



**ST VINCENT'S MELBOURNE
WELLNESS RECOVERY ACTION
PLAN (WRAP)
MENTAL HEALTH**

STV UR No:

Surname:

Given Name:

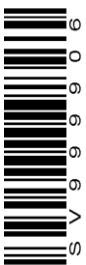
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Please fill in if no PAS label available

Name: Date: / /

What I'm like when I'm feeling well? What do other people notice about me when I'm well?

What I do for fun when I'm down, that lifts my mood and helps me feel well and things that I might try in the future:





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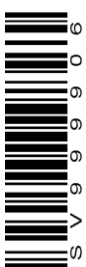
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Wellness Maintenance Plan

What are the things I need to do each day to keep myself feeling alright?
(For example: exercise for ½ hour, talk to 1 other person, eat well, get to bed early, meditate.....)

What are the things I might do each week / few weeks to keep myself feeling alright?
(Such as getting a massage, spending time with a friend, having some quiet time, going for a walk)

Who are the people who are helpful to me – when and how often do I need to contact them?





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Relapse Prevention Plan

What are the things that may increase my stress such as loss of sleep, arguments, drug taking, skipping medication etc?

What are the things I can do to reduce my stress?





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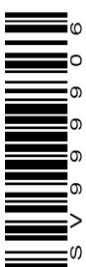
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What are the signs that my stress is becoming difficult to manage / what would other people notice about me if I'm having difficulty managing my stress?

When I find I cannot manage stress on my own I need?

WELLNESS RECOVERY ACTION PLAN – MENTAL HEALTH – ST VINCENT'S MELBOURNE





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Crisis Management

How would I know I'm in crisis? How would others know I was in crisis?

This is the list of help I would prefer to receive and the people I would prefer to receive it from: Be quite *specific* about these preferences. Who, what you need them to do, what medications work for you, who to call, who not to call, medications that don't work for you.

During work hours I can contact my case manager on:

Out of hours I can contact Triage on:

Other resources include:

Copy given to family / support person and purpose explained Yes No Date:





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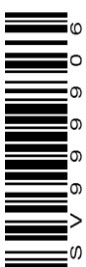
Post Crisis Management

How will I know the crisis has passed?

What are the things I need to do *as soon* as I'm out of crisis?

What are the things that can wait?

What are the things I need to do to recover from the crisis?





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Family Support

How have my family and friends been involved in my treatment and / or have supported me in the past?

How would I like them to support me in the future?

What kind of information do they need to support me best?





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**How can they help me to avoid crises?
(For example letting me know if they think that I'm getting stressed)**

Who are my main support people and what are their contact details?

Name: Best Contact Number:
Name: Best Contact Number:
Name: Best Contact Number:
Name: Best Contact Number:

Who can be contacted if my main support people cannot be contacted in a crisis? What are their contact details?

Name: Best Contact Number:
Name: Best Contact Number:
Name: Best Contact Number:

My Family / Friends helped to develop this WRAP Yes No

Copy given to Family / support person and purpose explained Yes No Date:

