HRN	Stay Strong Plan	DATE:……/……./…….

PRINCIPAL NAME (AKA)	OTHER NAMES	DOB:……/……./…….

People that help to keep me strong: (family, friends, elders, carers)

I trust this person to give advice about my treatment_____

Things that help to keep me strong: (spiritual, cultural, physical, family, social, mental and emotional) (Tick or circle)

☐	Culture, language, heritage, spiritual belief	☐	Work
☐	Art and craft	☐	Music
☐	Dance	☐	Teaching children
☐	Going to country	☐	Hunting and fishing
☐	Health centre, health worker, doctor,	☐	Knowing about illness and treatment
☐	Medication	☐	Support
☐	Good diet	☐	Family
☐	Exerise	☐	Positive thinking
☐	Other_____	☐	Other_____

Some of the worries I have are: (Tick or circle)

☐	Culture or spiritual worries	☐	Family or relationship worries
☐	Not many activites eg music, hunting, fishing, art and craft	☐	Feeling alone – not mixing much with others
☐	Not enough exercising	☐	Not working or trouble at work
☐	Not taking medication or treatment	☐	Gambling worries
☐	Physical Illness _____	☐	Not knowing enough about illness and treatment
☐	Hearing trouble	☐	Feeling anxious or nervous or jumpy
☐	Not eating well	☐	Violence or other problem behaviour
☐	Memory worry	☐	Not caring for self: trouble shopping, cooking, cleaning
☐	Sleep worry	☐	Feeling sad inside, no interest in doing things
☐	Marijuana, alcohol, cigarettes, other drugs	☐	Mixed up thoughts, paranoid thinking, silly thoughts
☐	Side effects of medicine: sleepiness, tight muscles, other	☐	Hearing voices or seeing things
☐	Too much energy, can't slow down, thinking too fast	☐	Self harm behaviour or thoughts of suicide
☐	Other worry_____	☐	Other worry_____

Detail of worries / current issues

Past worries: relevant family, medical, psychiatric and forensic history (trouble with the police or the law)

Early warning signs of me getting sick are:

1.	3.
2.	4.

If I know I am getting sick I will do these things to get help quickly:

1.
2.
3.

Progress toward previous goals: Previous care plan completed? ☐ ___ Previous care plan reviewed ? ☐ ___

HRN

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DATE:……/……./…….

Goals I have today for changing worries – step by step:	
Goals are things that we want to do differently. The steps to the goal help us to check how we are going. They should be do-able and measurable. Follow up with review and feedback. Goal: _____ Step 1. Step 2. Step 3. What would be good about making this change:	Think about: What will help? And who? And what has helped before? Change is your own choice. Everyone can make changes. Small steps can lead to big changes. Goal: _____ Step 1. Step 2. Step 3. What would be good about making this change:

Treatment goals for other Problems:		
Other Problem (Diagnosis)	Goal and steps	Who will help

Other treatments that I am trying :	Who will help:
1. Compliance strategies (Webster pack, dosette, depot) 2. Life style changes (substance use, diet, exercise, smoking, time-out, go bush, job training) 3. Cultural or spiritual activity or treatment (going to country, healer, church) 4. Other services (counselling, other treatments, treatment for physical illness, investigations)	

5. Medication plan (Dose, Frequency and route): see prescription for details

I sometimes get worries that I call

The diagnosis today is

Signed (Client)_____ Signed (Practitioner)_____

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The following measures can be useful well being screening tools. The first is an abbreviated version of the Kessler K-10 scale

In the last four weeks how often did you feel?

Nervous or anxious?

None of the time Little of the time Some of the time Most of the time All of the time

Hopeless (without hope)?

None of the time Little of the time Some of the time Most of the time All of the time

Restless or jumpy?

None of the time Little of the time Some of the time Most of the time All of the time

Everything was an effort?

None of the time Little of the time Some of the time Most of the time All of the time

So sad nothing could cheer you up?

None of the time Little of the time Some of the time Most of the time All of the time

Scores 1 2 3 4 5

Total Score

Risk of anxiety or depressive disorder

5 – 11 Low or no risk

12 – 25 Medium to High risk

Follow up indicated ☐

Follow up arranged ☐

(5 item Kessler K10 well being scale)

Alternative three item outcome measure and screening tool for depression

1. During the past month have you often been bothered by feeling down, depressed or hopeless?

   Yes ☐ No ☐

2. During the past month, have you often been bothered by having little interest or pleasure in doing things?

   Yes ☐ No ☐

3. Is this something with which you would like help?

   Yes ☐ Yes, but not today ☐ No ☐

If client scores yes to either 1 or 2 AND yes to 3 follow up for possible depression is indicated

(Whooley version of PHQ 2) This care plan meets requirements for Medicare items 2710, 2712, 2713 and Team Care arrangements

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DATE:……/……./…….

This page for practitioner use only

Mental state examination	
Appearance (Dishevelled? Well kempt?)	**Affect** (Happy? Sad?)
Behaviour (Agitated? Relaxed?)	**Perception** (Voices? Spirits?)
Conversation (Sensible? Confused?)	**Cogntion** (Attention? Memory?)

Risk Assessment 1 = no apparent risk 2 = low risk 3 = some risk 4 = big risk 5 = very big risk		
Self Harm or suicide risk	Harm to Others	Vulnerability – cannot look after self
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Circle the number that matches your assessment of level of risk. Risk issues addressed by following actions:		

Outcome measures scores				
Kessler 10 or 5	HoNOS	LSP	Other	Other

Tick or circle other care planning interventions

- ☐ Dosette or Webster pack offered today
- ☐ Carer psycho education given today
- ☐ Adult Health Check in last 12 months (BP, Weight, urine check)
- ☐ Liver/Renal/Thyroid/BP/Weight/Lipid check in last 6 -12 months
- ☐ Mood stabiliser check in last 3 months or circle 'not applicable'
- ☐ Client psycho education / illness information given today
- ☐ Referral for counselling or further support organised today
- OR Adult Health Check arranged today
- ☐ New tests ordered today
- ☐ New tests ordered today

Mental Health Care Team	Name
Carer	
Aboriginal Mental Health Worker/Health Worker	
General Practitioner	
Registered Nurse	
Allied Health	
Traditional Healer	
Registered Psychiatric Nurse	

Care Plan completed at Hospital ☐ Health Centre ☐ _____Recorded on recall list ☐

Date of next review_____……../……../…….