

Form Num 79      Template Last Modified 18/11/2013      Version 01.1

**District Mental Health Services  
Collaborative Recovery Plan  
WaitemataDHB**

**Date of review**      **Care Co-ordinator:**

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**Aims:**      To summarise my main needs and goals  
 To outline means and time frame to achieve these

**My vision for wellness for myself is:**

**My goals - what I want to do**

**Contact People**  
 These are the key contact people to notify of any change in circumstances and/or plan (e.g. crisis)

	Name	Contact details/Phone number/s
Care Co-ordinator	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Crisis team contact	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
GP	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Family/whanau/friends	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
People I live with	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Key community staff	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Other services involved	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Cultural/spiritual support people	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Explanation if Care Co-ordinator, consumer or family is not involved in the plan:

**Plan**

**Diagnosis:**  
 Has the diagnosis been clearly explained or have diagnostic possibilities been explained?:  
 Are more tests or information needed to clarify the diagnosis?  
 Have my family/whanau and I had written information about the diagnosis?  
 Are my family and I aware of relevant support groups?

What follow up do I need?

<b>By whom</b>	<b>By when</b>	<b>Done:</b>

**Safety:**  
 Is there a current risk assessment/plan?  
 Are there any safety issues now? if so what are they?

How can we work to minimise risk (consider need for Inpatient treatment/MHA)

Who needs to be informed

By whom	By when	Done
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Medication:**

Do I understand why I am taking my medication?

Do I have written information about my medication?

Are there any problematic side effects? if so what are we doing about them?

Am I on too many medications?

Do I have any issues about taking my medication and if so what can we do about that?

By whom	By when	Done
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Physical health issues:**

Do I have a medical condition that needs to be considered, and what is the plan to manage it?

Is liaison with my GP needed?

By whom	By when	Done
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Psychological issues:**

Need for personal therapy?

Need for family therapy?

By whom	By when	Done:
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Drug or alcohol use and gambling:**

Is this a problem, and if so what help is needed?

By whom	By when	Done
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Children:**

Do I need help with my children if I have any?

Are Child and Family (CYFS) involved and is liaison needed if they are?

By whom	By when	Done
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Social/Occupational issues:**

Is my benefit or work income sorted out?

Do I have any debts? Is my accommodation OK?

Do I need help with self care? Do I need help with my leisure activities

Do I need help with getting back to work or school or organising my days

By whom	By when	Done:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is there a need for cultural support or referral  
Is there a need for spiritual support  
Is an interpreter needed?

By whom

By when

Done:

**Legal/Mental Health Act:**

Are there any legal issues I need help with?  
Do I know my rights under the Mental Health Act  
Is the Mental Health Act needed or being used, and if so what is the plan to manage this?

By whom

By when

Done:

**Relapse prevention (this is what has been found to help me most if I am developing a relapse of symptoms)**

**Potential stressors**

**Early warning signs**

**Intervention Strategies**

**Client will**

**Caregivers/support person will**

**Key worker's/Dr's will**

**Crisis Plan**

**What I want from my supporters when I am in Crisis (why)**

**What I do not want from my supporters when I am experiencing these symptoms (why)**

**Preferred medication (why)**

**Acceptable medication (why)**

**Contra-indicated medication (why)**


**Preferred treatment/s**

**Least preferred treatments (why)**

**Preferred treatment facilities (why)**

<input type="text"/>	
<b>Least preferred treatment facilities (why)</b>	
<input type="text"/>	
<b>Things I need others to do for me and who I would prefer to do it (include pets, children, homecare)</b>	
<input type="text"/>	
<b>Things I can do for myself</b>	
<input type="text"/>	
I have developed this document with the help and support of:	
<input type="text"/>	
Completed with consumer <input type="checkbox"/>	
Completed with family/support people <input type="checkbox"/>	
Consumer signature	Date
<input type="text"/>	<input type="text"/>
Co-ordinator signature	Date
<input type="text"/>	<input type="text"/>
<b>Agreement</b>	
<b>Agreement:</b> I, with my family/whanau feel that I/we understand and have been given, sufficient information regarding the diagnosis and treatment options other choices and expected outcomes. I/we agree to the proposed plan, and will take responsibility for doing the things I/we have agreed to	
Signed	Date:
<input type="text"/>	<input type="text"/>
<b>Copy to:</b>	
<input type="checkbox"/> Consumer	
<input type="checkbox"/> Family/whanau	
<input type="checkbox"/> Other support	

