

“A partnership between me and my support network”

Joint Crisis Plan

Last name:

First name:

Date of birth:

Phone number:

Address:

My crisis plan was developed jointly with (names and roles of the different partners):

For what mental health and/or addiction problems do I receive treatment for?

What can trigger the onset of a crisis?

What am I concretely like when I go into crisis? (thoughts, emotions, physical reactions, behaviors)

Are there other signs that appear according to the people around me?

What could I do concretely to deal with this distressing situation? (listing personal strategies first, then the ones involving my supporters and finally those requiring the intervention of professionals)?

Who can I ask for help if needed? (name, nature of the relationship or role, phone number; listing my supporters first, then professionals from my usual support network, and finally the crisis teams or services)

When I am unwell and / or in the event of a crisis:

1. What care or treatment do I want to receive?

2. What care or treatment do I want to avoid? (argue the reasons for the refusal)

3. What alternatives do I suggest? (essential to inform in case of refusal of care or treatment)

In a crisis situation, what are the concrete steps to take or delegate to protect my interests and my daily life? (Mail, childcare, pets, home, work, ... name who can or must do what, put in contact details of people so that they can be reached if necessary)

My crisis plan has been sent to: (place or name, nature of the relationship)

Place and date:

Roles & signatures: