

Mental Health Care Planning

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Equipment

- Patient's chart
- Documentation policies and standards
- List of current psychosocial supports, medications, and treatment options that the health care setting has available.
- Educational information on the diagnosis the individual may have for the individual and caregiver
- Information/education/equipment for self-management strategies, visual aids, recommendations on mobile apps etc.

Recommended Practice

Purpose

Mental health care planning refers to the planning of all aspects of care for the individual. A care plan details the documentation of all aspects of care such as goals, processes, and management agreed to in the care planning process.

Special considerations

- Trained health care professionals are required to create the mental health care plan.
- The health professional will need to be aware of what interventions, supports, and treatments are available in the health care setting.
- All persons involved and listed in the mental health care plan must have a copy of the care plan.
- The care plan may be completed with a designated coordinator, allocated therapist, or perhaps in a multidisciplinary care planning meeting.

Procedure

1. Assess the patient to evaluate their level of distress and only approach the patient to discuss the care plan if the patient is in a relatively stable and lucid condition. If the patient is too unwell, consult the carer if possible or wait until the patient is more stable before discussing the care plan with them. (Refer to ES-115)
2. Perform hand hygiene according to the five moments of hand hygiene e.g., before and after touching a patient, device or object.
3. Once the patient is cognitively responsive and emotionally regulated, explain the procedure and seek the person's consent. (Refer to ES-115)
4. Outline to the individual with mental illness(es) and carer if present that they will have a mental health care plan and explain the function of the care plan. Gain consent from the individual for the development of the care plan. (Refer to ES-115)

5. The care plan should contain: (Refer to ES-115; Refer to ES-2798)
 - i. Details of the individual and their next of kin
 - ii. Details of the current supports, medications, other relevant conditions
 - iii. Details of health care providers
 - iv. Documentation of who created the plan, date, and an included review date (this might be within days-weeks)
 - v. Details of the individual's problems, needs, diagnosis, or challenges as stated by the individual and assessment from the health professional.
 - vi. Agreed actions to take and who is responsible for what action.
 - vii. Outline preferences for treatments and goals.
 - viii. Describe self-management symptom and emotional coping strategies.
 - ix. Possible crisis advance care decisions when the individual is considered to be of sound mind.
 - x. Signature of individual and/or carer to acknowledge they have understood the plan, the purpose of the plan, and that they have received enough information to make an informed decision.
 - xi. Signature of a health care member coordinating the care.
6. Involve the individual with mental illness to reflect on their recovery goals and independence. Include possible relapse signs, support contact details, crisis management, social networks, and social, educational, and work activities. (Refer to ES-2798)
7. Inform the individual that they can ask for a review or go over their plan with their care team if requested. (Refer to ES-115)
8. The health care plan is reviewed by the care plan coordinator or delegate. Any changes or suggestions will need to be discussed with the individual with mental illness and/or carers. (Refer to ES-115)
9. Agree on a time frame for review, this may be days-weeks-months depending on the case and health care setting type. (Refer to ES-115; Refer to ES-2798)
10. Provide the individual and /or carer with a copy of the plan. (Refer to ES-115)
11. Send copies of the plan to all health care providers mentioned in the plan. (Refer to ES-115)
12. Complete and finalize the care plan according to the organization's standards and policies. (Refer to ES-115)

Supporting Evidence Summaries

- JBI-ES-115-6-Mental Health Care Planning
- JBI-ES-2798-5-Discharge Planning: Mental Health Care

Archived Publications

1. JBI-RP-4624-3 (Published at 28 February 2024)
2. JBI-RP-4624-2 (Published at 16 June 2021)
3. JBI-RP-4624-1 (Published at 11 May 2021)

Occupational Health and Safety Considerations



**CLINICALLY COMPETENT
PROFESSIONALS ONLY**



**PATIENT EDUCATION
REQUIRED**



**RESIDENT EDUCATION
REQUIRED**



**ATTENTION!
USE STANDARD
PRECAUTIONS**



**HAND WASHING
REQUIRED AT ALL
TIMES**

Author(s) potential or perceived conflicts of interest are collected and managed in line with the International Committee of Medical Journal Editors (ICMJE) standards.

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For details on the method for development see Munn Z, Lockwood C, Moola S. The development and use of evidence summaries for point of care information systems: A streamlined rapid review approach. *Worldviews Evid Based Nurs.* 2015;12(3):131-8.

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