Taking Back Control
A guide to planning your own recovery
We care to make the difference

West London Mental Health NHS Trust
“To me recovery means being in the driving seat of my life. I don’t let my illness run me. Over the years I have worked hard to become an expert in my own self-care. Over the years I have learned different ways of helping myself. Sometimes I use medications, therapy, self-help, mutual support groups, friends, my relationship with God, work, exercise, spending time in nature – all of these measures help me remain whole and healthy even though I have mental health problems.”

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Part 1

Introduction to personal recovery planning

Taking back control
Many people have shown us that it is possible to recover a meaningful, satisfying and valued life with a diagnosis of mental health problems.

Most people with mental health problems have homes of their own, families, friends and, with help and support, can study, work and contribute to their communities in many different ways.

• Recovery is about regaining your self-belief and self-confidence
• Recovery is about moving beyond being a patient and reclaiming a positive view of yourself and your possibilities
• Recovery is about the re-awakening of hope – believing that it is possible to live well with a diagnosis of mental health problems
• Recovery is about growth – accepting and moving beyond what has happened to you
• Recovery is about developing a new sense of meaning and purpose in life
• Recovery is about doing the things you want to do and living the life you want to lead
• Recovery is about pursuing your ambitions
• Recovery is about being in the driving seat of your life
• Recovery is about taking back control over your destiny, your problems, your life and the help you need to live it the way you want.

“We are learning that those of us with psychiatric disabilities can become experts in our own self-care, can regain control over our lives, and can be responsible for our own journey of recovery.”

It often feels as if mental health problems are completely beyond your control – and it is tempting to believe that only experts can sort them out. While mental health workers have developed treatments and therapies that can be helpful, each person with a diagnosis of mental health problems can become the real expert in their own self-care.

But recovery is not specific to mental health problems.

“I have more control over my illness than I ever realised … knowing that gives me hope because I know that next time I start to get ill I can turn it around. You don’t have to let your illness run your life.”
Similar challenges face anyone who has experienced things that threaten their sense of self and purpose in life. Things like the death of someone you love, divorce, redundancy and serious physical illness that threaten your ability to live the life you had lived or expected to live.

Whatever the devastating events that have befallen you, recovery involves using your personal resourcefulness to take back control over your life and what happens to you.

Some people who have faced the challenge of recovery have found it helpful to develop a Personal Recovery Plan for themselves. This might include:

• how to keep yourself well
• how to manage your own ups and downs: if you can identify your ‘triggers’ – things that de-stabilise you – and ‘early warning signs’ that things are not going so well, then you can work out ways to get yourself back on an even keel
• what you can do to move on after a crisis
• how you are going to pursue your ambitions and dreams: decide what you want to achieve in life and how you will set about achieving it.

The purpose of this guide is to suggest how you might go about developing a recovery plan for yourself. We have provided a Personal Recovery Plan booklet to accompany this guide. This booklet includes forms you can use to draw up your recovery plan.

Throughout this guide we will refer to sections of the booklet.

You may find it helpful to go through the Personal Recovery Plan booklet as you are reading this guide.

This guide has lots of sections, but don’t feel overwhelmed by it. You don’t have to go through them all at once. It is best to go through step by step and take your time. This isn’t a test, there are no time limits!

You may not want to start at the beginning of the booklet.

For example, if you have just had a crisis or are in hospital, you might want to start by drawing up a plan to move on after your crisis. See page 55 of this guide and pages 21–42 of the Personal Recovery Plan booklet for suggestions about how to do this. You can then go back and think about developing a ‘Keeping well’ plan to help you stay on an even keel and a ‘Managing your ups and downs’ plan to help you deal with problems and set-backs that occur.
Wherever you decide to start, it is important to remember that these are your plans.

- Your recovery plan is not the same as a ‘care plan’. You draw up your care plan with a mental health worker and it outlines the treatment and support that you will receive. Your recovery plan is your own plan about how you can take control over your own life.

- You might like to ask someone you trust to help you develop your recovery plan (like your family, friends or mental health workers). But it is your plan and you who decides what goes into it. You do not have to consult anyone else about your plan or show it to other people unless you want to.

- Although this is your recovery plan for yourself, many people find it helpful to share their plan with their relatives, close friends and mental health workers. Sharing your plan with your supporters puts them in a better position to assist you in your recovery. It helps them to better understand what you want and the sort of help you would like.

- You can develop your own recovery plan to suit you. You do not have to follow all our suggestions. For example, some people prefer to get themselves a folder and write their plans on separate pieces of paper, or write them in a notebook. You can use the headings provided in the Personal Recovery Plan booklet, or develop your own. Remember, these are your plans so you should do whatever suits you.

You might also like to develop an advance decision or statement. This is a plan that says what you want to happen if you are in crisis and need others to take care of you and keep you safe. At the end of this guide we have suggested how you might want to do this.

Planning your own recovery and taking back control over your own life are not always easy.

It can be painful and frightening.

But it is also a process of self-discovery, self renewal and growth.
"Recovery is a process of healing ... of adjusting one’s attitudes, feelings, perceptions, beliefs, roles and goals in life. It is a painful process, yet often one of self-discovery, self-renewal and transformation. Recovery is a deeply emotional process. Recovery involves creating a new personal vision for one’s self."

In developing this guide we have drawn on the work, experience and expertise of a number of people including;

- Mary Ellen Copeland who developed the original ‘wellness recovery action plans’ (www.mentalhealthrecovery.com)
- The Manic Depression Fellowship (now called ‘The Bipolar Organisation’) which pioneered self-management training for people with bipolar disorder (www.mdf.org.uk)
- Rethink which has worked on self-management and schizophrenia (www.rethink.org)
- Patricia Deegan (www.patdeegan.com)
- Mary O’Hagan and her colleagues at the New Zealand Mental Health Commission (www.mhc.govt.nz)
- The Scottish Recovery Network (www.scottishrecovery.net)

Most especially, this guide is based on the experience of all the people with mental health problems we have had the privilege of knowing both personally and through their writing.

We would also like to thank John Nurse and the Sutton Mental Health Foundation for their valuable advice and guidance and for the use of some of their recovery materials.

"Recovery to me is not only coming to terms with what has happened in my life, the dark side of me and the things I have done, but having grown as an individual because of my experiences. Focusing on this experience as a source of growth has been the source of inspiration for recovery. I can now look back in time and know that everything that happened helped me to become the person I am today."
Part 2
Keeping well

Taking back control

Keeping well
What am I like when I am feeling well?

In the face of a diagnosis of mental health problems – or other life-changing events – it is easy to lose a sense of who you are. Your diagnosis and problems are only a part of you. You are many other things as well – like a friend, art lover, student, football supporter or parent.

Many people find that a key to their recovery is remembering they are more than a diagnosis or set of problems.

Some people find it helpful to think about who they are and what they are like when they are feeling well. You can do this by circling those things listed on page 2 and 3 of your Personal Recovery Plan booklet that best describe you. You can add other things using the blank spaces provided.

If you can’t remember, you might want to ask someone who knows you well.

What do I need to do to keep well?

Everyone needs regular routines and things they do to keep themselves on an even keel. These things stabilise your life and give you a structure to build on.

Think about the day-to-day things you need to do to keep yourself well. These may be things that you are already doing or things that you want to do because they would make you feel better.

Most routines are quite simple, things like:

- getting up at a reasonable time
- preparing and eating three healthy meals a day
- going for a walk or getting some exercise
- taking medications or vitamins
- going to work or college
- watching television or listening to music
- reading a book, newspaper or magazine
- feeding or cleaning out your pets
• talking to, or telephoning, a friend, partner, neighbour or relative
• meeting up with friends or relatives
• going out shopping
• doing the washing
• doing the cleaning
• going to a religious meeting
• doing something else you enjoy – a hobby maybe, or going to the pictures or an art gallery
• writing letters to friends or relatives
• seeing a mental health worker or therapist
• writing down your thoughts and feelings in a daily diary
• checking in with yourself to see how you are doing physically, emotionally and spiritually
• going through the things (even the little things) that you have succeeded in doing or enjoyed
• taking a bath
• getting enough sleep (going to bed at a reasonable time).

You can use the space on pages 4 and 5 of your Personal Recovery Plan booklet to write down your own list of simple things to do on a regular basis. They should be things that matter to you and make you feel good.

There will be some things that you want to do on a daily basis – like eating three healthy meals or feeding pets. You can write these down on page 4.

There will also be things that you want to do on a weekly basis or only on some days in the week – like going to work or college, cleaning or visiting family/friends. You can write these down on page 5. It might also help to write down the day or days of the week you are going to do them on.
It can also be helpful to think about things you should avoid in order to help you keep well. These might be things like:

- going out every night
- getting over-tired
- sitting around doing nothing
- caffeine
- drinking too much alcohol or taking illicit drugs
- certain people who you find difficult
- anything else that you find unsettles or destabilises you.

You can write these things down on page 6 of your Personal Recovery Plan booklet.

Some people find it helpful to write out a basic timetable for the week. We have provided a chart on page 7 of your Personal Recovery Plan booklet. There will be times when you want to change this timetable – like if you go away on a trip, or if there is a birthday party to go to – but it can help to give a basic structure to your week.
Part 3
Managing your ups and downs
Everyone has ups and downs. If you can spot when things start to go wrong and work out what to do to get back on an even keel then you can reduce the chance of everyday ups and downs escalating into a full blown crisis.

