

Early Mental Health Response Service

Risk Management Plan

Name:			
DOB:		NHI:	
PLEASE AFFIX PATIENT LABEL HERE			

District Name: Te Whatu Ora Lakes

Date written:

Service User Details

First Name	
Last Name	
Date of Birth	
Gender	
Address: Street: Suburb: City:	
Contact - Home phone:	
Cell:	
Other:	
Main support's name & contact details: <i>Does person live alone?</i>	
GP:	
Pharmacy:	

Support Details

Consider following factors as examples: Input from ART; Whānau meeting for support; More regular home contacts; Medication changes; Medical Review; Admission / respite; MH Act implementation; Specific management strategies; Remove access to means, e.g. weapons, car keys, surplus medication

<p>How would you like the After-Hours service to support your client</p> <p><i>-What helps?</i></p> <p><i>-What shouldn't we do?</i></p> <p><i>-Would a time limited call be helpful?</i></p> <p><i>-Is there therapeutic skills you have been working on that we can reinforce?</i></p> <p><i>-Is there external supports we should be directing you to?</i></p>	
Care Manager Name:	
Care Manager:	
Treatment Team Name:	
What has triggered the need for this plan?	

Clinical Information

Diagnosis / Formulation	
Early Warning Signs	
Medications as of date of this plan <i>Overview only</i>	<i>Must request current medication details because prescribing may have changed</i>
Current risk concerns: <i>Consider risk to self, others, self-neglect, exploitation, vulnerabilities</i>	
Risk History <i>E.g. self-harm, aggression, harm to others</i>	
Any Other Relevant Information: - MH Act status - Trauma History (y/n) - Background of military/hunting/martial arts	
When should we review this plan with you?	

Distribution of Plan

- Consent obtained to share plan
- Treating psychiatrist agrees, after consultation with MDT, to share without consent under Section 22F of the Health Act due to risk
- Shared with ART
- Shared with Emergency Department to add to ED Care Plan
- Shared with Whakarongorau

If agreed and client consent obtained, please email to Whakarongorau staff on xxx@xxxxxxxxxxxxxxxx.xx.xx

Please call Whakarongorau triage line at any time on our confidential staff call back number: **09 3547757** – *You may prefer to convey the content of the template verbally if this is more suitable to you.*

- Form Uploaded?**

Once form completed and distributed, please send to Lakes MHAS Administrator to **upload to rCP under CARE PLAN**

**MENTAL HEALTH and
ADDICTIONS SERVICE**

My Recovery Plan

Draft

Plan Date:

Expected Review Date:

Social Indicators:

Accommodation Status: Independent

Paid Employment: In paid employment - (1 to less than 30hrs per week, part-time employment)

Education/Training: No

Goals:

My Goals:

Actions, Interventions and Strengths:

By Whom/When?

Completed Goals (Optional):

Early Warning Signs Recovery Plan:

Primary or Presenting Problem:

Early Warning Signs, Triggers and Actions:

My Early Warning Signs and Triggers Are:

Whenever I have these signs I will

Other Information:

Support Team:

After hours or during a crisis I can call the Crisis Assessment & Treatment Team (CATT) on - 0800 166 167 (this number is free to call)

My Keyworker is:

Telephone:

Lakes DHB Team:

Psychiatrist or Therapist:

Telephone:

My Nurse is:

Telephone:

My Social Worker is:

Telephone:

My Doctor / GP is:

Telephone:

My support people are:

Telephone:

Other people involved in
my care are:

Telephone:

If I have concerns I will
contact:

Details of Current Medications:

Administration Detail:

Keyworker Signature: _____

Service User Signature: _____

Office Use: Please refer Electronic Version for audit and compliance.

File Copy: To be filed in the Assessments and Plans section of the clinical file. Printed 07 Dec 2023

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**MENTAL HEALTH and
ADDICTIONS SERVICE**

My Recovery Plan - ICAMHS

Draft

Plan Date: 03 Nov 2019

Expected Review Date:

Social Indicators:

Accommodation Status :

Paid Employment:

Education/Training:

Goals:

My Goals:

CR3527 Production MCPFP Data
Integration

Actions, Interventions and Strengths:

CR3527 Production MCPFP Data Integration

By Whom/When?

CR3527 Production MCPFP Data
Integration

Completed Goals (Optional):

Early Warning Signs, Triggers and Concerns:

EW Signs / Triggers / Concerns: - **What makes it worse?**

CR3527 Production MCPFP Data
Integration

CR3527 Production MCPFP Data
Integration

What makes it better?

CR3527 Production MCPFP Data
Integration

Details of Current Medications:

Other Information:

Support Team:

Keyworker:

Telephone: 07 1234567

Lakes DHB Team

Psychiatrist or Therapist:

Telephone:

My Nurse is:

Telephone:

My Other Clinician is:

Telephone:

My Doctor or GP is:

Dr Lisa Hughes

Telephone: 07 348 3002

My support people are:

Telephone:

Other people involved in my
care are:

Telephone:

If I have concerns I will
contact:

After hours crisis line: Telephone 0800 166 167 (this number is free to call) - Crisis Assessment & Treatment Team

Administration Detail:

Keyworker Signature: _____
Young Person /
Tangata Signature: _____
Whaiora / Parents
(optional) _____

Office Use: Please refer Electronic Version for audit and compliance.
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Services for Older Persons - Treatment Plan

Plan Date: 04 Feb 2021
MH Act Status:

Draft

Expected Review Date:

Background and Presentation Summary:

Primary or Presenting Problem:

Risk Summary:

Social Indicators:

Accommodation Status:
Paid Employment:
Education/Training:

Objectives:

My aims for my future wellness are:

CR3527 Production MCPFP Data Integration

I will do ... / With help from:

CR3527 Production MCPFP Data Integration

Completed Objectives: (optional)
(optional)

Early Warning Signs and Actions (Triggers):

My early warning signs of becoming unwell are:

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Whenever I have these signs I will:

CR3527 Production MCPFP Data Integration

Other Information (relevant to my care):

My Support People Are:

In an Emergency or Crisis:

After hours or during a crisis I can call the Crisis Assessment & Treatment Team (CATT) on - 0800 166 167 (this number is free to call)

My Keyworker is: ()

Phone: 07 1234567

My keyworker will work with me to coordinate my care. My keyworker can be contacted for any questions I have with this plan.

Lakes DHB Team:

Southern Lakes - Adult

My Psychiatrist or Counsellor is:

Phone:

My Nurse is:

Phone:

My Doctor or GP:

Dr Lisa Hughes

Phone: 07 348 3002

My support people are:

Phone:

Other people involved in my care
are:

Phone:

Administration Detail:

Service User Signature:

{optional}

Carer Signature:

{optional}

Office Use: Please refer Electronic Version for audit and compliance.

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Ko wai ahau?

Who am I?




Whakataukī

E kore au e ngaro,
he kākano i ruia mai
i Rangiātea.

I shall never be lost,
I am a seed sown
from Rangiātea.

Ko wai ahau? (Who am I?)

Kia ora. This pathway will guide you when you're feeling overwhelmed, help you get through tough times, give you hope and keep you safe.

Try to work through this pathway when you're feeling calm. Be really honest with yourself - write notes, draw pictures or scribble thoughts... whatever comes naturally. When you see  take photos of the page so you can easily check it during challenging times. This pathway doesn't need to be completed all at once - take some time and come back and add to it.

Ask a mate you trust or a supportive family/whānau member to work through this with you. You could also ask another support person, like a school counsellor or health worker, to give you a hand. They can encourage you or help give you ideas if you're struggling with what to put on your pathway.



We've included some examples to kick off the kōrero, but there are no right or wrong answers - do what feels right for you!

What's happening with me?



lost hope/feel angry
sleepy/can't sleep
questioning my sexuality
feel sad/frustrated/scared/nothing
arguing/too much alcohol or drugs
feel overwhelmed/like a burden
feelings of shame/self-harming
want to be alone/avoiding whānau or friends
struggling with school/work
thinking about death/dying
insecure about my looks
can't breathe/having panic attacks
thoughts of suicide/killing myself
feeling isolated
questioning my identity



What happens when things get really bad? Do you have intense feelings or thoughts? Does your behaviour or the way you react to things change? These are warning signs - telling you to act or seek extra support.

Make a list of your warning signs.

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Stay safe checklist



take a break from toxic social media
limit screen time

remove items that make me feel unsafe
- give to a mate, throw away or lock up

stay away from places that make me sad

give my car keys to someone I trust

avoid people who hurt or upset me

call a helpline/contact a counsellor

be with or talk to someone who cares about me

do things that make me feel good



You can **call** or **text 1737** anytime to talk to a trained counsellor or contact **Youthline** (free call 0800 376 633 or free text 234).

When things aren't going well, you need support to keep yourself safe. Reach out to someone you trust or connect with a counsellor or health worker.



What's on your stay safe checklist?

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What makes me feel good?



being with friends who make me feel good
gaming, skateboarding, playing sport...
being on the marae/being outside
watching a beautiful sunset
moving! – running, walking, dancing...
cuddling my pet/walking on a beach
taking deep breaths/stretching
writing, reading, drawing, taking photos, baking...
saying a prayer/going to church
listening to positive, happy music
eating something delicious/shopping for a treat

It's hard to find energy or enthusiasm during tough times, but doing small things that bring you hope can help when you're experiencing challenging thoughts.

What helps you get to a better space?

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Stay connected



spend time with/call/message a mate

walk on the whenua with mates or whānau

visit my nanny/koro/other whānau

go to the gym/marae/library/
community centre...

go to a busy mall/playground/café

play cards or board games with flatmates
or whānau

Connecting with friends or whānau or just being around others at busy places can help you feel better. Think about where you could go or who you could connect with.

What support do you need from people at this time?

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What's important
to me? 

my mates  my pets

someone I love who understands me

my art/music/writing/sport...

my whānau

my faith

an upcoming holiday/sports event

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During tough times try to focus on what's important to you or something you're looking forward to.



What gives you hope or brings you joy?

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This probably hasn't been easy, but you've done some great mahi! Look back over your pathways and record three things you'll do to help you feel better when times are tough.

1

2

3

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My support team



Make a list of people you're comfortable sharing how you're feeling with. It may be a counsellor, doctor, whānau member or trusted mate(s).

Name:.....	Phone:.....
Name:.....	Phone:.....
Name:.....	Phone:.....
Name:.....	Phone:.....
Name:.....	Phone:.....
Name:.....	Phone:.....

Finding help

The services below offer free support 24/7 and can connect you with others who can help you.

1737: Free call or text **1737** to chat with trained counsellors

Youthline: **0800 376 633** Free text **234**
talk@youthline.co.nz

Lifeline: **0800 543 354** Free text **4357**

You may like to read the booklet *"Having suicidal thoughts and finding a way back"*, and there's other helpful information at mentalhealth.org.nz/help/support-for-myself

Remember, if you or someone you know needs immediate help - **call 111.**



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ISBN 978-1-98-855414-3 (Print)

ISBN 978-1-98-855413-6 (PDF)

Published November 2021

