

WELLNESS CONTRACT

Explanation

The following contract may be used as a guide for both the carer and consumer to undertake together to maintain the mental health of the consumer and facilitate a rapid response and recovery if necessary. A contract such as this is not intended to take control away from the consumer nor to undermine his/her autonomy or independence. Rather, it is intended to allow an opportunity for the consumer, when well, to make decisions regarding how he/she would like to be managed if a further episode of illness occurs. It also clarifies the carer's role in this process.

Sometimes, due to the illness, I am unable to see that I'm not well. The people who know me the best can usually tell in the very early stages that things are not right. I would like and need your help in staying well. I know you care for me and that you have my well-being in mind. At the time when I am unwell I may not be able to understand this care. When I am well I will value and appreciate your care once again.

When I am well

Let's all relax and enjoy.

When you first notice that things are not OK please do the following things with me:

1. Let me know that you are getting concerned.
2. Ask me to let my worker know that you are concerned.
3. Talk to my worker as often as needed about your concerns.
4. I agree to allow health services to talk with you about me.

5. Contact Central Intake and discuss your concerns, and attempt to get the Mental Health team to see me. Keep contacting them.
6. If needed and as a last resort use the police to get me into the help I need.

Signed:

Signed:

Date:

EARLY WARNING SIGNS – the key to staying well

Each person has their own individual response to illness, but these are the most commonly reported early warning signs. The quicker these early warning signs are noticed and managed the less likely a major episode of illness will occur. Tick any of these signs below that are part of your early warning signs and add others that you or the people who know you the best also notice.

- | | |
|--|--------------------------|
| Sleep changes, usually less or disturbed sleep | <input type="checkbox"/> |
| Increased irritability or anger | <input type="checkbox"/> |
| Reacting more than usual | <input type="checkbox"/> |
| Having intrusive thoughts that keep returning | <input type="checkbox"/> |
| Feeling restless, pacing or anxious | <input type="checkbox"/> |
| Eating less | <input type="checkbox"/> |

Poor concentration

Using more street drugs or alcohol

Blaming others for my problems

Other symptoms notices by me and others

This information should be shared with those who are part of your support system. Use the Wellness Contract to guide assistance if needed.

Name:

With the help of:

Date: