

RAS-DS

# WORKBOOK

Version One

## Module Three: Mastering My Illness

A FREE resource to support you in  
driving your own mental health recovery



THE UNIVERSITY OF  
**SYDNEY**



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# ~READ THIS FIRST~

Mental health recovery doesn't require reading textbooks full of medical mumbo-jumbo, or placing all your hope in a psychiatrist. In fact, one of the richest sources of knowledge on the subject is other people who have already experienced the same struggles and obstacles. Sure, learning how to wrangle a mental illness so it doesn't interfere with your life may take time and effort, but you are undoubtedly the best person for the job. Simply **wanting** to recover will make all the difference. If you choose to get in the driver's seat and take control, this workbook will be able to help you on your journey.

This workbook assumes only two things:

1. That you are on a mental health recovery journey
2. That you've already filled in the RAS-DS (Recovery Assessment Scale Domains and Stages) questionnaire

Depending on your scores in the questionnaire, some modules in this workbook may be more or less relevant for you at this moment. In order to keep things simple, this workbook has been divided into the same four sections as the RAS-DS. It's worth noting at this point that you don't need to read this entire workbook, or do it in order, either. For example, you may already have an awesome support network, meaning that **Connecting and Belonging** may not be all that relevant to you at this time, but perhaps you've decided that you want to find out how to add more meaning to your life by checking out **Doing Things I Value**. No problem!

## NOTE

We'd like to be clear about some basic language issues. You'll find that the workbook will often use terms like "mental illness" or "mental health issues" or "conditions". Depending on your preferences you could easily read them as "your response to trauma" or "difficulties" or whatever else you prefer. We hope the material in this workbook will be relevant in a wide range of situations, whatever language you choose to use.

# Four modules, many tools

This workbook is divided into the same four sections as the RAS-DS questionnaire. Here's a brief overview.

## Module One: Doing Things I Value

Want to live a satisfying life full of meaning and value? Great! This is the module for you. Because the way we spend our time is critical to our well-being, it's essential that we do things that bring purpose, good health, pleasure, fun and balance to our lives. Doing Things I Value focuses on doing things you value and enjoy, and adding healthy and constructive elements to your routine.

## Module Two: Looking Forward

Are you feeling hopeful about your recovery? Do you understand that a mental health issue does not define you? This module can help you to develop the skills and attitudes you will need to play an active role in your own recovery and plan effectively for your future well-being.

## Module Three: Mastering my Illness

Understanding how to manage our mental health issues is key to living the life we want. This module doesn't just help you to understand and manage your illness, but to MASTER it. It will help you to become the world's greatest expert in YOU!

## Module Four: Connecting and Belonging

We all need people we can trust and depend on. While having the support of mental health workers is important, it's best if they don't make up our entire support network. This module focuses on building friendships, forming community connections, and nurturing the relationships that are most helpful to you.

## Why are there so many different boxes?

Here are the different kinds of inserts you'll be dealing with, and a description.

### NOTE

We provide all sorts of useful hints in these boxes (like the one about language on the first page of READ THIS FIRST, for instance).

### This connects to...

These boxes will connect up the four modules along similar points. Following these suggested links can help you make the most of this workbook.

*"Boxes like this will contain quotes from various sources, such as people with a lived experience, famous mental health experts, or other public figures."*

-Grant (co-author of this workbook, and an experienced mental health consumer)

### ● Exercise

Filling in some simple, practical exercises is a great way to take what you've read in this workbook and apply it to your own life. Each exercise is explained in laymen's terms, and we'll often provide clear examples, too.

## About the authors

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Hi guys! My name is Grant, and I've been riding the rollercoaster of mental illness since my tweens. I've spent well over a third of my life in institutions because of schizophrenia, depression and anxiety, and I still have to manage some symptoms to this day. Although I'm not totally free of my illness, I have reached a point where I feel my life is full of meaning and value. It's taken a struggle to reach where I am now, but thanks to some great people who have believed in me and supported me through the darkest of times, I've mastered my illness. I sincerely hope this workbook helps you to feel the same.

