Mental Health in Middlesbrough

Helping me to navigate mental health support and treatment

Hear Me Once.

Contents Page

Quick Link to Page

Mental Health in Middlesbrough

Make a note of important emergency numbers here:

ICE (In Case of Emergency) details:

Name	
Relationship	
Contact number	

- NHS Emergency Mental Health support: 111 option 2
- Text message helpline: Text 'CALMER' to 85258. Shout's mental health professionals are available 24/7 and can help if youíre feeling stressed, isolated or low.
- Samaritans: call free on 116123
- Add other phone numbers important to you here:

Name	Contact details

This is yours. Use it to tell your story and share what matters most to you when you're looking for help with your mental health.

You're in control - the information you write belongs to you, and you decide who you want to share it with.

Itís here to help you avoid repeating your story every time you speak to a new service or professional.

- You can use it to keep track of:
- Your experiences
- The support you have
- What helps you feel well

You don't need to fill it all in at once - take your time and go at your own pace. Every small step counts.

Information at a glance:

My first name is

I live with: (write YES/NO to all that apply)

- Serious / complex mental Illness
- Chronic mental health conditions
- Physical health conditions
- Neurodiverse / autism spectrum disorder

Other

My Background - what I want you to know about me

Here are some ideas for what you might want to include on this page:

When did your mental health difficulties start?
(This can be an approximate timeframe, for example, in my 20's, 10 - 15 years ago)

A bit about your background:
For example, you might want to mention any family history of mental health problems, your experiences at school, if you have caring responsibilities, or any significant life events.

My Background continued

Support you've received: What help or support have you tried? What worked well for you, and what didn't? (This could include therapies, medication, or counselling, Recovery College)

Coping strategies: What techniques or strategies have you tried, or have been suggested to you? (For example, mindfulness, physical activity, or anything else that helps.)

Is there any other information that is important to you that you would like to share?

What have I learned about myself over time.

What lessons have I learned about me, what can I do now to help myself cope better in my every day (e.g. something you have achieved, becoming more confident, managing a condition)

My Current Situation

My current mental health issues: (e.g. how I am feeling, my mood, what I have started or stopped doing)

Current issues or situations affecting my mental health:

What I am doing to help me cope at the moment:

My Current Situation continued

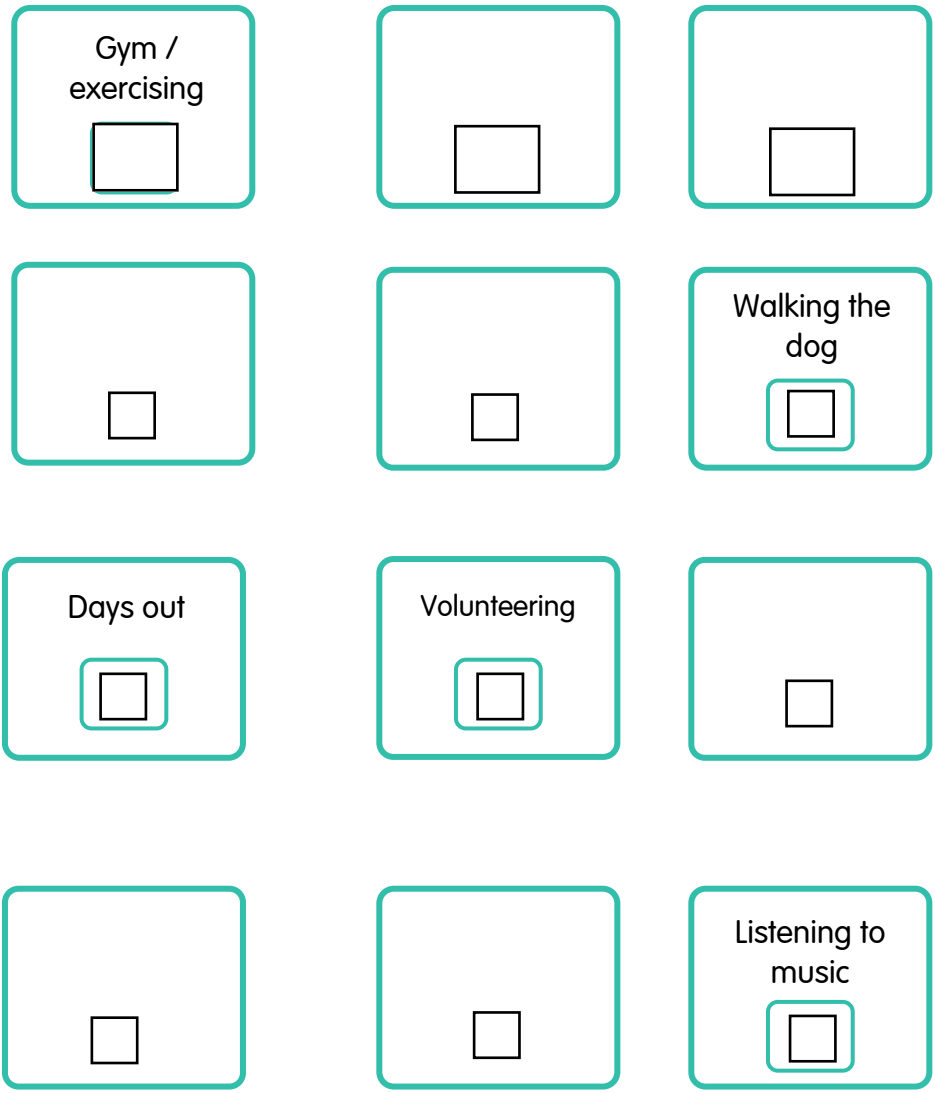
Current or most recent treatment, medication or support I have been offered or am waiting for:

What I would like to get from this appointment / service:

Things that help me to attend appointments:(e.g. appointments at quieter times, receiving a text reminder, being able to bring someone with me)

What I do to keep myself well

(write YES/NO in the prompts if they apply and enter your own information in the blank boxes.)



My Safety Plan (fill in the boxes or attach a copy if you already have one)

How I know I am becoming unwell

What I can do to keep myself safe

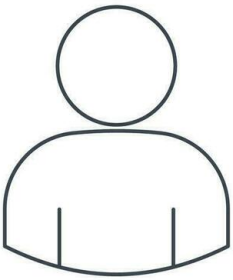
What other people can do to help me

People I can trust to help me

Personal Support:

The people around me who support me are...

(include people who have been helpful in the past. You don't need to fill in all the boxes. E.g. relative, neighbour, volunteer, friend, pets)



☐ I have no-one supporting me.

“I am working towards...”

Use this space to record your goals and future plans. It is ok if you do not have any goals at the moment, you can fill this page out at a later date.

Short term goal: I would like to ...

Short term goal: I would like to ...

Longer term goal. I would like to...

Longer term goal. I would like to...

What have I learned about myself over time.

What lessons have I learned about me, what can I do now to help myself cope better in my every day (e.g. something you have achieved, becoming more confident, managing a condition)

Medication - I take these medicines

(use current prescription list to help you)

Name/dosage of medication	Reason for use/stopping

Medication - I take these medicines

(use current prescription list to help you)

Name/dosage of medication	Reason for use/stopping

Professional support: I have been supported / am supported by these professionals (any organisation)

Name	
Job Title	Organisation
Contact details	
How they support me	

Name	
Job Title	Organisation
Contact details	
How they support me	

Name	
Job Title	Organisation
Contact details	
How they support me	

Name	
Job Title	Organisation
Contact details	
How they support me	

Professional support: I have been supported / am supported by these professionals (any organisation)

Name	
Job Title	Organisation
Contact details	
How they support me	

Name	
Job Title	Organisation
Contact details	
How they support me	

Name	
Job Title	Organisation
Contact details	
How they support me	

Name	
Job Title	Organisation
Contact details	
How they support me	

My Appointments

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

My Appointments

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

My Appointments

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

My Appointments

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

My Appointments

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

My Appointments

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

My Appointments

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

My Appointments

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

My Appointments

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

My Appointments

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

My appointment for	
Date	Time
Where	Who with
Who I saw	Attended
Summary of appointment Signed by: Job Title:	

Notes: use this space to record any other information you want to remember or is important to you.

Notes: use this space to record any other information you want to remember or is important to you.

Notes: use this space to record any other information you want to remember or is important to you.

Notes: use this space to record any other information you want to remember or is important to you.

Designed by people for people accessing support when experiencing issues affecting their mental health.

Supported by the Community Mental Health Transformation programme in Middlesbrough

Mental Health in Middlesbrough