

My personal recovery plan

*We care
to make the
difference*

Name:

Date:

Part 1

My feel good plan

Page 1

Part 3

My plan for moving
on again after relapse

Page 21

Part 2

My plan for managing
highs and lows

Page 13

Part 4

My plan for following
my hopes and dreams

Page 43

Part 1

My feel good plan

Date:



I see myself as...

- | | | | | | |
|--------------|--------------------------|------------|--------------------------|------------------|--------------------------|
| Friend | <input type="checkbox"/> | Food lover | <input type="checkbox"/> | Spiritual person | <input type="checkbox"/> |
| Artist | <input type="checkbox"/> | Worker | <input type="checkbox"/> | Animal lover | <input type="checkbox"/> |
| Art lover | <input type="checkbox"/> | Book lover | <input type="checkbox"/> | Volunteer | <input type="checkbox"/> |
| Son | <input type="checkbox"/> | Dancer | <input type="checkbox"/> | Caring person | <input type="checkbox"/> |
| Daughter | <input type="checkbox"/> | Fun lover | <input type="checkbox"/> | Good cook | <input type="checkbox"/> |
| Footballer | <input type="checkbox"/> | Cyclist | <input type="checkbox"/> | | <input type="checkbox"/> |
| Football fan | <input type="checkbox"/> | Studious | <input type="checkbox"/> | | <input type="checkbox"/> |
| Brother | <input type="checkbox"/> | Father | <input type="checkbox"/> | | <input type="checkbox"/> |
| Sister | <input type="checkbox"/> | Mother | <input type="checkbox"/> | | <input type="checkbox"/> |
| Musician | <input type="checkbox"/> | Nephew | <input type="checkbox"/> | | <input type="checkbox"/> |
| Music fan | <input type="checkbox"/> | Niece | <input type="checkbox"/> | | <input type="checkbox"/> |

What I am like when I am feeling good/ok:

- | | | | | | |
|-------------|--------------------------|----------------|--------------------------|--------------|--------------------------|
| Sociable | <input type="checkbox"/> | Introverted | <input type="checkbox"/> | Thoughtful | <input type="checkbox"/> |
| A loner | <input type="checkbox"/> | Extroverted | <input type="checkbox"/> | Encouraging | <input type="checkbox"/> |
| Cautious | <input type="checkbox"/> | Happy | <input type="checkbox"/> | Competent | <input type="checkbox"/> |
| Athletic | <input type="checkbox"/> | Industrious | <input type="checkbox"/> | Serious | <input type="checkbox"/> |
| Optimistic | <input type="checkbox"/> | Supportive | <input type="checkbox"/> | Hard working | <input type="checkbox"/> |
| Pessimistic | <input type="checkbox"/> | Adventurous | <input type="checkbox"/> | Confident | <input type="checkbox"/> |
| Responsible | <input type="checkbox"/> | Outspoken | <input type="checkbox"/> | Enthusiastic | <input type="checkbox"/> |
| Curious | <input type="checkbox"/> | Spontaneous | <input type="checkbox"/> | Opinionated | <input type="checkbox"/> |
| Easy going | <input type="checkbox"/> | Quiet | <input type="checkbox"/> | Funny | <input type="checkbox"/> |
| Outgoing | <input type="checkbox"/> | Energetic | <input type="checkbox"/> | Generous | <input type="checkbox"/> |
| Talkative | <input type="checkbox"/> | A fast learner | <input type="checkbox"/> | | <input type="checkbox"/> |

Things I do every day to feel ok:

(for example, read a book, take exercise, listen to music, get some fresh air)

Things I do every week or on some days of the week to feel ok:

Things I avoid to feel ok:

(for example, arguments, going to bed too late)

My weekly timetable:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

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Morning							
Afternoon							
Evening							

Part 2

My plan for managing highs and lows

Date:



How to manage my highs and lows

My triggers/thoughts:	The action/skill I will take/use:

How to manage my highs and lows

My triggers/thoughts:	The action/skill I will take/use:

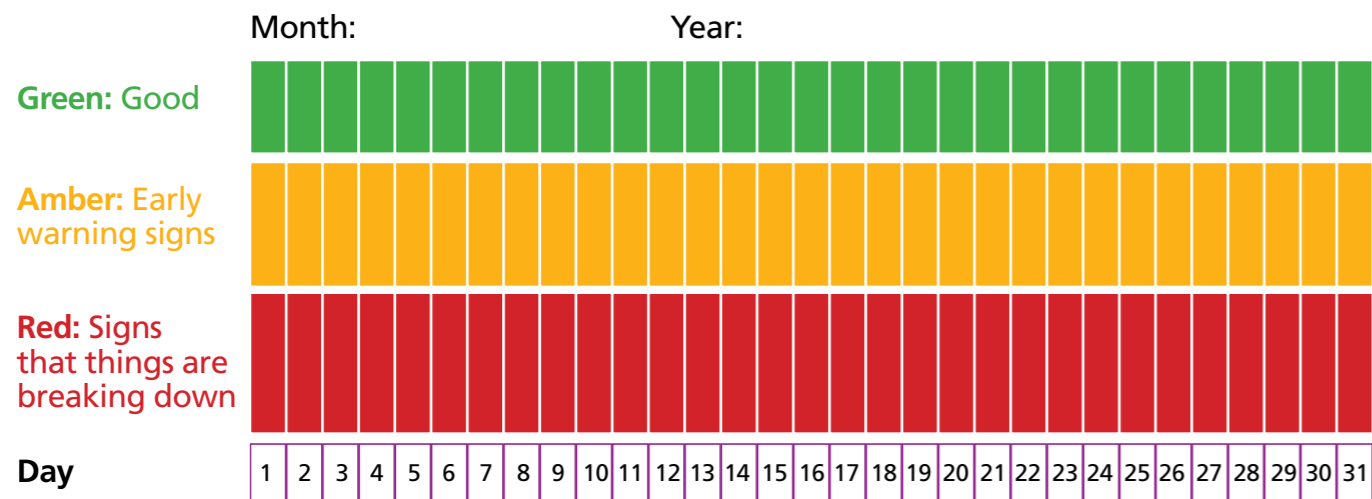
How I recognise my early warning signs

My early warning signs:

How I recognise that things are breaking down

My signs that things are breaking down and a relapse is looming:	The action I will take:

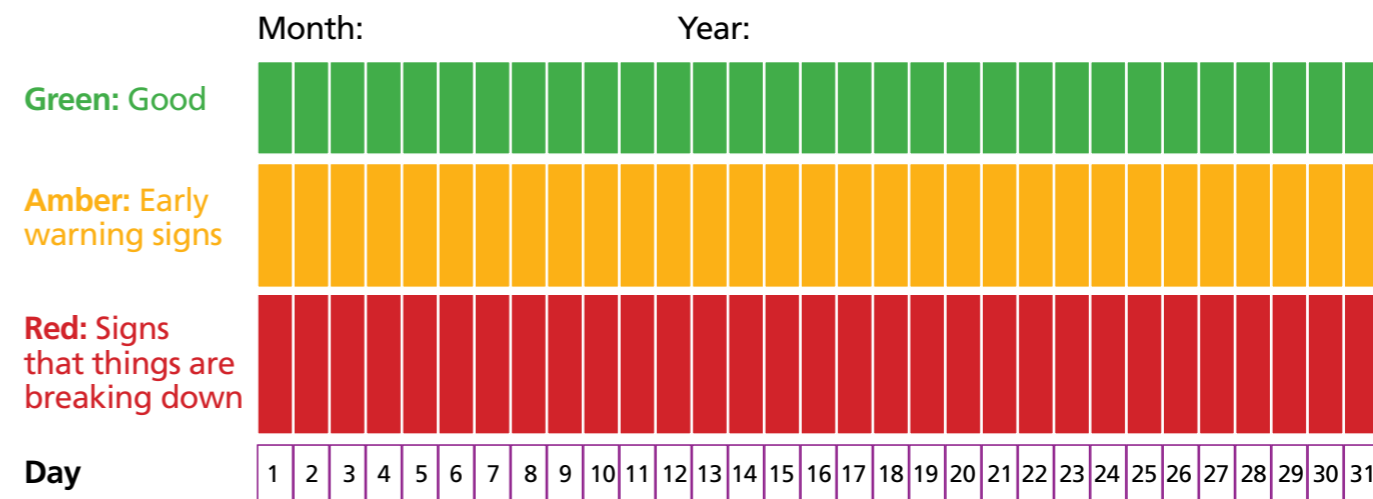
Daily recording chart: using a red-amber-green traffic light system