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Form Num 621		Template Last Modified 11/05/2018		Version 1.0											
		WDHb Mental Health Services Clinical Review Form (MDT) Inpatient 621 Waitemata DHB													
<table border="1"> <thead> <tr> <th colspan="2">KEY</th> </tr> </thead> <tbody> <tr> <td style="background-color: #f4a460;"></td> <td>Date Fields</td> </tr> <tr> <td style="background-color: #c8e6c9;"></td> <td>Pre-populated locked fields</td> </tr> <tr> <td style="background-color: #fff9c4;"></td> <td>Free text fields</td> </tr> <tr> <td style="background-color: #e8f5e9;"></td> <td>Drop down boxes</td> </tr> </tbody> </table>						KEY			Date Fields		Pre-populated locked fields		Free text fields		Drop down boxes
KEY															
	Date Fields														
	Pre-populated locked fields														
	Free text fields														
	Drop down boxes														
Date Admission															
Length of stay															
Community Care Coordinator															
Community Team(s)															
Responsible Clinician															
Primary Nurse															
MHA Status															
Date of review															
Present at Review															
<b>Overview</b>															
Background Reason for Admission	Circumstances in lead up and during admission. Note if Out of Area (OOA)														
Mental State Examination	Describe MSE changes over the last week														
Purpose and Goals of admission	As set by Community team/referrer. Treatment aims & expected length of stay (LOS). What needs to be achieved for discharge e.g. support, accommodation														
Diagnoses															
Diagnoses Other															
Family Involvement															

Next of Kin			
Primary Caregiver			
Current Risk and Safety Issues This section must be completed and updated. State if none	Brief summary in bullet point list. Refer to Client History Regional Form for Risk History, Risk Formulation and Safety Strategies		
Community Supports	Activity, Interests, Social Contacts		
Sensory Preferences	Record detail here		
AOD Issues	Summary of use and CADS involvement		
Family Violence/Child Protection	Only complete if specific issues / involvement		
Cultural & Spiritual Connections	Document if present or if assessment needed		
Medication Plan	Plan for meds - things stopping and starting, any monitoring needed		
Assessments Completed	Short summary of any OT/Psychology/SW assessments		
Groups/Recommendations	Groups attending, groups ought to attend, output from group discussions		
Barrier to Discharge	Please Choose Barrier <input type="button" value="v"/>		
Collaborative Recovery Plan		Update Date	
Smoking Status			
<a href="#">Top of form</a>			
<b>Plan</b>			
Care Status:	Please Choose Acuity <input type="button" value="v"/>		
Estimated Discharge Date:			
AWOL Status:	Please choose AWOL Status <input type="button" value="v"/>		
Leave Transition Status:	Short summary of ET/UET/EL/UEL/ONL - time allows and any conditions		
<b>Sensory preferences</b>			
<b>Recorded ?</b>	<b>Summary</b>	<b>Location</b>	<b>Date recorded</b>
<input type="radio"/> yes <input type="radio"/> no	Top 5 preferences	Where is the detail? <input type="button" value="v"/>	
NOTE: all * fields must contain info before saving, when completed <b>Click Add Plan</b>			

* Date	* Problem / Issue	* Due Date	Achieved Date	
				<input type="button" value="Add Plan"/>
Date	Problem / Issue	Due Date	Achieve Date	Manage
<a href="#">Click Here</a> To send any forms issues to HCC				

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Form Num 397

Template Last Modified 24/01/2012

Version 1.0

## Mental Health Services

### Popao - (Journey To Wellness - Folau ki he Mo'ui Lelei ) Care Plan

WaitemataDHB

Legal Status

Date Assessor

**LANGIMALIE**

(fine day with sunshine and blue sky)

Wellness Snapshot

Describes how you would be if you were to be likened to the following metaphors, (usually good versus bad.)

**Wellness:**

'AHO (day) / LA'A (sun)

Good day / fineday

Calm day

Warm day

**Unwellness**

PO'ULI (night) /MAHINA (moon) /FETU'U (stars) /'UHA (rain) / HAVILI (wind)/

Dark night

Moonlight & stars

Windy & cold &  
rainy night

**POPAO Structure**

Support Networks

**KATEA** Main body of canoe - Cultural context that the person lives within

Culture Traditions

Family structures  
(genogram)

Beliefs Values

**HAMA** (Outrigger) - Health - names and contacts of the clinicians (GPs) and other health professionals.

Physical Health

Traditional healers

Psychological &  
Mental Health -

*Counsellors Family*



*Therapists*

Spiritual Healers  
Religion

FOHE/TOKO (Paddle/ oar/ pole) - Knowledge/insights/common sense/motivators:

Knowledge Insights/  
Common Sense -  
Special profession  
– Pride – resilience  
– energy level –  
strength

Motivators - strong  
reason in life

Experience -Your  
life experiences  
what you strive for.

KIATO Connectors between outrigger and main body of canoe. Other services/outside supports

Support Services, Community groups, Family group, etc

KAHOKI Connector levellers

Trusting friends  
advisors

KAFA

Rope/ ties - communication between all

Communication -  
Understanding -  
Beliefs Values -  
Relationship -  
Connection -  
Rapport

**POPAO JOURNEY**

The popao is launched out into the lagoon and will encounter the marine life. You need to row the popao with great care.

**TUKIA'ANGA** (obstacles). Marine life can be obstacles if you do not know how to work around them.

We have chosen four of the Tukia'anga. Think about those events/ situations which may prevent you from staying well.

PEAU (waves ) Waves are of various sizes and strengths and can arrive without warning. These are sudden, unexpected events or situations

Restless -surf  
Waves Breaking  
Rough Dangerous

PUNGA (coral) Coral is rigid and always present. These are predictable events and situations.

Rocks - Sand dunes -Damaging

LIMU (seaweed) Seaweed slows down progress. These will slow down any progress to wellness e.g. Lack of Motivation and confidence

GroupTogether  
Entangle  
Frightening  
Scattered

PA (fish trap fence) Fish trap fences will stop the popao. An action is required to begin to progress again.

Trap  
Fenced  
Stop

**FAKA'UTO'UTA**

(to navigate)

As captain you need to navigate and plan a safe Journey so that you can reach your destination.

Plan to prevent or remedy obstacles to progress to wellness

Obstacle/ Trigger	Action when encountered	By whom/ when
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**FANGA**

(Beach – represent your destination or where you want to be)

Goals - Destination - Taumu'a /Hanganaki kiai e folau:

Health

Activities – job, social, education,

Relationships – family, friends

Living circumstances

Legal issues

Finances

**HALANGAVAKA**

(Safe Pathway)

Goal Plan

Short Term

Date	Goals	Action	By Whom	By When
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Review / Done				
Long Term				
Date	Goals	Action	By Whom	By When
Review / Done				
Signed				Date

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Form Num 564	Template Last Modified FEB 22	Version 1.2
		WDHB Mental Health Services Treatment Review Regional 564 Waitemata DHB
Date:	Assessor	
<input type="text"/>	<input type="text"/>	
Case Manager/ Care Co-ordinator		
<input type="text"/>		
Responsible Clinician		
<input type="text"/>		
Ngo / Other agency involvement		
<input type="text"/>		
Staff present		
<input type="text"/>		
Date of admission to Service		
<input type="text"/>		
Current legal status (MHA CJA)		
<input type="text"/>		
For all Maori justify the rationale for the MHA; barriers to coming off; and specify actions to address these barriers.		
<input type="text"/>		
Next event due		
<input type="text"/>		
Brief Summary: include a&d, medication, details of POC/Res Rehab/Respite/therapy		
<input type="text"/>		
Diagnosis, including Axis 1-5 (include GAF		
<input type="text"/>		
Previous Management Plan:		
<input type="text"/>		
Summary of progress since last review		
<input type="text"/>		
Measures ( <a href="#">CLICK HERE</a> for HoNOS scores): ( Vascular Screening, tools etc):		
<input type="text"/>		
Current Issues		
<input type="text"/>		

Service User's current recovery goals:

Current Risk Formulation:

MDT Discussion (include family/whanau involvement & barriers):

Management plan, Treatment goals and interventions until the next review:

Next Treatment Review date

[Click Here](#) To send any forms issues to HCC

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Form Num 564	Template Last Modified FEB 22	Version 1.2
		WDHB Mental Health Services Treatment Review Regional 564 Waitemata DHB
Date:	Assessor	
<input type="text"/>	<input type="text"/>	
Case Manager/ Care Co-ordinator		
<input type="text"/>		
Responsible Clinician		
<input type="text"/>		
Ngo / Other agency involvement		
<input type="text"/>		
Staff present		
<input type="text"/>		
Date of admission to Service		
<input type="text"/>		
Current legal status (MHA CJA)		
<input type="text"/>		
For all Maori justify the rationale for the MHA; barriers to coming off; and specify actions to address these barriers.		
<input type="text"/>		
Next event due		
<input type="text"/>		
Brief Summary: include a&d, medication, details of POC/Res Rehab/Respite/therapy		
<input type="text"/>		
Diagnosis, including Axis 1-5 (include GAF		
<input type="text"/>		
Previous Management Plan:		
<input type="text"/>		
Summary of progress since last review		
<input type="text"/>		
Measures ( <a href="#">CLICK HERE</a> for HoNOS scores): ( Vascular Screening, tools etc):		
<input type="text"/>		
Current Issues		
<input type="text"/>		

Service User's current recovery goals:

Current Risk Formulation:

MDT Discussion (include family/whanau involvement & barriers):

Management plan, Treatment goals and interventions until the next review:

Next Treatment Review date

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Form Num 605	Template Last Modified May 22 2016	Version 02
<b>WDHB Mental Health Services Integrated Health Care &amp; Recovery Plan (HCRP) 605</b>		
Div id=intro		
<b>Form Guidelines</b>		
<b>Sources of Information:</b>	Selected goal from Comprehensive Clinical Summary	
<b>Completion</b>	<b>By:</b> Multi-Disciplinary Team	<b>1st Completed: Received</b> Within 6 weeks of admission, 6 Monthly
<b>Using the information:</b>	Individual disciplines tasks and specific plans aligned with HCRP Goals	
<b>Date</b>	<b>Assessor</b>	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
<b>Accommodation</b>		
<input style="width:100%;" type="text"/>		
<b>Legal Status</b>		
<input style="width:100%;" type="text"/>		
<b>Health care plan Overview:</b> (Describe consumer's current mental state and functioning and how it relates to His/Her Pillar and risk formulation. State which overall goals need to be addressed in the upcoming treatment cycle/period, and give a rationale for the plan)		
<input style="width:100%; height: 40px;" type="text"/>		
<b>Further studies or testing to be completed:</b>		
<b>Type</b>	<b>Staff Responsible</b>	<b>Date initiated</b>
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
<b>How do I rate the Dundrum pillars</b>		
<ol style="list-style-type: none"> <li>1. Click the blue CODE Pillar link</li> <li>2. The Rating descriptions display</li> <li>3. Click the description that best rates your client</li> <li>4. The score for the rating is displayed in the text box below the pillar heading</li> </ol>		
<a href="#">01 Click Here</a> to show all rated plans and Show plan buttons		<a href="#">02 Click Here</a> to show all rated plans and Hide plan buttons
<a href="#">03 Click Here</a> to hide all Plans and buttons		<a href="#">04 Click Here</a> to show all buttons
Pillar 1– Physical Health		<a href="#">Code Pillar 1</a>
<input style="width:100%; height: 20px;" type="text"/>		
<b>Show Plan P1</b> <input checked="" type="radio"/> <b>Hide Plan P1</b> <input type="radio"/>		
(Treatment / Rehabilitative) Goal (as per Comprehensive Clinical Summary)		
Comment on why this Pillar (treatment/rehabilitative) goal is to be addressed in the upcoming review period.		



[Empty header box]

Staff Responsible

Type of Intervention

Plan 01

Staff Responsible

Type of Intervention

Plan 02

Staff Responsible

Type of Intervention

Plan 03

Staff Responsible

Type of Intervention

Plan 04

Pillar 1 (Treatment/Rehabilitative) goal Review

Outcomes:     Achieved:     Ongoing::     Other: (Describe)

Pillar 2 – Mental Health [Code Pillar 2](#)

Show Plan P2     Hide Plan P2

(Treatment / Rehabilitative) Goal (as per Comprehensive Clinical Summary)

Comment on why this Pillar (treatment/rehabilitative) goal is to be addressed in the upcoming review period.

Staff Responsible

Type of Intervention

Plan 01

Staff Responsible

Type of Intervention

Plan 02

Staff Responsible

Type of Intervention

Plan 03

Staff Responsible

Type of Intervention

Plan 04

Pillar 2 (Treatment/Rehabilitative) goal Review

Outcomes:       Achieved:       Ongoing:       Other: (Describe)

Pillar 3 – Drugs and Alcohol [Code Pillar 3](#)

Show Plan P3       Hide Plan P3

(Treatment / Rehabilitative) Goal (as per Comprehensive Clinical Summary)

Comment on why this Pillar (treatment/rehabilitative) goal is to be addressed in the upcoming review period.

Staff Responsible

Type of Intervention

Plan 01

Staff Responsible

Type of Intervention

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Plan 02

Staff Responsible
Type of Intervention
Plan 03

Staff Responsible
Type of Intervention
Plan 04

Pillar 3 (Treatment/Rehabilitative) Goal (as per Comprehensive Clinical Summary)

Outcomes:       Achieved:       Ongoing::       Other: (Describe)

Pillar 4 – Problem Behaviours [Code Pillar 4](#)

**Show Plan P4**       **Hide Plan P4**

(Treatment / Rehabilitative) Goal (as per Comprehensive Clinical Summary)

Comment on why this Pillar (treatment/rehabilitative) goal is to be addressed in the upcoming review period.

Staff Responsible
Type of Intervention
Plan 01

Staff Responsible
Type of Intervention
Plan 02

Staff Responsible

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Type of Intervention

Plan 03

Staff Responsible

Type of Intervention

Plan 04

Pillar 4(Treatment/Rehabilitative) goal Review

Outcomes:       Achieved:       Ongoing::       Other: (Describe)

Pillar 5 - Self-Care and Activities of Daily Living [Code Pillar 5](#)

Show Plan P5       Hide Plan P5

(Treatment / Rehabilitative) Goal (as per Comprehensive Clinical Summary)

Comment on why this Pillar (treatment/rehabilitative) goal is to be addressed in the upcoming review period.

Staff Responsible

Type of Intervention

Plan 01

Staff Responsible

Type of Intervention

Plan 02

Staff Responsible

Type of Intervention

Plan 03

Staff Responsible

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Type of Intervention
Plan 04

Pillar 5 (Treatment/Rehabilitative) goal Review

Outcomes:       Achieved:       Ongoing::       Other: (Describe)

Pillar 6 - Pillar 6 – Education, Occupation, Creativity [Code Pillar 6](#)

**Show Plan P6**     **Hide Plan P6**

Plan2  
(Treatment / Rehabilitative) Goal (as per Comprehensive Clinical Summary)

Comment on why this Pillar (treatment/rehabilitative) goal is to be addressed in the upcoming review period.

