## **Useful numbers/Helplines**

C.A.L.L (24 hour) - 0800 132 737 / text 'help'with your question to 81066 NHS Direct (24 hour) - 0845 46 47 Samaritans (24 hour) free phone - 116 123 / text: 07725 909090 DAN24/7 Wales and Drug and Alcohol Helpline (24 hour) - 0808 808 2234 / Text 'DAN' to 81066 Domestic Abuse and Sexual Violence Helpline (24 hour) - 0808 80 10 800

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Saneline (6pm - 11pm) - 0300 304 7000 Mind Infoline - 0300 123 3393 / Text: 86463

## Local Information / Advice

**AADAS Abertawe Alcohol** and Drug Assessment Service - 01792 642759 Alzheimer's Society - 01792 531208 Carers Centre - 01792 653344 CMHT West Swansea - 01792 517800 CMHT Central Swansea - 01792 517853 CMHT North Swansea - 01792 545780 Citizens' Advice Bureau - 01792 474882 Cefn Coed Hospital - 01792 561155 GP Out of Hours Service - 0330 123 9180 Hafal Swansea - 07967 329697 Housing Options - 01792 533100 Social Services - 01792 636000 Social Services nights/weekends - 01792 775501 Swansea Mind - 01792 642999 Living Life Well Programme - 07967 612246 (text or leave a message)

(All information correct July 2017)

## Mental Health CRISIS CARD



Produced by Swansea Council for Voluntary Service (SCVS) Mental Health Development Service

To download a copy of this card please visit: scvs.org.uk/mh-resources

To order more call 01792 544000 Information correct as of \_\_\_\_\_



This card is for use when its carrier may have difficulty expressing their wishes. If it is felt that the carrier is a risk to themselves or others **call 999.** 

## Why it would be helpful to have a crisis card:

- The crisis card lets you tell others what you want, or do not want if you get distressed.
- If you get distressed the card can help others help you without you needing to explain.
- The card also provides information and contact details of organisations that could support you.



Only complete this crisis card if happy to do so

If you need help and are known to services:   Name:   D.O.B:   Medication/s:   Diagnosis:   GP:   CPN:   Emergency contact:			D.O.B: Medication/s: Diagnosis: GP: Emergency contact:						
					Please tick the box to show who yee <b>GP</b>	ou would like to be contact	ted (depending on your needs) Family & Friends / Ot	ther	Partner
					My caring responsibilities:		What helps me in a crisis:		Preferred language:
My particular ways of behaving when I am distressed:		What doesn't help me in a crisis:		Any other information:					
		My allergies:							