

<b>SUPPORT PLAN FOR</b>

This is your support plan. It is the record of how we have agreed to support you with your mental health problems and help you maintain a good quality of life. We will review and rewrite this plan with you on the agreed date, but you can ask for it to be reviewed at any time before then if you wish.

DATE WRITTEN	
DATE FOR REVIEW	

KEYWORKER NAME	
KEYWORKER SIGNATURE	

YOUR SIGNATURE	
----------------	--

**PART 1: YOUR POINT OF VIEW**

These are the things that are important to you – the things you want us to consider when writing this plan.

**PART 2: OTHER PEOPLE'S POINT OF VIEW**

These are the things that other people think should be considered when writing this plan. People like your doctor, CPN, support worker, family, and so on.

**PART 3: RECOGNISING WHEN YOU ARE UNWELL**

These are the signs that you may be becoming unwell, and what needs to be done if this is the case.

--

**PART 4: RISK ASSESSMENT**

These are the ways that you (or other people) may potentially be at risk of harm. If any risks are identified then one or more of the goals in part 5 will need to address them.

Risks to your tenancy or your current housing situation:

--

Vulnerability – the risk of you being harmed by others or being taken advantage of by others:

--

The risk of you harming yourself - either intentionally or unintentionally:

--

The risk of you harming others - either intentionally or unintentionally:

--

**PART 5: GOALS TO WORK TOWARDS**

After looking at parts 1 to 4 of this plan, these are the goals you have agreed to work towards, and how we will help you to achieve them.

**The goal:**

**How to achieve it:**

**The goal:**

**How to achieve it:**

**The goal:**

**How to achieve it:**

**The goal:**

**How to achieve it:**