

Name _____

Issue 1:

Date: ____/____/____

RISK ASSESSMENT/SUPPORT PLAN 10

Mental State And Cognition

Risk Assessment Objectives: To Maximise Mental State and Cognition

Tick box if relevant

Verbal Communication [] Non Verbal Communication []

Mood
Depression

Agitation
Mannerisms

Anxiety:
Learning Difficulties

Orientation: Time [] Place [] Person []

Identify any defects in Name's Mental State and Cognition and liaise with those who can resolve problems

Speak and Listen to Name at a Time, pace, manner and Tone that is best able to achieve Understanding and Communicate appropriately for Name when required

Give and Review Medications to assist maximum stability

Allow Name to watch TV, Video, or listen to music as they wishes

Ensure Name is comfortable as their disabilities means they has to stay in one place for long periods

PERSONAL STATEMENT

RISK ASSESSMENT THROUGH CONCERN LEVELS

IF THE SCORE IS BETWEEN 7-10 THERE MUST BE AN ESSENTIAL ACTION PLAN

Severity	Concern level	Tick Box for Concern level	Concern by colour
10	Safeguarding concerns	[]	Red
09	3rd Party Intervention concerns	[]	
08	Destabilising concerns	[]	
07	Escalating concerns	[]	
06	Concerning concerns	[]	Yellow
05	Moderate Concerns	[]	
04	Medium concerns	[]	
03	Minimal concerns	[]	Light Yellow
02	Trivial concerns	[]	
01	No concerns	[]	

ACTION PLAN

1. _____

Signed _____

Date: ____/____/____

Review Monthly

Name _____

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RISK ASSESSMENT / SUPPORT PLAN 10

Mental State And Cognition

OUTCOME: Name is supported to stay well and all her health needs are fully involved with their health plan.

ASSESSMENT

- Name is** registered at _____ GP Surgery
- Name** has a social worker is _____ r who can assist them if there are mental health issues
- Name has a positive mood.**
- In social circumstances, Name is able to smile and appreciate the discussion/banter that forms part of the discussion.
- Name can be socially active** Name needs social activity

When offered medication, all steps are made to ensure compliance and safety

Appetite awareness

Name is a small person who may need to put on weight. They has a personal menu plan and help, at times Name needs prompts, advice and guidance with supervision in enabling them to eat a nutritious and continuous diet.

Sleep pattern

Name sleeps mainly appropriately, but monitoring through enquiry is essential

SUPPORT NEEDED

- Observe Name's mood and act where appropriate
- Name** has a learning disability who copes well,, but has limitations that are apparent as times go by, and may be less able to communicate their needs effectively
- Name has** no active mental health needs
- Name** needs motivation to achieve their goals

SPECIFIC OUTCOME / ACTIONS TO ACHIEVE

- To maintain Mental Health and well-being**
- Encourage socialisation
- Maintain their health
- Access community options as required and wishes for
- Maintain their health

Signed _____

Date: ____/____/____

Review Monthly