

MY PLAN

Name:	Date of Birth:
NHS Number:	
My CAMHS number:	

My Mental Health and Emotional Well-being

My issues:	What would I like to change?	What happens next?	By who? When?	How will I know when things have changed?
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My Family's issues:	What would we like to change?	What happens next?	By who? When?	How will we know when things have changed?
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Things that could help but I can't have right now?

Talking to other people who are helping me

Who? Where are they from?
Telephone number?

What needs to happen?

By whom and when?

Managing a risk before it happens

Signs things are getting too hard for me.

What needs to happen to help?

Who can I go to? Talk To?

Crisis Plan

Signs that things have gone seriously wrong.

What might trigger a crisis?

Who can help? (How do I get in touch with them?)

Important things you need to know about me:

I understand that all information on this Care Plan will be stored electronically and accessed by other members of staff.

Comments and Signatures

Young Person's Comments:

Young Person's Signature: Date and time:

My Parent's/Carer's Comments:

Parent's/Carer's Signature: Date and time:

My Care Co-ordinator
Signature: Date and time:
Print Name: Profession:

Distribution of Care Plan

Date sent: Sent to: