TREATMENT PLAN

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| --- | --- |
| Client’s Name:  |  |
| Date of Birth: |  | MRN: |  | Sex: |  |
| Client’s Address:  |  |
| Mental Health Facility:  | xxxx Hospital |
| Community Health Centre: |  xxxx Community Mental Health Services |
| Applicant:  |  |
| Director of Community Treatment: |  |
| Treating Doctor/Psychiatrist:  |  |
| Case Manager:  |  |
| GP:  |  |
| Dietitian:  |  |
| Designated Carer:  |  |
| Date:  |  |

## GOALS OF THE TREATMENT PLAN

(these can be discussed and changed between the service provider and the client)

* Dealing with eating disorder behaviours so that [Client] can live outside of a hospital.
* Improving [Client]’s mental health, physical and mental wellbeing to help to achieve a better quality of life.
* Taking prescribed treatment and controlling symptoms.
* Achieving a stable mental state and increasing [client’s] understanding of the nature of his/her illness, including ways to avoid going to hospital.
* Facilitating recovery and well-being through: education for [Client] and his/her carer about the illness and the care and treatment needs; being employed, socially active, developing personal goals, and receiving ongoing mental health support.
* Add personal goals for the client here e.g. eat socially once a week, cook a meal, look for volunteer work

## Responsibilities of xxx Community Mental Health Services

* The case manager and treating doctor will provide support, monitoring and education to [Client] about his/her mental health, and about his/her treatment and medication and any possible side effects, in order to increase his/her understanding of the need for treatment, as well as the need for complying with treatment and medication.
* The case manager will co-ordinate and support [Client] to participate in his/her treatment program so as to maintain his/her physical and mental health by liaising with his/her designated carer/s and principal care provider, treating doctor, psychologist, dietitian, and any other health provider included in the treating team from time to time.
* The case manager will provide communication, support, counselling and education to [Client]’s carer.
* The case manager will help to implement the Community Treatment Order by arranging and supporting communication between [Client] and [Treating Doctor] or delegate.
* The case manager will ensure that [Client] is aware of his/her rights of appeal, and rights in relation to ending the Community Treatment Order or changing it.

## [Client]’s Obligations to the Treating Team

1. [Client] must attend appointments with the treating doctor or delegate [time frame eg at least weekly, fortnightly], or as directed by his/her case manager or treating doctor. The purpose of these appointments is to monitor [Client]’s physical stability through regular weight checks [time frame e.g. at least weekly, fortnightly], blood tests and other physical assessment considered necessary by the treating doctor or delegate.
2. [Client] must participate in [time frame e.g. at least weekly, fortnightly] counselling sessions as directed by the case manager or the treating doctor or delegate.
3. [Client] must follow the meal plan prescribed by their dietician/case manager/ treating doctor or delegate (in consultation with the treating team).

NOTE: The treating team may consider that [Client] has failed to comply with this obligation(s) if:

* 1. [Client]’s weight falls below [insert weight - the treating team including the dietician, treating doctor and therapist should determine the weight at which medical and mental health safety can usually be maintained outside of hospital];
	2. [Client] has a rising abnormality in blood electrolytes or vital observations (blood pressure, heart rate, temperature) that places [Client] at medical risk that the treating doctor or delegate considers cannot be managed safely within the community.
1. [Client] must take the medication as prescribed by treating doctor or delegate.

[List Current medications]

1. [Client] must meet with [Case Manager] or delegate at least fortnightly at xxxx Community Mental Health Services.
2. [Client] must attend reviews with [Treating Doctor] or delegate at least second monthly at xxxx Community Mental Health Services.
3. [Client] must attend appointments with [Dietician] or delegate as directed by the case manager or treating doctor or delegate. The frequency, place or timing of appointments between [Client] and the case manager and treating doctor or delegate may be changed by the case manager or treating doctor or delegate.

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| Signature: | Signature: |
| Name: |  | Name: |  |
| Case Manager | Deputy Director of Community Treatment |
| Date: |  | Date: |  |