

# ROAD TO MENTAL READINESS

## Activity

### Documentation to be Captured

#### General Information

Name

Type of call

How was call received

Location

Witnesses

#### Mood Indicators

Depression/Sadness

Hopelessness/Helpless

Uncontrolled/Disproportionate Anger

Exaggerated Fear/Mistrust

Anxious/Panic/Distress

Flat/Indifference

Other

Rapid mood change

Not appropriate to situation

Overly reactive

Agitated

Distraught/Overwhelmed

Paranoia/Excessive Suspicion

#### Behaviour Indicators

Violation of rules/Criminal activity

Non-responsive

Hostility/Aggression

Hyperactivity/Restlessness

Inactivity/Slowed activity

Dangerous/Reckless Acts

Hallucinations: Visual/Auditory

Suicide attempt

Other

Suicidal ideation

Self-harm

Strange behaviour

Disordered thinking

Disordered speech

Extreme sensitivity to environment

Perseverating

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## Life Habit Indicators

Neglect of personal hygiene/appearance  
 Strange/inappropriate clothing/make-up  
 Social isolation/Disruption of social functioning  
 Drug or alcohol abuse  
 Other

### Changes to:

Sleep patterns/appetite/activity levels

### Neglect of:

Dwelling/Children/Pets  
 Inability to wash, feed, incontinence

## Alcohol or Drug Use

Admitted or Suspected

Drug Type

Quantity

## Functioning Indicators

Concentration difficulties  
 Inability to provide coherent answers  
 Problem solving difficulties  
 Decrease reasoning/judgment  
 Confusion  
 Other

Inability to understand direction  
 Apparent memory loss/difficulties  
 Disorientation in Time/Location

### Disruptions in ability:

To work/Engage in social situations/Maintain relationships

## Evaluated Risk Category

Risk of harm to others  
 Risk of harm to self  
 Suicide risk assessment conducted

Loss/Diminished contact with reality  
 Impaired ability to understand/follow demands or directions

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## Health/Medical Information

Physician

Previous person in crisis history  
(include any previous police involvement)

If currently seeking mental health care:  
Provider name

Medication: Reported/observed/unknown

Medication name

## Outcome/Action Taken

Injuries (if any)

Threat to police

Resolution method

## Hand-off of Care

Follow up with Officer in Charge (OIC)  
Voluntary/Involuntary transport to medical services  
EMS transport to medical services  
Other

Hospital/Medical services name  
Arrest/charge  
Detained

**Additional Comments:**

**Please save and send this completed form to your facilitator.**