

TREATMENT PLAN

Client's Name:

Date of Birth:

Client's Address:

Mental Health Facility:

Director/Deputy Director of Community Treatment:

Treating Doctor/Psychiatrist:

Psychiatric Case Manager:

Date:

GOALS OF TREATMENT

Please insert the particular goals or proposed treatment outcomes that are relevant to the client's circumstances for this community treatment order (refer to Section 68 of the Mental Health Act 2007 which sets out principles for care and treatment), for example:

- *better control of symptoms and counselling for illicit drug use*
- *stability of mental state and referral to job agencies*
- *establishing connections in the community via planned social activities*
- *increased independence in taking medication*
- *return to part time employment*
- *taking responsibility for taking oral medication with a view to discharge from the community treatment order.*

NOTE - The treatment plan must include details of the proposed treatment, counselling, management, rehabilitation or other services to be provided to the client in accordance with Section 54 of the Mental Health Act 2007 including in specific terms the method by which, the frequency with which and the place at which, the services will be provided. In this regard it is not sufficient to simply repeat the words of the section, the services will need to be specified and described at least in a summary way.

1. Obligations on the client to make contact with the treating team (*insert particular requirements to be included in the treatment plan*)

1.1 Appointments with case manager

Appointments with the case manager, for the purpose of implementing the community treatment order including administering prescribed medication and to review his/her mental state, may be at the client's home or at the health care facility subject to agreement between the case manager and the client.

Frequency and timing of appointments:

(Insert client's name) must attend and meet with ***(insert case manager's name)*** or delegate at the places specified below ***(insert frequency specifying a minimum, at least weekly, fortnightly etc)***. Attendances will be made between the hours of ***(insert the reasonable hours for the visits to occur, for example between 8.00am – 5.00 pm Monday-Saturday)***.

The frequency and timing of appointments with the case manager or delegate may be varied by agreement between ***(insert client's name)*** and the case manager or delegate.

Where appointments will be held:

(Insert client's name) must attend and meet with ***(insert case manager's name)*** or delegate at ***(insert name of the health care facility)***.

Appointments may occur at ***(Insert client's name)*** home if he/she consents to ***(insert case manager's name)*** or delegate visiting him/her at his/her home.

Should ***(insert client's name)*** not consent to home visits or if he/she expressly or impliedly withdraws consent or if the case manager does not agree to home visits then he/she must attend at ***(insert name of the health care facility)***.

1.2 Appointments with treating doctor

Appointments with the treating doctor for the purpose of implementing the community treatment order, including prescribing or administering prescribed medication and to review his/her mental state, may be at the health care facility or at the client's home subject to agreement between the treating doctor and the client.

Frequency and timing of appointments:

(Insert client's name) must attend and meet with ***(insert psychiatrist's name)*** or delegate at the places specified below ***(insert frequency specifying a minimum, at least weekly, fortnightly etc)***. Attendances will be made between the hours of ***(insert the reasonable hours for the visits to occur, for example between 8.00am – 5.00 pm Monday-Saturday)***

Where appointments will be held:

(Insert client's name) must attend and meet with ***(insert psychiatrist's name)*** or delegate at ***(insert name of the health care facility)***.

Appointments may occur, with the treating doctor's agreement, at ***(insert client's name)***'s home if he/she consents to ***(insert psychiatrist's name)*** or delegate visiting him/her at his/her home.

Should ***(insert client's name)*** expressly or impliedly withdraw consent to home visits then he/she must attend at ***(insert name of the health care facility)***.

2. Obligations on the client to accept or comply with medication and/or treatment *(insert particular requirements to be included in the treatment plan)*

(Insert client's name) is required to accept the treatment and/or medication as prescribed and/or varied by ***(insert psychiatrist's name)*** or delegate.

Current medication:

- ***(insert list of current medication)***
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- Any other medication or treatment prescribed and as varied by ***(insert psychiatrist's name)*** or delegate.

(insert if relevant) Oral medications are to be self administered.

3. Obligations on the client to accept rehabilitation and/or other services *(insert particular requirements to be included in the treatment plan)*

Insert clauses in relation to other services or interventions to be provided to the client. This should refer to actual services that will be provided during the term of the order and must specify the reasonable times and places the service will be accessed and the frequency of attendance. For example:

(insert client's name) is required to attend the Disability Employment Agency at Ryde CES on ***(insert time, date and frequency)*** and at such other times as agreed by the case manager or delegate for the purpose of obtaining work skills and training

(insert client's name) is to attend the dual diagnosis clinic at Westmead Outpatient Unit on ***(insert time, date and frequency)*** and at such other time as directed by the case manager or delegate for the purpose of obtaining skills to address illicit substance use.

4. Other obligations on the client *(insert particular requirements to be included in the treatment plan)*

(Insert if relevant) (insert client's name) is required to comply with blood tests as requested by the case manager/treating doctor/psychiatrist or delegate.

Some clients may need testing for the presence of illicit substances if their mental illness is closely linked with substance abuse, in which case the following clause may be inserted:

(insert client's name) is required to comply with requests to provide a urine sample for the conduct of urine drug screens no more than ***(insert maximum number)*** times ***(insert interval – e.g. per month)*** as requested by the case manager/ treating doctor/ psychiatrist or delegate.

Where it is considered that counselling is an appropriate adjunct to urine drug screening the following clause may also be included:

(insert client's name) is required to attend drug and alcohol counselling no less than ***(insert minimum number)*** times ***(insert interval – e.g. per week, per month)*** as requested by the case manager/ treating doctor/ psychiatrist or delegate.

5. Obligations on the community mental health facility *(insert particular requirements to be included in the treatment plan)*

(Insert if relevant) Provide support, monitoring and education to ***(insert client's name)*** about his/her mental illness by providing ***(insert a short summary of what is to be provided)***;

(Insert if relevant) Provide support, counselling and education to ***(insert client's name)***'s family, with his/her consent, concerning his/her mental illness by providing ***(insert a short summary of what is to be provided)***;

(Insert if relevant) Ensure that ***(insert client's name)*** is aware of his/her rights of appeal and rights in relation to seeking revocation or variation of the community treatment order;

(Insert if relevant) Facilitate the effective implementation of the community treatment order by arranging and supporting effective communication between ***(insert client's name)***, ***(insert case manager's name)*** and ***(insert treating psychiatrist/doctor's name)*** or the Director of Community Treatment at ***(insert name of community mental health facility)***.

6. Other clauses (optional) (insert any additional clauses relevant to the specific needs of the client)

Signed and dated:

Case Manager or Delegate

(Print Name)

Date:

Director (or Deputy Director) of Community Treatment

(Print Name)

Date: