

My Health Plan



*A wellness guide designed to help
maximize your strengths during
your recovery process.*



Created by Pennsylvania Mental Health Consumers'
Association and Community Resource Team

Personal Information

Notes

Name _____

Address _____

Phone _____

Notes

What is My Health Plan?

The goal of "My Health Plan" is to provide you the opportunity to take more responsibility for your own recovery. The health plan is a guide to help identify your strengths so that you may apply them during your recovery process. Identify as many strengths as possible.

This plan was created to help you realize new ideas you may want to try. Feel free to answer only those questions that are important to you. If you choose any or all of this information may be shared with others involved in your recovery process. You decide who has access to what information.

1) When you are feeling well, what keeps you healthy?

(Examples - check off after covering that topic area)

Living at home

Work

Hospital

Medications

Doctors

Therapists

Programs

Treatments

11) Would you like to work with a Recovery/Peer Specialist on a Wellness Recovery Action Plan (WRAP) and Psychiatric Advance Directive (PAD)?

12) How is your well-being, health, and hope supported in your life by you or others (peers, staff, providers, advocates, etc.)?

10) What challenges do you have that you can identify?

What helps/doesn't help?

Challenges DO's (Supports) DON'TS

(# 1 Continued)

When you are feeling well, what keeps you healthy?

ف Activities (please list a few)

ف Support groups

ف Family or friends

ف Spirituality

ف Private time (ex. time off work, vacations)

ف Music and other arts (ex. humorous books, tapes)

ف Exercise

ف Sobriety

(# 1 Continued)

When you are feeling well, what keeps you healthy?

ف Relationships

ف Peer Specialists (ex. Warmline)

ف Nutrition

ف Homeopathic (alternative medicines, herbal remedies, massage, yoga)

ف Pets

ف Limiting harmful substances

ف Wellness Recovery Action Plan

8) If you need to improve, how would you prefer to hear it? From whom would you like to hear it?

9) What strengths do you have that you can identify?

6) Which medicines or alternative medications work for you?

(# 1 Continued)

When you are feeling well, what keeps you healthy?

ف Service – Helping Others

ف Sleep schedule

Comments:

7) Which medicines or alternative medications don't work for you?

2) How would you describe yourself when you feel WELL (for example - how do you feel, what do you think?)

- outgoing person
- private person
- both outgoing and private
- neither

3) What are some of the things about you that make you who you are? (What would you like to see respected and included in your plan)?

- family
- language _____
- gender
- race
- ethnicity
- other cultural considerations (e.g. behaviors, ideas, attitudes, values, habits, customs)
- sexuality
- preferred residence (e.g. urban, suburban, rural)
- spirituality/religion
- music and the arts
- humor

4) From whom would you like support, especially when you aren't feeling well?

5) Who do you not want involved in your care or support when you aren't feeling well?