

Wellness Action Plan

To be completed by the employee and discussed with their line manager to ensure the employee is supported appropriately and sensitively during periods of mental ill health. This should be a living document and reviewed on a regular basis. **This is a confidential document**; information should not be disclosed to other parties without the express consent of the person concerned.

What I need to stay well

Including any self-help, support or workplace adjustments

Day to day basis

Impact (if any) of my health condition on my work

Early warning signs

What you may notice if I start to become unwell

When I am unwell

What I would find helpful to enable me to stay in work (e.g. take a short break, go for a walk)

What would be helpful if I am absent from work due to ill health (and have followed normal procedures) e.g. Contact by? Frequency? Method?

Short term absence

Long term absence

What to tell my colleagues

Returning to work

What may help (if known), return to work interview schedule

Emergency contact details