

EXAMPLE ONLY – PAGE TWO OF INDIVIDUAL CARE PLAN



Adult Mental health Services

**INDIVIDUAL CARE PLAN
RELAPSE PREVENTION**

Facility: _____

Plan completed in collaboration with the consumer by clinician (name and designation): _____

Clinician Signature: _____

Consumer has been given a copy of the relapse prevention plan: M F

Consumer Signature: _____

Carer Signature (with consumer's consent): _____

(Affix consumer identification label here)

URN: 000000

Family Name: Smith

Given Names: John

Date of Birth: 01.01.1986

Sex: M F

Date:	Strategies to maintain my mental health	Relapse Triggers	Early warnings signs I am becoming unwell	Strategies/Actions to manage early warning signs
14.04.07	Take medications as prescribed	Stressful events (eg. Seeing cousin Jack)	Not sleeping as well as usual	Talk to friends and family about how I'm feeling
14.04.07	Use stress management strategies relaxation	Busy shops	Starting to see/hear things others can't	Get in touch with my professional supports
14.04.07	Try to do fun activities and see my social supports	Driving in peak hour traffic	Getting irritable with others	Try to do some relaxation
14.04.07	Keep up a healthy diet (fruit, vegies, protein)	Not getting enough sleep	Avoiding others	Check I've taken my medications
14.04.07	Keep active	Spending too much time alone	Feeling down, not enjoying usual things	Try to keep my routines in place for sleep, appointments
14.04.07	Avoid triggers where possible	Overload/stress at work		Try to keep doing things I'd normally enjoy
14.04.07	Keep up a good sleep routine			

Module Two – Recovery

Part E – Outcomes Tracking

Tracking your progress with the use of Outcome measures has been found to assist in recovery. These measures are designed to be completed by you and members of your mental health professional support team.

Outcome measures are usually completed at your first meeting with your mental health professional supports, at regular intervals in your treatment and sometime toward the end of your work with the service. They are a good way for you and your professional supports to check on your progress, identify your needs and modify your treatment plan accordingly. .

If your professional supports have not discussed the Outcome measures with you, you are encouraged to ask your professional supports about the measures.

The measures used include:

- The Mental Health Inventory (MHI)
- Abbreviated Life Skills Profile (LSP - 16)
- Health of the Nation Outcome Scales (HoNOS)
- Focus of Care (FOC)



The MHI is the measure that you would complete. It is not compulsory, but due the potential positive impact of using this measure in your recovery, it is strongly recommended that you complete it. It is not a test. If you need assistance, you can ask your professional supports. The last 3 of these measures would be completed by your mental health professional supports.

Some example questions from the MHI are:

- *Question:* During the past month, how much of the time have you generally enjoyed the things you do? (tick one)
- *Answer:* All of the time/ Most of the time/ A good bit of the time/ Some of the time/ A little of the time/ None of the time

- *Question:* How much time, during the past month, did you feel relaxed and free from tension? (tick one)
- *Answer:* All of the time/ Most of the time/ A good bit of the time/ Some of the time/ A little of the time/ None of the time

In summary, your recovery will be assisted with the development of an Individual Care Plan and Outcome measures, which are standard plans and forms used by Queensland Health mental health staff to tailor treatment to your needs. The Individual Care Plan incorporates the facets included in your Wellness and Recovery Plan, which you can develop with loved ones and your mental health professional supports.

Module Two – Recovery

Part F - Can I be forced to accept treatment if I do not want it?

It is always preferable that you are able to make choices about your treatment and receive treatment in a voluntary way. This helps you feel empowered and allows you to play a very active role in your recovery.

There are times however, when an individual's illness might be affecting them to the extent that they can be forced to accept treatment even if they don't want it. For this to occur however, strict criteria must be met and an Involuntary Treatment Order (ITO) must be in place.

What does that mean?

An Involuntary Treatment Order (ITO) is a legal document that an authorised psychiatrist can complete, which allows involuntary (compulsory) treatment to be given. This treatment can be carried out in the community or in an inpatient setting. An ITO can only be completed if:

- *The person has a mental illness that requires immediate treatment.*
- *The treatment is readily available.*
- *There is a risk that because of the person's illness, the person may cause harm to him or herself or to someone else; or suffer mental or physical deterioration.*
- *There is no other way for the person to receive treatment.*
- *The person lacks the capacity to consent to treatment or has unreasonably refused treatment.*

According to the principles of ITO's, if it is possible to deliver the treatment required in the community, than this would be preferred over treatment in hospital.

Involuntary Treatment Orders are reviewed by the Mental Health Review Tribunal to determine whether the treatment criteria are still met and whether the order needs to remain in place.

What is the Mental Health Review Tribunal?

The Mental Health Review Tribunal (MHRT) is an independent statutory body established under the Mental Health Act 2000 (Chapter 12). The MHRT is comprised of the President and other members including lawyers, psychiatrists and other people with relevant mental health experience.

The role of the MHRT is to review the cases of people who have been treated under the Act to ensure the involuntary processes are appropriately applied. As such the Tribunal represents a safeguard in protecting the rights and interests of those individuals.

Some of the functions of the MHRT are to:

- Review whether the treatment criteria for patients are met (i.e. determining whether a person should continue to be subject to involuntary treatment and/or detention as provided under an Involuntary Treatment Order).
- Review of the mental condition of forensic patients (i.e. determining whether a person should continue to be subject to involuntary treatment and/or detention as provided under a Forensic Order) and;
- Make decisions about treatment applications (e.g. determining whether ECT is the most appropriate treatment in relation to a patient who is unable to consent).

The MHRT also review other decisions related to persons placed under the Mental Health Act 2000. For more information on these other areas, please contact the MHRT. Contact details for the MHRT are on the following page.

How does the MHRT make the decision?

After reading and listening to all the information about you, the tribunal will decide whether the treatment criteria still apply to you. If the treatment criteria no longer apply to you, they will stop the involuntary treatment order. This means that you can no longer be given treatment without your consent under that order.

BUT if the treatment criteria still apply to you then the tribunal can make one of the following changes to your order:

- If your category of ITO is inpatient – change it to community. This means that you can be treated outside of the hospital.
- If your category of ITO is community – can be changed to inpatient.
- If your category of ITO is inpatient – order that you undertake “limited community treatment”. This means you can undertake some treatment or rehabilitation in the community.
- Order your transfer to another authorised mental health service.

You have many rights in relation to your Involuntary Treatment and it is important to know these rights.

My Rights in Relation to Treatment and the MHRT

You have the right to:

Privacy and confidentiality: Your diagnosis, treatment information and other personal information discussed in Tribunal hearings is by law, to remain confidential and not to be published.

Reasons: You, or someone on your behalf, have the right to ask for the reasons leading to decisions made at the hearing. Further, a written statement explaining the decision will be sent to you within 21 days of receiving your request.

Appeal: You can lodge an appeal against most decisions of the Tribunal at the Mental Health Court. Appeals must be made in writing within 60 days from when you receive your Tribunal decision. More information about appeals can be found by contacting:

The Registrar, Mental Health Court, Phone: (07) 3234 0703

Complain: If you are dissatisfied with any aspect of your Tribunal hearing, you have the right to make a complaint to the President. The Tribunal encourages all forms of feedback. You will receive a “How was your MHRT hearing?” form with your written decision. You can complete this form and mail it back to the Tribunal, postage paid. “Compliments and Complaints” forms are another way to give feedback. These are available from the Tribunal website or office, and from the mental health service. If you would like to talk to someone at the Tribunal about ways that the hearing could be improved you can contact:

The Consumer Consultant, Phone (07) 3235 9059.

If attending an MHRT hearing, you have the right to:

- A fair and timely independent review
- Attend or to choose not to attend
- A lawyer’s representation
- Have someone support you (e.g., an Allied Person)
- Respect and dignity
- Natural justice (this means it must be fair and free from bias)
- Know the information the Tribunal is going to consider (Note: Your right to information may be affected if a “Confidentiality Order” is made. If you have questions about Confidentiality Orders more information is available)
- Have your say
- An interpreter

This information is drawn from the MHRT document on Patient Rights. For more detailed information, contact the MHRT on:

Phone: (07) 32359059

Website: www.mhrt.qld.gov.au

Freecall: 1800 006 478

Email: enquiry@mhrt.qld.gov.au

References

This handout draws on information from a range of written materials developed by various mental health services, tertiary psychiatry units, consumers and carer organisations. The main brochures, booklets and fact sheets used in this resource are listed below.

Information for Consumers and Carers (September 2002) – Princess Alexander Hospital Health Service District. www.health.qld.gov.au/pahospital/mentalhealth/default.asp

Schizophrenia: Symptoms and Management at Home (2006). Available from www.schizophrenia.com website.

Living with Schizophrenia (1999). By S. Miller, W. Culture, M Cruikshank and M. Ashton. Published by the Schizophrenia Fellowship of South Australia, Inc.

Schizophrenia (The fractured mind) (2006) – Booklet put together by D. Briffa, Clinical Specialist from the PAHSD State-wide Consultation Service for Deaf and Hearing Impaired People.

Schizophrenia (June 2005) – Australian Treatment Guide for Consumers and Carers: The Royal Australian and New Zealand College of Psychiatrists. www.ranzcp.org

Understanding and Responding to Symptoms of Schizophrenia (2004). By M Dow. Available from www.schizophrenia.com website.

A guide for people living with a mental illness – Consumer Guide (2000) – SANE Australia for AstraZeneca. www.sane.org

So they say you're crazy (1983) – Booklet produced for residents of Dibden House by Shaun Pitcher, Pat Bradley and Maude Bath.

Understanding Schizophrenia – Fact Sheets published by Mental Illness Fellowship of Australia. www.schizophrenia.org.au

Getting on with life - Handbook on illness education and symptom management. The Park, Centre for Mental Health.

The Sharing Responsibility for Recovery: creating and sustaining recovery orientated systems of care for mental health document.
http://www.health.qld.gov.au/mental_hlth/publications/Recovery_Paper_2005.pdf

Guide to Developing a WRAP – Wellness Recovery Action Plan (2002). Developed by Mary Ellen Copeland and available from www.mentalhealthrecovery.com

Mental Health Recovery: What Helps and What Hinders? Executive Summary (2002). Research team: S. Onken, J. Dumont, P. Ridgway, D. Dornan and R. Ralph., from the National Research Project for the Development of Recovery Facilitating System Performance Indicators.

The Treatment of Schizophrenia: A Patient's Perspective. By Esso Leete – Hospital and Community Psychiatry Journal.

Worksheets

**The following worksheets can be photocopied
so that you can continue to update your
Wellness and Recovery Plans**

WELLNESS AND RECOVERY PLAN – Section One
Maintaining the “well” me

What I am like when I am feeling alright...

Things I need to do to maintain the well me...

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

WELLNESS AND RECOVERY PLAN – Sections Two and Three

MY TRIGGERS AND EARLY WARNING SIGNS AND HOW TO COPE WITH THEM

Things that cause me stress/possible triggers:

- 1). _____
- 2). _____
- 3). _____
- 4). _____

Strategies that I can put in place to deal with my triggers:

- 1). _____
- 2). _____
- 3). _____
- 4). _____

Things that I might notice if I'm starting to get ill/early warning signs:

- 1). _____
- 2). _____
- 3). _____
- 4). _____

Things that **others** might notice if I'm starting to get ill/early warning signs:

- 1). _____
- 2). _____
- 3). _____
- 4). _____

Strategies that can be put in place if warning signs are noticed:

- 1). _____
- 2). _____
- 3). _____
- 4). _____

People I trust to help me with my early warning signs and strategies:

WELLNESS AND RECOVERY PLAN – Section Four

Methods for Coping with my Symptoms

Everyone has a different way of dealing with the symptoms of schizophrenia that they experience. Go back to the section on symptoms and your checklist and then try to brainstorm ways that you can deal with the symptoms that cause you the most problems.

