PURPOSE

It is the Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty Mental Health & Addiction Service's (MH&AS) policy intent that adult tāngata whai ora / service users will have a Wellness and Transition Plan that identifies early warning signs and relapse prevention as part of a current individual treatment plan.

OBJECTIVE

- To provide standards for the content and structure of Wellness and Transition Plans.
- To provide guidance for staff in developing Wellness and Transition Plans.
- To provide a framework for the documentation and reporting of Wellness and Transition Planning.
- To meet requirements of the Ngā Paerewa Health and Disability Services Standard.

EXCLUSIONS

- MICAMHS tāngata whai ora / service users have transition plan requirements.

STANDARDS TO BE MET

1. Services

1.1 All inpatient tāngata whai ora / service users will have a Wellness and Transition Plan completed or updated prior to discharge, transfer or inpatient leave. This will be developed collaboratively by the lead Registered Nurse (RN), or delegated inpatient RN in their absence, and the tāngata whai ora, their family / whānau and other involved agencies, with consent, prior to the tāngata whai ora / service user leaving the inpatient setting.

1.2 All outpatient / community tāngata whai ora / service users will have an individualised Wellness and Transition Plan completed as part of the treatment plan. This will be developed collaboratively by the Case Manager / Keyworker and the tāngata whai ora / their family / whānau and other involved agencies with consent within 6 weeks of the initial assessment.

1.3 Tāngata whai ora / service users receiving crisis assessments that do not require secondary services case management following an MDT review, require a follow-up / discharge plan but no Wellness and Transition Plan.

1.4 MHSOP tāngata whai ora / service users with cognitive impairment require a person-centred care plan that identifies early detection or warning signs of a relapse and the appropriate action to take and staff / services to contact.

2. Wellness and Transition Plan Standards

2.1 Wellness and Transition Plans include the identification of early warning signs of relapse, appropriate actions to take to prevent relapse and MH&AS contact details in the event a relapse occurs.

2.2 The Wellness and Transition Plan (Original) is provided to the tāngata whai ora / service user, their family / whānau and other involved agencies with consent.

2.3 Wellness and Transition Plan review occurs as an integral part of the treatment plan review. This is every three (3) months for community tāngata whai ora / service users.

3. Documentation and Recording of Wellness and Transition Plans

2.4 Wellness and Transition Plans are completed on the MH&AS Wellness/Transition Plan form.

3.2 A copy of the Wellness and Transition Plan is filed in the tāngata whai ora / service user's health record under the Assessment (Blue) Tab.

3.3 Recording of the completion and updating of Wellness and Transition Plans is documented in WebPAS by updating details under the primary referral. This includes documentation of whether a Wellness and Transition Plan is complete by checking the checkbox and the date updated / reviewed.

REFERENCES

- Ministry of Health. 2014. Transition Planning Guidelines for Infant, Child and Adolescent Mental Health/Alcohol and Other Drugs Services 2014. Wellington: Ministry of Health.
- Health Quality & Safety Commission | Evidence-scoping review – service transitions for mental health and addiction (hqsc.govt.nz)
- Ngā Paerewa Health and Disability Services Standard NZS 8134:2021

ASSOCIATED DOCUMENTS

- Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.17 Transition from Mental Health & Addiction Services
- Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.26 Risk Assessment - MHAS
- Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.30 Treatment Plan
- Te Whatu Ora Hauora a Toi Bay of Plenty Wellness / Transition Plan form