



Worksheet 10

Your Wellness & Discharge Plan





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



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 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:

Worksheet 10 – Your personal Wellness and Discharge Plan



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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: