**SECTION 117 STATEMENT OF NEED / CARE PLAN**

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| Name: |  | DoB: |  | NHS No. / Care First No.  |  |
| Address: |  |
| How long have they lived at this address: |  | Have they previously lived in residential / nursing care, or been detained or accommodated in any other place – either privately, NHS or Local Authority? | Yes / No |
| If Yes, who was the placing authority? |  | Contact details: |  |
| Diagnosis: | 1. (diagnostic code) 2. (diagnostic code) etc… |
| Mental Health Act status, section: |  | Start date: | 00/00/0000 | End date: |  |
| Section 117 Aftercare entitled? | Yes / No |
| Rational for detention under MHA: |  |
| Is the patient restricted under section 41 of the Mental Health Act?  |  Yes / No |
| If Yes, record of conditions:  |  |
| Nearest relative *(as defined under section 26 MHA 1983)* |  | Contact details:  |  |
| Person to be contacted in emergency: |  | Contact details:  |  |
| Care Coordinator: |  | Contact details:  |  |
| Social Services representative: |  | Contact details:  |  |
| GP practice: |  | Contact details:  |  |
| Consultant: |  | Contact details:  |  |
| Ward representative: |  | Contact details:  |  |
| IMHA / IMCA: |  | Contact details:  |  |

**Mental Health**

***Guidance****:* What is the nature of the mental disorder? When were they diagnosed? Consider impact of pre-existing mental health needs in Learning Disability of Autistic Spectrum Disorder. Why were they detained under the MHA Act? What the signs of possible relapse? What actions may be required in the event of a crisis? What are the risks? Are they vulnerable to relapse, self-harm, unpredictable or a high risk of suicide? Do they lack insight into their condition?

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| **Statement of Need** |
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| **Planned Outcomes** |
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| **Intervention Agreed** |
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**Behaviour**

***Guidance****:* Does the Patient / Service User experience any of the following:

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| * Aggression or violence behaviours
* Passive non-aggressive behaviour
* Dis-inhibition
* Resistance to necessary care and treatment
* Severe fluctuations in mental state
* Inappropriate interference with others
 | * Were any of these behaviours present prior to admission
* Nature and intensity of these behaviours
* How can this behaviour be managed, i.e. do they response to reassurance?
* Level of staff, environment and skills of carers and family support
* Will they receive ongoing involvement from the Community Mental Health / Learning Disability Team
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**Cognition**

***Guidance****:* Are there any concerns regarding orientation and ability to perform everyday tasks or ability to meet personal care needs? Has there been any cognitive testing and, if so, what was the outcome? Are they able to partake in decision-making and make choices? Are they able to follow instruction, or join in conversations? Do they recognise people that are familiar to them? Is there a diagnosis of Learning Disability (prior to age 18) or Autistic Disorder, and how has this affected their abilities as described above?

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**Psychological / Emotional**

***Guidance****:* Is the service user anxious or fearful; is there any trigger for their fear or anxiety? Are there any symptoms of depression? Does the service user have a history of not coping in situations? Does the service user express feeling of loneliness in their environment? How does their emotional state manifest itself, eg crying, shaking and sweating? Are there any identified reasons for their emotional state? How does the service user respond to reassurance? Take into consideration the impact of any Learning Disability or Autistic Spectrum Disorder developmental states, and how this might affect the service user; take into account lack of motivation.

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**Medication**

***Guidance****:* If the medication is for the service user’s mental health or challenging behaviour which is a result of cognitive / functional problems of Learning Disability or Autistic Spectrum Disorder, what is the purpose of this treatment? How will the medication regime be reviewed, ie using Glasgow Anti-psychotic Side-effect Scale / LUNSERS or any other recognised tool used for the monitoring of prescribed medication? Has their capacity to consent been explored?

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**Communication**

***Guidance****:* Does the service user require any aids to enable them to communicate, ie visual aids, hearing aids, glasses? What is the service user’s first language, do they need an interpreter? Have they been referred to Speech and Language Therapy? Is the service user able to demonstrate that they understand what is said to them, eg ask questions to clarify issues? Does the service user display postures, gestures, facial expression, noises or blinks to communicate wants or needs? Can the service user maintain eye contact? Consider the impact of their Learning Disability or Autistic Spectrum Disorder on the service user’s ability to communicate in alternative ways.

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**Personal Care / Domestic Routines**

***Guidance****:* Does the service user have the ability to meet their personal care needs, maintain their personal hygiene levels and their environment? Have they previously had support in these areas, or is it as a result of their mental health / Learning Disability / Autistic Spectrum Disorder that they have never had the ability, or are no longer able to perform these tasks? Are they unable to perform tasks as a result of lack of motivation? If so, have they been referred to Occupational Therapists or other specialist services to promote independence in these areas? What current level of assistance is required to support independence, appearance, dignity and comfort, and by whom?