**What are my ‘triggers’?**

To manage your ups and downs the first thing to do is to identify your triggers.

Triggers are things that happen – external events or circumstances – that may cause you to feel anxious, scared, miserable or discouraged.

Everyone’s triggers are different, and other people may not even notice that a particular thing affects you. You are the only person who can recognise your triggers and work out ways to deal with them.

In order to find your own triggers it is probably best to start by thinking back to times in the past when you have had difficulties or begun to feel unwell or unable to cope.

You might find it helpful think about things like:

- Who was there?
- Where were you – what was the environment like?
- What time of year was it?
- What was happening?
- What were you being asked to do?
- Did you want to be there?

You can write down the list of your own personal triggers in the first column (‘My triggers’) on pages 14 and 15 of your Personal Recovery Plan booklet. You can add new triggers to the list if new things happen that you find difficult or if you remember other things you have found difficult in the past.
Examples of some common triggers include:

- painful anniversaries (such as divorce or the death of someone you loved)
- difficult events (like Christmas) or times of the year when you tend to have problems
- having too much to do – feeling overwhelmed or under pressure
- friction in relationships with your partner, family or friends
- physical illness
- people criticising, or teasing, or shouting at you
- financial problems – like getting a big bill
- being harassed – maybe racial harassment or sexual harassment
- spending too much time on your own
- being with someone who treats you badly
- starting to do something new
- getting bad news
- anything else you have found difficult or reacted badly to.

Triggers not only make you feel bad, they can also set off a kind of ‘chain reaction’ making your problems and symptoms worse. Therefore, once you have decided what your triggers are the next thing to do is work out what to do when a trigger occurs.

There are some triggers that you might be able to avoid or decrease the chance of happening.

For example, if one of your triggers is ‘having too much to do and feeling overwhelmed or under pressure’ then you might be able to avoid it by, for instance,

- keeping your working hours under control
- not taking on new things before you have thought about whether you have got time and when you will do them
- limiting the number of evenings each week that you go out.

However, it is not possible to avoid all triggers - difficult things are bound to happen sometimes. So you need to think about how you are going to cope if or when they happen.

What will I do when triggers occur?
To help you identify things that might help you cope when triggers occur, you might find it useful to:

- think about things that you have done in the past that have helped you to cope
- think of things you have done in the past that have not helped and figure out other things you could have tried
- find out how other people you know have coped with things like this – maybe some of these might be useful to you
- talk through different ideas with someone you trust like a relative, friend, mental health worker, or someone else who has experienced mental health problems.

You can write down the actions you might take in response to triggers in the second column ('The Action I will take') on pages 14 and 15 of your Personal Recovery Plan booklet.

People are different, so the things that help one person to cope when a trigger happens may not work for someone else. You need to think about what might work for you.

You may need to experiment and learn from experience. The best-made plans don’t always work out. So when a trigger has occurred it is important to review what you did, see if it was effective, think about other things that might have worked better and change your plan if you need to.

Examples of possible actions you might take in response to triggers:

- take some time out from activities you find stressful
- talk with someone you trust about the way you are feeling – someone like a friend, family member or mental health worker
- talk to the person who has upset you and try to sort things out
- deliberately remember the good times rather than just focusing on the bad things
- write down in a diary how you are feeling
- do something that will distract you – like playing computer games or doing housework
Taking back control

• do something you find soothing or comforting, like having a hot bath or going for a walk
• give yourself a treat - such as eating something you like or doing something you enjoy
• tell yourself that what other people say about you cannot hurt you unless you allow it to – it is what you think that is important
• remind yourself that you have got through this in the past and will be able to again
• do anything else you can think of that has helped (or you think might help) to reduce the effect the trigger has on your stability and well-being.

In order to keep yourself on an even keel you also need to think about your ‘early warning signs’. Early warning signs are changes in your feelings, thoughts or behaviour that suggest things are not quite right.

Early warning signs are important because if you recognise them and take action early you may be able to prevent a crisis occurring.

Like triggers, everyone’s early warning signs are different. You might want to ask people who know you what early warning signs they have noticed but you can usually spot changes in yourself before others are aware of them. You are the best person to spot early on that things are not quite right and do something about it.

To identify your own early warning signs it is probably best to start by thinking back to particular times in the past when you have had difficulties, begun to feel unwell or felt unable to cope. Think about signs that might have indicated that things were starting to go wrong:
• How do you feel when you know you are not quite right?
• Did you do things that showed things were beginning to go wrong?
• Did you notice your habits or routines change when things started to get worse?

What are my ‘early warning signs’?
You can write down your own personal early warning signs in the first column (‘My early warning signs’) on page 16 of your Personal Recovery Plan booklet. You can then add things to the list that you notice or remember.

Examples of common early warning signs:
• feeling anxious
• feeling irritable and oversensitive
• not sleeping enough or waking up early
• sleeping too much
• finding that the ordinary things which you usually take in your stride are more difficult
• getting into arguments with other people
• nervousness
• feeling apathetic
• having difficulty making decisions
• having difficulty organising your thoughts
• feeling that something bad is going to happen to you
• changes in appetite – not wanting to eat or eating more than usual

• feeling very negative about yourself and what is happening in your life
• feeling unconnected with your body
• getting obsessed with things that don’t usually matter to you
• feeling very tired
• feeling restless and unable to settle
• being unusually outgoing and talkative and rushing around doing loads of things
• doing things that are uncharacteristic of you
• anything else you notice that indicates things are not right.
Once you have identified your early warning signs the next step is to plan what you will do if you notice them, the action you can take to stop things getting worse and get back on track. Early action is important to avoid things escalating into a full-blown crisis.

To help you decide what to do to get yourself back in balance it might be useful to:

- look at the actions you have identified to cope with your triggers on pages 14 and 15 of your Personal Recovery Plan booklet – maybe some of these could be useful if you notice your early warning signs
- look at the things you do to keep well that you have listed on pages 4 and 5 of your Personal Recovery Plan booklet - perhaps some of these may be useful, for example, some people find that sticking to a simple schedule helps to stabilise things
- think about things that you have done in the past that helped you to cope when things got hard
- talk through different ideas with someone you trust like a relative, friend, mental health worker, or someone else who has experienced similar problems.

Remember, as with triggers, different things work for different people and you may need to experiment and learn from experience. Over time you may find new things that are helpful so you can update your plan in the light of experience.

You can use the second column (‘The action I will take’) on page 17 of your Personal Recovery Plan booklet to write down the plan of what you will do when you spot your early warning signs.
Managing your ups and downs

If you can spot your triggers and early warning signs and take action quickly you can greatly reduce the chance that you will find yourself in crisis. But there may be times when crises do occur – times when despite your best efforts, things continue to get worse – so it is sensible to make plans just in case this happens.

Crises can be very destructive, but if you are able to identify when things are breaking down and take action quickly it is often possible to make them less bad and minimise the effect they have on your life.

Probably the best place to start to identify your signs that things are breaking down is thinking about things that happened in the past just before you had a crisis – just before you were completely unable to work, study or carry on with the things you usually do, or just before you were last admitted to hospital.

- How did you feel immediately before the crisis happened?
- Did you do things that showed you a crisis was looming?
- Did you notice your habits or routines change as the crisis approached?

You might also want to talk to people who know you about what they noticed when things were breaking down. Signs of crisis are often more noticeable to others than your early warning signs so the opinions of friends, relatives and mental health workers can be helpful.

You can use the first column (‘My signs that things are breaking down and a crisis is looming’) on page 17 of your Personal Recovery Plan booklet to write down your signs that things are breaking down.
Examples of signs that things are breaking down and a crisis is looming:

- feeling unable to carry on with your day-to-day activities
- over-reacting or responding irrationally to ordinary events or things people do
- having unusual experiences that others do not seem to share – like hearing or seeing things or feeling you are being controlled by others
- racing thoughts
- thoughts of harming yourself or of suicide
- paranoia
- inability to slow down
- drinking too much or using drugs
- sleeping all the time
- racing around all the time
- spending excessive amounts of money
- doing things that you might usually find embarrassing
- not eating
- not sleeping
- doing risky things like driving too fast
- anything else you notice which suggest that things are breaking down.

What will I do when there are signs that things are breaking down?

When a person is approaching a crisis there will be some things that they can do themselves, but many people find they also need help from others like relatives, friends and mental health services.

If you notice the signs that things are breaking down there may not be much time so you need to act quickly. You may still be able to head off the crisis, but this will not always be possible. If you cannot prevent the crisis completely, by acting quickly you can often make it less severe, or reduce the disruption it causes to your life. In order to identify the actions you might take when things are breaking down, it can again be helpful to think about what you have done in the past.

- Were there things that you did that nipped the crisis in the bud?
- Were there things that you did that stopped the crisis messing up things that matter to you (like your work or relationships with others)?
- Were there other people – friends, relatives, mental health services – who were helpful?
- On reflection, are there things you think you could have tried, or others you could have asked, that would have made things less bad?
You might like to talk things through with your mental health worker, doctor, friends, family or others who know you well – see if they can suggest things you could do or ways you could get help quickly.

You can write down your plan about what to do when you notice the signs that things are breaking down in the second column (‘The action I will take’) on page 17 of your Personal Recovery Plan booklet.

