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Worksheet 10

Your Wellness & Discharge Plan

Worksheet 10 — Your personal Wellness and Discharge Plan



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PART A: My Traffic Light for Signs & Symptoms

Your new personalised Wellness & Discharge Toolkit holds all the information you need to stay well.

Using a traffic light system can help you identify how you are feeling and adjust your behaviour/ actions accordingly. Please write down some signs for each category of 'traffic light' below.

Green Light:

My Signs that I am feeling well:

This could include keeping appointments, coping with triggers, self-care, practicing stress management, sleeping well, and taking medications as prescribed.

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- •

ACTIONS to Keep Well: e.g. maintain routines, do enjoyable activities, use mindfulness apps, connect with people, join a club, exercise regularly, eat well.

Yellow Light:

My Early Warning Signs That I May be Struggling:

This could include social withdrawal, missed commitments, difficulty coping, increased stress levels, less sleep, increased smoking or using Alcohol (or other drugs).

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ACTIONS: e.g., make a GP appointment, talk to support person, take medication as prescribed.

Red Light:

My Signs of Relapse:

This may include worsening of yellow light signals listed above, self-harm behaviours, suicidal thoughts and/or feeling unsafe.

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- •
- •

ACTIONS: Use your Safety Plan. Go to your GP or nearest Emergency Department or call 000 or contact your nearest **Area Mental Health Service — Mental Health Triage Line:**

GV Health Ph: 1300 369 005
 Albury Wodonga Health Ph: 1300 104 211

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GP Name:

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PART B: Knowing my Medication List

It is always important to know your current medications. You can ask your GP to print out the current list for you and attach it below.

Or you can take a photo and store it in your phone, so you always have a copy close at hand.

Please fill in the medications you are currently taking and keep this up to date & in a handy place.

iP Clinic:	⁹ Clinic:					
linic Contact No:						
Medication Name	Dose	I take this medication for	I take this at: • Morning (M) • Lunch time (L) • With dinner (D) • Bedtime (B)	Maximum daily dose		

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PART C: My Safety Management Plan

This safety plan can be used when you are struggling to manage stress safely and/or are feeling unwell or at risk. It is important to recognise when your distress is increasing; and get help if you feel unable to manage.

Name:	Date:
My signs I am in crisis are:	
What has helped keep me safe in the past v	when I have been in a crisis?
Self-talk/self-soothing skills I can use?	
Social supports to call:	
Professional supports I can call:	
Things I can avoid/remove to keep safe:	
Things realitavolu/Telliove to keep sale.	

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I agree to use this plan and maintain my safety. I understand if I am struggling and cannot manage my safety, I will attend an urgent review with my GP, contact my support person, or Area Mental Health Service. I understand emergency services may be contacted on my behalf.			
Name of Client:	Name of MH Clinician:		
Signature of Client:	Signature of MH Clinician:		
Date:	Date:		
If I am unable to follow this plan, I agree to contact:			
Name:	Phone:		
Name:	Phone:		
Name:	Phone:		