



Appendix A: My Backup Plan

Introduction

My Back-Up Plan is designed to help your loved one, and those around them, to think about and write down what they need to stay well. It will help to identify the signs or triggers that may make them feel unhappy, uncomfortable or unwell, as well as what to do if a crisis occurs and how to get back on track after a crisis.

The Plan is written from the point of view of your loved one and is arranged in sections that you can work through, one at a time. Simply look at each page in turn and answer the questions according to your loved one's circumstances. If anything does not apply, leave it blank and move on. If you run out of space in any section, you can photocopy or print extra blank page(s).

Once you have finished, reading the relevant pages will help remind you, and those that support your loved one, how best to keep them well and happy, and how to help them manage on 'less good' days.

It is really important to work with your loved one and to ensure they have the final say on what is included and who receives a copy of the plan.

Attention to detail is very important. Just go at your own speed and do not rush completing it.

Urgent Help

If you are worried about the immediate safety of your loved one, and they are at risk of hurting themselves or others around them, take one of the following actions, depending upon your circumstances.

- If you have already been given a Crisis Line number from a health professional, ring them straightaway.
- If you are under the care of a mental health team and have a specific care plan that states who to contact when you need urgent care, follow this plan.
- If the situation is urgent but not life-threatening, book an emergency appointment with your GP or call 111 for advice.
- If there is an acute immediate threat to life, Visit A&E or call 999.

NB: this information is based on *Dealing with a mental health crisis or emergency:*

<https://www.nhs.uk/NHSEngland/AboutNHSServices/mental-health-services-explained/Pages/mental-health-emergencies.aspx>



References

This Backup Plan template is based upon NICE Quality standard [QS14]: Quality statement 9: Crisis planning:

<https://www.nice.org.uk/guidance/qs14/chapter/Quality-statement-9-Crisis-planning>

NICE guideline NG54: Mental health problems in people with learning disabilities: prevention, assessment and management provides additional relevant information about what good care and support looks like, including the identification and assessment of a potential mental health problem in those living with a learning disability.

<https://www.nice.org.uk/guidance/ng54/chapter/Recommendations>



My Backup Plan

NB: The information contained within this plan is personal and confidential and is to be accessed and used by authorised users only.

This plan belongs to:	
Name	
Address	
Telephone No.	
Date of birth	

I developed this plan on (date) _____ with the help of _____

This plan takes over from any with an earlier date.

My Plan	Print Name	Date
	Sign	
Witness 1	Print Name	Date
	Sign	
Witness 2	Print Name	Date
	Sign	
Legal Rep / LPA / Deputy	Print Name	Date
	Sign	



Who can see my Plan

I want the following people to have a copy of My Backup Plan

Name	
Role	
Contact	
Name	
Role	
Contact	
Name	
Role	
Contact	
Name	
Role	
Contact	
Name	
Role	
Contact	



Weekly Routine

Make a list of things that help you feel well on a daily basis. For example, list activities that you enjoy: hobbies, sports, music, arts, regular exercise, making contact with loved ones and those around you, going out and about, chilling out...

Activities	Day of the week
	Monday
	Tuesday
	Wednesday
	Thursday
	Friday
	Saturday
	Sunday



All About Me

What is important to me?

What do people like and admire about me?

How best to support me?

Supervision

(Staffing, DoLS, CTO, CPA etc.)

Protocols

Emergency medication protocols in place

Allergies

Cultural needs

Next of Kin

Name
Address

Telephone number

Nearest Relative
*(appointed under the
Mental Health Act)*

Name
Address

Telephone number



Where you would like to be admitted in the event of hospitalisation

List below the treatment facilities where you prefer to be treated or hospitalised, if that becomes necessary. At the bottom of the page, list any that you want to avoid.

Name of Unit	Contact Person	Phone No.
<u>I prefer this facility because:</u>		

Name of Unit	Contact Person	Phone No.
<u>I prefer this facility because:</u>		

Name of Unit	Contact Person	Phone No.
<u>I prefer this facility because:</u>		



Write down below any treatment facilities that you want to avoid.

Name of Unit	Address
<u>Reason to avoid using:</u>	

Name of Unit	Address
<u>Reason to avoid using:</u>	

Name of Unit	Address
<u>Reason to avoid using:</u>	



Details of advance statements and advance decisions

Advance care planning is entirely voluntary, and no one is under any pressure or obligation to make advance decisions.

Please look at the table below. If you have any of these documents in force, please enter the information requested to help keep track of everything.

Advance Statement	Date signed	Enter date here
Held by: Name	Address	Tel No
Print/Sign		
Advance Decision	Date signed	Enter date here
Held by: Name	Address	Tel No
Print/Sign		
Lasting Power of Attorney	Date signed	Enter date here
Held by: Name	Address	Tel No
Print/Sign		
Court of Protection Deputy	Date signed	Enter date here
Held by: Name	Address	Tel No
State: Health & Welfare (H&W) and/or Finance (FIN) Print/Sign		
Will	Date signed	Enter date here
Held by: Name	Address	Tel No
Print/Sign		



The degree to which families or carers are involved in your Plan

On this page, write down the names of everyone who is helping you so that they can all work well together successfully.

Name	
Role	
Contact	
Name	
Role	
Contact	
Name	
Role	
Contact	
Name	
Role	
Contact	
Name	
Role	
Contact	



Information about 24-hour access to services

Write in here all your crisis and emergency contacts:

Name	
Department/role	
Contact	
Name	
Department/role	
Contact	
Name	
Department/role	
Contact	
Name	
Department/role	
Contact	
Name	
Department/role	
Contact	



Treatments and Complementary Therapies

List treatments that help reduce your symptoms and when they should be used:

Treatment/Complementary Therapy

When and how to use this treatment/complementary therapy

Treatment/Complementary Therapy

When and how to use this treatment/complementary therapy

Treatment/Complementary Therapy

When and how to use this treatment/complementary therapy

Treatment/Complementary Therapy

When and how to use this treatment/complementary therapy



My Support Documents checklist	
<i>Please tick all documents in use. Keep everything together in one place along with this Plan.</i>	Tick
My Backup Plan	<input checked="" type="checkbox"/>
Communication Passport	<input type="checkbox"/>
Hospital Passport	<input type="checkbox"/>
Current Medications	<input type="checkbox"/>
Medication Chart	<input type="checkbox"/>
Medication Protocols	<input type="checkbox"/>
Risk assessments	<input type="checkbox"/>
Mental Health Act papers	<input type="checkbox"/>
Mental Capacity Assessments	<input type="checkbox"/>
Positive Behaviour Support Plan	<input type="checkbox"/>
Behaviour Management Plan	<input type="checkbox"/>
Person-Centred Care Plan	<input type="checkbox"/>
Activity Planner	<input type="checkbox"/>
Health Action Plan	<input type="checkbox"/>
Education Health & Care Plans	<input type="checkbox"/>
SEN Support Plans	<input type="checkbox"/>
Child in Need Plan	<input type="checkbox"/>
Looked After Child Care Plan	<input type="checkbox"/>
Any relevant youth justice assessment or plan	<input type="checkbox"/>
Ministry of Justice documents (where appropriate)	<input type="checkbox"/>
The community service specification	<input type="checkbox"/>
The community service specification and/or discharge plan.	<input type="checkbox"/>
Nursing Assessment	<input type="checkbox"/>
Occupational Therapy report	<input type="checkbox"/>
Speech and Language Therapy Assessment	<input type="checkbox"/>
Advance Care Plans	<input type="checkbox"/>