

This tool is to be used to determine the level of need due to an individual's MH presentation. It can be used for individuals in all adult client groups who are subject to Sec 117 of the MHA '83

Other conditions, such as epilepsy, may well impact on an individual's MH presentation – this must be taken into account

Needs in all domains must be supported by evidence, such as risk assessments, care plans, professional assessments.

Mental capacity must be taken into account within all domains, and consideration must be given to the individual's capacity to make informed decisions.

Managed Needs need to be considered when determining weightings in each domain – the following paragraph from the national Framework describes a managed need.

'The decision-making rationale should not marginalise a need just because it is successfully managed: well-managed needs are still needs. Only where the successful management of a healthcare need has permanently reduced or removed an ongoing need will this have a bearing on NHS continuing healthcare eligibility' (NF 47)

	LEVEL OF NEED						
CARE DOMAIN	A	B	C	D	Evidence in records to support this level		
<b>BEHAVIOUR Risk to Self</b>  e.g., self-harm/ self-neglect/ exploitation by others	No risk of self-harm/ exploitation by others/ self-neglect	Requires support from carer/support worker on a daily basis to maintain safety	Needs appropriate health professional input to reduce behaviours which may result in harm to self or neglect.  Requires support/observation from skilled staff on a daily basis to maintain safety and reduce behaviours	Will persistently expose themselves to risk of harm/neglect unless prevented from doing so.  Needs substantial input/observation by skilled staff to eliminate or reduce risk of harm  <i>Requires skilled support across 24hr period. Unpredictability of behaviours. Intensity across 24hr period.</i>	<b>Enter A, B, C or D</b> <table><tr><td>(SC)</td><td>(H)</td></tr></table>	(SC)	(H)
(SC)	(H)						

	LEVEL OF NEED						
CARE DOMAIN	A	B	C	D	Evidence in records to support this level		
<b>BEHAVIOUR</b> <b>Risk to others</b>  Consider potential risks due to mental state and support required to maintain the safety of others	No risk to others	Requires supervision and guidance to be enabled to take appropriate actions to maintain safety of others.	Needs appropriate health professional input to reduce potential harm towards others  Requires regular input/ observation from skilled staff  Poses predictable risk to others	Needs substantial input/ observation by skilled staff to eliminate or reduce danger/injurious behaviour towards others. Unpredictability 24 hour period.  Will persistently expose others to danger unless prevented from doing so	<div>Enter A, B, C or D</div> <table><tr><td>(SC)</td><td>(H)</td></tr></table>	(SC)	(H)
(SC)	(H)						

	LEVEL OF NEED						
CARE DOMAIN	A	B	C	D	Evidence in records to support this level		
<b>COGNITION</b>  Mental state: Consider ability to process information and concentrate on tasks required. Ability to make informed decisions.  Ability to risk assess	Able to assess and make safe decisions; may require some guidance.  Oriented in time, person and place. No loss of memory or cognitive functioning  Can assess basic risk	Mild, but definite problems of memory or comprehension.  May lose way in a familiar environment.  Confused or disorientated some of the time.  Requires cues and prompts to process information, make decisions and follow instructions.  Can assess basic risk but requires support with more complex issues??.	Marked disorientation of time, person and place.  Confused by everyday events.  Has a limited ability to follow and process information and make decisions even with cues and prompts.  Requires support even with basic risk assessment.	Severe disorientation, to time person or place.  Unable to reliably process information or follow instructions.  Not able to safely risk assess.  Not being able to keep themselves safe.  Require supervision and monitoring to keep them safe.	<div>Enter A, B, C or D</div> <table><tr><td>(SC)</td><td>(H)</td></tr></table>	(SC)	(H)
(SC)	(H)						

	LEVEL OF NEED						
CARE DOMAIN	A	B	C	D	Evidence in records to support this level		
<p><b>PSYCHOLOGICAL</b></p> <p>Emotional state Include mood, visual / auditory hallucinations / paranoia, depression/ levels of distress affecting daily routine. Inability to engage in activities and care planning.</p> <p><i>Consider other interventions e.g. medication therapy to manage psychological state.</i></p>	<p>Alert, able to express feelings; has insight into condition.</p> <p>Engages in care planning and activities</p>	<p>Difficulty expressing emotions. Concentration span may be affected.</p> <p>Anxiety /depression/ distress that responds to reassurance</p> <p>Hallucinations’ which do not have a marked effect on daily living but affects compliance.</p> <p>Requires support to engage in care planning and activities</p>	<p>Inappropriate mood swings or inappropriate in mood most of the time.</p> <p>Anxiety or distress that does not readily respond to reassurance.</p> <p>Hallucinations or paranoia which are having on daily living</p> <p>Fluctuations of mood/mental state causing challenges to manage Impact on health and wellbeing.</p> <p>Difficulty engaging in care planning and activities even with support.</p>	<p>Marked hallucinations or paranoia which prevents some activities of daily living.</p> <p>Extremes of mood and consistently oblivious to life events.</p> <p>Anxiety or distress that have a severe impact on health and well being</p> <p>Even with skilled support is unable to engage in activities and care planning.</p>	<p>Enter A, B, C or D</p> <table><tr><td>(SC)</td><td>(H)</td></tr></table>	(SC)	(H)
(SC)	(H)						

	LEVEL OF NEED					
CARE DOMAIN	A	B	C	D	Evidence in records to support this level	
<b>COMMUNICATION</b>  Consider how MH affects ability to clearly make needs known.  Expressive and receptive communication.	Can understand and communicate needs without any assistance	Requires assistance to understand and communicate needs reliably.	Difficulty in understanding and responding to communication.	Unable to understand or communicate effectively;	Enter A, B, C or D	
			Not always reliably able to communicate needs, and requires familiarity to ensure needs met.	Not able to reliably communicate needs. Requires skilled input to ensure needs are met.	(SC)	(H)
			Requires skilled assistance to aid everyday communication.	Requires use of aids/systems and requires skilled support to use.		
			May require the use of aids/systems to support communication – such as PECs, Makaton	Misinterpretation of communication could lead to heightened behaviours or anxiety – require skilled input to reduce risk.		

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<p><b>MOBILITY</b></p> <p>Getting out and about.</p> <p>Consider how MH affects the ability to physically mobilise independently</p> <p><i>Emphasis on MH impact on mobility not physical frailty or disability</i></p>	Independent with or without aids. Safe and confident in and outside home	Sometimes needs assistance to achieve mobility in or outside home, e.g. to maintain safety with or without aids	Mental state affects mobility and independence both in and outside the home. Support required on a regular basis and compliance achieved with skilled input.	Little or no mobility and independence without skilled input at all times due to mental state.	<div>Enter A, B, C or D</div> <table><tr><td>(SC)</td><td>(H)</td></tr></table>		(SC)	(H)
(SC)	(H)							

	LEVEL OF NEED							
CARE DOMAIN	A	B	C	D	Evidence in records to support this level			
<b>EATING &amp; DRINKING</b>  Adequate dietary and fluid intake; eating disorders and obesity.  <i>How mental state effects food and fluid intake</i>	Can achieve /provide independently – motivation to eat, request support if fed, identify own need.	Poor ability to provide for self. When encouraged, can achieve independently or requires some assistance / prompting with feeding.  Nutritional concerns managed via supplements.	Ability fluctuates due to changing mental state.  Needs regular prompting, encouragement and assistance by skilled/familiar staff  Nutritionally at risk, supplements prescribed	Care Plan devised by skilled professionals.  <i>e.g SALT, dietician</i>  <i>High MUST/Low BMI</i>  Significant weight loss or gain due to an eating disorder	<b>Enter A, B, C or D</b> <table><tr><td>(SC)</td><td>(H)</td></tr></table>		(SC)	(H)
(SC)	(H)							



	LEVEL OF NEED						
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<b>MEDICATION</b>  Symptom control and fluctuations of MH condition	Independent in the administration of medication.  MH stable  Able to understand medication regime and understand risk of non compliance	Requires prompting or supervision to take medication without which it is unlikely medication will be taken.  Non compliance could lead to MH instability.	Unable to adhere to medication programme or occasionally non-compliant.  Requires assistance and monitoring.  May require drugs to be administered.  Fluctuating MH presentations  Monitoring of potential side effects of medication  May require PRN	Non compliant or unable to maintain medication regime without input from trained staff.  Likely to require PRN	<b>Enter A, B, C or D</b> <table><tr><td><b>(SC)</b></td><td><b>(H)</b></td></tr></table>	<b>(SC)</b>	<b>(H)</b>
<b>(SC)</b>	<b>(H)</b>						

	LEVEL OF NEED						
CARE DOMAIN	A	B	C	D	Evidence in records to support this level		
<b>PERSONAL HYGIENE</b>  Washing, mouth hygiene, dressing and continence care.	Independent with all areas of personal care. Self motivated	Able to attend to personal care when prompted. Some supervision may be required Is compliant.	Requires supervision to undertake any personal care activities. At risk of self neglect if this is not provided  Some incidents of non compliance which puts individual at risk.	High level of input required to achieve a persistent a reasonable standard personal care. Resistance to necessary personal care is evident.	<div>Enter A, B, C or D</div> <table><tr><td>(SC)</td><td>(H)</td></tr></table>	(SC)	(H)
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<b>SLEEP</b>  Night care needs, e.g. safety supervision	Independent and safe	May require staff input at night due to mental health state	Requires staff input on most nights night due to mental health state	Requires daily to access to waking night staff due to mental health state, to ensure safety.	Enter A, B, C or D <div> <div>(SC)</div> <div>(H)</div> </div>	
<b>SOCIAL NETWORKS</b>  <b>Relationships/daily activities</b>	Able to establish and maintain social network and external activities	Maintains social network/relationships and activities with support from informal/formal network	Mental state leads to inability to maintain relationships and social networks without input. Could isolate and withdraw if this is not provided by skilled staff	Mental state severely effects capacity to maintain appropriate social networks/relationships without full support from skilled staff	Enter A, B, C or D <div> <div>(SC)</div> <div>(H)</div> </div>	
<b>Total scores</b>					(SC)	(H)