Medication / PRN _____

Notes (triggers, actions taken, skills used etc) _____

Daily recording chart: using a red-amber-green traffic light system



Medication / PRN _____

Notes (triggers, actions taken, skills used etc) _____

Daily recording chart using a red-amber-green traffic light system

Month: _____ Year: _____

Green: Good

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	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
-----	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Medication / PRN _____

Notes (triggers, actions taken, skills used etc) _____

Part 3

My plan for moving on again after relapse

Date: _____



Preparations for my move

Things I need to get sorted out before my move:

What needs to be sorted out:	What help I will need and from whom:	What I will do to sort it out:

Preparations for my move

Things I need to get sorted out before my move:

What needs to be sorted out:	What help I will need and from whom:	What I will do to sort it out:

The help I need to get to my new place

Things that will help me to keep okay:

I would like help with _____

The person/organisation who can provide this is _____

Preparations for my move

Timetable for my first week at my new place:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Morning							
Afternoon							
Evening							

Whether or not you have been in hospital...

My supporters / care team and what I would like them to do:

Name:	Telephone:	What I would like them to do:
In an emergency I can request contact with:		

My weekly timetable for stabilising/improving my life:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

My weekly timetable for stabilising/improving my life:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

What to look out for if I experience difficulties

Signs that I may be starting to feel worse:	The action I will take:

The things I need to sort out:

	Who and what I need to do:	What help I will need and from whom:	When I need to do it:
People I need to thank:			
People I need to apologise to:			
Problems I need to sort out:			

Resuming activities and responsibilities I value:

	Things I did before my relapse that I value and want to get back to:	Priority: 1 = to do first 2 = to do next etc
Day-to-day responsibilities (eg cooking, cleaning, managing finances)		
Exercise, looking after yourself, responsibilities to other people in your life		
Work, education or other day-time activities		

Resuming activities and responsibilities I value:

	Things I did before my relapse that I value and want to restore:	Priority: 1 = to do first 2 = to do next etc
Leisure activities:		
Friends and social activities:		
Faith and religious activities:		

Responsibility or activity:

Plan:	The support I need:
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Plan:	The support I need:
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Responsibility or activity:

Plan:	The support I need:
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Who is important to me and why?

How to keep going (what has helped in the past?)

Keeping fit (for example, walking, going outside for fresh air, going to the gym.)

Keeping fit (for example, walking, going outside for fresh air, going to the gym.)

What have I learned from my relapse:

Changes to my feel good plan: (things to do and things to avoid)	
Triggers and actions to take in response:	
Early warning signs and actions to take when you notice them:	
Signs that things are breaking down and actions to be taken when you notice them:	
Letting others know how to handle my relapse:	

What have I learned from my relapse:

Changes to my feel good plan: (things to do and things to avoid)	
Triggers and actions to take in response:	
Early warning signs and actions to take when you notice them:	
Signs that things are breaking down and actions to be taken when you notice them:	
Letting others know how to handle my relapse:	

Part 4

My plan for following my hopes and dreams

Date:



My goals are:

Long term	Short term

The goal I want to work on is: _____

How long it might take to achieve this goal: _____

My overall plan for working towards this goal: _____

The goal I want to work on is: _____

How long it might take to achieve this goal: _____

My overall plan for working towards this goal: _____

The first steps I will take:

Tick when done

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

Information I will need and where I will get it from:

Support and help I may need and who I will get it from:

Notes:

*We care
to make the
difference*

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