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casestudies@wrightfoundation.com

Or post the original to :

Office 4—Wester Meathie,  
Inverarity  
By Forfar,  
Angus, DD8 1XJ.

Leading by Achievement & Example



Mental Health

“in the community”

NAME

COURSE ATTENDED

DATE

Mental Health Observation  
attendance record

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# VISIT REQUIREMENTS

## Mental Health Observation

You are required to attend four sessions viewing exercise in a mental health setting over a maximum of five weeks within a supported setting.

You will view service users during the attendance of their exercise programme to understand the impact of their mental health and associated physical co-morbidities on their ability to undertake an activity schedule. It is important that you understand the considerations as service users progress through their exercise/activity programme and in particular, understand the role of motivation, adherence and compliance within exercise prescription.

During these sessions, you must view and understand any changes to the service users condition and attitudes to exercise/activity. This is particularly important as service users progress through their exercise programme.

**NB: Students are required to organise this with their nearest supported setting which may be clinical or community based.**

Please outline your general impressions of the Mental health exercise sessions you have observed (you may wish to identify any apparent differences between this and a programme working with a client without mental health issues, any additional risk assessment procedures, particular thoughts on the language, verbal and visual, that the trainer uses, any specific considerations regarding the environment and how the client behaves). **Minimum 100 words**



# SESSION 4

CLINICAL LOCATION

DATE OF SESSION

TIME OF SESSION

FROM:

TO:

BRIEF OUTLINE OF SESSION (50 words)

CLINICAL REPRESENTATIVE NAME (BLOCK CAPITALS)

CLINICAL REPRESENTATIVE POSITION

CLINICAL REPRESENTATIVE SIGNATURE

CLINICAL LOCATION

DATE OF SESSION

TIME OF SESSION

FROM:

TO:

BRIEF OUTLINE OF SESSION (50 words)

CLINICAL REPRESENTATIVE NAME (BLOCK CAPITALS)

CLINICAL REPRESENTATIVE POSITION

CLINICAL REPRESENTATIVE SIGNATURE

# SESSION 1

# SESSION 2

CLINICAL LOCATION

DATE OF SESSION

TIME OF SESSION

FROM:

TO:

BRIEF OUTLINE OF SESSION (50 words)

CLINICAL REPRESENTATIVE NAME (BLOCK CAPITALS)

CLINICAL REPRESENTATIVE POSITION

CLINICAL REPRESENTATIVE SIGNATURE

# SESSION 3

CLINICAL LOCATION

DATE OF SESSION

TIME OF SESSION

FROM:

TO:

BRIEF OUTLINE OF SESSION (50 words)

CLINICAL REPRESENTATIVE NAME (BLOCK CAPITALS)

CLINICAL REPRESENTATIVE POSITION

CLINICAL REPRESENTATIVE SIGNATURE