive Muscle Relaxation

- Sit or lie down in a comfortable position.
- Starting with your feet, tense the muscles tightly for 5 seconds.
- Slowly release the tension and relax the muscles for 10 seconds.
- Move up to your calves, thighs, and so on, through your body.

Continue until you've tensed and relaxed all major muscle groups.

How did your body feel before and after practicing progressive muscle relaxation?

3. Guided Imagery

- Find a quiet and comfortable place to sit or lie down.
- Close your eyes and take a few deep breaths to relax.
- Imagine a peaceful scene, such as a beach, forest, or mountain.
- Focus on the details of the scene, including sights, sounds, and smells.

Spend 5-10 minutes immersed in this imagery.

What imagery did you find most soothing and why?

4. Mindfulness Meditation

- Sit comfortably with your back straight and close your eyes.
- Focus on your breath, noticing each inhale and exhale.
- If your mind wanders, gently bring your focus back to your breath.

Continue for 5-10 minutes, gradually increasing the time as you become more comfortable.

How did practicing mindfulness meditation impact your awareness of the present moment?

5. 5-4-3-2-1 Grounding Technique

- Identify 5 things you can see around you.
- Identify 4 things you can touch.
- Identify 3 things you can hear.

- Identify 2 things you can smell.
- Identify 1 thing you can taste.

How did the 5-4-3-2-1 technique impact your awareness of your surroundings and anxiety levels?

6. Grounding Object

- Choose a small object that you can carry with you, like a smooth stone or a stress ball.
- Hold the object in your hand and focus on its texture, weight, and temperature.
- Roll it around in your hand and notice the sensations.

How did focusing on the grounding object affect your anxiety and sense of control?

7. Describe Your Environment

- Look around and describe your environment in detail.
- Focus on colors, shapes, textures, and objects.
- Engage all your senses in the description.

How did describing your environment help you feel more grounded and present?

8. Counting Backwards

- Choose a number to start from, such as 100.
- Slowly count backwards from that number.
- Focus on each number as you say it.

How did counting backwards impact your focus and anxiety levels?

9. Splashing Water on Your Face

- Go to a sink and splash cool water on your face.
- Notice the sensation of the water on your skin.
- Pay attention to how the coolness affects your body and mind.

How did splashing water on your face change your physical and mental state?

10. Clenching and Releasing Fists

- Sit comfortably and clench your fists tightly for 5 seconds.
- Slowly release the tension and notice the sensation of relaxation.

Repeat this process 5-10 times.

How did the clenching and releasing exercise affect your physical tension and anxiety levels?

Gradual Exposure Therapy

Gradual exposure therapy involves confronting your fears in a controlled and systematic way, starting with less anxiety-provoking situations and gradually progressing to more challenging ones. This technique helps reduce fear and anxiety over time by desensitizing you to the feared situation.

1. What specific situational phobia do you experience?

Example: "I have a fear of elevators (elevator phobia)."

2. Develop a fear hierarchy by listing situations related to your phobia from least to most anxiety-provoking. Rate the anxiety level for each situation on a scale from 0 to 10 (0 = no anxiety, 10 = extreme anxiety).

Example (Elevator Phobia):

- *Looking at pictures of elevators - 2*
- *Watching videos of people using elevators - 3*
- *Standing near an elevator without entering - 4*
- *Standing inside an elevator with the doors open - 5*
- *Riding an elevator for one floor with a trusted friend - 6*
- *Riding an elevator for multiple floors with a trusted friend - 7*
- *Riding an elevator alone for one floor - 8*
- *Riding an elevator alone for multiple floors - 10*

3. Create a detailed plan for gradually exposing yourself to the situations in your fear hierarchy. Begin with the situation that has the lowest anxiety rating. Set specific goals and timeframes for each step in your hierarchy.

Example (Elevator Phobia): "I will look at pictures of elevators for 10 minutes each day for one week."

4. Identify and use coping strategies during each exposure.

Example: "I will practice deep breathing and visualization techniques while looking at pictures of elevators."

5. Move to the next step in your hierarchy once you feel comfortable with the current step.

Example (Elevator Phobia): "After one week, I will watch videos of people using elevators for 10 minutes each day."

6. Track your progress and reflect on your experiences as you move through your exposure plan. Record your experiences, feelings, and any challenges you encounter during each exposure.

