

Form Num 620

Template Last Modified 19/03/2019

Version 10

Mental Health Services
Regional Collaborative Recovery
Counties Manukau

Testing, E-P-A-C DOB:09/06/1990 NHI:ZZZ0059

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|---|---|--|--|
| Aims of this plan | Care Team and Preferred support people | Understanding of current issues and concerns | What contributes to me becoming unwell |
| Collaborative Care Plan | Crisis plan / Risk management plan / Distress support plan / Advanced care plan | View All | |

- [Print Crisis plan / Risk management plan / Distress support plan / Advanced care plan](#)
- [Print Collaborative plan](#)

| | |
|---|-------------------|
| Date Of Initial Plan | Form initiated by |
| 04/12/2023 | Paula Nes |
| Date Reviewed | Recorded by |
| | |
| <input type="button" value="Show Prompts"/> <input type="button" value="Hide Prompts"/> | |

The aim of this plan is to capture relevant information that has been discussed, which focuses on factors that enhance recovery, provide potential strategies and solutions in the form of a practical plan

About me: (Values, lifestyle, the ethnic, cultural and community groups the service user identifies with, their strengths, social and occupational roles)

My goals: (The ambitions, aims, desires and vision for the service user and the steps needed to achieve these)

Care team and preferred support people. (Include people who are currently involved in providing support including the clinical team)

| Support person / Name | Contact Details / Phone number | Type of support person |
|------------------------------------|--------------------------------|--|
| <input type="text"/> | <input type="text"/> | Select Support Person <input type="button" value="v"/> |
| <input type="button" value="Add"/> | | |

| Name | Contact | Type of support | |
|------|---------|-----------------|--|
| | | | |

People I DO NOT want involved in my care

| Name of person | Contact Details / Phone number | Relationship |
|------------------------------------|--------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="button" value="Add"/> | | |

| Name | Contact | Relationship | |
|------|---------|--------------|--|
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Understanding of current mental wellbeing needs and concerns

Mental health, mental wellbeing needs and what matters to the service user. (Include the main things the service user is concerned about or wishes to focus on and include any concerns raised by the clinical team)

Diagnosis and understanding of this. (Include awareness of a diagnosis being made, by whom and when this was made? Whether the service user agrees with the diagnosis and what it means to them?)

Treatment and care preferences (Treatments and interventions used or tried previously. How useful, effective or ineffective these have been, what they would like to try again and what the clinical or support team recommends)

Medication treatment and understanding of options available including medicines adherence support (Include any known allergies, any medication preferences and what the clinical team recommends and why)

Safety and risk concerns (Include safety or risk concerns the service user has and those identified by their support people including members of the clinical team. Include also what these are based on and any protective factors or strategies that can be used to diminish risk factors)

Social, occupational, cultural / spiritual circumstances and needs (Include the resilience, capabilities and any concerns identified by the service user or by clinical or cultural team members which could support or impact on service user recovery)

Physical, medical, alcohol / drug concerns or needs (Include physical health, allergies, psychological needs, drug / alcohol / gambling or other addictions issues. **Note problematic substance use.** If substances have been used recently, consider possible withdrawal symptoms if admission is planned and treat adequately)

Children or dependants needs or concerns (Include strengths, capabilities and any support requirements if the service user is a parent or caregiver for children aged 0-19 or the main caregiver for any other dependents)

Mental Health Act status

Legal or Mental Health Act issues and concerns(Include the service user's view of MH Act status and use of act with regards to care)

HoNOS / HoNOSCA domain measures with scores of 2+ (If no items score higher than 1, discuss and consider whether another service may be more appropriate for this service user)

| | | |
|--|--|---|
| <input type="checkbox"/> 1. Overactive, aggressive, disruptive or agitated behaviour | <input type="checkbox"/> 2. Non-accidental self injury | <input type="checkbox"/> 3. Problem drinking or drug taking |
| <input type="checkbox"/> 4: Cognitive problems | <input type="checkbox"/> 5: Physical illness or disability problem | <input type="checkbox"/> 6: Problems associated with hallucinations and delusions |
| <input type="checkbox"/> 7: Problems with depressed mood | <input type="checkbox"/> 8: Other mental or behavioural problems | <input type="checkbox"/> 9: Problems with relationships |
| <input type="checkbox"/> 10: Problems with activities of daily living | <input type="checkbox"/> 11: Problems with living conditions | <input type="checkbox"/> 12: Problems with occupation and activities |

