## Wellness Action Plan

A Wellness Action Plan reminds us what we need to do to stay well at work and details what our line managers can do to better support us.

It also helps us develop an awareness of our working style, stress triggers and responses, and enables us to communicate these to our manager.

The information in this form will be held confidentially and regularly reviewed by you and your manager together. You only need to provide information that you are comfortable sharing and that relates to your role and workplace. This form is not a legal document but it can help you and your manager to agree, together, how to practically support you in your role and address any health needs.

It is the responsibility of your employer to ensure that data gathered in this form will be kept confidential and will not be shared with anyone without your permission. Certain circumstances may require confidentiality to be broken if your employer believes you are experiencing a crisis. If they become aware that you or someone else is at serious risk of harm, they may decide to call the emergency services.

1. **What do you notice about yourself when your wellbeing is good?**

(For example, are you relaxed, chatty, open in conversations)

1. **Are there any early warning signs that we might notice when you are starting to experience poor mental health?**

(For example changes in normal working patterns, withdrawing from colleagues)

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

(For example conflict at work, organisational change, tight deadlines, something not going to plan)

1. **On a day to day basis, how does your health condition impact on your work?**

(For example you may find it difficult to make decisions, struggle to prioritise work tasks, difficulty with concentration, drowsiness, confusion, headaches)

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

**Occasionally** (for example, on a ‘bad day’ to be able to take a short break, go for a walk)

**Short term** (for example, for a period of a few weeks, perhaps due to a change of medication or a time of particular work or outside work difficulties)

**Long term/Permanent**

1. **What can your manager do to proactively support you to stay mentally healthy at work?**

(For example regular feedback and catch-ups, flexible working patterns, explaining wider organisational developments)

1. **If we notice early warning signs that you are experiencing poor mental health – what should we do?**

(For example talk to you discreetly about it, contact someone that you have asked to be contacted)

1. **Are there elements of your individual working style or temperament that it is worth your manager being aware of?**

(For example a preference for more face to face or more email contact, a need for quiet reflection time prior to meetings or creative task, negotiation on deadlines before they are set, having access to a mentor for questions you might not want to bother your manager about, having a written plan of work in place which can be reviewed and amended regularly, clear deadlines of you have a tendency to over-work a task, tendency to have particularly high or low energy in the morning or in the afternoon)

1. **Is there anything else that you would like to share?**
2. **What steps can you take if you start to experience poor mental health at work? Is there anything we need to do to facilitate them?**

(For example you might like to take a break from your desk and go for a short walk, or ask your line manager for support)

Employee signature: ...………………………….…………….……....…… Date: ………………………

Employee name: ........…………………………………………………...................................................

Manager signature: ………………………………………………………... Date: ………………………

Manager name: ……………………………………………………………………………………………...

**Other** (preference No. … )

Name:

Telephone: Mobile:

Address:

**Friend** (preference No. … )

Name:

Telephone:

Mobile:

Address:

**Recovery/Care Coordinator**

(preference No. … )

Name:

Telephone:

Mobile:

Address:

**Relative** (preference No. …)

Name:

Relation to you:

Telephone:

Address:

**GP** (preference No. …)

Name:

Surgery:

Telephone:

Address:

**Emergency contacts**

If am not well enough to be in work or in an emergency I give permission for….………………………………………….. or his/her delegate to contact any of the following people in the order of preference indicated below. I also agree that this may be copied and sent to any of those named (providing the others are redacted), if they request it, to indicate that I have given consent for them to be contacted.

**Please add, amend or delete types of contacts as appropriate**