

Sample Mental Health Care Plan

GP MENTAL HEALTH CARE PLAN (MBS ITEM NUMBER 2700,2701, 2715, 2717) PATIENT ASSESSMENT			
Patient's Name	<i>Eg. Tom Stevens</i>	Date of Birth	<i>02/11/1965</i>
Address	<i>77 Brown Street, Geelong</i>	Phone	<i>9933 1166</i>
Carer details and/or emergency contact(s)	<i>Wife (Jane) as above</i>	Other care plan	YES <input type="checkbox"/>
GP Name/ Practice	<i>Dr M Forman</i>	Eg GPMP / TCA	NO <input type="checkbox"/>
AHP or nurse currently involved in patient care	None	Medical Records No.	<i>10945678</i>
PRESENTING ISSUE(S) What are the patient's current mental health issues?	<i>Can't sleep Tired all the time Teary Easily 'flies off the handle' Wife made him attend the surgery today</i>		
PATIENT HISTORY Record relevant biological psychological and social history including any family history of mental disorders and any relevant substance abuse or physical health problems	<i>Usually well, infrequent presentation at surgery over the last 12 months Mild asthmatic Not sleeping well Doesn't go out much – often feels lonely Has a few extra drinks to get to sleep Married for 20 years, 3 teenage children at home 12 months ago retrenched from a supervisory position at steel works, has been unable to find work since Mother and father both well. Mother unwell after birth of her last child (Tom's younger brother)</i>		
MEDICATIONS (attach information if required)	<i>Ventolin – for asthma</i>		
ALLERGIES	<i>Nil</i>		
ANY OTHER RELEVANT INFORMATION	<i>Struggling financially</i>		
RESULTS OF MENTAL STATE EXAMINATION Record after patient has been examined	<i>Presents with moderate depression over the past 6 months due to retrenchment. At risk of continued alcohol abuse. Difficulty concentrating. Motivation low. Cognition normal. Insight good.</i>		
RISKS AND CO-MORBIDITIES Note any associated risks and co-morbidities including suicidal tendencies and risks to others	<i>Low suicide risk Increased reliance on alcohol – complication presentation</i>		
OUTCOME TOOL USED	RESULTS <i>38</i>		
DIAGNOSIS	<i>Moderate Depression (reactive)</i>		

**GP MENTAL HEALTH CARE PLAN (MBS ITEM NUMBER 2710)
PATIENT PLAN**

PATIENT NEEDS / MAIN ISSUES	GOALS Record the mental health goals agreed to by the patient and GP and any actions the patient will need to take	TREATMENTS Treatments, actions and support services to achieve patient goals	REFERRALS Note: Referrals to be provided by GP, as required, in up to two groups of six sessions. The need for the second group of sessions to be reviewed after the initial six sessions.
<p><i>Lack of motivation / irritation</i></p> <p><i>Insomnia</i></p> <p><i>Appetite loss</i></p>	<ul style="list-style-type: none"> • <i>Get to sleep more easily and reduce time awake during night</i> • <i>Not to feel so tired during the day</i> • <i>Keep things under control more easily</i> • <i>Feel as if I'm coping better</i> • <i>Join a club</i> • <i>Do some activities</i> • <i>Try and find work.</i> 	<p><i>Introduce some daily activity scheduling:</i></p> <ul style="list-style-type: none"> • <i>Daily 30 minute walk preferably with someone, (tom suggests) wife, neighbour, eldest son</i> • <i>Reduce daily alcohol intake especially in evenings, aim for at least 2 alcohol free days a week</i> • <i>Information provided regarding symptoms and management of depression</i> • <i>Work with local psychologist about management of stress and depression</i> • <i>Prescribe anti-depressants</i> • <i>Information provided regarding healthy eating, and how to improve sleep</i> • <i>Join local squash club.</i> 	<p><i>Refer to Better Access psychologist for counselling.</i></p> <p><i>Name and contact details supplied.</i></p>
CRISIS/ RELAPSE If required, note the arrangements for crisis intervention and/or relapse prevention	<p><i>Agreed names of people to contact and talk to if feeling awful or unwell</i></p> <p><i>Jeff Smith (friend), Jane (wife), Mike Forman (GP ph: 98 7654 3210) Lifeline telephone counselling (available 24hrs a day) (13 11 14)</i></p>		
<p>APPROPRIATE PSYCHO-EDUCATION PROVIDED YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>PLAN ADDED TO THE PATIENT'S RECORDS</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>COPY (OR PARTS) OF THE PLAN OFFERED TO OTHER PROVIDERS</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>NOT REQ'D <input type="checkbox"/></p>
<p>COMPLETELY THE PLAN</p> <p>On the completion of the plan, the GP is to record that s/he has discussed with the patient:</p> <ul style="list-style-type: none"> - The assessment; - All aspects of the plan and the agreed date for review; and - Offered a copy of the plan to the patient and/or their carer (if agreed by patient) 	<p><i>Assessment and plan discussed with patient</i></p> <p><i>Review date agreed</i></p>		
<p>DATE PLAN COMPLETED <i>21/11/06</i></p>	<p>REVIEW DATE (initial review 4 weeks to 6 months after completion of plan) <i>17/04/07</i></p>		
<p>REVIEW COMMENTS (progress on actions and tasks) Note: If required, a separate form may be used for the Review. <i>17/04/2007</i></p> <p><i>Significant improvement in symptoms and outlook; experiencing some anxiety about finding work and identifies needs further strategies regarding improving self-esteem and anger management – for a further 6 sessions with psychologist</i></p> <p><i>Maintain walking and exercise program</i></p> <p><i>Continue with anti-depressants for minimum 6 – 12 months – monitor progress with GP monthly initially</i></p> <p><i>Maintain contact with new friends associated with squash club</i></p> <p><i>Enrol in identified re-training program at local Employment agency</i></p> <p><i>Seek financial counselling support through Salvation Army</i></p> <p><i>Maintain minimum of 2 alcohol free days a week (goal is 4 to 5 days) and keep alcohol intake to within safe drinking guidelines</i></p>		<p>OUTCOME TOOL RESULTS ON REVIEW</p>	