Comments on HoNOS / HoNOSCA / HoNOS 65+ domains

What contributes to becoming unwell

Situations, stressors or events that may act as triggers to me becoming unwell(Include triggers identified

from previous experience that cause distress, anxiety, fear, anger or relapse and what the service user or others including clinical team members have noticed or considered may have triggered or contributed to periods of unwellness)

Early warning signs that the service user or others notice(Note the very first things the service user notices including body sensations, emotions, activity or behaviours, and those observed or noticed by others)

Collaborative Care Plan

What the service user will do to support wellbeing and promote recovery. (Include wellness tools, specific therapies (CBT, DBT, DWD groups) skills and strategies the service user can use to support their own wellness and promote recovery. What the service user would like to use to focus on specific issues, concerns and goals)

Has a Sensory Preferences Form yes no

Sensory Preferences (Include sensory preferences and comforting strategies that have previously been helpful)

What the service user wants the care team and support people to do to support wellbeing and promote recovery (Include agreed treatment specific, measurable, achievable and follow-up plans aimed at addressing specific issues, concerns and goals)

Summary of progress since last review (Brief record of progress, goals achieved, issues or barriers experienced. Ignore if this is the initial plan)

New / Current Plan (Include summary of discussion at this review, MDT, review of treatment, transition of care or discharge planning meeting and confirm the outcome and agreed goals, ways to achieve these including planned interventions and timeframe. **Note any specific AOD interventions required.** Include Comprehensive AOD assessment, brief intervention, motivational interviewing, Whaanau support and education and referral to specialist AOD services if indicated)

Crisis plan / Risk management plan / Distress support plan / Advanced care plan

What is needed from the care team / support people if the service user is in crisis / poses a risk to self or others (Include service user preferences for provision of support in specific situations, what the support people are to do, why, for how long and how that is expected to help)

Specific Treatment / Intervention / Medication preferences (Preferences recorded here should be used to guide clinical decisions. Include what has been discussed and agreed when the service user is well, what has worked in the past including particular sensory preferences, specific medication and / or non medication options)

Preferred treatment facility options (Include consideration for treatment at home with support, admission to respite or alternative options such as Marae or Urupa and preferred inpatient treatment options)

What the care team / support people are not to do if the service user is experiencing distress or in crisis (Include what has been found to be unhelpful or invalidating in the past, has escalated the distress experienced or likely to result in a negative outcome)

Things the service user would like others to do and preferences for these (Include preferred arrangement for child care or for other dependents, pets, homecare)

What the service user will do if in crisis / poses risk to self or others

The service user is agreeable to share this plan with support people and members of the care team as indicated in this form

[Click Here](#) To send any forms issues to HCC

Released under The Official Information Act 1982

Form Num 620

Template Last Modified 19/03/2019

Version 1.1



WDHB Mental Health Services
Regional Collaborative Recovery V10 620
PRINT VERSION ONLY
Waitemata DHB

