

## The Mental Health Action Plan

**this MHAP is for \_\_\_\_\_ wellbeing**

This Mental Health Action Plan (or MHAP) provides you the opportunity take control of your health and to document your recovery process. The plan is your personal tool. it is your choice who you share the plan with, who helps you complete it. The plan can guide you on your journey to wellness and help you to manage signs symptoms and triggers. It also provides a guide to those you choose to share it with, such as those supporting you and the health professionals and your employer.

to fill this booklet in, please set aside some time when you are feeling well to complete your MHAP.

it might help to have some extra paper, make yourself comfortable and if possible, have someone with you to provide support if you need it.

work your way through the book, answer the questions as honestly as possible as this plan is there to help you in the future.

Speak with those you trust to establish how you are when well, when your mood may be changing and how you are when you are unwell. having someone else's input may help you to identify signs and symptoms you may have not noticed yourself.

once you have filled the MHAP out, you may wish to share it with those involved in your care and those around you you trust. this may include family, friends, doctors and other medical staff.

## *Personal Details*

**Name:**

**Address:**

**Phone number:**

**Email address:**

**Next of kin:**

**Contact details:**

**Allergies:**

**GP & contact details:**

## *When I am well...*

This is what I am I like when I am well:

Developing a Wellness Toolbox can help you to identify reminders and resources that are helpful in promoting wellness and keeping you well.

These are things that **support** my wellness (this works for me):

This is what gives me **meaning** or is **important** for me, this is what inspires me and reminds me of my values:

These are some things that I would like to **try** to see if they would support my wellness:

Things that I need to **avoid** to stay well:

This is what I need to do for myself **every day** to keep myself feeling as well as possible:

This is what I need to do, **less often than every day**, to keep my overall wellness and sense of well-being:

These are the things that I know I need to do to sustain my wellness, but need some **reminding** to do:

a. **Recognition**

- Triggers are **things that happen to us** that are likely to set off a chain reaction of uncomfortable or unhelpful behaviours, thoughts, or feelings.

b. **Action Plan**

What can I do about these triggers?

Action plans list:

- Ways that you can limit your exposure to triggers
- Ways that you can avoid triggers from occurring
- What can be done to help you cope if these triggers do occur
- What can be done when I am triggered to prevent things from getting worse

These are a list of my triggers:

## Triggers & Coping Mechanisms

These are my triggers and action plans to avoid and/or cope with them:

|                   |
|-------------------|
| Trigger:          |
| Coping mechanism: |

|                   |
|-------------------|
| Trigger:          |
| Coping mechanism: |

|                   |
|-------------------|
| Trigger:          |
| Coping mechanism: |



What are the subtle signs of changes in our thoughts or feelings or behaviour, which indicate that you may need to take action to avoid a worsening of your condition or situation?

**a. Recognition**

What changes for me; what are my early warning signs?

**b. Action Plan**

What can I do to deal with this?

What can I do when I notice the early warning signs to help keep me well and prevent things from getting worse?

These are my early warning signs that indicate that I am less well:

These are my early warning signs that I am less well and actions that can be taken to avoid me becoming less well:

|                     |
|---------------------|
| Early Warning Sign: |
| Action Plan:        |

|                     |
|---------------------|
| Early Warning Sign: |
| Action Plan:        |

|                     |
|---------------------|
| Early Warning Sign: |
| Action Plan:        |

## *Crisis Identification*

In spite of your best efforts, your symptoms may progress to the point where they are very uncomfortable, serious, and even harmful however there are still some actions that can be taken to prevent a crisis.

**a. Recognition**

This is how I think and feel, and how I behave when the situation has become uncomfortable, serious, or even dangerous

**b. Action Plan:**

When things have progressed this far caring for myself is my top priority. What can I do to reduce these difficult and unpleasant experiences, and prevent things getting worse?

These are signs that indicate that things are breaking down or getting worse:

## Action Plans

These are signs that indicate that things are breaking down or getting worse and action plans:

|   |
|---|
| Signs that things are breaking down or getting worse: |
| Action Plan:  |

|   |
|---|
| Signs that things are breaking down or getting worse: |
| Action Plan:  |

|   |
|---|
| Signs that things are breaking down or getting worse: |
| Action Plan:  |

## Recovery Action Plan

This plan was made on, .....and it takes over from any other plans with earlier dates.

Signed:

This plan can be just for your own use and reference or can be shared with others involved in the plan. It will take time to set up and can be changed whenever you have new ideas or information. When you change it, consider sending updated versions to those it involves.

## ***Crisis Action Plan***

Despite your best efforts you might find yourself in a situation where you feel totally out of control, and you are in a crisis. By developing a crisis action plan and sharing it with others, you will be able to take responsibility for your own care and instruct others on how they can support you during a crisis.

A crisis action plan should be developed when you are well. It will take time to develop, and it is essential that it is developed in collaboration with those you are asking to support you so that they fully understand and agree to their role within the plan.

