



We, the Mentors will:

1. Agree to see you on a regular basis (we will jointly agree how often)
2. Make every attempt to see you at the agreed time and location; if this is not possible we will contact you and let you know at the earliest opportunity.
3. Involve you in all key decisions made regarding your support and respect your wishes as far as possible. If we have to make a decision that you disagree with, we will explain why at all times.
4. Welcome and encourage involvement from your family, friends or carers in all aspects of your support package. We will only invite them if you give your consent.
5. Try and cause you minimal disruption to your daily routine.
6. Act professionally and with courtesy in all our interactions with you and endeavour to respect and maintain your privacy, dignity and independence.
7. Share information about you to other agencies only if doing so is lawful and necessary. The amount of data shared will be proportionate to the need. We will not share data if we don't have to. Please see the Information Leaflet which explains when we can and cannot share information.
8. Make all decisions in good faith and in your best interests.
9. Record all key decisions and the rationale behind them.
10. Be honest and transparent when speaking to you so that you can build trust in us.
11. Help you, advise you and mentor you to avoid high risk situations.
12. Invite other professional staff from other organisations into the mentoring process if we believe that it will help you make progress.
13. Write a 'Response Plan' with you that fairly and accurately describes your mental health profile, your most common crisis behaviours and what frontline staff should do if they find you in specific types of incidents. A Response Plan will clearly describe when and how services are able to support you. We think it is important that you write this with us. We will provide you with a copy at all times, so you can fully understand your plan.

Name of Mental Health Mentor _____ Date _____

Name of Police Mentor _____ Date _____



I, the service user will:

1. Engage with my mentors and make myself available for mentoring sessions and home visits.
2. If I cannot attend a pre-arranged meeting, then I will telephone to let my mentors know at least two hours before the meeting is due to start. I will always give a reason why I cannot participate.
3. Ensure that my home is a safe and appropriate environment for my mentors to visit.
4. Abstain/minimise the use of alcohol or illicit substances whilst under the programme.
5. If I am struggling with alcohol or drugs, then I will ask my mentors for professional help.
6. Be open and honest with my mentors at all times, (because they cannot help me with a problem if they do not know about it).
7. Answer any questions honestly that my mentors ask about any previous incidents that I have been involved in and work hard to understand how I can prevent further incidents.
8. Help my mentors to write a Response Plan.
9. Tell my mentors if they have made a decision that I do not agree with.
10. Ask for a family member, friend, carer or advocate to support me if I need support.

I understand that the mentors have been provided to help me make progress in different aspects of my life.

This can include:

- Coping better with my mental health
- Helping me with my physical health
- Housing problems
- Drug and alcohol problems
- Helping me to avoid being arrested
- Helping me to avoid risky situations
- Helping me to cope at home and to know the best ways to ask for help
- Helping me to meet new people

- I understand that this is a voluntary programme and that I can stop at any time.
- The mentors have explained the advantages of the programme and the disadvantages of stopping.
- I agree to the above requests set out by the mentors. I have read about when information about me can be shared between organisations.
- I have been given a copy of the Privacy Notice which explains why public service teams are sharing information about me, what law allows them to do this and that they can share both to help me when I am in crisis and to help me prevent the next one. I understand that I cannot give or remove consent for them to do this as the law allows them to share in my best interests.

Name of Service User _____ Date _____

Friend/Appropriate Adult _____ Date _____



INVOLVEMENT OF FAMILY, FRIENDS OR CARER

I wish the following people to be involved in my care.

| | | LEVEL OF DISCLOSURE | | |
|------------------|-------|--------------------------|--------------------------|--------------------------|
| | | No Clinical Disclosure | Emergency only | Full |
| Name | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How I know them: | _____ | | | |
| Tel No: | _____ | | | |
| Mobile: | _____ | | | |
| Email: | _____ | | | |
| Name | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How I know them: | _____ | | | |
| Tel No: | _____ | | | |
| Mobile: | _____ | | | |
| Email: | _____ | | | |
| Name | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How I know them: | _____ | | | |
| Tel No: | _____ | | | |
| Mobile: | _____ | | | |
| Email: | _____ | | | |
| Name | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How I know them: | _____ | | | |
| Tel No: | _____ | | | |
| Mobile: | _____ | | | |
| Email: | _____ | | | |

I understand that in the event of an emergency they may be contacted to help or locate me.

I understand that in certain circumstances, data can be shared without seeking my consent.

Service User Signature: _____ Date _____

Friend/Appropriate Adult: _____ Date _____