

PSYCHOLOGICAL SUPPORT PLAN
(sections marked * to be completed by CAMHS)

Surname	DoB
First name	Local Authority : Camden
First language	Date of PLAN:

*SUPPORTING AGENCIES/PROFESSIONAL	
NAME/ROLE	CONTACT DETAILS

*RISK BEHAVIOUR			
Suicide or severe harm	Yes/no	Risk from others (e.g. exploitation)	Yes/no
Violence to others	Yes/no	Risk to intellectual/social development	Yes/no
Severe self neglect	Yes/no	Not considered a risk	
FULL RISK ASSESSMENT COMPLETED?		YES	NO

*DIAGNOSIS	
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*MEDICATION	
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*INTERVENTIONS THAT HAVE WORKED IN THE PAST :

ACTIONS/INTERVENTIONS TO MEET IDENTIFIED NEEDS/MANAGE RISK	STAFF	DATE
<ul style="list-style-type: none"> Inform professionals of progress and engagement 		

*CRISIS PLAN
Early warning signs, relapse indicators, triggers
ACTION TO BE TAKEN IN THE EVENT OF A CRISIS
Agreed school response to a crisis and who to contact

To be reviewed on :