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|---|---|--|--|
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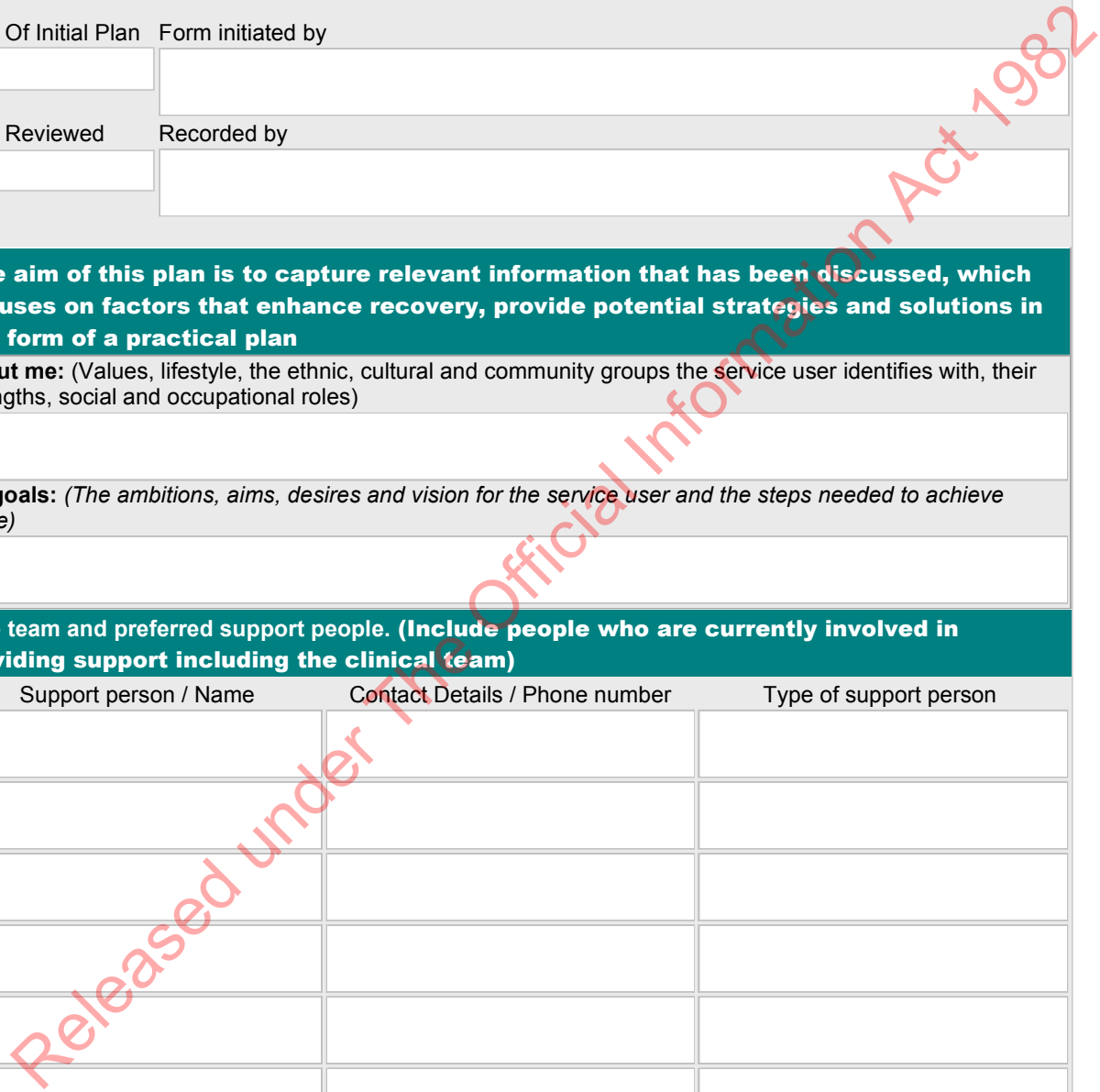
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| People I DO NOT want involved in my care | | |
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| Name of person | Contact Details / Phone number | Relationship |
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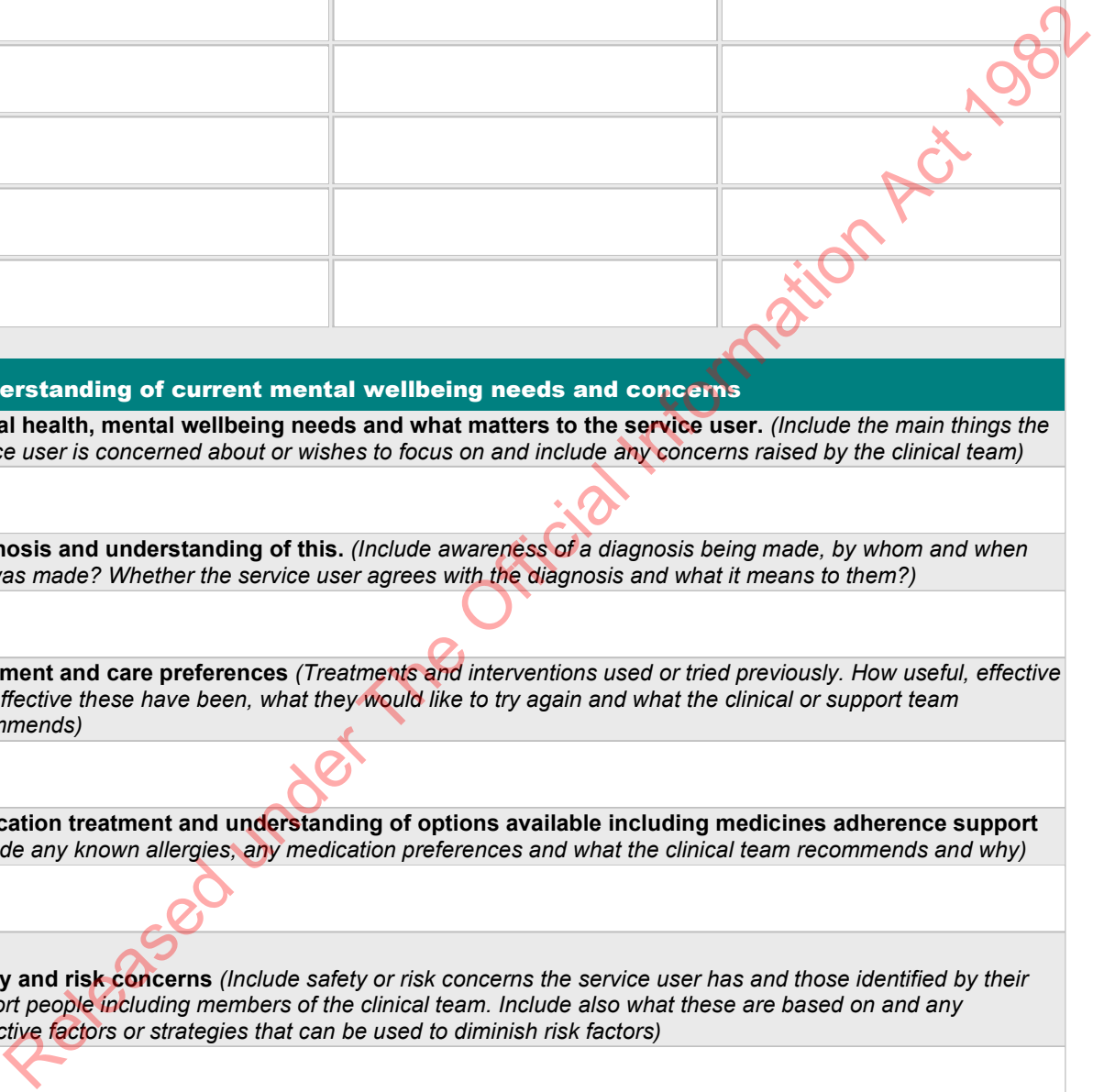
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| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 5px;"><input type="checkbox"/> 1. Overactive, aggressive, disruptive or agitated behaviour</td> <td style="width:33%; padding: 5px;"><input type="checkbox"/> 2. Non-accidental self injury</td> <td style="width:33%; padding: 5px;"><input type="checkbox"/> 3. Problem drinking or drug taking</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> 4: Cognitive problems</td> <td style="padding: 5px;"><input type="checkbox"/> 5: Physical illness or disability problem</td> <td style="padding: 5px;"><input type="checkbox"/> 6: Problems associated with hallucinations and delusions</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> 7: Problems with depressed mood</td> <td style="padding: 5px;"><input type="checkbox"/> 8: Other mental or behavioural problems</td> <td style="padding: 5px;"><input type="checkbox"/> 9: Problems with relationships</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> 10: Problems with activities of daily living</td> <td style="padding: 5px;"><input type="checkbox"/> 11: Problems with living conditions</td> <td style="padding: 5px;"><input type="checkbox"/> 12: Problems with occupation and activities</td> </tr> </table> | <input type="checkbox"/> 1. Overactive, aggressive, disruptive or agitated behaviour | <input type="checkbox"/> 2. Non-accidental self injury | <input type="checkbox"/> 3. Problem drinking or drug taking | <input type="checkbox"/> 4: Cognitive problems | <input type="checkbox"/> 5: Physical illness or disability problem | <input type="checkbox"/> 6: Problems associated with hallucinations and delusions | <input type="checkbox"/> 7: Problems with depressed mood | <input type="checkbox"/> 8: Other mental or behavioural problems | <input type="checkbox"/> 9: Problems with relationships | <input type="checkbox"/> 10: Problems with activities of daily living | <input type="checkbox"/> 11: Problems with living conditions | <input type="checkbox"/> 12: Problems with occupation and activities |
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