

MENTAL HEALTH SERVICE FOR OLDER PEOPLE

Wellness Plan Front Cover Sheet

Name:	DOB:
Address:	NHI:
NOK details:	EPOA/Welfare Guardian:
GP:	GP Phone:

Date	Diagnosis
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	arn.

Relevant History :	Violence (low/moderate/high)		
Known Risk Issues	Suicide		
Comment on dates,	DSH		
and actual and Wandering			
potential events. See	Falls		
separate risk assessment.	Vulnerability		
	Social isolation		
	Other		
	Unde		

Psychiatrist	0	ОТ	
Psychologist		CMHN	
s/w		Other	
2	•		

Medications

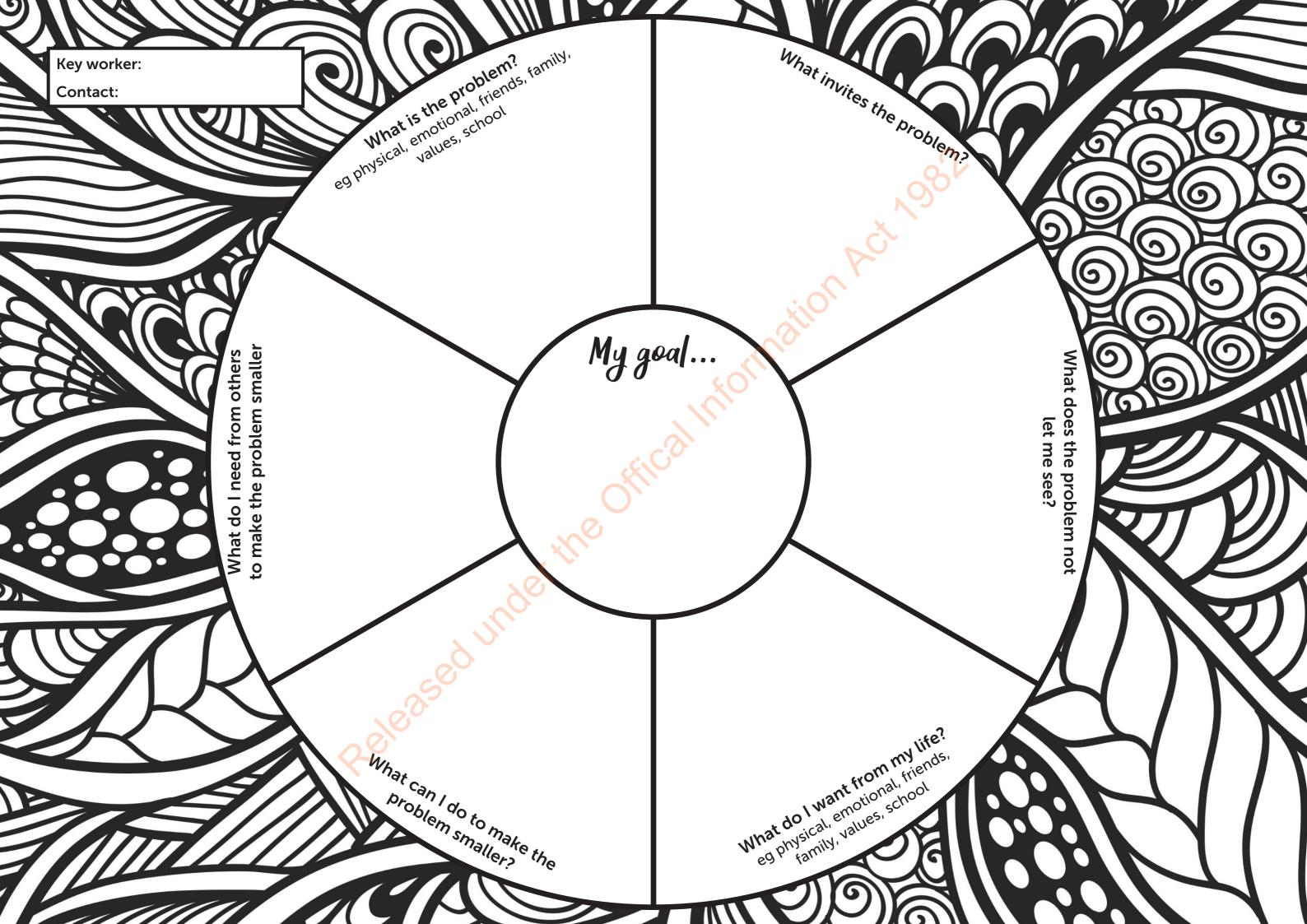
Wellı	ness Plar	ו		ANAKI Health Board			
Name:		Date of Plan:	·				
		Updated:					
Service user participation in W	/ellness Plan 🛛 YES 🗌 No	O If no, reasor	ı why:				
Appointments discussed		O Medication	s discussed				
My triggers:	My triggers:						
				N982			
My early warning signs:				A.			
			mationr	•			
What helps me:		S.	0				
	Ő	ficalli					
My Crisis Plan:	n,	My sup	oports:				
	ed under the	Му Кеу	' <i>support, friends, whanau</i> / Worker is: number:	Available hours:			
My plan for care of children, p							
Rele							
My plans for follow-up and en Service name	What they do		contact person	Phone number			

Wellness Plan copied to:				
WebPAS linked (Compulsory) Clinical file GP Service user SCR updated				
Family/whanau (Please specify) Other (Please specify)				
Service User consents to copies shared with person(s) ticked above \Box Yes \Box No If no, reason why:				
Clinician signature and designation: (ensure legibility) Service user signature				
Date: Date:				
Urgent contact numbers Non-urgent contact numbers				
police/ambulance/fire brigade : Dial 111	Community Mental Health Services: Free phone: 0508 292 467 – ABC TEAM, Option 1. North Team (Taranaki Base Hospital, New Plymouth) Option 3			
counsellor any time of day or night.	South Team (Hawera Hospital, Hawera) Option 5 MH Services Older People (Taranaki Base Hospital, New Plymouth) Option 4			
Mental Health ABC (Assessment and Brief Care) Team. Free phone 0508 292 467 - Option 1. Alcohol and Drug service (Taranaki Base Hospital, New Option 6 Tui Ora Mental Health and Addiction Services - Maratal Plymouth – 06 7594 064				
Triggers:	jo.			
are becoming unwell. Triggers may tempt you to resort to using a substance, or doing something you wish to avoid, to help yourself feel better. These are normal reactions to stressful events in your life, but if you don't respond to them and deal with them in some positive way, they may make you feel even worse or lead to a relapse. The awareness that this can happen, and development of a plan to deal with triggering events when they come up, will increase your ability to cope without feeling worse or doing something you don't want to do. Some examples of warning signs include: Anniversary dates of losses or trauma, being over tired, work stress, financial or housing worries, relationship issues, physical unwellness, being around an abuser, event or someone who reminds you of an abuser.				
Early warning signs:				
In spite of your best efforts, you may begin to experience early warning signs. Early Warning Signs are subtle signs of change that indicate you may need to look after yourself better or take some further action. Warning signs include old behaviours that are related to an addiction or a mental illness. You are probably aware of some of your warning signs but remember to ask your friends and family as well because they might have noticed some things you haven't. Some examples of early warning signs include : Irritability, lack of motivation, beginning of irrational thought patterns, feelings of discouragement, hopelessness, craving addictive substances, and changes to sleep pattern. Reviewing your early warning signs regularly can help you become aware of them, in order for you to take action at an early stage before they worsen.				
What helps me:				
 Some examples to support my wellbeing include: Try to keep to usual patterns of activities Learn as much as you can about your illness Visualise your goals Reward yourself for positive steps Keep a diary or journal Try to exercise for fun and health and keep a healthy diet Use sleep encouraging techniques Identify potential stress and attempt to reduce it's impact Seek out supportive family and friends 	include - Medication review, respite, problem solving and			

ABC (Assessment Bi	r ief Care) Weekends or a	fter hours: 0508 292 467	' (leave a message)	8	
My medications:		1			
Medication name	What it is for	When to take it	What I need to know		
				i cico	H
I For prescribed dosage detai	l Is please refer to last prescripti	ion copy or clinic letter.			
My follow up plai		_		2	M. iour
Service name	What they do	Key contact name	Phone	2	My jouri
		es:			
What I need from	these other servic	1025C			
	these other servic	Release			
What I need from		Release			



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TARANAKI

District Health Board

Clinician:

A&D Wellness Plan

Please Adhere Service Label Here

Alcohol and Drug Service, Monday- Friday 8am-4pm: 06 753 7838 or 0508 292 4672 Option 6

TDHB Assessment and Brief Care Service: 0508 292 4672 Option 1

Alcohol and Drug Helpline: 0800 787 797 Tui Ora Mental Health & Addiction Service: 06 759 4064

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24/7 Courseller tout / coll lin 1707

Urgent Assistance: 111	24/7 Counsellor te	
My goals are:		1981
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My early warning signs are:	_	
□ Thoughts of using substance	Rejecting help	Discontinuing treatment
$\Box$ Impulsive behaviour	□ Irritation with others	□ Feelings of hopelessness
Feelings of dissatisfaction	□Irregular sleeping habits	$\Box$ "I don't care" attitude
□ Other	<u>4</u> 10	
My triggers are:	O,	
Feeling hungry	□ Feeling tired	□ Feeling lonely
Feeling angry	Feeling stressed	$\Box$ Social situation
□ Other	<u> </u>	
□ Other		
Things that help me are:		
Distraction	$\Box$ Going for a walk	□ Talking to someone
Time off work/ responsibilities	□ Deep breathing	$\Box$ Getting a medication check
Other		
When things aren't going well I will:		
$\Box$ Call the crisis team	□Call my A&D counsellor	$\Box$ Call an ambulance
□Supporting Parents, Healthy Child	ren	
□How can my whanau support mea	·	
□Call the alcohol & drug helpline	□ Attend a group meeting	
□Other		
Clinician Sign:	_ Client Sign:	Date:
ial Format. Review date: 28 February 2020		