

**NCAS Resource
Security plan**

This is a template for a responsible manager to develop a signed agreement with a practitioner who has a relapsing illness. Part 1 is worked out with the practitioner to identify early warning signs and Part 2 is given to close colleagues so that they know what to do if the illness recurs. See chapter 7 of the NCAS Good Practice Guide – [Handling concerns about practitioners’ health – a guide for managers](#) for more advice on how to use this template.

Use Word to stretch the boxes to the size you need or add rows. Use the headings as they stand or reword. Put your own organisation logo and footer on the template if you wish but retain ‘confidential’ in the header.

PART 1 – RELAPSE PREVENTION AGREEMENT

<i>Security plan made with Dr/Mr/Mrs/Ms/Miss (delete as necessary)</i>	[Practitioner’s name]
RELAPSE SIGNATURE	
<i>Mental illness comes in many forms, and everybody’s experience of mental illness is different. The term ‘relapse signature’ refers to the specific thoughts, feelings and behaviours that you experience when you are becoming unwell. Recognising the ‘signature’ will give you time to get the help you need when you need it.</i>	
<i>I know I am becoming unwell when:</i>	
1	
2	
3	
4	
5	
STAYING WELL	
<i>It is now widely accepted that unwanted stress can contribute to mental illness, and therefore stress needs to be managed and limited. Identifying stressors is the first step to managing them.</i>	
<i>My stressors are:</i>	
1	
2	
3	
4	
5	
<i>What I can do about them:</i>	
IF ILLNESS RECURS	
<i>If I begin to feel unwell, I will:</i>	
1	
2	
3	
4	
5	
<i>Practitioner’s signature</i>	
<i>Date</i>	

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PART 2 – RELAPSE PREVENTION PLAN HELD BY CLOSE COLLEAGUES OF

<i>Dr/Mr/Mrs/Ms/Miss (delete as necessary)</i>	[Practitioner's name]	
DIAGNOSIS		
<i>Brief description of the condition and how you can tell that this person is experiencing its effects</i>		
<i>Important points to note</i>		
ALERTS		
<i>What might happen because of this condition?</i>		
<i>Who should notice these signs?</i>		
<i>Who should they notify/be in touch with?</i>		
ACTIONS TO BE TAKEN		
1		
2		
3		
4		
5		
TRAINING RELATED TO THIS PLAN		
<i>Who needs to be trained</i>	<i>Training topic(s)</i>	<i>Date completed</i>
<i>Colleague's signature</i>		
<i>Date</i>		