# My EPC Recovery Care Plan Part 1

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| **1. Basic Information Date:** |



**My key contacts:**

**Liaison worker:**

**GP:**

**Others:**

**Who gets to see my plan?**

Me, GP, Primary Care Liaison Worker

**People I give permission to see my plan:**

Carer □

Peer Support Worker □

Support Worker □

If other, please specify below:

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**My skills, strengths and experiences that will help me:**

**What Recovery means to me?**

My Name:

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| **My Hopes/Future Plans** |
| 1st Goal  Write your long-term goal here:  Remember 5 ways to mental health:   * Connect - stay in touch with family or friends   Target date: Date achieved:   * Get active * Take notice – be more aware of the present * Keep learning * Give to others   While considering your goals consider the following areas:   * Work, education, training * Home/Housing * Addictive behaviour * Physical health and self-care * Living skills * Social networks/Leisure activities * Relationships/Partner/Family/Friends * Responsibilities * Identity and self-esteem * Trust and hope * Safety   **Use this space to write down the steps you can take towards your long-term goal.**  For example: Finding about local activities, finding a gym, writing a CV etc.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Short Steps | Progress made | In a word how I feel about my progress? | Target date | Date achieved | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

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| 2nd Goal  Write your long-term goal here:  Remember 5 ways to mental health:   * Connect - stay in touch with family or friends   Target date: Date achieved:   * Get active * Take notice – be more aware of the present * Keep learning * Give to others   While considering your goals consider the following areas:   * Work, education, training * Home/Housing * Addictive behaviour * Physical health and self-care * Living skills * Social networks/Leisure activities * Relationships/Partner/Family/Friends * Responsibilities * Identity and self-esteem * Trust and hope * Safety   **Use this space to write down the steps you can take towards your long-term goal.**  For example: Finding about local activities, finding a gym, writing a CV etc.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Short Steps | Progress made | How I feel about my progress? | Target date | Date achieved | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| 3rd Goal  Write your long-term goal here:  Remember 5 ways to mental health:   * Connect - stay in touch with family or friends   Target date: Date achieved:   * Get active * Take notice – be more aware of the present * Keep learning * Give to others   While considering your goals consider the following areas:   * Work, education, training * Home/Housing * Addictive behaviour * Physical health and self-care * Living skills * Social networks/Leisure activities * Relationships/Partner/Family/Friends * Responsibilities * Identity and self-esteem * Trust and hope * Safety   **Use this space to write down the steps you can take towards your long-term goal.**  For example: Finding about local activities, finding a gym, writing a CV etc.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Short Steps | Progress made | In a word how  I feel about my progress | Target date | Date achieved | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

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| **My Safety Plan** | |
| **Triggers** | **Action Plan** |
| New social situations | Plan, check expectations, coping strategies |
| Stress at work | Ask for support from manager  Analyse the exact problem |
| **Early Warning Signs** | **Action Plan** |
| Sleeping too much | Re-establish routine  Visit GP  Exercise |
| Not eating | Eat  Exercise |
| **When Things are Getting Worse** | **Action Plan** |
| Not going out | Visit GP  Refer to recovery plan |
| Feeling suicidal | Visit GP  Call Crisis number |
| How I can be best contacted |  |
| Who can be contacted if I can’t be reached |  |
| **How I will know when I am out of the crisis** | |
| I’m discharged, back with primary care | |
| I feel able to self-manage again | |