

# MHFA999 Wellness Recovery Action Plan

Section 1: My Daily Maintenance Plan

Section 2: My Crisis Plan

Section 3: My Post Crisis Plan

Personal WRAP For:

Name: .....



## Wellness Recovery Action Plan

### Mental Health First Aid Kit of ideas to help you keep well

Things that may help relieve symptoms:

- Talk to a friend, or loved one.
- Talk to a health care professional.
- Peer Counselling.
- Focusing exercises.
- Relaxation and stress reduction exercises.
- Guided Imagery.
- Journaling – write your feelings in a note book.
- Creative affirming activities.
- Exercise.
- Diet – what you eat affects how you feel.
- Light.
- Extra rest.
- Take time off from home and work responsibilities.
- Hot packs or cold packs.
- Take medications, vitamins, minerals, herbal supplements.
- Attend a support group.
- See your counsellor or therapist.
- Do something “normal” like washing your hair, shaving or going to work.
- Get a medication check.
- Get a second opinion.
- Helplines.
- Talking on the telephone.
- Surround yourself with people who are positive, affirming and loving.
- Wear something that makes you feel good.
- Look through old pictures, scrapbooks and photo albums.
- Make a list of your accomplishments.
- Spend ten minutes writing down good things about yourself.
- Do something that makes you laugh.
- Do something special for someone else.
- Get some little things done.
- Repeat positive affirmations.
- Focus on and appreciate what is happening right now.
- Take a warm bath or shower.
- Listen to music, make music or sing.

# Wellness Recovery Action Plan

## Daily Maintenance Plan

How would I describe myself?

- Bright
- Cheerful
- Talkative
- Argumentative
- Outgoing
- Boisterous
- A chatterbox
- Active
- Difficult
- Energetic
- Humorous
- A joker
- Compulsive
- Content
- Happy
- Enjoy crowds
- Dramatic
- Withdrawn
- Flamboyant
- Capable
- Athletic
- Optimistic
- Reasonable
- Responsible
- Industrious
- Curious

Things that might help each day:

- Eat three healthy meals and three healthy snacks.
- Drink at least six 8 ounce glasses of water.
- Reduce caffeine, sugar, junk foods, and alcohol as far as possible.
- Exercise for at least 30 minutes.
- Get exposure to outdoor light for at least 30 minutes.
- Take medications (if applicable)
- Take vitamin supplements.
- Have 20 minutes of relaxation or meditation time.
- Write in my journal for at least 15 minutes.
- Spend at least 30 minutes enjoying a fun affirming and/or creative activity.
- Get support from someone who I can be real with.
- Check in with my partner for at least 10 minutes.
- Check in with myself; how am I doing physically, emotionally, spiritually.
- Go to work if it's a work day.

(Some people write a separate daily maintenance list for days they don't or do work)

## Wellness Recovery Action Plan

### Daily Maintenance Plan

Today do I need, or would it be good to?

- Get a massage.
- Spend some time with my counsellor / care coordinator.
- Set up an appointment with one of my health care professionals.
- Spend time with a good friend.
- Spend extra time with my partner.
- Be in touch with my family.
- Be in touch with my children or pets.
- Do peer counselling.
- Get more sleep.
- Do some housework.
- Buy groceries.
- Do the laundry.
- Have some personal time.
- Plan something fun for the weekend.
- Plan something fun for the evening.
- Write some letters.
- Remember someone's birthday or anniversary.
- Take a hot bubble bath.
- Go out for a long walk or do some other extended outdoor activity (gardening, fishing, etc.).
- Plan a holiday or short break.
- Go to a support group.

You may want to create a list of things to reduce or avoid like:-

- Caffeine;
- Alcohol;
- Sugar;
- Going to bars;
- Getting overtired;
- Certain people;

Refer to these lists as you develop your Wellness Recovery Action Plan.

Keep this in the front of your file so that you can refer to it whenever you need to revise any or all parts of your plan.

## Wellness Recovery Action Plan

### Daily Maintenance Plan

1.

When I feel well, I am...

2.

What do I need to do every day to keep myself feeling as well as possible?

3.

What do I need to do, regularly to keep my overall wellness and sense of wellbeing?

## Wellness Recovery Action Plan

### Daily Maintenance Plan

4.

Identifying my triggers:

External events or circumstances likely to set off a chain reaction of behaviours, thoughts or feelings.

5.

Avoiding my triggers:

What can you do to avoid or limit your exposure to possible triggering events?

## Wellness Recovery Action Plan

### Daily Maintenance Plan

6.

Coping with triggers when they occur:

What can I do to keep these triggers from getting worse?

7.

Early Warning Signs:

What are the subtle signs of change that indicate that I may need to take action to avoid a worsening of my condition or situation?

## Wellness Recovery Action Plan

### Daily Maintenance Plan

8.

Response plan to early warning signs:

What action can I take when I recognise the early warning signs?

9.

Signs of potential crisis when things start breaking down or getting worse:

What happens when the situation has become uncomfortable, serious or even dangerous, but I am still able to take action on my own behalf?

10.

Reducing signs of a potential crisis:

What will help me to reduce my signs and symptoms when they have progressed to this point?



Wellness Recovery Action Plan  
Crisis Plan

1.

What I'm like when I'm feeling well

(Describe my when I am feeling well)

2.

Symptoms

(Describe those symptoms that would indicate to others that they need to take over full responsibility for my care and make decisions on my behalf)

# Wellness Recovery Action Plan

## Crisis Plan

3.

### Supporters

(List the people I want to take over for me when the symptoms I listed above are obvious. They can be family members, friends or health care professionals. Have at least five people on my list of supporters. I may want to name some people for certain tasks like taking care of the children or paying the bills and others for tasks like staying with me and taking me to health care appointments.)

Name	Connection / Role	Telephone Number
1.		
2.		
3.		
4.		
5.		
6.		

There may be health care professionals or family members that have made decisions for me in the past. They could inadvertently get involved if I do not include the following:

I do not want the following people involved in any way in my care or treatment:

Name:

Why I do not want them involved


Wellness Recovery Action Plan  
Crisis Plan

Name:

--

Why I do not want them involved:

--

Name:

--

Why I do not want them involved:

--

Name:

--

Why I do not want them involved:

--

Settling disputes between supporters:

I might like to include a section that describes how I want possible disputes between supporters settled. For instance I may want to say that a majority need to agree, or that a particular person or two people make a determination.

# Wellness Recovery Action Plan

## Crisis Plan

4.

### Medication

List below the doctors who are involved in my care:

	GP or Psychiatric Doctor	Telephone Number
Doctor:		
Doctor:		

### Pharmacy Details:

(Which pharmacy do you normally collect your medication from?)

Name:	
Address:	
Telephone Number:	

List the medications I am currently taking and why I am taking them:

List those medications I would prefer to take if medications or additional medications became necessary, and why I would choose them:

List those medications that would be acceptable to me if medications became necessary and why I would choose those:

List the medications that must be avoided and give the reasons:

## Wellness Recovery Action Plan

### Crisis Plan

5.

Treatments

List treatments that help reduce my symptoms and when they should be used:

List the treatments I would want to avoid:

## Wellness Recovery Action Plan

### Crisis Plan

6.

Home / Community Care / Respite Centre

Set up a plan so that I can stay at home or in the community and still get the care I need:

(If I am ill do I want to stay at home, in the community, or at a respite home, if so where is my preference?) Am I aware that there is a crisis team run by the community mental health team? Where would I like to meet the team if I need to see them?

## Wellness Recovery Action Plan

### Crisis Plan

7.

#### Treatment Facilities

List below the treatment facilities where I prefer to be treated or hospitalised if that becomes necessary.

List the treatment facilities I want to avoid:

## Wellness Recovery Action Plan

### Crisis Plan

8.

#### Help from Others

List those things that others can do for me that would help reduce my symptoms or make me more comfortable:

List those things I need others to do for me and who I want to do what:

What I need done	Who I would like to do it

List the things that others might do or have done in the past that would not help or might even worsen my symptoms:



Wellness Recovery Action Plan

Crisis Plan

9.

Inactivating the Plan

Describe the symptoms, lack of symptoms or actions that indicate to supporters that they no longer need to use this plan:

10.

If I am in Danger

If my behaviour endangers me or others I want my supporters to:

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You can help assure that your crisis plan will be followed by signing this plan in the presence of two witnesses. It will further increase its potential for use if you appoint a name a durable power of attorney.

I developed this plan on [enter date] \_\_\_\_\_

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

Any plan with a more recent date supersedes this one.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Attorney: \_\_\_\_\_ Date: \_\_\_\_\_

Durable Power of Attorney (if you have one) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Wellness Recovery Action Plan  
Post Crisis Plan

1.

I will know that I am “out of the crisis” and ready to use this post crisis plan when I:

How I would like to feel when I have recovered from this crisis:

I may want to refer to the first section of my WRAP – “What I am like when I am well”. This may be different from what I feel like when I am well – my perspective may have changed in this crisis).

2.

Post Recovery Supporters List

I would like the following people to support me if possible during this post crisis time:

Name:	Telephone No.:	What I need them to do:

Wellness Recovery Action Plan  
Post Crisis Plan

3.  
Recently Discharged from Hospital:

When I have been discharged from Hospital, do I have a place to go that is safe and comfortable? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have answered No, what do I need to do to ensure that I have a safe and comfortable place to go to?

My first few hours at home are very important. Will I feel safe and be safe at home?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If I answered No, what will I do to ensure that I will feel and be safe at home?

I would like \_\_\_\_\_ or \_\_\_\_\_ to take me home.

I would like \_\_\_\_\_ or \_\_\_\_\_ to stay with me.

When I get home I would like to \_\_\_\_\_

or \_\_\_\_\_

## Wellness Recovery Action Plan

### Post Crisis Plan

List below things you would like to have in place to ease your return home:

What things do I need to take care of as soon as I can?

What things can I ask others to help me with?

What can wait until I feel better?

Wellness Recovery Action Plan  
Post Crisis Plan

4.

What do I need to do for me each day while I am recovering from crisis?

What might I need to do every day while recovering from crisis?

What do I need to avoid while I am recovering from crisis? This may include people, places or things

## Wellness Recovery Action Plan

### Post Crisis Plan

6.

Signs that I may be starting to feel worse:

Examples may be anxiety, worry, agitated, overeating, and lack of sleep or needing more sleep

Tools I will use if I am starting to feel worse:

Start with those items that I should do, the rest will be those I could do.

Things I should do to prevent further repercussions from this crisis and when I will do these things:

Wellness Recovery Action Plan  
Post Crisis Plan

7.

People I need to thank for helping me:

Person:	When I should thank them	How I will thank them

People I need to apologise to

Person:	When I should apologise	How I will apologise

People I need to make amends to:

Person	When I should make amends	How I will make amends

Wellness Recovery Action Plan  
Post Crisis Plan

8.

Medical, Legal and financial issues that need to be resolved:

Issue	How I plan to resolve this issue

Things I need to do to prevent further loss:

(E.g. cancelling credit cards, getting official leave from work, cutting ties with destructive friends etc.)

Signs that this post crisis phase is over and I can return to using my Daily Maintenance Plan that might help prevent a crisis in the future:

Changes in my crisis plan that might ease my recovery:

Changes I want to make in my lifestyle or life goals:



Wellness Recovery Action Plan  
Post Crisis Plan

9.  
What did I learn from this crisis?

Are there any changes I want or need to make in my life as a result of what I have learned?

If so, when and how will I make these changes?

## Wellness Recovery Action Plan

### Post Crisis Plan

10.

#### Timetable for Resuming Responsibilities

Develop a plan for resuming responsibility that other people may have had to take over or that did not get done which you were in crisis.

(E.g. child care, work, cooking and housework)

Responsibility: \_\_\_\_\_

Who has been doing this while I was in crisis: \_\_\_\_\_

While I am resuming this responsibility, I need (who) \_\_\_\_\_

to \_\_\_\_\_

Plan for resuming this responsibility:

Responsibility: \_\_\_\_\_

Who has been doing this while I was in crisis: \_\_\_\_\_

While I am resuming this responsibility, I need (who) \_\_\_\_\_

to \_\_\_\_\_

Plan for resuming this responsibility:

Responsibility: \_\_\_\_\_

Who has been doing this while I was in crisis: \_\_\_\_\_

While I am resuming this responsibility, I need (who) \_\_\_\_\_

to \_\_\_\_\_

Plan for resuming this responsibility: