

WELLNESS RECOVERY ACTION PLAN

This plan was created from Mary Ellen Copeland's book
Wellness Recovery Action Plan (Sefton Recovery Group 2006)
www.mentalhealthrecovery.com

Wellness Recovery Action Plan (WRAP)

The Wellness Recovery Action Plan is a framework with which you can develop an effective approach to overcoming distressing symptoms, and unhelpful behaviour patterns. It is a tool with which you can get more control over your problems. WRAP was originally developed by Mary Ellen Copleland and a group of mental health service users who wanted to work on their own recovery – this is what they found worked for them.

As you develop your WRAP it can become a practical support for your recovery which you refer to daily, as a reminder and guide, and also turn to at times of difficulty. It is designed as an aid for learning about yourself, what helps and what doesn't, and how to get progressively more in control of your life and your experience. It also includes instructions on developing a crisis plan, as a means of guiding others on how best to make decisions for you and to take care of you, for those times when your problems and symptoms have made it very difficult for you to do this for yourself.

There is only one person who can write your WRAP—YOU.

You, and only you, decide:

- If you want to write one,
- How much time it takes you to do it
- When you want to do it
- What you want and don't want in it
- Which parts you want to do
- Who you want, if anyone, to help you with it
- How you use it
- Who you show it to
- Where you keep it
- Who, if anyone, has copies of your crisis plan

Getting Started

The following supplies will be needed to develop a Wellness Recovery Action Plan™:

A three ring binder, one inch thick

A set of five dividers or tabs

A package of three-ring filler paper, most people preferred lined

A writing instrument of some kind

(optional) a friend or other supporter to give you assistance and feedback or you can develop your WRAP on your computer, a tape recorder or using any

kind of system you want to use.

The WRAP belongs to you and you decide how to use it. You decide who to show it to and you decide whether you want someone to work with you on it or not. You decide how much time to spend on it and when to do it. It becomes your guide to support your own wellness and recovery.

Developing a Wellness Toolbox – reminders and resources to call on

This is a list of things you have done in the past or could do, to help yourself stay well. Also things you could do to help yourself feel better when you are not doing so well. Include things that you have done in the past, things you have heard of and thought you might like to try, and things that have been recommended to you by your supporters.

Daily Maintenance Plan

Describe yourself when you are feeling well or alright. Do it in list form.

Make a list of all the things you need to do each day to keep yourself feeling alright

Make a reminder list of things you might need to do. Reading through this list daily helps keep us on track.

Triggers

Write down those things that if they happened, might cause an increase in your symptoms or experiences. They may have triggered or increased symptoms in the past.

Write a plan of what you can do if any of your triggers come up, to keep them from becoming more serious symptoms or experiences. Include things that have worked for you in the past and ideas you have learned from others, use your wellness toolbox as a guide.

Early Warning Signs

Make a list of early warning signs you have noticed, subtle signs of change that indicate you need to take some further action to prevent them getting worse. You may want to ask supporters what they have noticed in the past.

Using the ideas in your toolbox, develop a plan that you can follow that will help reduce your early warning signs.

Things are Breaking Down or Getting Worse

Make a list of the symptoms or experiences that, for you, mean things have worsened and are close to the crisis stage.

Write a plan that you think will help reduce your symptoms or experiences when they have progressed to this point. The plan now needs to be very directive with fewer choices and very clear instructions

CRISIS PLAN

Part 1 What I'm like when I'm feeling well

Describe yourself when you are feeling well.

Part 2 Symptoms or experiences

Describe those symptoms or experiences that would indicate to others that they need to take full responsibility for your care and make decisions for you.

Part 3 Supporters

List those people you want to take over for you when the symptoms or experiences you listed above are obvious. They can be family members, friends and health or social care professionals. Have at least five people on your list of supporters. You may want to name some people for certain tasks like looking after the children or paying the bills and others for tasks like staying with you and taking you to appointments,

Name	Connection/role	Phone Number

There may be health or social care professionals or family members that have made decisions that were not according to your wishes in the past. They could inadvertently get involved if you don't include the following:

I **do not** want the following people involved in any way in my care or treatment:

Name	Why you do not want them involved (optional)

Settling Disputes Between Supporters

You might like to include a section that describes how you want possible disputes between supporters settled. For instance, you may want to say that a majority need to agree, or that a particular person or two people make the decision. Or you may want some organisation or agency, such as an independent mental health advocacy organisation to intervene on your behalf.

Part 4 Medications

GP

Phone Number

Consultant Psychiatrist

Phone Number

Chemist

Phone Number

List the medications you are currently using and why you are taking them.

List those medications you would prefer to take if medications or additional medications became necessary and why you would choose those.

List those medications that would be acceptable to you if medications became necessary and why you would choose those.

List those medications that should be avoided and give the reasons.

Part 5 Treatments

List treatments that help reduce your symptoms or experiences and when they should be used.

List treatments you would want to avoid and give reasons.

Part 6 Home Treatment/Crisis Resolution Team etc.

Develop a plan so that you can stay at home or in the community and still get the care and support you need.

Part 7 Hospital Units and Wards/Crisis Houses

List the crisis houses, hospital units and wards where you prefer to be treated or hospitalised if a residential treatment unit becomes necessary.

List crisis houses, hospital units and wards you want to avoid and the reasons why.

Part 8 Help from others

List those things that others can do for you that would help reduce your distressing symptoms or experiences or make you more comfortable.

List those things you need others to do for you and who you want to do these things.

What I need done	Who I'd like to do it

List those things that others might do, or have done in the past, that would not help or might even worsen your distressing symptoms or experiences.

Part 9 Inactivating the Plan

Describe symptoms or experiences, lack of symptoms or experiences or actions that indicate supporters no longer need to use this plan.

Part 10 – If I am in danger

If my behaviour endangers me or others I want my supports to:

You can help assure that your crisis plan will be followed by signing it in the presence of two witnesses.

I developed this plan on (date)

with the help of

Any plan with a more recent date supersedes this one.

Signed

Date

We the undersigned confirm that on the date indicated

(Name) _____ was well and in our opinion had capacity to give these directives.

Witness

Date

Witness

Date

It will assure the likelihood of your crisis plan being followed when you are in crisis if you have it signed by your care co-ordinator or other responsible health or social care professional e.g. Consultant psychiatrist involved in your treatment.

Care Co-ordinator

Date

It will further increase it's potential for use if you name an independent mental health advocate/organisation.

Independent Mental Health Advocate/Organisation

Date

POST CRISIS PLAN

I will know that I am “out of the crisis” and ready to use this post crisis plan when I am able to:

How I would like to feel when I have recovered from this crisis

You may want to refer to the first section of your Wellness Recovery Action Plan – What I am Like When I am Well. Your perspective may have changed in this crisis, and this list may be different from the one you wrote previously.

Post Crisis Recovery Supports List

I would like the following people to support me if possible during this post crisis time.

Who	Phone numbers	What I need them to do

Arriving at Home (if you have been hospitalised or away from home)
If you have been hospitalised your first few hours at home are very important.
Will I feel safe and be safe at home ____y ____n.

If your answer is no, you may want to respond to the following question:

What will I do to ensure that I will feel and be safe at home?

I would like to stay (where)

For (how long) _____ before I go home.

I would like _____ or _

to take me home.

I would like _____ or _

to stay with me.

When I get home I would like to

_____ or ____

If the following things were in place, it would make my return easier:

Things I must do as soon as I get home

Things I can ask someone else to do for me.

People I need to thank:

Person	When I will thank them	How I will thank them

People I need to apologise to:

Person	When I will apologise	How I will apologise

People with whom I need to make amends:

Person	When I will make amends	How I will make amends

Medical, legal, or financial issues that need to be resolved.

Issue	How I plan to resolve this issue

Are there changes I want or need to make in my life as a result of what I have learned?

If so, when and how will I make these changes?

Timetable for Resuming Responsibilities

Develop plans for resuming responsibilities that others may have had to take for you or that did not get done while you were having a hard time, things like child care, pet care, your job, cooking and household tasks.

SAMPLE

Responsibility: *Getting back to work*

While I am resuming this responsibility, I need (who) my spouse to drive me to work so I don't have to take the bus.

Plan for Resuming:

1. in three days go back to work for 2 hours a day for five days
2. for one week go to work half time
3. for one week work $\frac{3}{4}$ time
4. resume full work schedule

Responsibility

Who has been doing this while I was in crisis

While I am resuming this responsibility, I need (who)

to

Plan for resuming:

Responsibility

Who has been doing this while I was in crisis

While I am resuming this responsibility, I need (who)

to

Add as many as you need to.