Staff Responsible

Type of Intervention

Plan 01

Staff Responsible

Type of Intervention

Plan 02

Staff Responsible

Type of Intervention

Plan 03

Staff Responsible

Type of Intervention

Plan 04

Pillar 6 (Treatment/Rehabilitative) goal Review

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Outcomes:       Achieved:       Ongoing::       Other: (Describe)

Pillar 7 - Family and Social Networks, Friendship and Intimacy

[Code Pillar 7](#)

Show Plan P7       Hide Plan P7

(Treatment / Rehabilitative) Goal (as per Comprehensive Clinical Summary)

Comment on why this Pillar (treatment/rehabilitative) goal is to be addressed in the upcoming review period.

Staff Responsible

Type of Intervention

Plan 01

Staff Responsible

Type of Intervention

Plan 02

Staff Responsible

Type of Intervention

Plan 03

Staff Responsible

Type of Intervention

Plan 04

Pillar 7 (Treatment/Rehabilitative) goal Review

Outcomes:       Achieved:       Ongoing::       Other: (Describe)

R1 - Stability

[Code R1](#)

R2 - Insight

[Code R2](#)

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<input type="checkbox"/>	
R3 - Therapeutic Rapport	<a href="#">Code R3</a>
<input type="checkbox"/>	
R4 - Leave	<a href="#">Code R4</a>
<input type="checkbox"/>	
R5 - Dynamic Risk Items	<a href="#">Code R5</a>
<input type="checkbox"/>	
R6 - Victim Sensitivity Items	<a href="#">Code R6</a>
<input type="checkbox"/>	
R7 - Hope	<a href="#">Code R7</a>
<input type="checkbox"/>	

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Form Num 372

Template Last Modified 09/08/2011

Version 1.0

**District Mental Health Services  
Inpatient Care Plan  
WaitemataDHB**

**Date Assessed**

**Assessor**



The areas of concern should come from the Admission HoNOS. All areas assessed as 2 or higher should form the basis of the care plan. However other measures and areas of concern identified requiring intervention during admission, should also be included.

The plan must be discussed with the service user and their views recorded (see below). A copy of the plan should be provided to the service user at all times.

Interventions should be specific and concise and updated on a regular basis as client needs change.

The care plan should be updated on discharge to highlight any outstanding interventions/concerns. Community teams can then access plan for follow up.

Select the number of plans to use  ▼

**Plan 1**

Area of concern

Service User Perspective



Intervention

By Whom / By When



**Plan 2**

Area of concern

Service User Perspective



Intervention

By Whom / By When



**Plan 3**

Area of concern

Service User Perspective



Intervention

By Whom / By When



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Copy Provided to Service User  ▼

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Form Num 187

Template Last Modified 18/11/2013

Version 01.1

**District Mental Health Services  
Early Warning Signs and Relapse Prevention  
WaitemataDHB**

Date assessed

Assessor

- Completed with client  
 Completed with family/support people

Potential stressors

Early warning signs

Please liaise with the following people (include names and phone numbers)

Intervention strategies

Clients strategies

Caregivers/support persons roles/ strategies

Key workers/Dr's/role strategies

Interventions that don't help

Clients signature

Key workers  
signature

- Form signed by client

Form Num 597

Template Last Modified 14/07/2016

Version 1.0



WDHB Mental Health Services  
Parent - Infant Wellbeing Plan  
Waitemata DHB

Date:

Assessor

Caregiver(s):

What makes things difficult? (Triggers)

What do I (or others) notice about my child and myself when we are struggling? (Signs)

What can I do to help myself and my child? (Strengths and strategies)

Who else can help and what can they do? (Supports)

Copy given to caregiver(s): [Click Here](#) To send any forms issues to HCC

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Form Num 569

Template Last Modified 15/09/2014

Version 1.0



WDHB Mental Health Services  
Transition Plan  
Waitemata DHB

Date:  People that helped me with this plan

The partnership goals I have been working on

Things I can do to help me keep well

Things I am good at and enjoy doing

People I can talk to to help me keep well

**My plans for follow-up after I finish here**

Who	What They Do	Key Contact Person	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What I need from these people

How will I know if things are getting difficult again

What will I do if things get difficult again

**If I need support I can contact**

Right Away

Soon

**My Medications**

Medication Name	Dose	When to take it

Who I will share this plan with

Copy Given to Client

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