**Tips for using this Plan**

Prevention is better than cure! This plan is based on Wellness Recovery Action Planning, which has been evidenced to provide effective support for managing health conditions in a variety of settings. It can be put together on your own but should ideally be collaboration between you and other relevant parties – for example; your employer, clinical support and family. It focusses on the following:

**Maintenance and Staying Well**

**Identifying Triggers and Action Plan**

**Identifying Early Warning Signs and Action Plan**

**Identifying When Things Are Breaking Down and Action Plan**

**Crisis Planning**

**Post Crisis Planning.**

To be effective, this tool should be regularly reviewed and updated.

1. **Staying Well:**

*What am I like when I’m well?*

*What areas of work do I enjoy and do well?*

*What do I need to do regularly to maintain my wellbeing?*

|  |  |  |
| --- | --- | --- |
|  | ***Personal*** | ***At Work*** |
| ***Daily*** | ***e.g. 10 minutes mindfulness*** | ***e.g. Clear my desk at the end of the day*** |
| ***Weekly*** |  |  |
| ***(other)*** |  |  |

1. **Identifying Triggers and Action Plan**

*Triggers are things that happen to us that are likely to set off a chain reaction of uncomfortable or unhelpful behaviours, thoughts or feelings. In this second section you will explore your personal triggers and consider what you can do to avoid and control them.*

|  |  |  |
| --- | --- | --- |
| **Triggers** | **Support** | **Action** |
| **EG: Being asked to do too much.** | **Self, Line Manager or HR** | **Take time out, breathing exercises; speak with Line Manager or HR if LM not available.** |
|  |  |  |
|  |  |  |

1. **Identifying early warning signs and action planning.**

*Early warning signs are the subtle signs of changes in our thoughts or feelings or behaviour, which indicate that you may need to act to avoid a worsening of your condition or situation. In this third section, you will be considering such changes and your response to them.*

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| --- | --- | --- | --- |
| **Early warning signs that I might notice** | **Action for me to take** | **That others might notice** | **Action for others to take** |
| **Worrying about things.** | **Draw on skills from CBT** | **Quiet, withdrawn** | **Nothing just be aware.** |
|  |  |  |  |
|  |  |  |  |

1. **Identifying When Things Are Breaking Down and Action Plan**

*When we are struggling to cope, we may not always be the one to see it. Our thoughts and feelings may become confused and it may be others who notice that our behaviour changes. This is an opportunity to think about how you can respond and how you would like others to respond should you get to this point.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Signs that I might notice** | **Action for me to take** | **That others might notice** | **Action for others to take** |
| **Feeling overwhelmed and tearful** | **Speak to my Manager** | **Tearful and shaky** | **Let my manager know that they are concerned.**  **Manager to speak to me.** |
|  |  |  |  |
|  |  |  |  |

1. **Crisis Planning**

*It may be that, despite everyone’s best efforts, or completely out of the blue, we experience a crisis at work. If this happens, it is helpful if people know what to do and who to contact.*

|  |  |  |
| --- | --- | --- |
| **Crisis** | **Support** | **Action** |
| **Panic Attack** | **Manager or Linda** | **Control Breathing / First Aid for Panic Attack** |
|  |  |  |
|  |  |  |

1. **Post Crisis Planning**

*It is helpful to reflect on how effective my plan was or whether I would have wanted anything different.*

What worked well?

Are there any Action Points that didn’t work so well?

What would you have liked to have been different?

*Ensure changes are made to your Plan if appropriate.*

I agree that this plan has been developed by me and …………………………………………………………………………………………………………………………..

I am happy to work with this plan and for relevant parties………………………………………………………………………………………………………………….

to have a copy.

Signed: …………………………………………………………………………………………… (employee)

Date: ………………………………………………

Signed: …………………………………………………………………………………………… (employer)

Title: ……………………………………………………………………………………………

Date: ………………………………………………