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**Nutrition**

***Guidance****:* Is the service user able to prepare food and drink? Are there any contributing factors preventing maintenance of nutritional intake, including cross-referencing with cognition and considering other factors including mental health issues, eg Anorexia, Bi-polar, Prada-Willi Syndrome, Learning Disability, Autistic Spectrum Disorder or physical health issues? What intervention / support are required? What and how will the service user’s weight be monitored? Is there an identified food and fluid balance chart?

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**Substance Misuse**

***Guidance****:* Does the service user have a dual diagnosis? How does it affect their mental health? Do they require follow-up by specialist services? Are they compliant with s management plan to reduce substance misuse?

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**Physical Disability / Sensory Impairment**

***Guidance****:* Are there any health conditions or disabilities that have an impact on the service user’s need for support? Are there any identified pre-existing physical disabilities prior to becoming detained under the Mental Health Act? Has their physical health affected their mental health? Does the service user require input from specialist services to manage identified sensory impairment, such as sensory teams, Learning Disability and Autistic Spectrum Disorder teams, is hypo / hyper sensitivity part of those conditions?

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**Mobility**

***Guidance****:* Is the service user vulnerable to falls? Do they need support / motivation in or outside the home? Are aids and adaptations required? Does the service user suffer from muscle weakness / spasms? How does this affect their mobility? Does the service user recognise danger, ie do they require assistance crossing the road that is not associated with any other pre-existing diagnosis, eg Cerebral Palsy?

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**Continence**

***Guidance****:* Does the service user urinate in inappropriate places? Is this a result of their disorders or associated with any Learning Disability or Autistic Spectrum Disorder? Do they suffer from frequent urinary infections, constipation or chest infections, and does this affect their mental health? Will they remove catheter bags inappropriately and have they always done so prior to being Section 117 status? Has a continence assessment taken place?

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**Employment / Education / Occupation**

***Guidance****:* Does the service user need some practical or emotional support to enable them to engage with employment or education opportunities that were not required previously? How will this improve their mental health?

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**Accommodation / Environment**

***Guidance****:* Does the service user need support or residential accommodation that was not required previously? Has the need arisen because of difficulties associated with the service user’s mental disorder? Does the service user need supported / residential accommodation in order to avoid further compulsory admissions to hospital? Is the supported / residential accommodation required because the service user is a danger to themselves or others?

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**Financial Management**

***Guidance****:* Is the service user vulnerable to financial exploitation? If they are, is this a consequence of their mental health? Consider the effect of their Learning Disability / Autistic Spectrum, Disorder in this domain. Does this impact on their ability to manage their own financial affairs? Do they require support to secure their welfare benefit entitlement? Is there a Power of Attorney or Court Appointed Deputy or an Appointee?

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**Unmet Needs**

***Guidance****:* Are there any identified services or provisions that may be beneficial for the service user not able to be commissioned due to lack of resources in the area?

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Please complete the eligibility grid below which indicates if a person is eligible for **Section 117 Aftercare**, based on your assessment under each of the domains above:

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| --- | --- | --- |
| **Care Domain** | **Yes** | **No** |
| Mental Health |[ ] [ ]
| Behaviour |[ ] [ ]
| Cognition |[ ] [ ]
| Psychological / Emotional |[ ] [ ]
| Medication |[ ] [ ]
| Communication |[ ] [ ]
| Personal Care / Domestic Routines |[ ] [ ]
| Nutrition |[ ] [ ]
| Substance Misuse |[ ] [ ]
| Physical Disability / Sensory Impairment |[ ] [ ]
| Mobility |[ ] [ ]
| Continence |[ ] [ ]
| Employment / Education / Occupation |[ ] [ ]
| Accommodation /Environment |[ ] [ ]
| Financial Management |[ ] [ ]
| Unmet Needs |[ ] [ ]

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| Does the service user have capacity to consent to the decision-making process? | Yes / No |
| Best Interest (BI) decision-maker, please attach MCA 2/3: | Name: |  |
| Role: |  |

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| Has identified carer been offered a carer’s assessment? | Yes / No |
| Date of next section 117 review: |  |

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| Does case need to be transferred? | Yes / No | If Yes, who to? please provide details |  |
| Have they received a copy of the care plan? | Yes / No | If No, why not? |  |

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| Service User: |  | Signature (if able): |  |
| Health representative’s name, ie Care Coordinator: |  | Signature: |  |
| Date: |  |  |  |