# YOUR WELLNESS ACTION PLAN

NAME:	DATE:	REVIEW DATE:	

#### **Your Wellness Action Plan**

Your Wellness Action Plan can help you identify what works (and what doesn't!), what behaviours and habits you can adopt, and what support is available to you.

In the event that you do experience a mental health issue, you and your manager will both be able to refer to your Wellness Action Plan and implement the ideas in it to support you.

It's important to review your Wellness Action Plan regularly to reflect new knowledge or insights.

Whilst the more open you are, the more your manager will be able to support you, you need only divulge thoughts, feelings, and information that you are comfortable sharing and that relates to your work.

Your employer may be obliged to break confidentiality if they believe that you or someone else is at serious risk of harm.

#### 1. What helps you stay healthy at work?

FOR EXAMPLE: TAKING A LUNCH BREAK AWAY FROM YOUR DESK, GETTING SOME EXERCISE BEFORE/AFTER WORK OR IN YOUR LUNCHBREAK, LIGHT AND SPACE IN THE OFFICE, OPPORTUNITIES TO GET TO KNOW COLLEAGUES.

#### 2. How specifically does stress impact you?

Tick the symptoms that you experience most commonly.

Inability to focus/concentrate	Overwhelm/powerlessness
Difficulty making decisions	Anger without cause  Moodiness/irritability
Poor retention/recollection	Loneliness/isolation
Uncharacteristic errors	C. the three leaves
Negative perspective	Fear without cause
Racing thoughts	Depression
Constant worrying	Obsessions
Negative perspective Racing thoughts Constant worrying Forgetfulness Disorganisation Poor judgment	Fear without cause  Depression Obsessions Paranoia Sadness
Poor judgment	Sadness
STF	RESS
Panic	Headaches
Tearful 4,	Tiredness/fatigue
Self-harm	Dry mouth/throat
Panic Tearful Self-harm Aggressiveness Social withdrawal	Digestion problems
Social withdrawal	Sleeping difficulties
Fidgeting/nail biting	Rashes and eczema
Relationship problems	Sweating/clammy hands
Increased alcohol/caffeine	Shakiness, tremors, twitches
Changes in appetite/eating	Racing pulse/rapid breathing
Grinding teeth/clenched fists	Muscle tension and/or achiness

Resource produced by SOHAS

3.	What can your manager do to support you to stay mentally healthy at work?

For example: regular feedback and catch-ups, flexible working patterns, explaining wider developments in organisation.

## 4. Are there any situations at work that can trigger poor mental health for you?

For example: conflict at work, organisational change, tight deadlines, something not going to plan.

5.	How might experiencing mental difficulties impact on your work?
	For example: find it difficult to make decisions, hard to prioritise work tasks, difficulties with concentration, drowsiness, confusion, headaches.

# 6. Are there any early warning signs that we might notice when you are starting to feel stressed/mentally unwell?

For example: changes in normal working patterns, withdrawing from colleagues.

## 7. What support could be put in place to minimise triggers or help you manage the impact?

For example: extra catch-up time with your manager, help prioritising your workload, flexible working patterns, consider reasonable adjustments.

# 8. Are there elements of your individual working style or temperament that is worth your manager being aware of?

You might prefer face-to-face contact or email, require quiet reflection before meetings or creative tasks, negotiate deadlines before they are set, have access to a mentor for questions that you don't want to ask your manager, have a written work plan that can be reviewed and amended regularly, set clear deadlines if you overwork a task, or tend to have particularly low or high energy in the mornings or afternoons.

### 9. If we notice early warning signs that you are stressed or unwell – what should we do?

For example: talk to me discreetly about it, contact someone that I have asked to be contacted.

### 10. Return to work/remaining well and in work recommendations

With	r your employer's agreement ar	nd if appropriate	you may benei	fit from these (	or more
optic	ons:				

A phased return to work	
Amended duties	
Altered hours	
A workplace assessment	

## 11. Employee reported work-relevant difficulties and goals

List the challenges and recommendations/goals that you have discussed so far.

Difficulties	Recommendations/Goals
Example: Tight deadlines	Example: Manager to help delegate tasks to admin team to reduce workload

#### 12. What Else Would You Like to Share?

Examples: your preference for email or face to face communication, your need for quiet to focus on particular tasks.

This Wellness A	ction Plan was	created by:		
Name: Date: Signature:				