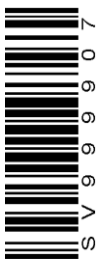




ST VINCENT'S MELBOURNE
FAMILY RECOVERY
ASSISTANCE PLAN (FRAP)
MENTAL HEALTH

STV UR No:
 Surname:
 Given Name:
 D.O.B: / /
 Please fill in if no PAS label available

| | | | |
|--|---|---|---|
| | Current Situation - Who are family members – names, connections, roles, location, pets | Future Wishes - How the family would like to support family member, what feedback they would like from Service, contact with case manager and treating team | Past Resources - Past experience of mental illness in family – feelings/coping with it, beliefs about mental illness |
| Family | | | |
| | Current Situation – Family knowledge of MH Service – roles of team, what is expected of family from entry to exit, meaning of recovery to family | Future Wishes – Expectations from Service. E.g. info about diagnosis, medication, recovery, carer support available. Frequency of family meetings and who will attend? | Past Resources – Previous experience of Community Mental Health Services, understanding of illness, Strengths Model, recovery, medication, legal aspects of care and treatment |
| Information / Education | | | |
| | Current Situation – Services / support involved currently? Activities? Current issues and needs | Future wishes – What support / assistance would family like? E.g. community agencies, carer support | Past resources – Services involved? Support for family member – any differences now? |
| Social / Spiritual / Cultural Support | | | |



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**ST VINCENT'S MELBOURNE
FAMILY RECOVERY
ASSISTANCE PLAN (FRAP)
MENTAL HEALTH**

STV UR No:

Surname:

Given Name:

D.O.B: / /

Please fill in if no PAS label available

| | | | |
|---|---|---|--|
| | Current Situation – Knowledge of WRAP? Crisis planning, Early Warning signs and current role for family? | Future wishes – Level of involvement in WRAP? Crisis role / wellness role? Copies available? Family know emergency contacts? | Past resources – How has crisis been dealt with in the past? Any differences now? |
| WRAP (Wellness Recovery Action Plan) | | | |

What are my family's priorities?

- 1.
- 2.
- 3.

| |
|--|
| Start Date: / / Carer's Signature _____ Name: Case Manager: Signature: _____ Name: Designation: |
| Review Date: / / (sign here if/when form is updated) Carer's Signature _____ Name: Case Manager Signature: _____ Name: Designation: |
| Review Date 2: / / (sign here if/when form is updated second time) Carer's Signature _____ Name: Case Manager Signature: _____ Name: Designation: |

FAMILY RECOVERY ASSISTANCE PLAN – MENTAL HEALTH – ST VINCENT'S MELBOURNE

