



'All About Me'
Deaf Recovery Package

About Me

Name:

Service:

Date Started:

My Recovery Rating Scale

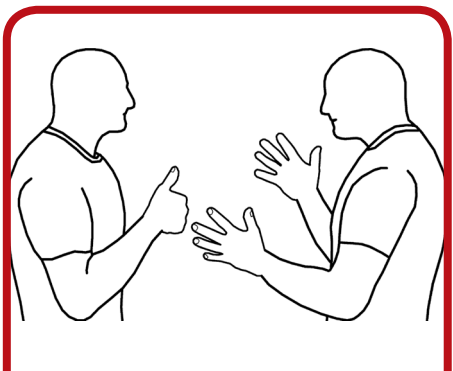
(High Rating/Good/Happy)



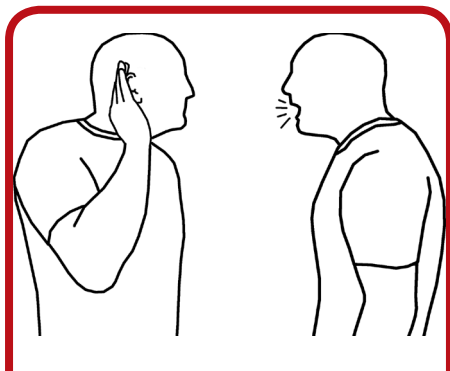
(Low Rating/Bad/Unhappy)

My Communication How

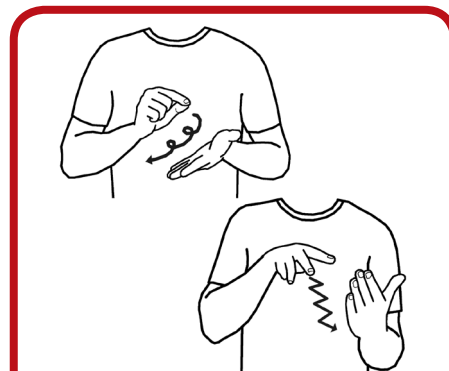
How?