Examples of things you can do when you notice that things are breaking down:
- call your doctor, care co-ordinator or other mental health professional – ask what you should do and follow their instructions
- ask a friend or relative to call for help on your behalf
- call the Crisis Line
- arrange an emergency appointment with your GP and do what he or she says (or ask a friend or relative to contact him/her on your behalf)
- arrange for a friend or relative to stay with you around the clock
- go and stay with a friend or relative
- arrange to take time off work or college (you might want to ask someone else to help you do this)
- arrange for someone else to take over your day-to-day responsibilities (like housework, managing finances, looking after children or pets)
- cancel appointments with friends or other things you have promised to do (or ask someone else to do this for you)
- do some of the things that tend to help you feel calmer (like listening to music or watching TV or doing relaxation exercises)
- give your cheque book and bank cards to someone you trust to stop you spending all your money
- anything else that you think might help you cope when things are breaking down.

If you are unfortunate enough to have another crisis you can review your list and add new signs that showed things were breaking down and things you could have done.
How will I keep a check on myself – monitor my ups and downs?

In order for you to have the best chance of staying on an even keel, the next thing to think about is how you are going to monitor your ups and downs. It is only by keeping an eye on how you are that you can see what is happening and take action to get things back on track.

There are lots of ways of monitoring your triggers and signs that things are going wrong.

The simplest way is to go through your lists of triggers, early warning signs and signs that things are breaking down each day and check whether you have noticed any of them (see pages 10-13 of your Personal Recovery Plan booklet.

If you have, then you need to check what action you have planned and do it!

Don’t forget to look at your ‘Keeping well’ plan as well (on pages 4-7 of your Personal Recovery Plan booklet to remind yourself of the things you need to do in order to keep yourself well and those things that you have decided it is best to avoid.

- Some people find it helpful to pick a particular time to do this, like in the morning or before they go to bed each night
- Some people find it helpful to note down in a diary any triggers or signs they have noticed so that they can keep track of what is happening
- Some people like to develop a kind of scale of warning signs and record the level in a daily diary
- Some people have found that a kind of traffic light system is helpful where:
  - green means you are on an even keel and all is well (see your description of yourself when you are well on page 3 of your Personal Recovery Plan booklet – all you need to do is to follow your ‘Keeping well’ plan (see pages 4-12 of your Personal Recovery Plan booklet)
  - amber means they have noticed some of their early warning signs and you need to take action to get back on track (see the pages 14-15 of your Personal Recovery Plan booklet)
  - red means you have noticed the signs that things are breaking down and you need to get help immediately (see the page 17 of your Personal Recovery Plan booklet).
If you choose to use some sort traffic light system to monitor your ups and downs, you can make yourself a daily chart so you can see what is happening over time (see page 45 of this guide for an example).

We have given you charts you could use to monitor your ups and downs on a simple traffic light system on pages 18-20 of your Personal Recovery Plan booklet. There is enough space for three months’ recording. If you want to carry on then you can either draw yourself up another chart or photocopy the one in the Personal Recovery Plan booklet (you might be able to ask a mental health worker to make copies for you).

• You might also find it useful to record the medication you are taking. If you do this then you can look back and see how that medication has affected your ups and downs
• If you make a note of any triggers you have noticed then you can look at the effect they have on the way you are feeling
• By recording action you have taken in response to triggers and early warning signs then you can see how effective these have been in getting you back on track.

Example of daily graph using a ‘traffic light’ system

**Green:** Well

**Amber:** Early warning signs

**Red:** Signs that things are breaking down

Day

1 2 3 4 5 6 7 8 9 10 11 12 13 14

Medication: Olanzapine 20mg per day

Notes: 3.3.07 Anniversary of grandfather’s death. Took one day off work, went to visit his grave, called my sister.
The Bipolar Organisation (formerly the Manic Depression Fellowship) has developed a 10 point scale that people with bipolar disorder (manic depression) can use to monitor their mood each day (see page 47 of this guide) and record it on a graph (see page 48 of this guide). They also suggest that people record the medication they are taking, the number of hours they sleep and anything else that might have contributed to their mood state (including triggers and actions taken).

This sort of approach gives a record you can use to improve the management of your ups and downs BUT it does not apply to everyone. If the scale does not match with your experience, or if you have other sorts of problems, you will need to develop your own individual methods of monitoring.

Some people prefer to develop their own plan with their own stages. There is an example of a plan one person developed for herself on page 49 of this guide.

You might also like to think about drawing up an ‘advance decision and statement’ that tells other people what you want to happen if you are in crisis. You will find suggestions about how you might do this in the last section of this guide. There is also a separate booklet that provides a form you can use for making your advance decision and statement.

(See www.mdf.org.uk for further information about self management of bipolar disorder.)
Example of mood diary using Manic Depression Fellowship scale

<table>
<thead>
<tr>
<th>Day</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
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<tr>
<td>Hours slept</td>
<td>7</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>7</td>
<td>5</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

Medication: Lamotrigine 100mg per day

Notes: 3.3.07 Had a row with my wife. Went out for the evening – apologised and made up the next day.

Example of a warning signs scale and action plan developed by one person

<table>
<thead>
<tr>
<th>Warning signs</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> Early warning signs – stage 1</td>
<td>• Feeling tearful for no reason&lt;br&gt;• Becoming irritable with people around me&lt;br&gt;• Lack of interest in sex&lt;br&gt;• Cut down on social engagements&lt;br&gt;• Try to avoid taking on new projects at work&lt;br&gt;• Stick to my daily routine&lt;br&gt;• Stop drinking alcohol&lt;br&gt;• Make sure I eat properly and go for a walk after work every evening&lt;br&gt;• Explain to my partner that I am not feeling so good</td>
</tr>
<tr>
<td><strong>Level 2</strong> Early warning signs – stage 2</td>
<td>• Waking early in the morning (before 5am)&lt;br&gt;• Loss of appetite&lt;br&gt;• Difficulty in keeping going at work&lt;br&gt;• Write down where I have got to with jobs at work and make a plan what to do and what not to do&lt;br&gt;• Ask my partner to take over chores at home&lt;br&gt;• Make an appointment to see the doctor and ask for medication to be increased</td>
</tr>
<tr>
<td><strong>Level 3</strong> Signs that things are breaking down</td>
<td>• Unable to go out or drive car&lt;br&gt;• Unable to talk to people&lt;br&gt;• Sleeping very little (less than 4 hours a night)&lt;br&gt;• Feeling suicidal&lt;br&gt;• Call psychiatrist and ask him to arrange for me to be admitted to hospital.&lt;br&gt;• Ask partner to:&lt;br&gt; 1. tell work I am sick and tell my friend at work my computer password so she can find the things I have been doing&lt;br&gt; 2. tell my friends and family I am not well&lt;br&gt; 3. take me to hospital when it is all arranged</td>
</tr>
</tbody>
</table>
Part 4

Moving on again after a crisis
Moving on again after a crisis can be hard.

- It is always difficult to re-start things that you have not done for a while
- It can take symptoms and problems a while to disappear completely
- Your confidence is likely to have been shaken by your crisis
- There may be bridges to be re-built. Because of your crisis:
  - you may not have seen people who are important to you for some time
  - maybe you have upset some of your friends, relatives and others who you care about
  - perhaps you may have behaved in uncharacteristic ways and now feel embarrassed about what you did.

This might be the first part of your recovery plan that you do if, for example, you are just recovering from a crisis and have not yet done the other parts. If so, it might be sensible to read the introduction starting on page 5 of this guide before you start.

Whether you were in hospital during your crisis, or at home, it is probably sensible to start thinking about your plan for moving on again after the crisis as soon as you are able to.

This is likely to be while you are still in hospital, or still receiving help from the Home Treatment Team or other mental health workers. The earlier you start thinking about it the better.

It is likely to take time before you start to feel really well and on top of things – but it is important that you make a start at rebuilding things as soon as you possibly can. We know that the longer you are out of things, the more difficult it is to get back into them.

You don’t have to be fully well to start taking back responsibility for doing some of the things that you enjoy and are important to you. Although it may not always be easy, starting to get back into some of your usual routines can make you feel better and speed up your recovery.

It is often unwise to try to take on everything at once – many people find it helps to go back to things gradually.
For example:

- start off by seeing a few close friends at home and building up to going out with a wider circle of people
- begin going back to work by meeting up with your manager or workmates, planning a gradual return and then building up your hours and duties over a period of time.

Many people find it helpful to discuss their plans with a mental health worker – maybe your care co-ordinator, doctor, or a member of staff on the ward. You may also want to discuss them with friends and family and other people who will support you to get back to your usual life. If you want help from others you will need to approach them and discuss whether they are willing to assist you.

If you are in hospital, you may find it helpful to use the process of developing your plan as a way of discussing with your mental health workers (doctor, care co-ordinator, ward nurse, home treatment worker) plans for your discharge.

When you develop your plan for moving on again after a crisis is up to you. You may be able to do some parts when you are well by thinking about your experience of previous crises. But other parts can only be decided when you are actually coming out of your crisis (like what needs to be sorted out in order for you to go home).

Suggestions for developing your plan for moving on again after a crisis

We have included an outline that you might want to use for your ‘Moving on again after a crisis’ plan on pages 22-42 of your Personal Recovery Plan booklet. As with other plans, this is only a suggestion and you can decide what format best suits you.

If you have been in hospital

If you have been in hospital then moving elsewhere can be a difficult time. It can also be difficult going home if you have stayed elsewhere, like with a relative or friend. It may therefore be sensible to give some thought to preparations for moving, the help you will need there, and what you are going to do when you get there.

It often helps to discuss these things with people you trust like a member of staff on the ward, family and friends.

1. Preparations for going home

This might involve things like making sure that you have some food in, that the electricity and gas are on and that the place is in a reasonable state. It is also sensible to think about what you can do to sort these things out and what help you may need from other people (mental health workers, relatives, friends). Don’t forget to talk to them about what you would like them to do.
You can write these things down on page 19 of your *Personal Recovery Plan* booklet (‘Things I will need to get sorted out before my move’).

### 2. The help you would like in order to actually get home

Many people find it helpful to think about things like:
- who (if anyone) you would like to take you home
- whether you would like someone to stay with you for a while and help you settle in
- whether you would like someone to telephone you or call round each day to check you are alright.

You can write these things down on page 22 of your *Personal Recovery Plan* booklet.

### 3. What you will do in your first few days at home

Simple routines can help you get back to life after a crisis. Some people find it helpful to draw up a plan for their first week at home. What you will do on the day you arrive, the next day, the next day and so on.

There is a space where you can do this on page 25 of your *Personal Recovery Plan* booklet (‘Timetable for my first week at home’).

For example, you might decide that you will watch TV on your first evening at home and telephone a close friend. You might decide that the next morning you will draw up a list of food you need to buy for the next few days, and then go to the local shop in the afternoon.

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**Whether you have been in hospital or not**

Whether you have been in hospital or at home during your crisis, getting back to the things you usually do is not easy.

Many people find it helpful to make plans about what they will do and the help they need to get back on an even keel and resume their ordinary routines and activities. Many people find it helpful to talk through these things with someone they trust like a mental health worker, family or friends.

### 1. People who may be able to help you get back to life after your crisis and what you would like them to do

This might include mental health workers, friends, relatives, people in your faith community or others who you trust.

There is a place where you can list your supporters on page 24 of your *Personal Recovery Plan* booklet (‘My supporters and what I would like them to do’.) For each person, it is useful to write down their telephone number and what you would like them to do, but remember to check out first that they are prepared to help you in this way.
For example, you might say you want your friend to come round every other day and take you out for a walk. You might want your Mum to come round and help you with the housework. You might want your care co-ordinator to help you contact your boss, or your tutor, and make a plan for helping you to get back to work or college.

2. Who you can contact in an emergency if you need to

It is good to know who you can call if things are not going too well. Therefore at the bottom of page 26 of your Personal Recovery Plan booklet there is space to write down who you can contact if you need to.

This might be your care co-ordinator or the ‘Crisis Line’ or a relative or friend. You can list more than one person here if you want to. For example, you might call your care co-ordinator during working hours and the Crisis Line if you need help out-of-office hours.

3. Getting back into day-to-day routines

Getting into a regular routine as soon as possible can help to stabilise your life again, and many routines may be quite simple, like:

- getting up by a certain time and going to bed by a certain time
- taking a bath
- preparing and eating three healthy meals a day
- going for a walk or getting some exercise
- taking medications or vitamins
- shopping and cleaning
- watching television or listening to music
- reading a book, newspaper or magazine
- making sure that you do something you enjoy each day – at first this might be something very simple like stroking your cat
- writing down your feelings in a diary
- feeding or cleaning out your pets
- talking to, or telephoning, a friend, partner, neighbour or relative.

It might be helpful to look at your ‘Keeping well’ plan if you have one (on pages 4-6 of your Personal Recovery Plan booklet. This might give you ideas about what to include, but don’t try to include all your usual activities at first. Start off slowly and build up.

You might also be able to get ideas by talking things through with a mental health worker, relative or friend.
Some things you will do on a daily basis and other things you will do less often (only on one day or a few days each week). You might also want to think about the things you should avoid (like alcohol and drugs or getting over-tired).

We have left space for you to write these things on page 24 of your Personal Recovery Plan booklet.

Some people find it helpful to draw up a weekly timetable to get themselves back into a routine and then gradually add more things as they feel up to it. If you want to do this there is a space on page 25 of your Personal Recovery Plan booklet.

4. What you will do if things get worse

It is probably sensible to think about how you will tell if things are getting worse (like feeling more anxious or irritable, problems with sleeping or eating) and what you will do if you notice them.

There is space on page 29 of your Personal Recovery Plan booklet where you can write these things.

5. The things that need sorting out after your crisis

You may want to think about whether there are:

- people you think you need to thank for helping you while you were in crisis
- people you think you need to apologise to for things you did (or did not do) while you were in crisis – maybe you did things that you don’t usually do or let someone down in some way like not keeping an appointment with them
- problems that arose while you were in crisis, like financial difficulties or medical problems, that you need to sort out.

In each case it may be sensible to think about the things you need to sort out as soon as possible and things that can wait until you are feeling stronger. It can also be useful to give some thought to when you will do each thing, how you will do it and whether you want anyone to help you.

- You may want to thank friends or relatives for visiting you in hospital as soon as you can.
- You may feel you need to apologise to your partner for having been rude or dismissive as soon as you can – and you may want to enlist the help of your care co-ordinator to help you explain why you behaved in the way that you did.
You may have got into debt while you were in crisis and may want your social worker to help you negotiate with your bank or others you owe money to. You may need to make arrangements to start paying people back as soon as possible.

You might want to go to the dentist because you missed your check up, but feel that this could be left for a month or so until you have got the rest of your life back on track.

There is space for you to write this part of your plan on page 30 of your Personal Recovery Plan booklet.

6. Getting back to the things you did before your crisis

A critical part of rebuilding your life after a crisis involves getting back to doing the things you did before your problems got worse – those things that you value and which give you a sense of meaning and purpose in life. This might include catching up with friends, re-starting hobbies, leisure or sporting activities, and going back to your job, voluntary work or college.

If you do not make plans for getting back to these things there is a big risk that you will lose them. And the longer it is before you make a start the more difficult it is.

It may help to go through each area of your life and make a list of things you want to re-start:

- day-to-day responsibilities (such as cooking, cleaning or managing finances)
- family responsibilities (such as looking after children or visiting relatives)
- work, education and other day-time activities
- recreational and leisure activities
- friends and social activities
- faith and religious activities.

There is a space where you can write these down on pages 31 and 32 of your Personal Recovery Plan booklet.

- You do not need to write down things that you are already doing – this is just a list of the things you are not yet doing that you need to get back to
- You will not necessarily have something to write in every section
- You need not go back to everything immediately, but you should list everything you want to re-start eventually so that you don’t forget and can make plans for the future.
Remember, there may be changes that you want to make as a result of your learning from this crisis. For example, if you had been going out six nights a week before your crisis, you might want to think about whether you want to cut this down a bit.

Most people find they cannot start doing everything all at once – it is often better to build things up gradually. So the next thing to do is to go through the list of things you want to get back to and decide which things are a priority for you.

You can use the last column on pages 31 and 32 of your Personal Recovery Plan booklet to do this: put a ‘1’ beside the things you want to do first, a ‘2’ beside the things you want to do next, a ‘3’ beside the next and so on.

There is no set order in which you should resume your usual activities and responsibilities – different people have different priorities. For some people making contact with friends is the most important, for others their work takes priority. For some, sports or hobbies are most important, for others faith takes priority.

In deciding the order in which you want to do things you might want to ask yourself:

- Am I likely to lose this thing if I don’t start it soon? It is often sensible to at least make a start on those things you risk losing. For example, if you are likely to lose your college place if you don’t at least make contact with your tutor then this may be a priority
- How important is this to me? You might want to start with the things most important to you
- How difficult am I likely to find this? You might want to leave things that are more challenging until later, but you might also want to think about breaking them down into easier stages. For example, if you used to visit your mother every week, but find travelling a bit difficult right now, perhaps you could telephone her instead.

Making decisions about where to start is likely to be a balance between these three things. You may be able to start a number of things at the same time if you do each one gradually. For example, you may be able to start the process of going back to college by writing to your tutor at the same time as beginning to get back in contact with close friends by telephone.
The next step is to make plans for gradually getting back to the activities and responsibilities you have listed.

It may be possible to take up some activities all at once, but many people prefer to do things gradually. It can be helpful to draw up a plan of the steps you will take, and the help you may need, to build up your activities over the coming days and weeks (or longer if need be). You might want to discuss these plans with a mental health worker, friend or relative. Others who have experience of mental health problems may also be in a good position to help you make plans.

There are spaces for you to write down your plans for resuming activities and responsibilities on pages 33–36 of your *Personal Recovery Plan* booklet. Here are some examples of what these plans might look like.

### Responsibility or activity: Getting back in touch with friends

<table>
<thead>
<tr>
<th>Plan for getting back</th>
<th>Support needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. List the friends who I want to make contact with again and put them in order of priority.</td>
<td>Ask my care co-ordinator to help me think about what I am going to say to my friends when I call.</td>
</tr>
<tr>
<td>2. Call one friend each day and have a chat.</td>
<td></td>
</tr>
<tr>
<td>3. Invite my best friend round for coffee.</td>
<td></td>
</tr>
<tr>
<td>4. Arrange to go out with my best friend.</td>
<td></td>
</tr>
<tr>
<td>5. Make plans to see other friends.</td>
<td></td>
</tr>
</tbody>
</table>
To do this, you might find it useful to think back to what you were like and what you were doing when you were feeling well (see your ‘Keeping well’ plan on pages 4-6 if you have one). Perhaps you will know that you are back on an even keel when you are back to doing the things that you valued before your crisis (see pages 31 and 32 of your *Personal Recovery Plan* booklet). For example, you might know that things are back on track:

- when you can go back to work or college full-time
- when you can manage your household chores without your Mum or son helping
- when you are going to the gym twice a week
- when you feel more outgoing and start enjoying being with your friends again.

