

# CRISIS PLAN FOR YOUR SUPPORT SYSTEM

*Make copies of this worksheet to share with the people in your circle of support so that they know how they can help you when you are nearing or in crisis.*

**This is the list of people in my circle of support. You may call them to let them know that I need help.**

<i>Name</i>	<i>Relationship (Friend, Parent, etc.)</i>	<i>Phone Number</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**These are my doctors, therapists, and mental health service providers.**

<i>Name</i>	<i>Relationship (Doctor, Psychiatrist, Social Worker)</i>	<i>Phone Number</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**These are the names of my children.**

<i>Name</i>	<i>Date of Birth</i>	<i>School</i>	<i>Caretaker</i>	<i>Special Needs</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**These are the things I need help taking care of if I am hospitalized.**

<i>Task</i>	<i>When or How Often</i>	<i>Who is Responsible</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*continue to other side >*

**In this section, you can help your friends and family members with suggestions about how they can offer support.**

*You can help me by: (Examples may include having coffee with me, listening to me, going for a walk with me, helping me challenge negative thinking)*

*Please don't: (These are things that are not helpful to you. Examples may include don't tell me to just feel better or don't force me to engage with large groups of people)*

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*This crisis plan does not replace a Psychiatric Advance Directive. If you are concerned about medical treatments when in a crisis, please call Mental Health Minnesota at 651-493-6634 or 800-862-1799 to speak with an advocate about how to complete a Psychiatric Advance Directive and for referrals to attorneys in your area who can help.*

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MENTAL HEALTH Minnesota  
*The Voice of Recovery*