Sign Language



Talking

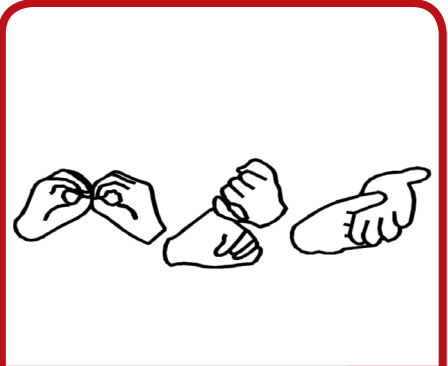


Reading and Writing





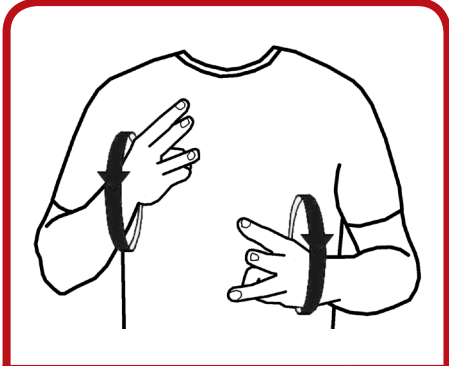
Language Preferred



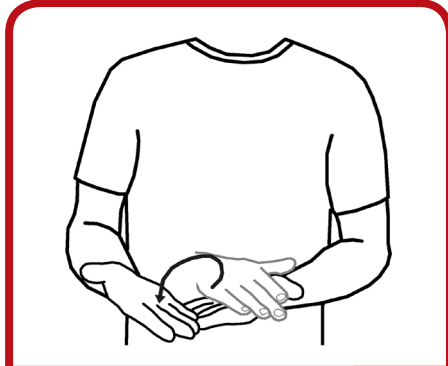
BSL



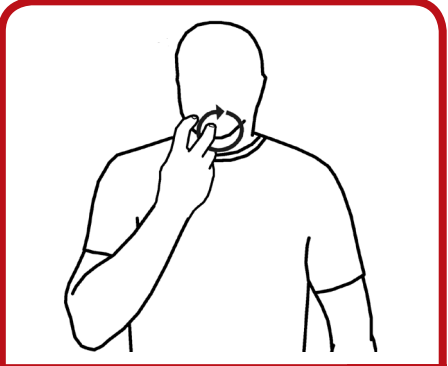
SSE



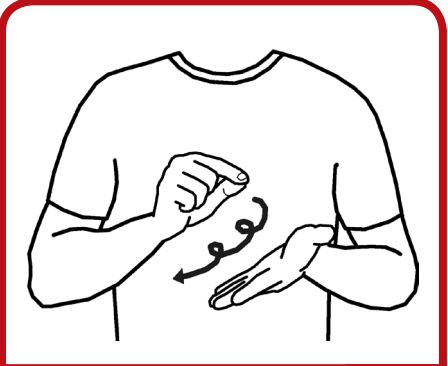
Makaton



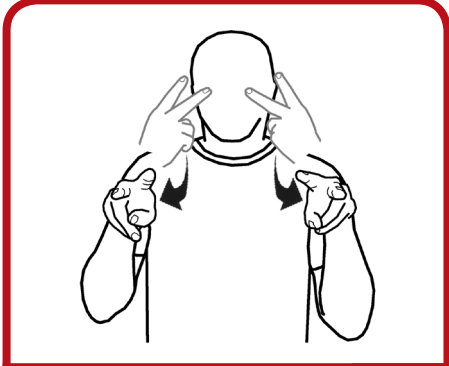
Translation



Lip Reading



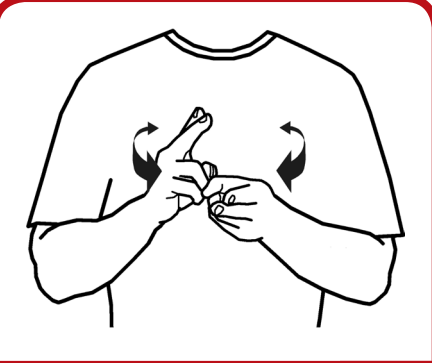
Writing



Visual



Technology Aided



Interpreter



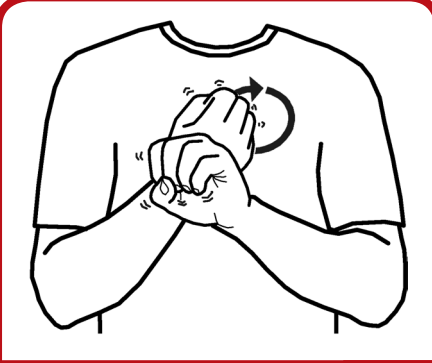
Text



Telephone with Interpreter



Textphone Minicom



Skype or Facetime

Don't Know



 **page 7**

Communication

 **page 9**

Identity

 **page 11**

Understanding My Mental Health

 **page 13**

Problems

 **page 15**

Rights

 **page 17**

Services

 **page 19**

Information

 **page 21**

Healthy Living

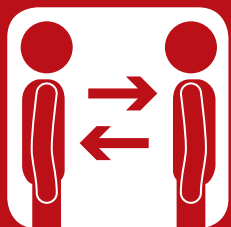
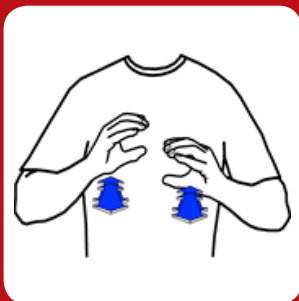
 **page 23**

Activities

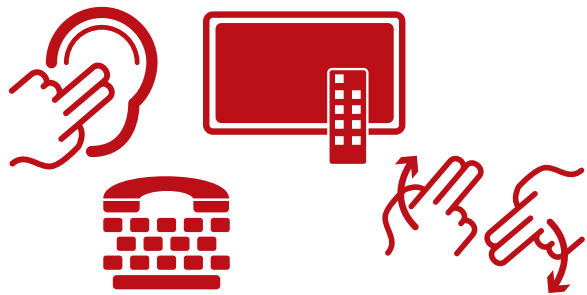
 **page 25**

Relationships

Communication



My communication what?



Access



Understanding me/you/each other

Good communication helps me to understand how to get well

Key areas of discussion for this domain can include:

- Can I communicate well with my family and friends, can we understand each other?
- What methods of communication do I use?
- Do I need any equipment to help me communicate (mobile, minicom, webcam, computer, fax, etc.)?
- Do I need help to improve communication with my family and friends?
- Can I communicate well with staff, can we understand each other?
- How would I like staff/others to communicate with me?
 - Day to Day conversation
 - 1:1 sessions
 - Therapy groups
 - Meetings
- Do I understand the role of a BSL Interpreter?
- Do I know how to book a BSL Interpreter?
- Do I have a preferred BSL interpreter/s that I feel I understand well and who understands me well?
- Do I need any more communication support from someone like a Deaf Relay Interpreter or a Deaf Communication Specialist?
- Is there any more information about my communication I would like to share or discuss?

Communication

Name:

Date:

About Me

Previous
Rating:

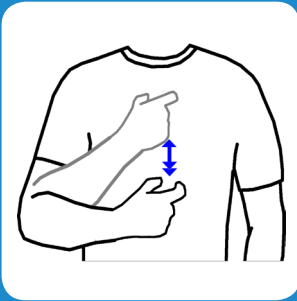
Date:

My Goals and What Helps

My
Rating:

Service
Rating:
(optional)

Identity



Who am I?



Deaf



My Way

My Deaf identity is a part of who I am, alongside my religion, sexuality and gender

Key areas of discussion for this domain can include:

- How would I describe who I am?
- What does being Deaf mean to me and my recovery?
- What parts of Deaf culture are important to me?
- What is my first language?
- Do I need any more support to access things that are important to my Deaf identity?
- Useful things for others to know about my Deafness include:
 - How to communicate with me
 - How to attract my attention
 - My Deafness background (family, school, Deaf community involvement)
- How can I feel more confident in different areas of my life?
- What do I want others to know about these parts of my identity?

Identity

Name:

Date:

About Me

Previous
Rating:

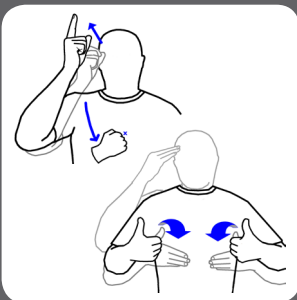
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My Goals and What Helps

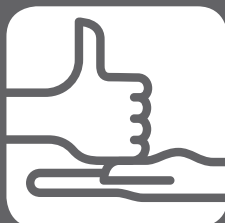
My
Rating:

Service
Rating:
(optional)

Understanding My Mental Health



Therapy



Support



How to cope



How I think/feel/
behave



Want well/stay well

Understanding my care pathway and mental wellness

Key areas of discussion for this domain can include:

- What symptoms do I feel I have?
- What symptoms do others feel I have?
- Do I need help to understand what my diagnosis & symptoms are?
- Do I take medication for my symptoms?
- Do I need any more support or information in this area?
- What makes my symptoms worse?
- What helps me when I am unwell or stressed?
- What helps me to stay well?
- What is my behaviour like when I am well?
- What is my behaviour like when I am unwell?
- What therapies and treatment help me?
- How easy is it for me to know when I'm not doing well?
- How can others help me in this?
- Do I know what to do if I notice that I am becoming unwell?
- Is there anything else that staff members need to know in order to support me better?
- Are there things that I do which pose a risk to myself or others when I am not well?
- Have I recorded what things help me when I am not well and how I wish to be cared for?

Understanding My Mental Health

Name:

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About Me

Previous
Rating:

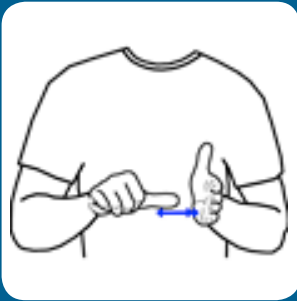
Date:

My Goals and What Helps

My
Rating:

Service
Rating:
(optional)

Problems



My problem what?



Need help what?



Help me who?

My problem behaviour and how it affects me and others

Key areas of discussion for this domain can include:

- What are my problems/risks?
- What help do I need with my problems?
- How do I manage my problems?
- What support do I need from staff with my problems?
- Are there things that I do which pose a risk to myself or others which are not linked to being unwell?
- Can I manage these risks by myself?
- What support do I need from staff to manage my risk?
- What changes have I made to my lifestyle to reduce/manage my risk?
- What therapies and treatment help me with managing my problems?
- Is there any other information that others need to know about my problems?

Problems

Name:

Date:

About Me

Previous
Rating:

Date:

My Goals and What Helps

My
Rating:

Service
Rating:
(optional)

Rights



I can



My choice



For me



Should have

What are my rights as a Deaf person? As a mental health service user? In the community?

Key areas of discussion for this domain can include:

- Do I have an advocate (IMHA/IMCA)/ solicitor who I can communicate well with?
- Do I know how to contact my advocate/ solicitor?
- Am I involved in creating my care and treatment plans?
- How easy is it to understand my rights?
- What is the best way to support me understanding information about my rights?
- Do I feel I am involved in all the decisions made about me?

Rights

Name:

Date:

About Me

Previous
Rating:

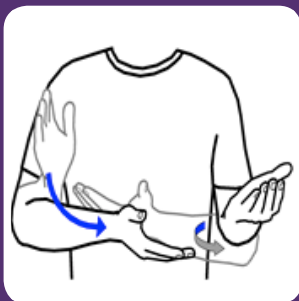
Date:

My Goals and What Helps

My
Rating:

Service
Rating:
(optional)

Services



Health



Money – going to bank/benefits/how to claim these



Support/help

What are the key services that support me in my life? E.g. housing, recreational, employment, community, cultural, etc.

Key areas of discussion for this domain can include:

- What are the key services that support me in my life? E.g. housing, recreational, employment, community, cultural, etc.
- Are there services I would like to be more involved in or supported by?
- What has stopped me feeling I have access to services in the past?
- Am I being cared for by the service that meets my mental health and communication needs best?
- Does my care team include staff members that have specialist knowledge and experience of working with Deaf people with mental health problems?
- How do I contact my care team and other services such as the GP?
- Do I need help with money or my benefits?
- Do I need support with housing or social care?
- Do I want assistance to find a job or voluntary work?
- Do I know where my local Deaf club is?
- Are there any other services I need or would like help to access?
- What support or adaptations do I need to treatment or therapy, to make it accessible to me?

Services

Name:

Date:

About Me

Previous
Rating:

Date:

My Goals and What Helps

My
Rating:

Service
Rating:
(optional)

Information



Who/what/when/why/where/how?



Medication?



Want to know what?

What information do I need?

Key areas of discussion for this domain can include:

- What information do I need?
- What do I do when I need information?
- Who do I contact when I need information?
- How do I make sure that I can understand information given to me?
- Do I want information about me to be shared with my family/carers/friends so that they can support me better?
- Do I need support to use the internet to find out information?
- What places in the community can I go to for information?

Information

Name:

Date:

About Me

Previous
Rating:

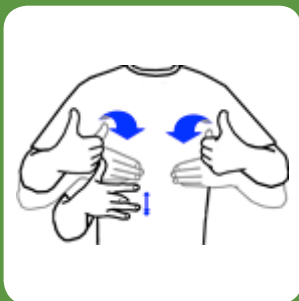
Date:

My Goals and What Helps

My
Rating:

Service
Rating:
(optional)

Healthy Living



Healthy lifestyle/choices



Knowing my body/self/health

What keeps me physically well

Key areas of discussion for this domain can include:

- What keeps me physically well?
- Do I have any physical health problems?
- Am I a healthy weight?
- What do I do to try to achieve / maintain a healthy lifestyle weight? /physical health
 - Diet
 - Exercise
 - What have been the barriers to achieving better physical health in the past?
- Do I take medication for my physical health?
- What activities help me to relax, de-stress, stay calm?
- Do I want help to stop smoking?
- How do I contact my GP, dentist and other primary care providers?
- What other things help me to look after my well-being?
 - Spirituality
 - Religion
 - Culture

Healthy Living

Name:

Date:

About Me

Previous
Rating:

Date:

My Goals and What Helps

My
Rating:

Service
Rating:
(optional)

Activities



Like doing



Sports/hobbies



Learning skills



Work/voluntary



Self care

Learning skills, self care, like doing

Key areas of discussion for this domain can include:

- What helps me to plan my time / daily routine (diary, planner, etc.)?
- Do I like to be busy all the time or do I need to plan break times into my routine?
- How do I look after my personal care (what are my preferences and what support do I need)?
- Do I need help to look after myself and my home (cooking and cleaning)?
- Do I need support with community skills (road safety, budgeting, using public transport, etc)?
- Do I want to do any education courses?
- Do I want a job or voluntary work?
- What are my hobbies and interests?
- Is there anything that I am currently unable to do that I would really like to do?

Activities

Name:

Date:

About Me

Previous
Rating:

Date:

My Goals and What Helps

My
Rating:

Service
Rating:
(optional)

Relationships



Family



Deaf/hearing friends



Community

Family, Deaf, hearing friends, community

Key areas of discussion for this domain can include:

- Who are the most important people in my life?
 - Family / carers
 - Friends
 - Care team
 - Social network
- How do I keep in contact with these people?
- Do I need help to improve any of my relationships?
- Do I need support with any difficulties in relationships?
- Do I need help to build friendships and have good relationships? Eg attending Deaf social events
- What might help the quality of my relationships with family and friends?
E.g. Do I need support to access to social media

Relationships

Name:

Date:

About Me

Previous
Rating:

Date:

My Goals and What Helps

My
Rating:

Service
Rating:
(optional)

My Progress

Domain:

Name:

My
Recovery
Rating
Scale

My Rating	Service Rating	My Rating	Service Rating	My Rating	Service Rating	My Rating	Service Rating	My Rating	Service Rating	My Rating	Service Rating
Dates:											