



CRISIS RESPONSE PLAN

Name: x

Date of Birth: x

Place: x

NHS Number: x

Police ID Number: x

ORIGINATING POLICE: x

ORIGINATING NHS TRUST: x

Plan last updated on:

xx xxx 20xx

Expires Date:

xx xxx 20xx

SERVICE USER SIGNATURE

Name of
Service User

POLICE SIGNATURE

Name of
Police MENTOR

NHS SIGNATURE

Name of MH
MENTOR



REASONS WHY THIS SERVICE USER IS BEING MANAGED BY SIM LONDON

Intervention aims to help the service user by:

- Reducing risk of suicide, accidental suicide or serious harm.
- Preventing offending or anti-social behaviour during a crisis.
- Improving the quality of care that fits this service user's crisis.
- Preventing harm to the service user from others.
- Improving the quality of care to help prevent crisis and improve life outcomes and life expectancy.

Intervention aims to help the services by:

- Reducing unnecessary demand upon emergency teams.
- Improving the integration of care.



SHARING UPDATED RESPONSE PLANS WITH THE SERVICE USER IS VITAL EVERY TIME YOU MAKE CHANGES

When the response plan is updated, how does the service user wish to be given a copy of the updated version?:

Paper Copy:

- Paper copy given to them by hand asap.
- Paper copy sent to them in the post (must have own post box).
- Paper copy sent to a member of their family/friend/advocate.

Email:

- Electronic version sent to service user's email address.
- Electronic version sent to email of family/friend/advocate.

SERVICE USER

Type here

MOTHER AND FATHER

Type here

WIFE

Type here



CONTENTS:

COMMAND AND CONTROL KEY POINTS

Key Notes to guide Control Room decisions. This is the only section that may include information not seen by the service user. e.g. it may include confidential or restricted info about other people.

MY SAFE PLACES, PEOPLE & ROUTINES

My Safe Places, Safe People and Safe Procedures.

“I” STATEMENTS

Key Statements about my health, abilities and skills.

CRISIS SPECIFIC DASHBOARD

How to respond to me when I'm in each type of crisis.

MEDICAL INFORMATION

Relevant information about my physical and mental health.

MEDICATION

Relevant information about the medication I take.

RISK OF OFFENDING WHILST IN CRISIS

Information about my crisis related offending.

MENTOR CONTACT INFORMATION

Information about how to contact my Mentoring Team.

COMMAND AND CONTROL: KEY MESSAGES

NAME OF POLICE MENTOR

NAME OF POLICE FORCE

NAME OF NHS MENTOR

NAME OF NHS TRUST

NAME OF ADVOCATE

RELATIONSHIP TO SERVICE USER

CONFIDENTIAL/RESTRICTED/UNPROTECTED

(Delete as appropriate)

Type here





MY SAFE PLACES, PEOPLE & ROUTINES

The following places have been identified by this service user and their mentoring team as **highly suitable places of safety**. These places should be used at **every opportunity** as the **first option** when in crisis as opposed to using s136 of the Mental Health Act. Each place has an identified safe person and safe process (specific instructions for de-escalation, self care and support).

AGREED PLACE/PERSON/ROUTINE

1



Agreed Destination:

Description:

Address Line: 1

x

Town/City:

x

Post Code:

XXXX XXX



Agreed means of getting there:

x



Safe people I know there:

Name:

Position:

Tel:

Name:

Position:

Tel:

Name:

Position:

Tel:

1 → 2 → 3

Agreed safety routine when I get there:

x





MY SAFE PLACES, PEOPLE & ROUTINES

AGREED PLACE/PERSON/ROUTINE

2



Agreed Destination:

Description:

Address Line: 1

Type here

Town/City:

Type here

Post Code:

XXXX XXX



Agreed means of getting there:

Type here



Safe people I know there:

Name: Type here

Position:

Tel:

Name: Type here

Position:

Tel:

Name: Type here

Position:

Tel:

1 → 2 → 3

Agreed safety routine when I get there:

Type here





MY SAFE PLACES, PEOPLE & ROUTINES

AGREED PLACE/PERSON/ROUTINE

3



Agreed Destination:

Description:

Address Line: 1

Type here

Town/City:

Type here

Post Code:

XXXX XXX



Agreed means of getting there:

Type here



Safe people I know there:

Name: Type here

Position:

Tel:

Name: Type here

Position:

Tel:

Name: Type here

Position:

Tel:

1 → 2 → 3

Agreed safety routine when I get there:

Type here





“I” STATEMENTS

About my Crisis Plan

Type here

About my Mental Capacity

Type here:

About my Desire for Living

Type here



About Duty of Care/who takes responsibility

Type here:

About my Mental Health Diagnosis

Type here



About my Mentors and Mentoring

Type here:

About why we are using Positive Risk Taking

Type here:





