

CLIENT SELF-APPRAISAL OF NEEDS & INTERESTS (C.S.A)

Introduction and Instructions for Client Self-Appraisal of Needs & Interests

Welcome to the Client Self-Appraisal of Needs and Interests developed by Vancouver Coastal Mental Health Services (VCMHS). This tool has been in development for some time, and has had the input of many service providers and mental health consumers. It is our hope that the tool will give you, the client, a chance to have a say in the needs you have and ways of meeting these needs.

If English is not your first language and you would prefer to have this conversation in a language of your choice, this can be arranged.

The purpose of this tool is to facilitate conversation that will lead to effective client-centered mental health services. It is hoped the tool can showcase the client's strengths/achievements that can then be used as resources for recovery. There are no right/wrong responses. Honest responses will be more valuable than providing responses that you think you should.

The tool may be used over several sessions if necessary. It's suggested that the tool be completed within 6 months of beginning the process of using the tool. The process should then be repeated a year after completing the tool. The process can also be repeated more or less frequently as directed by the client. The hope is that as the case manager and client work on this together, a better understanding of the needs of the client will come about, and a stronger relationship will develop between the two.

The tool is divided into four sections:

1. A quick look at basic needs, such as documentation, banking, medical, and money.
2. A longer look at various categories where the client may point out a need.
3. A place to prioritize up to three needs in particular after going over the categories in the second section.
4. An area for pointing out strengths and achievements, as well as for making plans towards recovery.

For the client:

Please keep in mind that this tool is meant to help you. If you do not want to do this, you don't have to. This is meant to be answered in your own words and not what you think others might want to hear. As you identify any needs you have, you are welcome to choose not to work on the need at this time. You can also choose to work on any area on your own or with the help of someone other than your case manager. The hope is that you will want to work towards living as full and rewarding a life as you can, and that this tool might help you to do that. Please feel free to ask for a copy of the completed tool. This tool may be done in conjunction with your care plan.

For the case manager/staff:

The purpose of this tool is to support your one on one work with your client. By identifying areas of need you will be helping your client set goals and identify areas of interest to work toward. Please keep in mind that while you may see a need, it is up to the client to identify a need and if it is a priority. This form may be done in conjunction with the client care plan, which is updated annually. Staff may recognize a need/goal that the client may not identify and this can be reflected in the client plan. The tool will be filed in the client's hybrid chart under the heading - VCMHS Clinical Documents.

CLIENT SELF-APPRAISAL OF NEEDS & INTERESTS

NAME: _____ DOB: (D/M/Y) _____ PARIS ID: _____

START DATE: (D/M/Y) _____ COMPLETION DATE: (D/M/Y) _____

	Has?	Want?	Comments
Documentation: <div style="margin-left: 20px;"> Birth Certificate _____ BC Care Card _____ SIN Card _____ BC ID _____ Bus Pass _____ Canadian Citizenship _____ Passport _____ Leisure Access Pass _____ Driver's License _____ </div>			
Banking: <div style="margin-left: 20px;"> Bank Account _____ Bank Card _____ Direct Deposit _____ </div>			
Medical: <div style="margin-left: 20px;"> GP _____ Dentist _____ Specialist (eye, feet) _____ </div>			
Money: <div style="margin-left: 20px;"> Income Tax _____ Tax Rebate _____ Source of Income _____ MHSD Office _____ <i>Consent on file?</i> _____ Plan G _____ Debt _____ Planning for Retirement _____ Savings _____ Trust _____ </div>			<i>(e.g.: PWD, CPP, OAS)</i>
Other:			

NAME: _____ DOB: (D/M/Y) _____

**Indicate priority items with an asterisk*

	Is there a need?	Are you interested?	Comments, Assets, Strengths
Housing Cost, amenities, location, security, infestations			
Money Budgeting, supports			
Meals Plan, prep, spec diet, finding free/cheap, side effects of medication, nutrition			
Responsibilities Children & parental duties, family, pets, property			
Supports Family, friends, staff support with agencies, support groups			
Physical Health Illness, disabilities, sleep, appetite, pain, women's health / men's health / trans' health, pregnancy choices, STD prevention, sexual function			
Mental Health Signs, symptoms, triggers, emotions, coping, suicidal thoughts, crisis plan, history of trauma/abuse, disclosure, discrimination/stigma			
Cognition Concentration, planning and organization, memory, ability to learn new information, problem solving, decision making			

NAME: _____ DOB: (D/M/Y) _____

**Indicate priority items with an asterisk*

	Is there a need?	Are you interested?	Comments, Assets, Strengths
Medication Psychiatric & physical, lab work? Side effects/effect on quality of life, alternative medicine			
Time Sensitive Needs Are there times of the day, night, week, month or year where you feel you need more support? Anniversary dates			
Shopping Food, clothing, personal care products, household products			
Transportation Bus pass, familiarity with bus routes, Handidart			
Stress Management Understanding of effect on health, coping strategies			
Activities A satisfying daily routine			
Leisure Interests, fun, attendance at leisure groups, physical activity			
Education Grade achieved, ESL, literacy, continued education			
Work Volunteer, paid, current, work history			
Personal Identity As a woman, man, a trans person, culture, youth, adult, older adult, disability, sexual orientation			
Relationships Family, friends, other; Developing and maintaining, quality, emotional intimacy, dating, sexual intimacy and satisfaction			

NAME: _____ DOB: (D/M/Y) _____

**Indicate priority items with an asterisk*

	Is there a need?	Are you interested?	Comments, Assets, Strengths
Spirituality Sense of purpose and hope, involvement with organized religion, mindfulness, yoga, meditation			
Self Care Appearance, hygiene, exercise			
Home Management House cleaning, laundry, supplies			
Cultural Perspective The meaning of mental illness			
Addictions What, when, where, with whom? Impact? Use of services			
Community / Cultural Connections Connections, issues, safety, understanding the Mental Health system in Vancouver			
Communication Challenges, language, reading, writing, hearing, vision, access to phone, expressing myself, computer literacy			
Legal Immigration, divorce, child custody, offences, victim of crime(s)			

Do you currently have a need or interest not as yet identified?

PRIORITIZED NEEDS/INTERESTS IDENTIFIED:

NAME: _____ DOB: (D/M/Y) _____

Identify up to 3 needs/interests areas from the appraisal and list them below.

1. _____

What to do? (Specifics)	Who will do it? (Client, therapist, etc.)	Review Date	How will it be measured?

2. _____

What to do? (Specifics)	Who will do it? (Client, therapist, etc.)	Review Date	How will it be measured?

3. _____

What to do? (Specifics)	Who will do it? (Client, therapist, etc.)	Review Date	How will it be measured?

Prioritize needs identified: _____

NAME: _____ DOB: (D/M/Y) _____

Recent achievements or assets, and recent significant changes.

(If the Client Self-Appraisal of Needs & Interests has been used previously, this can refer to changes since then.)

General Comments by client to help with planning, treatment and recovery.