This is a space where you can write down how you will know when you can stop using this plan and return to your ‘Keeping well’ plan (if you have one).

If you have not yet developed a ‘Keeping well’ plan then you may want to make one as part of the process of getting your life back on track after a crisis. You can find suggestions on how to do this if you go back to pages 15-20 of this guide.

### 7. How will you know when to stop using this plan?

Once you have done this, you might want to think about how you will know when your life is back on track. How you will know when you can stop using this plan and return to your ‘Keeping well’ plan (if you have one)?

<table>
<thead>
<tr>
<th>Responsibility or activity: Getting back to work</th>
<th>Support needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Go and meet my manager and discuss a plan for getting back to work.</td>
<td>Talk to my care co-ordinator about what I am going to say to my manager and my colleagues.</td>
</tr>
<tr>
<td>2. Arrange to visit my colleagues at work and find out what has been happening while I have been away.</td>
<td>Ask my manager to arrange for me to be paired up with someone else at work for the first few weeks to help me get back into the swing of things.</td>
</tr>
<tr>
<td>3. Arrange to go back to work one day in the first week, two days in the second week, three days in the third week and so on until I have built up to full time.</td>
<td></td>
</tr>
</tbody>
</table>

**Plan for getting back**

**Support needed**
8. What you have learned from this crisis?
A crisis is a learning opportunity. It can provide you with a better understanding of how to keep well, manage your ups and downs and find new ways of coping with difficulties that arise. It offers you the opportunity to improve your recovery plan.

If you already have plans for ‘Keeping well’ and ‘Managing your ups and downs’ then you can update these in the light of your experience. If you have not yet developed these plans this is an opportunity for you to make notes to help you develop these plans (see Part 1 and Part 2 of this guide).

- Are there things you could change in your regular activities and routines – your ‘Keeping well’ plan – in order to increase your chances of staying well? Maybe you need to make some life-style changes, like not going out every night or getting regular exercise
- Were there new triggers you noticed – things that knocked you off balance – or different things you found (or might find) helpful in decreasing the disruptive effect of your triggers?

- Were there ‘early warning signs’ you noticed that suggested that things were not quite right – maybe things you had not noticed before – or were there other things you found (or might find) helpful to get you back on an even keel?
- Were there things that you found helpful when you noticed things were breaking down, or help that you would like to have received?

It helps if you can think about these things while they are still fresh in your mind – if you leave it too long then you may forget valuable things you have learned. Sometimes it helps to talk these things through with your mental health workers, family, friends and other supporters. There is space on page 41 of your Personal Recovery Plan booklet (‘What I have learned from my relapse’) where you can jot these things down.

You might also want to use your experience to update your advance decision and statement (your plan for what you want to happen if you have another crisis) or to develop one if you have not already done so (see Part 8 of this guide on page 107).
Part 5

Pursuing ambitions and dreams
Recovery is not just about keeping your life on an even keel – it is about moving on. It is about making the most of your skills and possibilities. Pursuing your goals, ambitions and dreams. Building the life you want to live.

When you have mental health problems it is very easy only to think about problems and how to deal with them. But in focusing on problems and difficulties it is easy to lose sight of your skills, strengths, interests and capabilities. This is a mistake.

• It is your capabilities, accomplishments and enthusiasms that give you your sense of self-worth and self-belief. You need to build on these if you are to create a meaningful, valued and satisfying life for yourself
• It is your interests, ambitions and dreams that motivate and inspire you – give you a reason to get up in the morning and move forward in life
• It is your assets – the things you have got going for you in life like friends, family, and the opportunities that exist in your community – that can assist you in achieving with your goals.

A really important part of your personal recovery plan is how you will use your strengths and the possibilities open to you to make positive changes in your life.

Suggestions for developing a plan for pursuing your ambitions and dreams

The first thing to do is to think about your ambitions and dreams.

Everyone has different ambitions. For some people having a job and succeeding at work are important. For others home and family life are key. Others are inspired by sports or artistic endeavours or other hobbies they are passionate about. Yet others have aspirations in terms of political activity, their faith and religious life or their social circle.

Most people have ambitions in lots of different areas of life. For example, you may want to have a nice home, find a partner, become a nurse, or raise children, and run for your local athletics team – maybe you have your eyes set on the Olympics?

Don’t worry if your dreams and ambitions seem far-fetched – it is always possible to break things down into manageable steps. And even if you do not, in the end, reach your final goal, you can get a great deal of satisfaction from pursuing it and getting as far as you can.

Very few people realise all the dreams they had as teenagers. Many people change direction along the way. But by making the most of your assets and abilities and pursuing your goals you can still achieve things that you value, even if you don’t end up where you had originally planned.
In order to help you identify your ambitions, it can be helpful to:

• think about what it is that is important to you
  - Are you ambitious and competitive in your career or sporting activity?
  - Is it education and gaining qualifications and skills that makes you feel good about yourself?
  - Do you value feeling part of a group or community like friends, family or a faith, political or other type of group?
  - Is it helping other people that makes you feel useful and valuable?
  - Is it your religious or political beliefs that motivate you?

• think back to things you have enjoyed, or been good at, in the past but have not done for a while

• think back to things you wanted to do before your problems started – perhaps you want to take up these things again, or maybe you want to try something different

• have a look through magazines, local newspapers, surf the internet, talk to friends, relatives and/or your mental health worker to get ideas about what is out there.

There is a space on page 43 of your Personal Recovery Plan booklet where you can write down your dreams and ambitions. As you come across new ideas you can add to this list whenever you want.

The next thing step is to decide what you are going to work on at the moment. Most people find that they cannot do everything at once, so it is usually sensible to pick just one or maybe two goals to work on right now. The goal you choose to work on should be something that is important to you rather than something you feel pressurised into doing by others.

There is a space at the top of page 44 of your Personal Recovery Plan booklet where you can write down the goal or goals you have chosen to work on. Some people also find it helpful to give some thought to how long it might take to make progress towards achieving your goal.

Making some progress relatively quickly does a lot to increase your confidence to take on more ambitious challenges. Therefore you might want to think about:

• choosing a smaller goal to start off with
• starting on the way to a larger goal by breaking it down into smaller goals.
For example, your ambition may be to become a nurse, but you might start the process by trying to get some experience of working in a hospital. Perhaps you could do this by getting a job as a healthcare assistant, administrator or porter or by doing some voluntary work (your local Volunteer Bureau could tell you what is available).

Most goals cannot be achieved all in one go, so you will need to break them down into a set of manageable steps. This will enable you to:

- gain confidence by seeing the progress you are making
- check out whether you are heading in the right direction.

Having decided which goal you want to work on, it is sensible to think about your overall plan for moving towards this goal.

There is a space where you can write down this plan on page 45 of your Personal Recovery Plan booklet.

For example, if you want to become a nurse you might write down the following steps:

- find out what qualifications and experience you need to become a nurse
- get experience of working in a hospital in an unqualified post
- do a basic course at college to get back to studying
- do a course to get the qualifications you need to enter nurse training
- do the nurse training course
- get a job as a nurse.

Many people find it helpful to discuss the steps they might take with someone they trust – their mental health worker, relatives, close friends or, better still, someone they know who has experience in the area.

However, it is important to remember that this is essentially a provisional plan. Obviously, you may need to change this overall plan as you discover new things along the way.

For example, in pursuing your goal to be a nurse:

- you may find that you cannot get a job in a hospital as a porter or a healthcare assistant unless you can show that you are able to work – so you might revise your plan and decide to do some voluntary work or unpaid work experience first
• you might find that you really do not enjoy studying at college – so you may want to revise your plan and take a qualification that you can do ‘on the job’ – like a ‘National Vocational Qualification’ (NVQ) in social care rather than a degree in nursing

• you may find that working in a hospital did not live up to your expectations so you may change your mind completely and think about other job possibilities.

Once you have drawn up an overall plan, the challenge is to put it into action. To do this you need to think about how you will get started – the first steps you will take.

There is a space where you can write your first steps on page 47 of your Personal Recovery Plan booklet.

For example, in pursuing your goal of becoming a nurse, the first steps might be:

• find out what qualifications and experience you may need in order to become a nurse

• write down a list of the relevant qualifications and experience you already have and what you still need to obtain

• find out how you can get the extra experience you need (what sort of paid or voluntary jobs you might need to do)

• find out how you can get the extra qualifications you need (what sort of basic education qualifications like GCSEs and what sort of more specialist qualifications you need to get)

• make a plan for how you are going to get the experience you need

• make a plan for how you are going to get the qualifications you need

• talk to your doctor about changing your medication so that you are not so tired in the mornings.

When you have done these things you need to make a plan for the next steps you will take – perhaps applying for voluntary or paid work or registering on a college course.

Most people need to gather information about what is required and what support they may want from other people to pursue these requirements. Everyone needs some help along the way whether or not they have mental health problems.

You may therefore find it helpful to think about the information and support you may need and where you are going to try and get it.
There is space on page 48 of your *Personal Recovery Plan* booklet where you can write down what information, help and support you may need and where you can get it from.

At the end of your *Personal Recovery Plan* booklet we have left a space for notes. You might want to use these pages to jot down the information you collect and any more detailed plans you make when you have got the information.

We have given an example here of someone whose ambition lies in the field of work. Some people’s dreams and ambitions lie in other areas.

Maybe sports are your passion and you dream of running a marathon. In this case your overall plan might be to:
- get fit by jogging
- find out what training you need to do to run a marathon
- make a training plan and carry it out
- find out about races you can enter
- run a half-marathon
- run a full marathon.

Your first steps might be:
- get some running shoes and shorts to go jogging in
- start out by jogging round the block each day for a week
- increase the distance you jog by about quarter of a mile each week
- find out about training plans for running marathons.

Maybe your ambition is to improve services for people with mental health problems, in which case your overall plan for pursuing this goal might be:
- find out about local and national service user groups
- get information about the different groups and choose one that seems to be doing the sort of things you would like to be involved in
- join a local or a national group
- volunteer to get involved in campaigns or activities that the group are running
• look for opportunities to get part-time or casual work within the group – maybe as a user representative on committees in your local mental health services
• look for a permanent job in a campaigning organisation.

Wherever your dreams and ambitions lie, pursuing them is likely to be a long-term project – as the saying goes ‘Rome was not built in a day’!

It is easy to get discouraged along the way, so it is important to remind yourself of how far you have come and the progress you have made. One way of doing this is by ticking off the things you have done – there is space to do this on page 47 of your Personal Recovery Plan booklet.

Remember, pursuing your ambitions involves taking risks – no-one can guarantee success, but, as they say, ‘nothing ventured, nothing gained’.

• It is not possible to make friends or relationships without taking the risk of being turned down.
• It is not possible to get educational qualifications

• It is not possible to get a job without risking being unsuccessful.
• It is not possible to find leisure activities or hobbies that you enjoy without taking the risk that you may not like them or might not be any good at them.

It is important to keep your plans flexible – revisit them regularly and change them in the light of experience. Most people’s goals and plans change over time. As you make progress you may find other things that you want to do and go off in a different direction.

Don’t give up if things go wrong! It is always possible to learn from experience and no-one gets everything they want first time around. The vast majority of people who get jobs have been turned down a number of times before they are successful. Almost everyone who is in a good relationship has had many failed relationships along the way.

If things don’t work out as you had hoped then you need to revisit and adjust your plans. Many people find it helpful to talk things through with someone they trust to get encouragement and ideas.

Set-backs are almost inevitable but persistence is the key – never give up on yourself and your possibilities!
Taking back control

Part 6

A basic problem-solving approach for tackling difficulties as they arise
In keeping yourself on an even keel and pursuing your dreams and ambitions it is inevitable that problems will arise along the way. It can be very tempting to give up when this happens. But if you do, then you are unlikely to achieve the things you want.

Therefore, it is important to work out ways of resolving the difficulties that arise. Obviously, different problems require different solutions, but it can be helpful to think about an approach you can use to tackle difficulties. The problem solving approach that we describe here is one that many people have found helpful, although you may, of course, want to adapt it.

We will start by listing the steps you might take to resolving difficulties then give an example.

Step 1

Identify the precise problem that needs to be addressed

It is difficult to set about resolving broad general difficulties (like ‘I am not getting on with my partner’ or ‘everything is hopeless at work’), so the first step is to break the problem down into its specific parts. Sometimes there are a number of separate difficulties. If so, you need to make a decision about where to start and work on each one in turn.

Step 2

Identify all the different possible courses of action

Before deciding what you are going to do to resolve the problem it is usually sensible to think about all the different courses of action you could take. Many people find it helpful to do a kind of ‘brainstorming’ – think of as many different things as possible you could do.

It is usually best not to be selective at this stage. Use your imagination and write down everything that comes to mind – you can choose what to do later.
Step 3
Decide which course of action to try first
Having made a list of all the different options you can think of, you can then go through each one and list its pros and cons – advantages and disadvantages.

Then you can go through the list of pros and cons and decide which it is best to try first.

Sometimes you might decide to try one thing and, if this doesn’t work out, try something else or you may decide to try several things all at the same time.

Step 4
Action
Having decided which course of action to try, you can then draw up a more detailed plan of what you are actually going to do, when and how (and any help you might need) and then do it!

Step 5
Review and further action
Every problem you experience is a learning opportunity. Therefore, it is important to review what has happened.

• If you are successful then you can keep this option in mind in case you come across a similar problem in the future.
• If you are not successful, you can work out other things you could try.
  – Maybe the course of action was OK, but your plan for putting it into action could be improved?
  – Maybe there are other options on your original list you could try?
  – Maybe you can think of other options to add to the list?

Most importantly don’t give up – keep trying!
Example of using a problem-solving approach

Step 1
Identify the precise problem that needs to be addressed

Problem: I am not getting on with my partner.

- What do I mean ‘not getting on’?
  We have rows all the time.
- What have the rows been about?
  He wants to go out to the pub every night but I want to stay in and save our money so we can buy things for the house.

Step 2/3
Identify all the different possible courses of action and then decide which course of action to try first.

<table>
<thead>
<tr>
<th>Different possible courses of action</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Leave my partner.</td>
<td>It would stop the rows.</td>
<td>I still love him and I would lose the good bits of our relationship if I left.</td>
</tr>
<tr>
<td>2. Go along with his wishes – go out to the pub with him every night and give up on buying things for the house.</td>
<td>It would stop the rows.</td>
<td>I would never get the things I want for the house.</td>
</tr>
<tr>
<td>3. Stick to your guns and try to persuade him to stop going out to the pub.</td>
<td>He may give in sometimes and we could get some things for the house.</td>
<td>The rows would continue.</td>
</tr>
<tr>
<td>4. Let him go out every night and spend his money, but stay at home myself (or stay in on some days) and save my money for things for the house.</td>
<td>The rows would stop. We would be able to get some things for the house.</td>
<td>I would miss being with him in the evenings.</td>
</tr>
<tr>
<td>5. Try to negotiate a compromise: agree with him that you will save a set amount each week and go out to the pub only on some nights.</td>
<td>The rows would stop. We would be able to buy some things for the house.</td>
<td>He might not agree.</td>
</tr>
</tbody>
</table>

Decision on first course of action:
Try number 5 first. Attempt to negotiate a compromise. If this works we will both get something we want and the rows will stop.
**Step 4**

**Action**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Raise the issue at tea time tomorrow.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Before I serve the food, say that there is something I want to discuss.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Explain that I love him very much, and that I am really upset by all the rows we have been getting into, and that I would really like to work out a way of sorting things out.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Explain what I think the problem is and ask him if he has any suggestions.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Suggest we might agree to save a certain amount – say £10 per week – for things for the house and go out to the pub three nights a week.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>See what he says – maybe we could change the hours/days … or the amount to save?</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Step 5**

**Review and further action**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>He just got cross and wouldn’t discuss it, but he was in a foul mood because he had been to visit his mother and she had been nagging him about getting a job. He just shouted at me and said everyone was always picking on him, no-one understood, he had a right to enjoy himself.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Plan</strong></td>
<td>Try negotiating a compromise again when he is in a better mood.</td>
</tr>
<tr>
<td></td>
<td>If this doesn’t work try action number 4: I will save some of my money each week (say, £5) and go to the pub with him only on Friday and Saturday.</td>
</tr>
</tbody>
</table>
Part 7

Self-help and learning from others with similar experiences
Difficulties with relationships, like the one we have described, are problems that most people encounter from time to time at work, at home, or among friends and neighbours.

Some people with mental health problems also have to cope with troublesome ‘symptoms’ like not being able to concentrate, getting very anxious in social situations, always thinking that something awful is going to happen, or hearing ‘voices’. Medication and other treatment may help, but they do not always provide the whole answer.

A problem-solving approach can be useful in working out ways of coping with any symptoms and problems that remain and the difficulties that they cause in different situations.

People who have themselves experienced similar things are often the best source of ideas about different ways of coping.

Those who have lived with depression, anxiety, or unusual experiences and perceptions, have developed for themselves many different coping strategies – you have almost certainly developed some yourself.

So, in thinking about different possible courses of action, it might be useful to:

• think about the ways you already cope with the problems – and how effective these are in different situations
• talk informally to other people who are have experienced similar problems – how have they coped with similar difficulties
• attend a ‘self-help’ group where you can discuss different ways of coping
• read articles by people who have had mental health problems and see what they have found helpful – you can find some of these on the web-sites listed on pages 12-13 of this guide
• use ‘self-help’ guides.

The internet provides a wealth of self-help information. ‘Mental health links’ on www.gp-training.net/links/patients lists some of the most widely recognised and established internet sites providing mental health self-help information and a range of mental health self-help advice leaflets on problems like anxiety, depression and bereavement.
For example, the mental health ‘Understanding and coping with depression’ lists a number of things that people can do to help themselves in overcoming depression.

- **Doing something active** can make you feel better.
  - Do some physical activity like walking, running, cycling for just 15/20 minutes each day or every other day to start with.
  - Find something you are interested in, something you usually enjoy – spend time on it each day. Some people find creative activities like painting, poetry or music help them to express their feelings.
  - Make a small start on things you may have been avoiding, like jobs in the house or garden. If you break big tasks down into small stages you can avoid taking on too much all at once and achieve the goals you set yourself.

