

Care Programme Approach

The Only Way is Up



Mental
Health

Finances

Support

Housing

Health

A self assessment booklet created by mental health service users
for mental health service users

interLink

Supporting Voluntary Action
in Rhondda Cynon Taf



RHONDDA CYNON TAF

Why this Booklet?

This booklet has been written by people who use mental health services to help you to have your say in meetings with mental health workers.

The **Care Programme Approach (CPA)** is the name for the way that mental health services work with you to plan the support you need. In order to find out about your needs they may ask you many different questions. We have produced this booklet to help you think about some of those questions before meeting with your mental health workers. We hope that this will help you to ask for the sort of support that you think will help you most.

It's up to you whether you want to fill in this booklet.

You may want to ask a friend to help you fill it in, or you could ask your Care Coordinator*. But remember, this is YOUR booklet, for you to put down what YOU want to say. If you do not have enough space to write down everything just add extra pages.

You do not have to share anything you write down in this booklet if you do not want to. It is completely your choice.

If you want any further information please contact Kath Jones who is a Care Programme Approach (CPA) project worker and uses mental health services herself.

Kath Jones can be contacted on 01443 485337.

*Your Care Co-ordinator is the mental health worker who organises the care and services you receive and makes sure your Care Plan is working for you.

1. Your Illness

(Please tick as many boxes as you like)

What kind of information would you like about your mental health condition?

- Somebody to speak to you
- Information about your diagnosis
- How to manage your mental health condition
- How your family can help you
- Leaflets
- Support or self help groups

If you would like any other information write down below what you think would be helpful.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

2. Support

What support do you currently receive from your doctor, psychiatric nurse, social worker, housing support worker etc?

List below who gives you support and when.

.....

.....

.....

.....

.....

.....

.....

.....

If you do not feel that you are receiving as much support as you need, write below what other support you feel you need and why.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

3. Where you Live

Some people are unhappy in their housing for a variety of reasons. If you have problems with your accommodation tick below what problems you have.

- Overcrowding
- Repairs needed
- Neighbours
- Location
- Cost / Paying bills

If you ticked any of these it might help you to put a bit more detail below, or make a note of any other help you feel you need around your housing.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

4. Your Money

(Please tick as many boxes as you like)

Do you need any help with your finances?

- Benefits advice
- Budgeting skills
- Debt advice
- Help with filling in forms

Would you like somebody to speak to?

If you ticked any of these it might help you to put a bit more detail below.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

5. Occupation/Activities

Just because somebody suffers from a mental illness it doesn't mean that they can't participate actively in life any more.

Would you like to find out more about any of the following?

(Please tick as many boxes as you like)

	Yes	No
• Attending a community /day centre	<input type="checkbox"/>	<input type="checkbox"/>
• Going to college	<input type="checkbox"/>	<input type="checkbox"/>
• Voluntary work	<input type="checkbox"/>	<input type="checkbox"/>
• Finding employment (not everybody will want to do this)	<input type="checkbox"/>	<input type="checkbox"/>
• Disability adviser	<input type="checkbox"/>	<input type="checkbox"/>
• Public transport	<input type="checkbox"/>	<input type="checkbox"/>
• Recreational activities e.g. cinema, swimming, womens'/mens' group?	<input type="checkbox"/>	<input type="checkbox"/>

Write below any other activities you would like to do and if you feel you need any help to do any of these things.

.....

.....

.....

.....

.....

.....

.....

.....

.....

6. Family/Relationships

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Would you like someone to talk to your family or partner with you about your mental health? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Would you like your family or partner to be involved in meetings about the support you receive? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you need help with any family problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any child care issues? | <input type="checkbox"/> | <input type="checkbox"/> |

Write below if there is any support you would find helpful around relationship or family issues.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

7. Physical Health

Sometimes we need help with other aspects of our lives including our physical health or ability to do things. Write down below if you have any other health problems and what help you need.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

8. Personal Care

Sometimes when we are unwell we can neglect the way that we look, our personal hygiene or doing important everyday things. If you are having problems in any of the following areas write below what you think would help with these:

Remember, you do not need to fill in this page or share this information with anyone if you don't want to.

Washing.....

.....

Dressing

.....

Eating

.....

Sleeping

.....

Motivation.....

.....

Shopping

.....

Attending important appointments

.....

Anything else

.....

.....

.....

9. Treatment

Would you like more information about:

	Yes	No
• Your medication	<input type="checkbox"/>	<input type="checkbox"/>
• Possible side effects	<input type="checkbox"/>	<input type="checkbox"/>
• Any alternative treatments (For example counselling)	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else you would like to discuss about any treatment you are having for your mental health? For example, you may want to talk about the way you take your medication.

Write down below anything that you would like to discuss with your mental health workers.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

10. Hopes and Dreams

Do you have a hope or a dream for your life?

There is space here for you to write down what your hopes or dreams are. They could be anything!

.....

.....

.....

.....

.....

.....

.....

.....

.....

What help would you like to achieve these?

For example you might like support to learn something new or take up a new interest or to have help with getting better and remaining well.

.....

.....

.....

.....

.....

.....

.....

.....

.....

Sometimes it can be hard to remember everything we want to say at meetings where there are a lot of people.

This page is for you to write down anything else you want to say when you meet your mental health workers, e.g. you might want to mention your religious needs.

Date booklet completed:

11. Additional Information

Would you like any further information on any of the following ?

- The Care Programme Approach
- Complaints Procedures
- Mental Health Workers
- Advocacy*
- Day or Drop-in Centres
- Support Groups or Self-Help Networks
- Crisis Services
- Crisis Cards / Advance Directives
- Useful Books / Publications
- Service User Involvement

Is there anything else that you would like information about?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

* An advocate is someone who can act on your behalf

12. Your Important Telephone Numbers

It might help you to keep a record below of all your important contact numbers, e.g. your:

- Care Co-ordinator

.....

- Other Mental Health Workers

.....

- Psychiatrist

.....

- GP

.....

- Any Day Service that you attend

.....

- Nearest Relative or Friend

.....

- Advocate/ Other Support

.....

- Other important numbers

.....

.....

.....

.....

Other Useful Contact Numbers

- Cynon Community Mental Health Team (CMHT): ..01685 881246
- Rhondda CMHT:01443 687098
- Taff Ely CMHT:01443 486856
- New Horizons, Drop in Centre, Aberdare:01685 881113
- New Horizons, Ton Pentre, Rhondda:01443 431651
- Mind Drop in Centre, Pontypridd:01443 484300
- C.A.L.L. Mental Health Helpline: Freephone0800 132737
Mon-Fri: 10am-2pm & 7pm-11pm; Sat & Sun: 12noon-12midnight
- Samaritans:02920 344022
- St Tydfil's Hospital, Merthyr Tydfil:01685 723244
(Crisis Assessment Team available seven days a week
9am-5pm or ask for acute admission wards for advice.)
- Royal Glamorgan Hospital, Llantrisant:01443 443443
(Ask for Taff Ely or Rhondda Ward for advice)
- Out of hours: Contact your GP's surgery to get the number of the on-call GP.
- Rhondda Cynon Taf Council's Emergency Duty Team: 01443 204010
- For medication enquiries speak to your local pharmacist
- For how to become involved in mental health projects or have a say in how services are developed contact the Service User Involvement Development Officer: Polly Kitzinger 01443 485337

Welsh version available on request