



WCDHB MHS will utilise a clinical case management model to promote quality, consistency and continuity of care by assigning one member of the multidisciplinary team (MDT) to coordinate the client's treatment plan and ongoing care.

Treatment planning is based upon the 8-point clinical case management framework to ensure a holistic approach is maintained.

The case manager may be appointed from any professional discipline.

Based on the risk assessment, the completed comprehensive assessment and clinical formulation, it needs to address both precipitating and perpetuating factors if it is to be useful. The plan provides a framework for treatment/recovery and discharge planning.

The treatment plan clearly outlines the goals of treatment and is developed with regard to individual client needs across 8 key areas

### **1. Treatment Setting**

Decision needed regarding what is the best setting. Treatment in the community is the accepted norm. Client and family preferences? Does the client need hospitalisation? Frequency of contact. What other options are available? Consider safety.

### **2. Treatment of co-morbid conditions**

Identification of other conditions, need to retain a wider focus. Consider both co-morbid psychiatric and medical conditions. Need for co-working / shared care protocols? Implications for MH treatment plan? GP liaison?

### **3. Psychopharmacological intervention**

What (if any) medication is being prescribed, planned review dates identified? Possible side-effects or adverse reactions that need to be considered and/or monitored, LUNSERS or AIMS assessment required? Does the client need to modify their diet / alcohol intake? Patient/family education required re time of dose / speed of onset etc? Issues around polypharmacy?

### **4. Psychological intervention**

The talking therapies. Consider what type of therapeutic intervention is needed on a daily/weekly basis? (CBT, delusional testing, solution focused therapy, mood monitoring, relaxation therapy, supportive counselling, goal setting, problem solving, social skills training, motivational enhancement?) Need for specialist psychology input?

### **5. Family, cultural and social needs**

Family support and education? Family therapy? Family advocacy? Who best to maintain relationship with family? Identify immediate needs, consider need for referral to other agencies. Think about child care, privacy issues, spiritual needs, cultural assessment, access issues, special dietary requirements. Security of tenure in current living situation?

### **6. Additional information needed**

Is the comprehensive assessment fully completed? Do you need to gather more information from other sources – family, friends, GP, Police, other hospital staff? Old notes? Additional assessments (medical / psychological)



**7. Education and employment needs**

Psycho-educational needs (family/client). Current situation – are they missing school/university/work? Does service need to act to protect their employment? Do they need assistance returning to work or have on-going educational needs? Who is the best agency to assist with this process (ACC, WINZ, Workbridge etc)

**8. Self help groups**

What is available in your community? Does the client require assistance to access this type of support? Peer support?

Clinical notes are written to clearly reflect the plan, identifying response to the planned intervention. The plan is adapted/updated as needs are addressed. There is a formal MDT review at 3/12 intervals.

This review will include

- Progress towards goals
- Updated risk assessment/ risk management plan
- Response to treatment
- KPP review data (if required)
- Integrated data collection requirements (3/12)
- Formal needs assessment (6/12)
- Endorsement of ongoing treatment plan/focus of care
- Barriers to discharge
- Endorse/update diagnosis