Making a Crisis Support Plan

A practical guide to recognising distress, staying safer and finding support

Space to Breathe Therapy

A crisis plan is not a test of resilience. It is a practical document that helps you and the people you trust know what to do when thinking, speaking or making decisions becomes difficult.

This is an educational and personal-planning resource. It does not replace assessment, treatment or emergency care. If you or somebody else is in immediate danger, call 999 in the UK or go to A&E.

1. Understanding a crisis

A mental health crisis can involve feeling unable to cope, extreme distress, hopelessness, panic, disconnection, agitation or thoughts of harming yourself. Some people become quiet, freeze, shut down or lose access to speech. A crisis does not look the same for everyone.

Creating a plan during a calmer time makes it easier to recognise change and take useful steps early. It is fine to complete this guide over several sittings or with someone you trust.

Three levels of support

Early signs: I notice changes and try low-demand coping steps, rest, hydration, food if manageable, and a supportive check-in.

Escalating distress: I contact a trusted person or clinician, reduce demands, move to a safer place and follow my written support steps.

Immediate danger: I seek urgent help now rather than relying on self-help alone. In the UK, call 999 for immediate danger or attend A&E.

2. My early warning signs

Look for changes in sleep, eating, physical sensations, routines, communication, thoughts, sensory tolerance or connection with others. Warning signs may be subtle.

Examples include withdrawing from messages, feeling unusually restless, struggling to make everyday choices, feeling trapped, or noticing thoughts becoming frightening or harder to interrupt.

My first signs that things are changing:

What others might notice before I do:

3. Triggers and pressures

Triggers are not always obvious. Stress can build through several small pressures: conflict, work, illness, unexpected change, sensory demands, loneliness, grief, disrupted routine or lack of rest.

What tends to increase my distress?

What helps me notice rising pressure earlier?

4. What helps when I am overwhelmed

Choose strategies you have tried or feel able to try. Nothing has to work for everyone. A strategy that is useful at an early stage may not be enough during a severe crisis.

Lower demands: pause conversations, turn down noise and light, move away from crowds, or reduce decisions.

Reconnect with the present: place feet on the floor, name familiar objects, hold a comforting item or gently notice your breathing without forcing a pattern.

Meet basic needs: consider a drink, a safe snack, prescribed medication as directed, rest, warmth or a change of environment.

Reach out: ask someone to sit nearby, send a prepared message or request help with contacting a service.

My three most useful strategies:

5. Communicating what I need

During distress, speaking, listening, reading or processing questions may become difficult. Supporters should not assume silence means consent or that a person does not understand.

Ways I may communicate: text messages, short phrases, pictures, gestures, written choices, communication cards, assistive technology or a trusted person helping convey my wishes.

Suggested prepared message: “I am struggling and need support. Please contact me, help me find somewhere safe, and ask one simple question at a time.”

What others should do when I cannot explain myself:

What others should avoid doing or saying:

6. People and professional support

Choose people who are willing and able to help, and agree what they can realistically do. Where possible, include a backup contact and a professional service. Keep phone numbers somewhere accessible offline.

First trusted person / telephone

Backup person / telephone

GP, care team or local crisis service / telephone

7. My immediate safety steps

If I begin to feel at risk of harming myself, I will treat that as a signal to get additional support. I do not have to wait until the situation becomes an emergency to ask for help.

1. Move to a place where I am less isolated and can access support, if it is safe to do so.

2. Contact a trusted person or appropriate crisis professional and explain that the situation is urgent.

3. Ask someone I trust to help reduce access to anything I might use to hurt myself, when safe and appropriate.

4. Avoid alcohol or non-prescribed substances that could make decisions or distress harder to manage.

5. If danger is immediate, call 999 or go to A&E; do not wait for a planned appointment.

UK crisis and urgent support

Immediate danger: 999 (ambulance, police or other emergency response) or the nearest A&E.

Urgent mental health help in England: NHS 111 and select the mental health option, or use your local NHS crisis line if you have one.

Someone to listen: Samaritans, free on 116 123, day and night.

If outside England, check local NHS urgent mental health arrangements. If outside the UK, use the emergency number and crisis services in your country. Helplines are not substitutes for emergency assistance.

8. After a crisis

Recovery may need time, privacy, reassurance and practical support. Avoid pressure to immediately explain or analyse everything. When ready, consider what helped, what did not, and whether the plan needs changing.

Who can help me follow up with healthcare or practical responsibilities?

My one-page crisis support plan

Keep a copy accessible to you and to trusted people, with your consent. Update it if needs or contacts change.

My earliest warning signs

My triggers or stressors

What I can do first

What someone else can do to help

Who to contact, including backup

Where I can feel safer

What to do if I am at immediate risk

Last reviewed: _____ Next review: _____

A few final reminders

Your plan belongs to you. You can change the wording, use symbols or images, leave sections for later or invite a trusted person to help complete it. A useful plan is one that works for your actual needs, not an idealised version of how you think you should cope.

If the plan is being used with a young person, a person who needs decision-making support or a person at significant risk, it should be developed alongside appropriate safeguarding and clinical support. Agree clearly who is responsible for urgent action and how confidentiality and information-sharing will work.

Questions for reflection

What would make it easier for me to ask for help before a crisis escalates?

What do I want the people around me to understand about my experience?

Further support

Space to Breathe Therapy offers compassionate therapeutic support and wellbeing resources. Learn more at spacetobreathetherapy.co.uk.

This guide is for personal reflection and support planning. Contact details and services may change; check up-to-date local provision when making your plan.