Carers First

Your mental health crisis action plan

About you			
Name:			
Your preferred name and pronouns (if relevant):			
Contact information:	Other important contacts:		
Name and contact information of Carer or Next of Kin:			
Mental health condition(s):	Any other health conditions:		
Medications currently taking:	Any allergies (including food and medication):		
Religious or cultural beliefs:	Any piercings or body modifications:		
Any other important notes that you think might b	e helpful (<i>who you live with, where you work</i>):		



Wellbeing and managing a crisis			
The things I do regularly (work, school, gym, hobby):	The things I do to keep myself well:		
What a crisis looks like for me: (Signs and sympton	ns you may be experiencing a crisis)		
Who needs to be contacted if a crisis occurs:			
Who should have access to this action plan should	a crisis occur:		
Triggers and challenges:	Things that help to calm me (that I do for myself):		



Things I	may find	challenging whe	n having a	mental health	crisis:
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What others can do to help me when I am having a mental health crisis:

What strategies have worked for me before:

Things I am willing to try if the other things do
not work:Things that do not work or make things worse:

Any other important information that may be useful when I am experiencing a mental health crisis (places I may go if I am in crisis, any alcohol or substance misuse, key dates that a crisis is more likely)



Accessing treatment or support for a mental health crisis			
Where I receive treatment for my mental health:			
Treatment received for a mental health crisis before:	Treatment that I will refuse and why:		
People who can make decisions on my behalf (if re	levant):		
Responsibilities I might need help with if I stay in hospital: (<i>pets, letting work know, caring roles for</i> <i>others</i>)	What I will need in my bag for a stay in hospital:		
Things I like (food, music, activities):	Things I dislike (food, music, activities:		
What support I might need whilst I am in hospital a	and when preparing to come home		



Useful contacts				
Name	Relationship to you	Contact information	Additional notes: Aware of MH condition, what to contact about, what information can be shared with them or who should contact them	









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