Exposure Exercise	Anxiety Level	Reactions and feelings
<i>e.g., looked at pictures of elevators for 10 minutes</i>	<i>Before: 4, During: 6, After: 3</i>	<i>I felt anxious at first, but I used deep breathing to calm myself.</i>

Imaginal Exposure

Imaginal exposure therapy involves vividly imagining feared situations in a controlled and systematic way, starting with less anxiety-provoking scenarios and gradually progressing to more challenging ones. Imaginal exposure can be done anywhere, anytime, without the need for specific settings or arrangements.

1. Create a detailed plan for gradually exposing yourself to the situations in your fear hierarchy. Begin with the situation that has the lowest anxiety rating. Set specific goals and timeframes for each step in your hierarchy.

Example (Elevator Phobia):

- *Step 1: "I will look at pictures of elevators for 10 minutes each day for one week."*
- *Step 2: "I will watch videos of people using elevators for 10 minutes each day for one week."*
- *Step 3: "I will imagine standing near an elevator without entering for 10 minutes each day for one week."*
- *Step 4: "I will imagine standing inside an elevator with the doors open for 10 minutes each day for one week."*
- *Step 5: "I will imagine riding an elevator for one floor with a trusted friend for 10 minutes each day for one week."*
- *Step 6: "I will imagine riding an elevator for multiple floors with a trusted friend for 10 minutes each day for one week."*
- *Step 7: "I will imagine riding an elevator alone for one floor for 10 minutes each day for one week."*
- *Step 8: "I will imagine riding an elevator alone for multiple floors for 10 minutes each day for one week."*

2. Identify and use coping strategies during each exposure to manage anxiety.

3. Move to the next step in your hierarchy once you feel comfortable with the current step.

Using Virtual reality exposure therapy (VRET)

Virtual reality exposure therapy (VRET) uses VR technology to create simulated environments where individuals can confront and work through their fears in a controlled and safe setting. This method allows for gradual exposure to phobic situations, helping to reduce anxiety and build coping skills.

Follow the steps below to set up and prepare for VR exposure therapy.

1. Choose VR equipment that suits your needs and is compatible with therapeutic VR applications.

2. Select a VR application designed for exposure therapy that addresses your specific phobia.
3. Ensure your physical environment is safe and free from obstacles that could cause injury during VR sessions.
4. Choose a comfortable position to use the VR headset, either sitting or standing.
5. Begin with the VR scenario that has the lowest anxiety rating.
6. Set specific goals and timeframes for each step in your VR exposure plan.
7. Move to the next step in your VR exposure plan once you feel comfortable with the current step.

Handling Panic Attacks

List the physical symptoms you experience during a panic attack. Common symptoms of panic attacks include:

- ☐ Rapid heartbeat
- ☐ Sweating
- ☐ Trembling or shaking
- ☐ Shortness of breath
- ☐ Chest pain or discomfort
- ☐ Nausea or abdominal distress
- ☐ Dizziness or lightheadedness
- ☐ _____
- ☐ _____

Identify the thoughts and fears that arise during a panic attack. Common symptoms of panic attacks include:

- ☐ Fear of losing control or "going crazy"
- ☐ Fear of dying
- ☐ _____
- ☐ _____
- ☐ _____

3. Identify specific situations or stimuli that trigger your panic attacks.

Example: "Riding in an elevator and being in crowded places often trigger my panic attacks."

4. Create a list of coping strategies to manage panic attacks when they occur. The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ Diaphragmatic Breathing: Breathe deeply into your diaphragm, allowing your belly to rise and fall with each breath.
- ☐ 5-4-3-2-1 Technique: Identify 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell, and 1 thing you can taste.
- ☐ Holding a Grounding Object: Hold and focus on an object with a unique texture, such as a smooth stone or a stress ball.
- ☐ Cold Water Splash: Splash cold water on your face or hold an ice cube to help bring you back to the present moment.
- ☐ Describe Your Environment: Look around and describe your surroundings in detail to distract your mind from the panic.
- ☐ Positive Affirmations: Repeat calming phrases to yourself, such as “I am safe,” “This will pass,” or “I can handle this.”
- ☐ Visualization: Imagine a peaceful and calming place where you feel safe and relaxed.
- ☐ Stretching: Perform gentle stretches to relieve muscle tension and improve circulation.
- ☐ Walking or Light Exercise: Take a walk or do light exercise to help release endorphins and reduce anxiety.
- ☐ Self-Massage: Gently massage your temples, neck, or hands to help relax tense muscles.
- ☐ Engage in a Hobby: Distract yourself by engaging in a favorite hobby or activity.
- ☐ Journaling: Write down your thoughts and feelings to help process and release them.

- ☐ Talking to Someone: Call or talk to a trusted friend or family member for support and reassurance.
- ☐ Carry a Panic Attack Kit: Keep a small kit with items like a stress ball, calming essential oil, and grounding object.
- ☐ Use a Mobile App: Use a mental health app designed to help manage panic attacks with guided exercises.
- ☐ Hum a Song: Hum a familiar song to yourself, focusing on the melody and rhythm.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Creating an Emergency Anxiety Kit

Identify items that can be included in your emergency anxiety kit to help manage symptoms during an anxiety episode.

1. List items that provide physical comfort and a sense of security.

Example: "A soft blanket, a favorite stuffed animal, or a cozy sweater."

2. Identify tools that help calm your mind and body, such as stress balls or fidget toys.

Example: "A stress ball, a fidget spinner, or a small massage tool."

3. Consider including items with soothing scents to help relax and reduce anxiety.

Example: "Lavender essential oil, a scented candle, or a small sachet of dried herbs."

4. List aids that can assist with relaxation, such as music or guided meditation recordings.

Example: "A playlist of calming music, guided meditation recordings, or a white noise machine."

5. Include tools that help you practice mindfulness and grounding techniques.

Example: "A mindfulness coloring book, grounding technique cards, or a journal."

6. Add a list of emergency contact information for quick access to support.

Example: "Contact details for a trusted friend, family member, or therapist."

7. Select a container to store your anxiety kit items. Ensure it is portable and easily accessible.

Example: "A small tote bag, a backpack, or a sturdy box."

8. Arrange the items in the container in a way that makes them easy to find and use.

Example: "Use smaller bags or pouches to separate different types of items, like aromatherapy and mindfulness tools."

9. Add any personal touches or decorations to make the kit feel comforting and uniquely yours.

Example: "Decorate the container with stickers or add a personal note of encouragement."

10. Place the kit in a location where you can easily access it when needed.

Example: "Keep the kit in your bag, car, or a specific spot at home where you spend a lot of time."

11. Identify signs that indicate you need to use your anxiety kit.

Example: "Feeling overwhelmed, experiencing rapid heartbeat, or having trouble breathing."

Practicing Self-Compassion

Self-compassion involves treating yourself with the same kindness, understanding, and support that you would offer to a friend. It means acknowledging your suffering, being gentle with yourself, and recognizing that you are not alone in your experiences.

1. Identify the nature of your self-talk. Are you often critical or supportive of yourself?

Example: "I tend to be very self-critical, especially when I experience anxiety or fail to meet my own expectations."

2. Reflect on how often you practice self-kindness. Do you treat yourself with the same kindness you would offer to a friend?

Example: "I realize that I am not as kind to myself as I am to others, especially during difficult times."

3. Write a letter to yourself expressing compassion, understanding, and support. Address your struggles and offer words of kindness.

4. Take a few minutes each day to practice self-kindness. Place your hand on your heart, take deep breaths, and say kind words to yourself.

5. Remind yourself that you are not alone in your struggles. Reflect on the fact that many others face similar challenges.

Example: "I am not alone. Many people experience anxiety, and it is a common part of the human experience."

6. Plan specific times or activities to practice self-compassion daily.

Example: "I will practice self-kindness breaks every morning and write in my self-compassion journal each evening."

7. Use reminders, such as notes or phone alarms, to prompt self-compassionate thoughts and actions.

Example: "I will set a reminder on my phone to take a self-kindness break during my lunch break."

Empowerment Strategies

1. What resources (books, websites, articles) can you use to learn more about your phobia?

2. What are some short-term and long-term goals you can set for managing your phobia?

3. What creative activities can help you express and manage your emotions?

4. What activities make you feel confident and valued?

5. What are your strengths, and how can you use them to cope with your phobia?

Building a Support Network

1. Identify individuals who could be part of your support network.

Family Members	
Friends	
Healthcare Professionals	
Support Groups	

2. Identify how and when you will reach out to potential support members.

Example: "I will call my sister this weekend to discuss my need for support."