Symptom 1: _____

I can deal with this symptom by:

- a. _____
- b. _____
- c. _____

Symptom 2: _____

I can deal with this symptom by:

- a. _____
- b. _____
- c. _____

Symptom 3: _____

I can deal with this symptom by:

- a. _____
- b. _____
- c. _____

Symptom 4: _____

I can deal with this symptom by:

- a. _____
- b. _____
- c. _____

WELLNESS AND RECOVERY PLAN – Section Four

When things get closer to a crisis...

I would be experiencing (describe how often and intense the symptom is when closer to crisis):

I would be experiencing (describe how often and intense the symptom is when closer to crisis):

I would be experiencing (describe how often and intense the symptom is when closer to crisis):

I would be experiencing (describe how often and intense the symptom is when closer to crisis):

My action plan if this was happening is to:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

WELLNESS AND RECOVERY PLAN – Section Five Crisis Planning

My crisis plan

1. Symptoms that I experience that would be an indicator to others that they need to take action on my behalf

- _____
- _____
- _____
- _____

2. Who I would want to take action on my behalf

- _____

3. Medications I am currently taking, those that can help in a crisis and those that should be avoided

- Current _____
- In crisis _____
- Avoided _____

4. Treatments I'd prefer and those I'd prefer to avoid

- Prefer _____
- Avoid _____

5. A practical plan for at home care (things I need to make sure are done)

- _____
- _____
- _____

6. Which treatment facilities I would prefer (particularly note if you have a preferred hospital with private cover – if a public patient, your care is mostly dictated according to the district in which you live).

- Prefer _____
- Avoid _____

My crisis plan continued...

7. Things that others can do that might be helpful

- _____
- _____

8. Things that others can do that might make things worse

- _____
- _____

9. What my supports can do if I am a danger to myself

- _____
- _____

10. Care plan for my dependent children (if applicable)

- First contact: _____
- Second contact: _____
- _____
- _____

(Only for those with dependent children) Care plan for my children

CONTACT SHEET FOR SUPPORTS AND INFORMATION

GP Name: _____

Phone Number: _____

Practice Address: _____

Psychiatrist Name: _____

Phone Number: _____

Practice Address: _____

Other professional support: _____

Phone Number: _____

Practice Address: _____

My **Community Mental Health Service** number: _____

My **after hours** crisis support line: _____

Counselling/support line: _____

My Favourite **Website(s)** for information: _____

My local **support group** contacts: _____

Best friend/relative's contacts: _____

Best friend/relative's contacts: _____

Best friend/relative's contacts: _____

Medication History

It is important to keep a record of medications that you have taken **in the past**, so that when discussing changes to your medications, you can inform your treating team of what has and hasn't worked for you and why.

Medications I've taken in the past:

Medication 1:

Dose:

How long did I take it for?

Positive Effects:

Side Effects that bothered me:

Side Effects that didn't bother me:

Reasons I stopped or changed medication:

Medication 2:

Dose:

How long did I take it for?

Positive Effects:

Side Effects that bothered me:

Side Effects that didn't bother me:

Reasons I stopped or changed medication:

Medication 3:

Dose:

How long did I take it for?

Positive Effects:

Side Effects that bothered me:

Side Effects that didn't bother me:

Reasons I stopped or changed medication:

Current Medications

Keeping a sheet on your **current medications** is important as it acts a reminder for you in terms of what dosages to take and when, and what you do if you miss a dose. You can also transfer some of this information on to your “Medication History” sheet, if you change from your current medication to something different. Your case manager or doctor can help you complete this form.

Medications I’m taking currently:

Medication 1:

Start date:

Dose:

Positive Effects:

Side Effects that bother me (describe how often it occurs and how strong it is):

Side Effects that don’t bother me:

What I can do to help with my side effects:

What to do if I miss a dose:

Medication 2:

Start date:

Dose:

Positive Effects:

Side Effects that bother me (describe how often it occurs and how strong it is):

Side Effects that don’t bother me:

What I can do to help with my side effects:

What to do if I miss a dose:

Medication 3:

Start date:

Dose:

Positive Effects:

Side Effects that bother me (describe in terms of frequency and intensity experienced):

Side Effects that don’t bother me:

What I can do to help with my side effects:

What to do if I miss a dose:

