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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: /10  Motivation/Energy: /10  Eating: Over or under  Sleeping 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 Services  Travel ability? (up to 1 hour)  Barriers to access? Impairments/hearing/language  Preferred Options? Face to Face/ video or tele health |  |