Last Name		**First Name**	
NHS Number		**Date of Birth**	

CARE PLAN

To be written and agreed with the patient (for inpatient use only)

A	**MY MENTAL HEALTH RECOVERY** ***Managing mental health**	**Desired Outcome**	**Actions / Interventions and by whom, including agreements / actions agreed with patient**	**Review Date**	**Date Resolved**
MDT Assessment of Need **Patients' views of Need**		**Short Term Goals** **Long Term Goals**			
Signature of Patient				**Date:**	
If patient did not wish to sign this care plan, explain why and the plan to secure engagement					

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B	**STOPPING MY PROBLEM BEHAVIOUR *Responsibilities**	**Desired Outcome**	**Actions / Interventions and by whom, including agreements / actions agreed with patient**	**Review Date** *Refer to review on progress outcome sheet*	**Date Resolved**
MDT Assessment of Need **Patients' views of Need**		**Short Term Goals** **Long Term Goals:**			
Signature of Patient				**Date:**	
If patient did not wish to sign this care plan, explain why and the plan to secure engagement					

Last Name		First Name	
NHS Number		Date of Birth	

C	Getting Insight/ *Identity and Self esteem	Desired Outcome	Actions / Interventions and by whom, including agreements / actions agreed with patient	Review Date *Refer to review on progress outcome sheet*	Date Resolved
MDT Assessment of Need **Patients' views of Need** **Patients' views of Need**		**Short Term Goals** **Long Term Goals** .	.		
Signature of Patient				**Date:**	
If patient did not wish to sign this care plan, explain why and the plan to secure engagement					

Last Name		First Name	
NHS Number		Date of Birth	

D	DRUG & ALCOHOL *Addictive behaviour	Desired Outcome	Actions / Interventions and by whom, including agreements / actions agreed with patient	Review Date *Refer to review on progress outcome sheet*	Date Resolved
MDT Assessment of Need **Patients' views of Need**		**Short Term Goals** **Long Term Goals**			
Signature of Patient				**Date:**	
If patient did not wish to sign this care plan, explain why and the plan to secure engagement					

Last Name		First Name	
NHS Number		Date of Birth	

E	FEASIBLE PLANS *Trust and hope *Work	Desired Outcome	Actions / Interventions and by whom, including agreements / actions agreed with patient	Review Date *Refer to review on progress outcome sheet*	Date Resolved
MDT Assessment of Need **Patients' views of Need**		**Short Term Goals** **Long Term Goals**			
Signature of Patient				**Date:**	
If patient did not wish to sign this care plan, explain why and the plan to secure engagement					

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NHS Number		**Date of Birth**	

	STAYING HEALTHY ***Physical health and self-care**	**Desired Outcome**	**Actions / Interventions and by whom, including agreements / actions agreed with patient**	**Review Date** *Refer to review on progress outcome sheet*	**Date Resolved**
MDT Assessment of Need **Patients' views of Need**		**Short Term Goals** . **Long Term Goals**			
Signature of Patient				**Date:**	
If patient did not wish to sign this care plan, explain why and the plan to secure engagement					

Last Name		First Name	
NHS Number		Date of Birth	

G	LIFE SKILLS *Living skills	Desired Outcome	Actions / Interventions and by whom, including agreements / actions agreed with patient	Review Date	Date Resolved
MDT Assessment of Need **Patients' views of Need**		**Short Term Goals** **Long-term Goals**			
Signature of Patient				**Date:**	
If patient did not wish to sign this care plan, explain why and the plan to secure engagement					

Last Name		First Name	
NHS Number		Date of Birth	

H	RELATIONSHIPS *Social networks	Desired Outcome	Actions / Interventions and by whom, including agreements / actions agreed with patient	Review Date *Refer to review on progress outcome sheet*	Date Resolved
MDT Assessment of Need **Patients' views of Need**		**Short term goals** **Long term Goals**			
Signature of Patient				**Date**	
If patient did not wish to sign this care plan, explain why and the plan to secure engagement					

Last Name		**First Name**	
NHS Number		**Date of Birth**	

MULTI-DISCIPLINARY TEAM:	DESIGNATION:	SIGNATURE:	DATE:
	Responsible Clinician		
	Key Worker		
	Social Worker		
	Occupational Therapist		
	Psychologist		
	Other		