**How to use the ACT crisis action plan template**

This template was designed to be tailored to each user in preparing for a crisis response. It is to be completed on computer before printing. You can complete this form with your GP or mental health professional. Your close family and friends are also in a good position to spot signs that you might not be aware of.

All text in *italics and grey* can be changed to your profile and your recognised signs. You can check and uncheck these boxes. Feel free to revise your responses when your circumstances change.

The crisis signs and action table is divided into green, yellow and red. They represent states of calm, emotional distress and emergency crisis. You can delete/add rows to the table according to the amount of detail you provide.

To make the best use of this form, complete all the details of this form ensuring all details are up to date and place this form somewhere that is noticeable for you and your loved ones e.g. the fridge.

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| ACT CRISIS ACTION PLAN | | | ***About you*** |
| **Day** | **Contact** | **General Practitioner (GP)** | **Name:** *Enter your name*  **DOB:** *Enter your DOB*  🕿 **Phone:** *Enter your number*  🕿 **Mobile:** *Enter your mobile*  **Address:** *Enter your address*  **Diagnosis:** *List diagnosis*  **Medication:** *List current medication* |
| **MONDAY -FRIDAY** | **Name:** *Enter name*  **Role:** *Enter person’s role*  🕿 **Mob:** *Enter person’s number* | **Name:** *Enter name*  🕿 **Phone:** *Enter GP’s number*  **Practice:** *Enter practice name* |
| **OUT OF HOURS** | **Crisis Assessment and Treatment Team (CATT)** | **1800 629 354 or (02) 6205 1065** |
| **Lifeline** | **13 11 14** |
| **Suicide Call Back Service** | **1300 659 467** |
| **BeyondBlue Support Service** | **1300 224 636** |

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| **GREEN Light** ***“Signs that I am well and strengths to build on”*** | | | ***“Things I need to do to stay well”*** | | |
| *E.g. I feel well, feeling like doing things/sleeping well, eating well* | | | *E.g. Be ‘involved’ in life, prioritise what I want & need to do – write it out.* | | |
| *E.g. Walking everyday & swimming 3 times per week.* | | | *E.g. Talk to family/friends early if things that worry me – write my poetry.* | | |
| *E.g. Getting out & about with family & friends, not isolating myself.* | | | *E.g. Take my medication AS PRESCRIBED.* | | |
| *E.g. I’m coping & work is going well, managing bills OK* | | | *E.g. Keep my appointments with GP & mental health professionals.* | | |
| *Type in more signs that you’re OK.* | | | *Type in more actions you take to stay well (relaxation techniques/physical activity etc.).* | | |
| **YELLOW** **Light *“Signs that I am becoming unwell”*** | | | ***“Things I need to do to get better”*** | | |
| *E.g. No energy, quiet / bored / rather be alone / low confidence*. | | | ***DO ALL THE THINGS ABOVE*** | | |
| *E.g. Starting to feel low / depressed / crying / not sleeping well.* | | | *E.g. Keep involved - even when I don’t feel like it* | | |
| *E.g. Forgetting to take medication / can’t concentrate or remember* | | | *E.g. Make the environment around you safe or leave the unsafe place.* | | |
| *E.g. Beginning to think about harming/killing myself* | | | *Talk to my GP/mental health professional – if necessary, make an early appointment.* | | |
| *Type in more signs of early crisis (triggers/thoughts/images/mood/situation/behavior)*. | | | *Type in more actions you can take to prevent a crisis (distraction or people/agencies to contact etc.).* | | |
| **RED** **Light *“Signs that I am unwell”*** | | | ***“Crisis Response / Actions to be taken”*** | | |
| *E.g. Feeling really depressed / isolating myself / crying all the time.* | | | **Make appointment with my GP/mental health professional.** | | |
| *E.g. Not sleeping – no appetite.* | | | If OUT of HOURS - PHONE HELPLINE/EMERGENCY SERVICES 000. | | |
| *E.g. Thoughts & planning about harming/ killing myself.* | | | *Type in other actions you or others can take.* | | |
| *Type in more signs of crisis/relapse.* | | | *Type in other actions you or others can take.* | | |
| *Type in more signs of crisis/relapse.* | | | *Type in other actions you or others can take.* | | |
| **🖐 If I need to go to hospital, please notify** | 1. **Name:** *Enter name*   **Relationship:** *Relationship to you*  🕿 *Enter contact number* | 1. **Name:** *Enter name*   **Relationship:** *Relationship to you*  🕿 *Enter contact number* | | 1. **Name:** *Enter name*   **Relationship:** *Relationship to you*  🕿 *Enter contact number* | |
| **🖐 When I am unwell, I will need help with** | Dependents Pets Pension/Benefit Accommodation Employment – please notify | | | | |
| **I have the following specific needs:**  *E.g. children/dependents, interpreter, cultural, diet, communication, physical disability, gender preference for clinician* | Notes:  *Type here to provide specific information about your family/friends who need to be notified.*  *Provide information of children/dependents and who you trust to care for them in your absence.*  *Provide information and/or instructions about issues or concerns relating to your care.* | | | | **Other Important Contacts**  **Work:** *Enter work name*  🕿 *Enter work number* |

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| **Current psychological treatment** | **Approach** | **Commencement Date** | **Planned review date** | **Provider/s** |
| *Enter therapeutic approach* | *Click or tap to enter a date.* | *Click or tap to enter a date.* | *Click or tap here to enter text.* |
| *Enter therapeutic approach* | *Click or tap to enter a date.* | *Click or tap to enter a date.* | *Click or tap here to enter text.* |

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| **Current medicines** | **Name of medicine** | **Dosing information** | **Purpose** | **Prescribing doctor** |
| *Enter medicine* | *Prescribed dosage* | *Enter purpose of prescribed medicine.* | *Enter name of doctor.* |
| *Enter medicine* | *Prescribed dosage* | *Enter purpose of prescribed medicine.* | *Enter name of doctor.* |

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|  | **Situation** | **Intervention or response** | **Outcome** | **Notes** |
| **Clinical interventions or responses that have been helpful in the past:** | *Describe situation* | *Describe intervention/response* | *Enter outcome* | *Enter extra notes.* |
| *Describe situation* | *Describe intervention/response* | *Enter outcome* | *Enter extra notes.* |
| **Clinical interventions or responses that have been unhelpful in the past:** | *Describe situation* | *Describe intervention/response* | *Enter outcome* | *Enter extra notes.* |
| *Describe situation* | *Describe intervention/response* | *Enter outcome* | *Enter extra notes.* |