MY CRISIS DASHBOARD

Categories in PINK have 'crisis specific' plans

ACCIDENT
DELIBERATE

A&E
FREQUENT ATTENDS

A&E
REFUSAL TO LEAVE

A&E
ABUSIVE/DISRUPTS

A&E
AWOL/SELF DISCHARGE

ASSAULT/THREATEN
FAMILY

ASSAULT/THREATEN
FRIEND

ASSAULT/THREATEN
NEIGHBOUR

ASSAULT/THREATEN
STAFF

ASSAULT/THREATEN
PUBLIC

ANNIVERSARY

AWOL OR ESCAPES

COMMUNICATES
FAILS TO

COMMUNICATES
PHONE/TEXT

COMMUNICATES
SOCIAL MEDIA

CRIMINAL DAMAGE

DRIVING/RIDING
DANGER/CARELESS

FALSE/MALICIOUS
ALLEGATION

FALSE/MALICIOUS
REPORTS INCIDENT

FIRE
ARSON/FIRE SET

FIRE
OTHER

GP OR CLINIC
FREQUENT ATTENDS

INTOXICATION
ALCOHOL/DRUGS

JUMP/HEIGHT
ROAD BRIDGE

JUMP HEIGHT
RAIL BRIDGE

JUMP/HEIGHT
BUILDING

JUMP/HEIGHTS
CLIFF

JUMP/HEIGHTS
INTO WATER

MISSING PERSON

POSSESSION
OFFENSIVE WEAPON

POSSESSION
BLADED OBJECT

PUBLIC PLACE
FREQUENT ATTENDS

PUBLIC PLACE
DISORDERLY

PUBLIC PLACE
DISTRESSED

PUBLIC PLACE
INDECENT/NAKED

PUBLIC PLACE
INNAPPROPRIATE

REFUSAL TO
ACCEPT CARE/MEDS

REFUSAL TO
ATTEND

REFUSAL TO
LEAVE

SELF HARM
ASPHYXIATE/HANG

SELF HARM
BLEEDING

SELF HARM
CUT/STAB/WOUND

SELF HARMS
DIGESTS

SELF HARM
EATING/FOOD

SELF HARM
INSERTS

SELF HARM
MUTILATE

SELF HARM
OVERDOSE

SELF HARM
NOXIOUS

SEXUAL
HARM ANOTHER

SEXUAL
PROMISCUITY

SEXUAL
PROSTITUTION

SEXUAL
RISKY BEHAVIOUR

TRESPASS/OBSTRUCT
ENDANGER: FERRY

TRESPASS/OBSTRUCT
ENDANGER - RAIL

TRESPASS/OBSTRUCT
ENDANGER: ROAD

NEW
NEW

NEW
NEW

NEW
NEW

NEW
NEW

NEW
NEW

NEW
NEW

NEW
NEW

NEW
NEW

NEW
NEW

NEW
NEW





MY TYPES OF CRISIS

TYPE OF CRISIS....

WHY DO I CHOSE THIS BEHAVIOUR?

WHAT OUTCOME DO I NEED OR EXPECT?

WHAT IMPACT DOES IT HAVE ON OTHERS?

DOES THIS BEHAVIOUR HAVE A RISK OF ARREST?

AGREED RESPONSE:

MY SAFE PLACES, PEOPLE & ROUTINES

The following routine has been identified as appropriate for this type of incident
Please see Section 2 for more information





MY TYPES OF CRISIS

TYPE OF CRISIS....

WHY DO I CHOSE THIS BEHAVIOUR?

WHAT OUTCOME DO I NEED OR EXPECT?

WHAT IMPACT DOES IT HAVE ON OTHERS?

DOES THIS BEHAVIOUR HAVE A RISK OF ARREST?

AGREED RESPONSE:

CONTINUE ON NEXT PAGE



TYPE OF CRISIS....

AGREED RESPONSE (CONTINUED):

MY SAFE PLACES, PEOPLE & ROUTINES

The following routine has been identified as appropriate for this type of incident
Please see Section 2 for more information





MY TYPES OF CRISIS

TYPE OF CRISIS....

WHY DO I CHOSE THIS BEHAVIOUR?

WHAT OUTCOME DO I NEED OR EXPECT?

WHAT IMPACT DOES IT HAVE ON OTHERS?

DOES THIS BEHAVIOUR HAVE A RISK OF ARREST?

POLICE WILL

POLICE WILL NOT

CONTINUE ON NEXT PAGE



TYPE OF CRISIS....

AMBULANCE STAFF WILL

AMBULANCE STAFF WILL NOT

A&E STAFF WILL

A&E STAFF WILL NOT

CONTINUE ON NEXT PAGE



TYPE OF CRISIS....

MENTAL HEALTH STAFF WILL

MENTAL HEALTH STAFF WILL NOT

OTHER NOTES

MY SAFE PLACES, PEOPLE & ROUTINES

The following routine has been identified as appropriate for this type of incident
Please see Section 2 for more information





MY MEDICAL INFORMATION

Mental Health

Type here

Type here

Type here

Type here

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Physical Health

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Type here

Type here

Type here





MY MEDICATION

Name: Type here

Type of Medication: Type here

Used for: Type here

Instructions: Type here

Notes:

Name: Type here

Type of Medication: Type here

Used for: Type here

Instructions: Type here

Notes:

Name: Type here

Type of Medication: Type here

Used for: Type here

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Type of Medication: Type here

Used for: Type here

Instructions: Type here

Notes:

Name: Type here

Type of Medication: Type here

Used for: Type here

Instructions: Type here

Notes:





OFFENDING WHILST IN CRISIS

ONLY OFFENCES RELATING TO MENTAL HEALTH CRISIS ARE SHOWN
PLEASE CHECK PNC IF YOU REQUIRE FULL OFFENDING HISTORY

PNC

CRO

XX

XX

XXX

XX

Type here

Type here:

XXX

XX

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Type here:

XX

XX

XX

XX

Type here

Type here:

XX

XX

XX

XX

Type here

Type here





MENTOR CONTACT INFORMATION

Name:

Position:

Organisation:

Tel:

Email:

Will this mentor accept phone calls whilst off duty?

YES/NO

Name:

Position:

Organisation:

Tel:

Email:

Will this mentor accept phone calls whilst off duty?

YES/NO

Name:

Position:

Organisation:

Tel:

Email:

Will this mentor accept phone calls whilst off duty?

YES/NO

