NAVIGATING
a mental health
CRISIS

PREPARING FOR CRISIS: Creating a Crisis Plan

When a person has a mental illness, the potential for a crisis is never far from mind. Crises can occur even when a person is in treatment. Unfortunately, unpredictability is simply the nature of mental illness.

A crisis plan is designed to help individuals and families address escalating symptoms/behaviors and prepare for oncoming crises. These plans should be written down and stored in a safe location; developed by the person with the mental health condition and their family and friends; and updated whenever there is a change in diagnosis, medication, treatment or providers.

Every plan will be individualized, but some common elements include:

Remember that the best time to develop a crisis plan is when things are going well.

- ✔ Person's general information
- ✔ Contact information for family
- ✔ Contact information for health care professionals
- ✔ Strategies and treatments that have worked in the past
- ✔ A list of what might make the situation worse and a list of what might help
- ✔ Current medication(s) and dosages
- ✔ Current diagnoses
- ✔ Person's treatment preferences
- ✔ Contact information for nearby crisis centers or emergency rooms
- ✔ Contact information for adults the person trusts
- ✔ Safety plans

Crisis Plan

Emergency resource 1:

Phone: Cell phone

Emergency resource 2:

Phone: Cell phone:

Physician: **Phone:**

If we need help from professionals, we will follow these steps (include how the children and other vulnerable family members will be taken care of):

1.

2.

3.

4.

5.

When will we think about going to the hospital? What type of behavior would make us consider doing this?

When will we think about calling 911? What type of behavior would make us consider doing this?

Relapse Plan

The person with the mental health condition and the family should talk together and agree on the following parts of their plan:

How do we know the symptoms are returning? List signs and symptoms of relapse:

1. _____

2. _____

3. _____

When the symptoms on line 1 appear, we will:

◆ _____

◆ _____

◆ _____

When the symptoms on line 2 appear, we will:

◆ _____

◆ _____

◆ _____

When the symptoms on line 3 appear, we will:

◆ _____

◆ _____

◆ _____

When will we think about going to the hospital? What type of behavior would make us consider doing this?

When will we think about calling 911? What type of behavior would make us consider doing this?

Portable Treatment Record

Name: _____   Date of birth: _____

Emergency contacts

Name: _____   Phone: _____

Relationship: _____

Name: _____   Phone: _____

Relationship: _____

Pharmacy: _____   Phone: _____

Location: _____

Primary care physician

Name: _____   Phone: _____

Office address: _____

Psychiatrist

Name: _____   Phone: _____

Office address: _____

Other mental health professionals (therapist, case manager, psychologist, etc.)

Name: _____   Phone: _____

Type of mental health professional: _____

Office address: _____

Name: _____   Phone: _____

Type of mental health professional: _____

Office address: _____

Name: _____   Phone: _____

Medical History

Allergies to medications:

Medication	Reaction

Psychiatric medications that caused severe side effects:

Medication	Side effects	Approximate date discontinued

Major medical illnesses:

Illness	Treatment	Current status

Major medical procedures (ex: surgeries, MRI, CT scan)

Date	Procedure	Result

Current Medical Information

Diagnosis:

Date	Procedure	Who made the diagnosis

Psychiatric hospitalizations:

Date of admission	Reason for hospitalization	Name of facility	Date of discharge

Medication Record

Date prescribed	Physician	Medication	Dosage	Date discontinued