3. Communicate your specific needs and how they can help.

Example: "I will explain to my coworker that I need someone to talk to before presentations to help calm my nerves."

4. Discuss and set boundaries to ensure mutual respect and understanding.

Example: "I will let my mother know that I appreciate her support but need space when I am feeling overwhelmed."

5. Engage in activities that strengthen your support network.

Example: "I will attend weekly aerobic classes with my neighbor to build our connection."

6. Provide support to others in your network to build mutual relationships.

Example: "I will offer to listen to my friend's concerns and provide encouragement when they need it."

7. What challenges have you encountered in building and maintaining your support network?

Example: "I have found it difficult to reach out to people and ask for help."

8. How can you improve communication and engagement with your support network?

Example: "I can schedule regular check-ins and be more open about my needs and progress."

9. Are there any additional resources or members you can add to your support network?

Example: "I can look for an online support group for people with situational phobias."

Healthy Lifestyle Choices

1. Set goals for incorporating regular physical activity into your routine.

Example: "I will aim to engage in 30 minutes of moderate exercise, such as brisk walking or yoga, at least 3 times per week."

2. Plan healthy meals and snacks that support mental well-being and stable energy levels.

Example: "I will include more fruits, vegetables, and lean proteins in my diet and reduce intake of caffeine and sugary snacks."

3. Establish a bedtime routine and sleep schedule to improve sleep quality.

Example: "I will create a relaxing bedtime routine, including avoiding screens before bed and maintaining a consistent sleep schedule."

4. Plan activities to start your day on a positive note and reduce anxiety.

Example: "I will include mindfulness meditation or deep breathing exercises to center myself before starting the day."

5. Schedule activities throughout the day that promote physical health, mental well-being, and productivity.

Example: "I will allocate time for exercise, healthy meals, work or study, and breaks for relaxation."

6. Establish a winding-down routine to promote relaxation and prepare for restful sleep.

Example: "I will practice relaxation techniques, such as reading or listening to calming music, before bedtime."

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: Specific phobia, situational type · recognized diagnosis; situational type is a specifier/type
- ICD-11 CDDR: 6B03 Specific phobia · recognized anxiety or fear-related disorder
- A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 30, 31, 32, 36, 37. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- Confirm disproportionate, persistent fear and avoidance with impairment; differentiate panic disorder/agoraphobia, social anxiety, PTSD, OCD, medical risk, and realistic danger before exposure.

Document-specific corrections

- Map the topic to specific phobia, situational type in DSM-5-TR and specific phobia in ICD-11; do not imply every strong fear is a disorder.
- Before exposure, distinguish phobic fear from realistic hazards, medical restrictions, PTSD, OCD, panic disorder/agoraphobia, and inaccessible environments.
- Replace -emergency anxiety kit- wording that reinforces danger beliefs with a coping plan that does not become a safety behavior.
- Require graded, repeated, consent-based exposure with monitoring; avoid flooding and do not combine exposure with intoxication or unsafe activities.

Measures, scoring, and permissions

- Pages [5, 18]: identify each measure and rights holder; verify intended population, reliability/validity, scoring and cutoffs, reproduction permission, and current license. If these are author-created items, label them informal, remove diagnostic cutoffs, and do not claim validation.

Intervention scope and contraindications

- Pages [1, 2, 3, 18, 19, 20, 21, 22, 23, 24, 26, 27, 28]: require topic-qualified clinical review for consent, readiness, contraindications, escalation thresholds, and whether clinician-guided use is necessary.
- Exposure work should be formulation-driven, collaborative, graded, and designed to reduce avoidance and unhelpful safety behavior-not delivered as forced flooding. Screen medical and trauma-related explanations when relevant.

Crisis and current resources

- NICE anxiety guidance; emergency medical services for symptoms that may represent an acute medical event.

Authoritative references

- <https://www.psychiatry.org/psychiatrists/practice/dsm>
- <https://www.who.int/publications/i/item/9789240077263>
- <https://www.nice.org.uk/guidance/cg113>
- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
- <https://icd.who.int/browse/2026-01/mms/en>
- <https://988lifeline.org/>
- <https://www.nice.org.uk/guidance/cg113/chapter/recommendations>