- **Talk to others.**
  - Try to tell people who are close to you how you are feeling. Many people are surprised to find that people who they talk to have themselves felt depressed at some time and can understand how you feel. Having a good cry can relieve tension and let things move on.

- **Look after yourself.**
  - Resist the temptation to cope with depression by drinking too much, this may help in the short term but soon causes more health and psychological problems.
  - Eat well, a good diet can keep you in good health.
  - Try and ‘treat’ yourself to things you normally enjoy.

- **Challenge negative thinking**
  - Don’t allow ‘pessimistic’ thoughts to go unchallenged. It is common for people who are depressed to think and expect the worst of themselves, their life and their future. Instead of accepting these thoughts try to:
    - identify when your mood is very low
    - jot down unpleasant thoughts you are having at the time
    - try to counter these by writing down arguments against them that are more balanced - imagine what you would say to a friend who had such negative thoughts about themselves.

It can also be helpful to keep a diary of things you have enjoyed or achieved during the week. This can help you recognise on the good things in your life, not just the bad things.
You can also access interactive on-line courses you can use, for example:

- www.livinglifetothefull.com provides free access to an online life-skills course developed by a Glasgow-based psychiatrist
- www.moodgym.anu.edu.au has been developed in Australia and is available free of charge.

Both of these adopt the ‘cognitive behaviour therapy’ (CBT) approach that is recommended by the NHS National Institute for Health and Clinical Excellence (NICE).

In their self-help guide ‘Working with Voices! From Victim to Victor’, Ron Coleman and Mike Smith make the point that different people find different things helpful in coping with ‘voices’ and it is important for each person to experiment with what works for them. They describe a number of different things that some people have found helpful, including:
- asking the voices to go away
- setting aside time to listen to the voices
- scheduling voices by summoning them at times when it is convenient and telling them to leave when it is important not to be distracted
- ignoring voices
- listening to the voices
- listening to them in a selective way – like only when they are being reasonable
- negotiating with voices
- entering into a discussion with voices
- understanding why the voices are communicating and what they mean
- keeping a diary of voices to see whether there are particular things that trigger them
- focusing on one voice at a time
- forming alliances with positive voices and listening to them while ignoring negative ones
- relaxation/meditation
- exercise
- distraction (doing something else).

Esso Leete has described the ways she has found of dealing with a number of problems that she has.
- She copes with her chaotic inner existence by adopting a highly structured daily schedule
- She finds work therapeutic because it is a structured activity that gives her increased confidence, a sense of self-worth and productivity, and replaces her usual feelings of incompetence
• She copes with difficulties in filtering or screening out irrelevant stimuli by reducing distractions as much as possible
• She copes with contradictory feelings of loneliness and fear of close friendships by socialising with people who share her interests
• She finds having lots of acquaintances helpful because she cannot cope with close friendships
• She finds peer-run support groups useful as a means of accepting and dealing with her mental health problems
• She copes with difficulty in making eye contact by looking up intermittently in conversations but looking just past the other person
• She withdraws to another room where she can be alone if she feels overwhelmed in social situations
• She tries to keep in touch with her feelings and attends to difficulties immediately rather than letting them build up
• She anticipates paranoid feelings and takes preventive action. For instance, instead of worrying about the police surprising her she sits with her back to the wall
• She tests out reality with someone she trusts. If their perceptions differ from hers she may want to change her response and go along with more conventional ways of thinking

• She copes with concentration and memory difficulties by making lists
• She breaks tasks down into small steps and takes them one at a time
• She finds ambiguity and vagueness difficult so asks others to communicate in a clear and specific way
• She may need extra time in conversations to give herself time to think before answering
• She copes with high levels of ambivalence by asking for extra time to make decisions
• She is aware that her behaviour is sometimes seen as bizarre, so takes steps to ‘fit in’ like not talking to her voices in the presence of other people.
Part 8

Developing an ‘advance statement’ deciding what you want to happen if you are in crisis
No-one likes to think about the possibility that they will have a crisis or a relapse, but many people find it helpful to do so.

If you are unlucky enough to find yourself in a crisis situation where other people need to take over responsibility for looking after you and keeping you safe it is better if those who are looking after you know what you would like them to do.

By drawing up a plan when you are well – an ‘advance statement’ – you can let others know what you would like them to do if you are in crisis.

• This means that people are more likely to do what you want them to and can give you help as quickly as possible without having to waste time trying to figure out what you want
• It may also be the case that, by negotiating with your mental health workers what you would like to happen if you are in crisis, the chance of you being compulsorily detained (sectioned) may be reduced.

An advance statement is different from the other parts of your recovery plan.

Your other recovery plans are plans about what you can do to keep yourself well and pursue your ambitions. You do not have to consult anyone else or show them to anyone else unless you want to.

Your advance statement is a plan that other people will use. This means that:
• you have to share it with them – if you do not give them a copy they will not know what you want them to do
• you need to develop it in collaboration with the people who will be helping you – people like your mental health worker, doctor, and other supporters (like friends, relatives) who you want to help you
• you need to make it clear, comprehensive and easy for other people to understand.

It takes time to develop an advance statement – don’t try to rush it. If you discuss it with your mental health workers and other supporters and involve them in deciding what is in it then there is a much better chance that the plan will work.

Some people find it helpful to work on the advance statement for a while, then leave it for a few days and go back to it. If you keep going back to it then you are less likely to miss out things that are important to you.
In this guide we suggest things that you might like to cover in your advance statement and have provided separate advance statement forms you might want to use.

You may wish to include other things or omit some of the things we have suggested. You might prefer to develop your own format or use another one that you have seen.

However, it is generally sensible to:
- include both things that you would like people to do and things that you would prefer them not to do
- explain the reasons for your decisions, especially over things that you do not want to happen so that people understand how you came to your decision
- include arrangements for someone to:
  - tell people who are important in your life that you are unwell or won’t be around for a while (like your employer, your college, your friends, people who rely on you)
  - cancel any appointments or social engagements you have made
  - keep in touch with people who are important to you on your behalf.

It is also advisable to have your advance statement witnessed by two other people to show that you were well when you wrote it.

Finally, you should make sure that your mental health workers (care co-ordinator, doctor, other professionals you see) and other supporters (like family, friends) have a copy of your advance statement and that you keep one for yourself that you can show to people as necessary.

Although mental health professionals will try to follow the wishes you have outlined in your advance statement, they do not have to follow it if:
- at the time of writing you did not have ‘mental capacity’ (if you want to find out more about this, talk to your doctor or care co-ordinator)
- you are subject to compulsory powers under the Mental Health Act (sectioned)
- there is a medical situation that is not specifically covered by the advance statement.
You can update your advance statement at any time, but if you have a crisis and use your advance statement, it is sensible to review it when you are back on your feet again. Think about what happened while you were in crisis and see if there are any parts of your plan that need updating. Some people find it useful to go through it with their care co-ordinator, doctor, another mental health worker, and/or a friend or family member to work out ways of improving it.

Whenever you update your advance statement, make sure you:
- get it witnessed and signed
- give a copy to your mental health workers (care co-ordinator, doctor etc) and other supporters (family, friends).

**Suggestions for developing your advance statement**

**What I am like when I am feeling well**

It may be wise to start your advance statement with a description of how you are when you are feeling well.

People who know you well will know what you are like, but when you are in crisis you may see doctors and mental health workers who do not know you. If you write down what you are like when you are well they are then in a better position to judge how you are when you see them. For example, some people are naturally quite introverted but someone who does not know them may misinterpret this as depression.

If you have a ‘Keeping well’ plan you may have identified the words or phrases that best describe you when you are well (see page 3 of your Personal Recovery Plan booklet). If so, you can list the words you circled (and any others you added at the end) in this part of your plan: things like outgoing, opinionated, energetic, optimistic, outspoken ...
Symptoms

This section of your advance statement can be difficult to do and it can take some time. You need to describe the symptoms that other people would notice that mean you are not able to take care of yourself and others need to look after you, keep you safe and make decisions on your behalf.

You may have already listed the things which indicate that things are breaking down and a crisis is looming on page 13 of your Personal Recovery Plan booklet. It might be helpful to look back at this and ask yourself ‘What happens next? What am I like when things have actually broken down?’

It can often be helpful to ask your family, friends and health care professionals what they notice about you when you are in crisis.

Remember, you should write down what others might notice because it is other people – doctors, other mental health workers, family members, friends – who will be using this plan. For example, ‘I neglect my personal hygiene’, ‘I think I am someone I am not’, ‘I don’t get out of bed at all’, ‘I become aggressive’. You should try to be as specific as possible so people know exactly what to look for.

Your supporters

In this part of your advance statement you should list those people who you want to take over when the symptoms you list are obvious. They can be health professionals (like your care co-ordinator, doctor, GP, community psychiatric nurse, social worker), family members, friends or other people you trust like neighbours or members of your faith community.

It is sensible to list a number of supporters because some of them may not be available at the time you need them (for example, they may be on holiday).

When you have decided who you want your supporters to be you need to list their names and their connection to you (such as care co-ordinator, GP, mother, friend, partner) as well as their telephone number and/or email address. You can say what you would like each of them to do in Part four of your advance statement.

