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| **Domain**  | **Prompts** | **Notes:**  |
| **1-Symptom severity and distress**. Current symptoms and duration, level of distress, experience of mental illness, symptom trajectory     | Tell me about why you have reached out for help today?How long have you been feeling this way?Diagnosis: Previous Trauma:Current Symptoms:Mood/Stress Level: /10Motivation/Energy: /10Eating: Over or underSleeping affected? |   |
| **2-Risk of harm** Past or current suicidal ideation or attempts, past or current self-harm, severe symptoms posing a risk to self or others, severe harm from self-neglect.    | We would like to ensure you are safe, Do you have thoughts of suicide or self harm?Have you have these types of thoughts in the past?If Yes -How long have you had these thoughts?-How frequent are they, what percentage of the day?-Do you have a plan?-Do you have means/ intent? |   |
| **3-Functioning** Ability to fulfil usual roles/responsibilities. Impact on or disruption to areas of life. Capacity to self-care.    | Activities of Daily Living(Showering, eating, getting to work/school)Self-management: Daytime activities/hobbies:Caring for others/Pets:Managing finances/paying bills |   |
| **4-Impact of co-existing conditions** Substance Use/misuse Physical health condition, intellectual disability cognitive impairment.     | General health (Physical or Congenital)Intellectual or cognitive impairment: Recent operation/accident:Chronic Pain: Current medications:Substance use /misuse: |   |

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| **5-Treatment and recovery history** Previous treatments inc. inpatient, current engagement in treatment, response to past and current treatment.    | Previous treatment for mental health: Previous admissions/therapies:Services accessed/ group therapy?Recovery/Outcome: Current GP Details:Mental Health Treatment Plan? |   |
| **6-Social and Environmental Stressors** Life circumstances, significant transitions, trauma, harm from others, interpersonal or social difficulties, performance related pressure, difficulty having basic needs met, illness, legal issues.  | Impacted by Natural Disaster/Pandemic?Getting around, access to transport?Social: Housing: School:Neighbourhood:Safety with others:Living arrangements: Legal Issues:Grief and Loss: |   |
| **7-Family & Other Supports** Presence of informal supports and their potential to contribute to recovery.    | Friends: Family:Community:Helplines:Spiritual and religious groups:Culturally Supported? |   |
| **8-Engagement and motivation** The Individuals understanding of the symptoms, condition, impact, ability and capacity to manage the condition motivation to access the necessary supports.    | Motivation to engage with services?Individuals understanding of symptoms and condition?Access to ServicesTravel ability? (up to 1 hour)Barriers to access? Impairments/hearing/languagePreferred Options? Face to Face/ video or tele health |   |