



- LWB staff can complete Part 1 with the person and their support network as appropriate
- Only a Health Professional/s can complete Part 2
- LWB staff must not transcribe medication information into this plan

Part 1			
Personal Details			
Name:			
CIRTS ID:			
Date of Plan:		Review Date:	
Health Professional(s) contact details: <i>(include GP, Psychiatrist, Mental Health Case Worker etc.)</i>			
Profession:		Name:	
Address:		Phone:	
Profession:		Name:	
Address:		Phone:	
Profession:		Name:	
Address:		Phone:	
Profession:		Name:	
Address:		Phone:	
Diagnosis Information:			
Medical conditions / diagnosis:			
Current mental health diagnosis:			
Diagnosis made by (health professional name)			
Current mental health condition originally diagnosed by: (health professional name):		Date:	

Medications – refer to Medication Chart.	Consumer Medicines Information (CMI) leaflets must be available for all medications prescribed for the person.
<p>Note: Staff must refer to the CMIs and ensure they understand the common side effects, risks, and food or drink that must not be combined with the medication.</p> <p>The Pharmacist should advise if medication interacts with other medications the person has already been prescribed.</p>	

Part 2 – to be completed by Health Professional(s) only		
Recording requirements:		
During the day:		
During the evening:		
During the night:		
Other:		
Monitoring requirements:		
When the person is:	What this looks like – what you will observe	Action – what you must do
Well:		
Becoming unwell:		
Unwell:		
Very unwell:		
PRN Medication: No <input type="checkbox"/> Yes <input type="checkbox"/> →		If PRN Medication has been prescribed, a PRN Protocol must also be completed by the prescribing Health Professional.
Name of Health Professional to contact if in doubt?		
Call 000 Ambulance if:		
Signs a review of this plan should occur immediately:		

Plan Endorsement: (to be signed by all contributing Health professionals)			
Plan developed by:			
Name:		Phone	
Profession:		Signature:	
Name:		Phone	
Profession:		Signature:	
Date Plan developed:		Date to be reviewed:	

Part 3 - Consent and Authorisation			
I consent to the support requirements as detailed in my Mental Health Management Plan to be implemented in order to assist in the management of my mental health or receive general emergency response as required. If I am unable to give consent, LWB will seek consent from my guardian/person responsible.			
Name	Relationship	Signature	Date
	Self		
	Authorised Decision Maker		

Part 4 - LWB Staff Declaration (All staff who work with this person to sign)					
I have read and understood this plan and agree to implement the attached plan.					
Name		Signature		Date	
Name		Signature		Date	
Name		Signature		Date	
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Upload to CIRTS as follows:

Plans & Assessments > New Plan >– [select from drop down] Mental Health Management Plan > relevant dates > Add New Attachment > SURNAME, First Name. YYYY.MM.DD

Review – To be completed by Health Professional(s) only

- A Health Professional must review Plans at least annually or as often as determined by the Health Professional. The Health Professional should also include signs that, if observed by staff, indicate an immediate review should take place. LWB Disability Support Staff must also monitor the person’s health in the context of the STOP AND WATCH principles outlines in the [NDIS LWB 5501 Health and Wellbeing - Procedure](#)
- Plan Reviews can only be completed by the health professional who originally developed the plan or another health professional with equivalent qualifications. If the health professional has changed since the original plan was developed, they may wish to develop a new plan.
- If the current plan no longer meets the needs of the person, a new plan is required.

Treating Health Professional Declaration

I have today reviewed this plan and confirm that it remains appropriate to meeting the needs of the person.

Health Professional Name and Title	Signature	Date