Once you have completed your plan you may wish to provide a copy of the plan or the relevant part of it to the people that play a role within the plan.

It may be necessary for you to be cared for under a section of the mental health law, in this case, those caring for you may not be able to carry out all of your wishes due to their duty of care. Your crisis plan as part of your Mental Health Action Plan is not a legal document however those caring for you will endeavour to carry out your wishes.

## Remembering What I am like when I'm feeling well

This is what I am I like when I am well:

When it gets too bad

## People to be alerted to my crisis

The first person I would like to be contacted in a crisis is:

Name:

Relationship:

Contact Details:

Other people I would like to be contacted in a crisis are:

Name:

Relationship:

Contact Details:

Name:

Relationship:

Contact Details:

Name:

Relationship:

Contact Details:



## *My Support Network*

Identify those people you would like to support you when the symptoms you listed above are obvious. They can be family members, friends, or health care professionals. You may choose to name some people for certain tasks like taking care of the children or paying the bills and others for tasks like staying with you and taking you to health care appointments.

These are my supporters and what I need support with:

|                            |                  |
|----------------------------|------------------|
| Name of supporter:         | Contact details: |
| Details of support needed: |                  |

|                            |                  |
|----------------------------|------------------|
| Name of supporter:         | Contact details: |
| Details of support needed: |                  |

|                            |                  |
|----------------------------|------------------|
| Name of supporter:         | Contact details: |
| Details of support needed: |                  |

## *People I do not want involved in my care*

There may be people who you would not like to be involved in your care or treatment or you do not find them helpful for you to work towards your recovery.

These are the people I would not like to be involved in any way in my care or treatment:

Name \_\_\_\_\_ why I would not like them involved (optional)

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Name \_\_\_\_\_ why I would not like them involved (optional)

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Name \_\_\_\_\_ why I would not like them involved (optional)

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## *My Medical Information*

My G.P. is: \_\_\_\_\_ Phone no. \_\_\_\_\_

My Psychiatrist is: \_\_\_\_\_ Phone no. \_\_\_\_\_

My Care co-ordinator is: \_\_\_\_\_ Phone no. \_\_\_\_\_

Other professionals involved: \_\_\_\_\_ Phone no. \_\_\_\_\_

\_\_\_\_\_ Phone no. \_\_\_\_\_

My Diagnosed condition .

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List the medications **you are currently taking** and why you are taking them.  
Include the name of who prescribes them.

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List those medications you would prefer to take **if medication or additional medications became necessary**, and why you would chose those

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List those medications that you feel **must be avoided** and give reasons

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## *What Helps?*

There may be things that you can do, or others can do for you that can help to reduce your symptoms and help you towards recovery.

List **treatments or activities** that you can do that you feel **help reduce** your symptoms and when they should be used:

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List anything on your Wellness toolbox that you might need support to do:

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List treatments you would want to **avoid**, and why:

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My supporters know when it is safe to stop this Crisis Plan when . . .

The following positive changes indicate to my supporters that I am in control of things again, and they no longer need to use this plan:

## Signatures

Once you have completed your crisis plan, it may be useful to ask those people that have agreed to support you to sign below:

| Name of supporter | Relationship to you / role | Signature | Do they have a copy of the plan? |
|-------------------|----------------------------|-----------|----------------------------------|
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|                   |                            |           |                                  |
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|                   |                            |           |                                  |
|                   |                            |           |                                  |

### (Optional) Crisis Plan statement

I developed this plan on (date) \_\_\_\_\_

With the help of: \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

This plan takes over from any with an earlier date.

## Post Crisis Plan

There may be times that even with yours (and others) best efforts you may still experience a crisis – this is not the end of the world, nor does it mean that you will not recover. Recovery is a process and is on-going. You can start again at any time and after any difficult experience, no matter how bad. However, it may be very helpful to reflect (think about) on what has happened to help you learn from it. Some people feel this is good to do alone. However, many of us are greatly helped by having someone we trust, to turn to, and talk it over together and get their thoughts about what happened.

After a crisis you may feel worn out, so choose your time *when you are ready*, such as when you feel you have more energy and willing to think about it to try and make sense of it.

Then talk and think through what has happened, and compare this with the Recovery Action Plan you havewritten so far

### When I am no longer in crisis

This is a list of things that will indicate that I am no longer in crisis:

This is a list of the support that I will need whilst coming out of a crisis:

| Support needed: | Person who will support me |
|-----------------|----------------------------|
|                 |                            |
|                 |                            |
|                 |                            |
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|                 |                            |
|                 |                            |



These are the most important things from my **wellness toolbox** that will help me after a crisis:

This is a list of indicators that I am over my crisis and return to using my **daily maintenance plan**:

## Reflection

What have you learned about yourself and others through this crisis?

Are there parts of your Recovery Action Plan that didn't work out as you had hoped?

What changes can you make now to your Mental Health Action Plan to make a further crisis less likely?