It can be sensible to identify:

- who you would like mental health services to contact in an emergency or if you are admitted to hospital
• who you would like to co-ordinate your supporters and
  - take responsibility for telling them that you are in crisis
  - remind them what you would like them to do
  - arrange for someone else to do it if they are not able to
    (for instance, if they are ill or on holiday).

For example, you may ask a partner, one of your parents or
your care co-ordinator to take on this role.

It is best if this is someone who is likely to know that things
have broken down for you – for example, someone you
live with, or have regular contact with – maybe a relative,
friend or mental health worker like your care co-ordinator
or doctor.

Some people also like to identify how they would like
disputes and disagreements between their supporters to be
resolved. For example, you might want to say that one or
two people (like your partner, a relative, a close friend, a
mental health worker) should have the final say.

There may also be people who you do not want to be
involved – perhaps you do not trust them to represent your
wishes. If so, you should write down who they are and, if
possible, say why you would rather they were not involved.

Things you want your supporters
to take care of when you am in crisis

When you are in crisis it is unlikely that you will be able to
manage all your responsibilities. It is therefore sensible to:
• list the things that you would like other people to take
care of while you are unable to do them
• name the people (from your list of supporters) who you
  would like to take care of these things for you.

You need to involve your supporters in doing this – whether
they be mental health workers, family, friends or other
people you trust – and check they are happy to do the
things you would like them to do.

Everyone’s responsibilities are different, but you might
want to think about things like:
• looking after your children and your pets
• making sure that your home is alright
• keeping an eye on your finances, taking care of bills
  and so on
• cancelling your newspaper or your milk
• cancelling any appointments you have made, or commitments you have undertaken, that you will not now be able to do
• letting your employer, college or school know that you will be off sick for a while (and, if you want, keeping them posted about when you might be back)
• letting your friends know that you will not be around for a bit (and, if you want, keeping them posted about how you are doing and whether you would like them to visit you)
• keeping in touch with you if you are in hospital and bringing you the things that you need.

Once you have identified your supporters and what you want them to do, you need to give them all a copy of your advance statement so they know what you would like them to do.

Medication

In this part of your advance statement it is sensible to start with a list of the names of your psychiatrist (if you have one), your care co-ordinator (if you have one) and your GP – and their contact telephone numbers. You should also give details of your medication.

• Your current medication (if you are taking any).
  You should say what you are taking, how much and when you take it. For instance, Lamotrigine, 50mg in the morning and 50mg in the evening; Lofepramine, 75mg in the morning and 150mg at night.

• The medications you would prefer to take if you need medication or additional medications.
  It can also be sensible to say why you would prefer to take them. For instance, you may say that you would like to take Lorazepam because it worked well when you were admitted before.
• The medications that would be acceptable to you if it became necessary, but which you would prefer to avoid if possible.
  For instance, you might say that you would take Diazepam, but you would prefer Lorazepam because Diazepam made you feel funny in the head.

• The medications that you do not want to take.
  It is sensible to give reasons why you do not want to take them.
  For example, you might say Carbamazepine because it gave you bad side effects – terrible skin rashes.

If you have had mental health problems for some time you may have taken a number of different medications. Think back and consider which ones have helped, which ones have not and which ones have made matters worse, for example, because of bad side effects.

It is also very important to list any medication allergies that you have. For example, if you are allergic to antibiotics.

Other treatments and help

Medication is not the only treatment. In this section of your advance statement you can list:

• other treatments that you are currently receiving like CBT (cognitive behaviour therapy), counselling, psychotherapy and self-help groups

• other treatments and things that have helped to reduce your symptoms when you have been in crisis in the past, like a group therapy, ECT (electro-convulsive therapy), going to the gym, anxiety management, going for a walk or seeing your parents

• other treatments and things that you do not want and why you would prefer to avoid them. For example, you might say ‘ECT (electro-convulsive therapy) because it made me go high’, ‘groups because they make me feel anxious and paranoid’ or ‘seeing my sister because she always winds me up’.
Where you would prefer to be when you are in crisis

Some people prefer to go into hospital when they are in crisis – maybe because this is the only place they feel safe – but other people would prefer to avoid admission if at all possible. For example, it may be that you would prefer to receive support at home from the Home Treatment Team, or go and stay with a friend or relative who can look after you (with or without the input of the Home Treatment Team).

In this section you should say where you would prefer to be in a crisis, and if possible give the reasons why.

It can be helpful to put your preferences in order, for example, you might say that you would prefer to stay at home and have the Home Treatment Team come in because you feel safer at home. If this is not possible you would like to go and stay with your Mum (you will need to check that this is OK with her) and come into hospital only if these two are not possible.

Even if you would rather not go into hospital, it may be sensible to express a preference about where you would like to go if admission cannot be avoided and the reasons for your decision.

For example, you may prefer to be admitted to a women only ward because you have been harassed by men on mixed wards in the past or you do not want to go to a particular ward because your next door neighbour works there.

In making these decisions you can think about your own experience in the past but you might also like to do some research. For example, you could discuss the different options available with your care co-ordinator or doctor.
How you would like to be helped

When you are in crisis, there may be some things that other people do which make you feel better – help to decrease your symptoms – and other things that make you feel worse.

Everyone is different so it is sensible to try to think about what suits you.

Working out what helps and what does not may take a bit of thought. It is probably sensible to think back to people who you found helpful when you were in crisis in the past – what was it that they did?

Perhaps they:

• just spent time with you without speaking
• gave you a chance to talk about your problems without judging you, without comment
• encouraged you to do things – like go for a walk, get dressed or eat a meal
• offered to do things with you
• comforted you when you were feeling very upset
• kept you from hurting yourself
• stopped you getting into arguments with, or being aggressive to, others
• asked you whether you felt safe and stayed with you if you did not
• arranged for you to listen to your favourite music (say what!).

You might also say what does not help and why. For example:

• being encouraged to socialise with other people because this makes you more anxious and paranoid
• being told off because this makes you feel even more inadequate
• being pressured to join in activities because this makes you more anxious
• people talking about you as if you are not there
• people telling you that it will all be alright because this makes you think about all the reasons why everything is hopeless.
Special needs

It is important to tell people about any special needs that you have so that they can make sure that these are met while you are in crisis. This is particularly important if you go into hospital where people may not know you very well.

Try to be as specific as possible so that people know exactly what you need.

- **Perhaps you have physical impairments or long-term health conditions**
  If so, you need to write down what your needs are. For example:
  - I have hearing problems. I need people to stand in front of me and look at me when they speak to me.
  - I have eyesight problems. I need all information to be given to me verbally, preferably on a CD so that I can listen to it again. I need to have my CD player with me so I can listen to my talking books.
  - I have diabetes and I need sugar-free desserts, drinks with artificial sweeteners.
  - I have eczema and I am allergic to ordinary soap and shampoo. I need to have my own soap, I can only use hypo-allergenic products.

- **Perhaps you have religious or cultural needs**
  If so, you should write down what your religion is and what you need. For example:
  - Moslem – I need a quiet place to pray and Halal meat.
  - Catholic – I need to go to church on Sunday or have the priest come and visit me.

- **Perhaps you have dietary needs**
  If so, you should write down what they are. For example:
  - I am a vegetarian, I do not eat any sort of meat, fish or sea food but I do eat vegetarian cheese, eggs and milk.
  - I need a Caribbean diet.
  - I need a Kosher diet.

- **Perhaps there are particular things you would like to have with you if you are admitted to hospital**
  Perhaps you like to have a photograph of your children or partner with you at all times. Maybe you feel lost without your diary, or a particular book, or things like your hearing aids or glasses.
When people should stop using the plan

When you feel better your supporters will not need to follow the advance decision and statement anymore. It is important for them to know how to tell when you are able to take back control over decisions about what happens.

Therefore it is sensible to include in your advance decision and statement a description of how they can tell when to stop using it.

For example:
- when I can read the newspaper
- when I have slept until at least 7am for at least four nights
- when I am able to eat three meals per day
- when I am able to chat to people
- when I am able to sit in a room with other people without feeling they are talking about me.

You do not have to be completely well for people to stop using the advance decision and statement. You may still need help and support but feel able to start making decisions for yourself and therefore no longer need people to use it.

• There may also be other ‘pet hates’ or things that you would like people to know about you
For example, you may have preferences about how you would like people to address you, like whether you would like people to use your first name or address you as Mr, Mrs or Ms or whichever title you prefer. You may hate being called ‘dear’ or having your name abbreviated (for example from Michael to Mike).

There may also be other things that you would like people to know about you. For example, that you are always grumpy in the mornings!
If you are in danger

It can be sensible to include in your plan things that you would like other people to do if your behaviour is a danger to yourself or other people.

This might include, for example:

- contact your care co-ordinator, Community Mental Health Team or the out of hours Crisis Line (don’t forget to write down telephone numbers)
- take you to the Accident and Emergency Department
- tell you that something is wrong
- stop you hurting yourself and keep an eye on you.

Finally, it is wise to say who was involved in developing your plan, sign and date it and get it witnessed by two people.

Don’t forget to make sure your mental health workers (care co-ordinator, doctor, other professionals you see) and other supporters (like family, friends) have a copy of your advance statement so that they know it exists and what it says.

And don’t forget to keep a copy yourself so that, if you are in crisis, you can show it to people who you see. You might want to ask your care co-ordinator to get copies done for you.

**References**

Paintings produced by patients of West London Mental Health Trust.