

CARE AND TREATMENT PLAN

Gall y cynllun hwn cael ei gwblhau yn y Gymraeg neu yn y Saesneg, neu yn rhannol yn y Gymraeg ac yn rhannol yn Saesneg

This plan may be completed in either the Welsh or the English language, or partly in Welsh and partly in English

Mental Health (Wales) Measure 2010 Section 18 – Care and Treatment Plan

This care and treatment plan has been prepared under section 18 of the Mental Health (Wales) Measure

This is the care and treatment plan of

Name of relevant patient

Full usual address of relevant patient

who lives at

The care coordinator who has prepared this care and treatment plan is

Name of care coordinator

who can be contacted at

Telephone number, postal address, and where appropriate, email address of care coordinator

The care coordinator has been appointed by, and is acting on behalf of,

Name of Local Health Board or Local Authority that appointed the care coordinator

This plan was made on

Date plan was made and date by which the plan must be reviewed

and is to be reviewed no later than

However,

Name of relevant patient

his or her carer(s), or adult placement carer(s), may request a review of this care plan at any time.

This part of the care and treatment plan records the outcomes which the provision of mental health services are designed to achieve, details of those services that are to be provided, and the actions that are to be taken with a view to achieving those outcomes.

*The planned outcome(s) included in the following part of the plan must relate to **one or more** of the areas listed, and include an explanation of how each outcome relates to each area. Outcomes also may be achieved in other areas, and are to take into account any risks identified in relation to the relevant patient. This part of the plan should also set out details of the services that are to be provided, or actions taken, to achieve the planned outcomes, including when, and by whom those services are to be provided or actions taken.*

Outcomes to be achieved must be agreed in relation to at least one of the following areas:

a) accommodation

b) education and training

c) finance and money

d) medical and other forms of treatment, including psychological interventions

Outcome to be achieved	What services are to be provided, or actions taken	When	Who by

	Outcome to be achieved	What services are to be provided ,or actions taken	When	Who by
<i>e) parenting or caring responsibilities</i>				
<i>f) personal care and physical well-being</i>				
<i>g) social, cultural and spiritual</i>				
<i>h) work and occupation</i>				
<i>Outcomes to be achieved may also be agreed in relation to other areas</i>				

The following thoughts, feelings or behaviours may indicate that is becoming more unwell and may require extra help from the care team (these are sometimes called relapse signatures):

Name of relevant patient

If feels that his or her mental health is deteriorating to the point where he or she requires extra help or support, the following actions ought to be taken (this is sometimes known as a crisis plan and must include the details of services to be contacted):

Name of relevant patient

Any language or communication requirements or wishes which has (including in relation to the use of the Welsh Language) ought to be recorded here:

Name of relevant patient

The views of on this care and treatment plan, the mental health services that are to be provided, and any future arrangements that ought to be considered, are:

Record any views that the relevant patient wishes to be included (including past and present wishes and feelings about the matters covered by the plan), and include any statements about any future arrangements which may apply. If the patient does not have any views or statements on these matters, or the patient's views cannot be ascertained, this ought to be recorded also.

This care and treatment plan has:

* been agreed with

Name of relevant patient

and is recorded in accordance with section 18(2) of the Mental Health (Wales) Measure 2010

** delete as applicable (one, but not more than one, statement must apply)*

* not been agreed with

Name of relevant patient

but the outcomes have been determined by the mental health service provider(s) and are recorded in accordance with section 18(6) of the Mental Health (Wales) Measure 2010

So far as it is reasonably practicable to do so, the following mental health service provider(s) must ensure that the mental health services set out in this care and treatment plan are provided:

Enter the name of the Local Health Board and/or the Local Authority who are responsible for providing secondary mental health services to the relevant patient

Signed

Relevant patient

The relevant patient may sign the care and treatment plan, if they wish

Signed

Care Coordinator

The care coordinator must sign this care and treatment plan

Date

Enter the date the care and treatment plan is made