I've written two comedy novels about the Australian mental health system under the penname of **Dennis J Pale**, and my ultimate dream is to become a professional author. If you go to [www.amazon.com.au](http://www.amazon.com.au) and search for "dennis j pale" there are free samples of both books, and the kindle versions only cost a fiver! You can contact me at [dennisjpale@gmail.com](mailto:dennisjpale@gmail.com) if you have any questions.

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We are the RAS-DS development team and occupational therapy academics at the University of Sydney. As occupational therapists, our clinical and research interests are in the area of mental health and recovery. As a team, we are committed to enhancing resources and opportunities for consumers to drive their own recovery and to work from a co-production paradigm in our research.



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## Disclaimers

The information in this book is general in nature and although the information has been reviewed for quality, the authors accept no responsibility for actions taken on the information provided in this book.

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Module Three:

# Mastering my illness

## MODULE THREE: MASTERING MY ILLNESS

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## INTRODUCTION

Welcome to module three, *Mastering my Illness*. As “mastering” is a verb (a doing word) we’ll be discussing how you can actively take the leading role in your own recovery. This can involve exploring different treatment options to find out what does or doesn’t work for you and using your past experiences to help figure out how you can reduce the risk of future relapses. All the practical sections in this module have been designed to help you better recognise and understand what works best for you so you can use that knowledge to take control of your mental health. Here’s a brief overview of what you’ll learn in this module.

### Staying well

Staying well is all about minimising the stressors that put our mental health at risk and maximising our ability to deal with those stressors. In this first part, we’ll help you build a tool kit to do this.

### Keeping watch for early warning signs

One of the biggest components of mastering our illnesses is using the wisdom we gained from our past experiences to plan ahead. There are many basic things we can do to avoid relapse (a return of symptoms). We’ll look at active strategies to manage early warning signs and stop them from getting worse.

### Advanced planning

Although a lot of people don’t like to think about the idea of a relapse happening, having some clear plans in place (just-in-case) can help to reduce these worries and even help make a relapse less likely. These “advanced plans” involve writing down what needs to get done in the event of a relapse, who you want to do it, and when they are meant to do it. Ultimately, this part will help you develop a unique and effective recovery plan that’s specifically tailored to your strengths, needs and goals.

## NOTE

If you’re doing this module then we assume that you have filled in the *Mastering my Illness* part of the RAS-DS and that you have read the READ THIS FIRST section at the start of the workbook. If you haven’t, we suggest that you do that before you continue any further.

## Roadmap to Mastering my Illness

One way to do this module is to simply start at the beginning and continue to the end. However, if you have something specific in mind that you'd like to focus on, here's a quick guide to where each of the RAS-DS questions are addressed.

RAS-DS statement	Section/s in this Module
25. I can identify the early warning signs of becoming sick	Part Two: <i>Keeping watch for early warning signs</i>
26. I have my own plan for how to stay or become well	Part One: <i>Staying Well</i> Part Two: <i>Keeping watch for early warning signs</i> Part Three: <i>Advanced planning</i>
27. There are things that I can do that help me deal with unwanted symptoms	Part Two: <i>Keeping watch for early warning signs</i>
28. I know that there are mental health services that help me	Part Two: <i>Keeping watch for early warning signs</i>
29. Although my symptoms may get worse, I know I can handle it	Part One: <i>Staying Well</i> Part Two: <i>Keeping watch for early warning signs</i>
30. My symptoms interfere less and less with my life	Part One: <i>Staying Well</i> Part Two: <i>Keeping watch for early warning signs</i>
31. My symptoms seem to be a problem for shorter periods of time each time they occur	Part One: <i>Staying Well</i> Part Two: <i>Keeping watch for early warning signs</i> Part Three: <i>Advanced planning</i>

## PART ONE: STAYING WELL

### The stress vulnerability bucket: a metaphor about mental illness

You will have noticed that staying well is largely about managing your stress. A simple, popular way of thinking about the relationship between stress and mental illness is the **stress-vulnerability bucket**. Because stress is a huge factor when it comes to all mental health issues, this straightforward model can be used to think about nearly all kinds of mental health issues. Here's how it works.

### Your vulnerability: The bucket

Some people are more vulnerable to developing symptoms of mental illness than others. How vulnerable we are depends on a whole lot of risk factors we can't change. Some of the more common "unchangeable" risk factors are:

- Previous experience of trauma / abuse
- Coming from a disadvantaged background
- A family history of mental illness
- Experiencing a physical or developmental / intellectual disability
- Belonging to a minority group that experiences discrimination (for example, people from culturally and linguistically diverse backgrounds, people who are lesbian, gay, bisexual, transgender, intersex or queer)

People who have fewer of these risk factors are like very large buckets that can hold a lot of water (stress) before they overflow (experience symptoms). People who have more risk factors are like smaller buckets, so the amount of water (stress) they can hold is less.

For people with many risk factors even small amounts of stress may lead to unwanted symptoms. This means that minimising the effect of stress through positive, active strategies is even more important.



## Stressors: the water

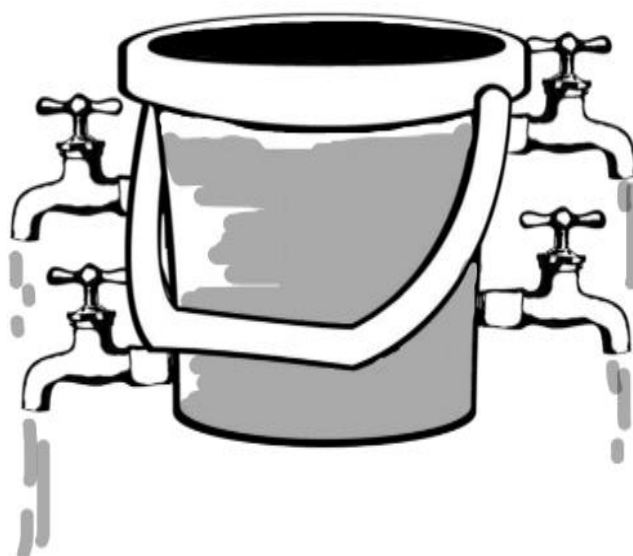
Everyday stressors play a big role in bringing on relapses. Stress is represented by water that fills up the bucket. The bigger the stressors, and the more of them there are in your life, the more water goes into the bucket. Once the water reaches a critical level, the bucket will overflow and a relapse may enter the picture.



Things that can raise your water levels (increase stress)		
Isolation	Not getting enough sleep	Moving house
Not meeting your own expectations of yourself	Difficulties at work, or school	Starting a new relationship
Using substances	Financial difficulties	Relationship difficulties
Unemployment	Housing instability	Poor family relationships
Mixing with people who have a "bad influence" on you and your behaviour	Being a victim of abuse	Not taking essential medications
Starting a new job	Experiencing stigma	Legal difficulties
Getting married	Arguments / conflict	Grief / loss

## Things that reduce stress: taps in the bucket

Even though we all have stressors, there are also many things that can help us to release or manage stress. These things are like taps that you can turn on to reduce the water levels in your bucket. These taps are positive coping strategies and good life choices that help lower your stress levels. Many different strategies can add taps to your bucket and keep your water (stress) levels as low as possible. The trick is working out the best strategies for you!



Below is a short list of a few things that can be helpful in reducing your stress and in creating a well-balanced life. You can probably think of a lot more that are relevant to you.

Things that can lower your water levels (reduce stress)		
Reducing/stopping drug use	Balancing work/leisure/sleep routines	Using online self-help websites
Taking helpful medications consistently	Leaving abusive relationships	Yoga/meditation/tai chi
Talking to people you trust	Forgiving others	Forgiving yourself
Being honest with your doctor/therapist	Having realistic expectations of yourself	Maintaining your appearance (look good, feel good)
Doing worthwhile things	Managing your money properly	Keeping a daily routine
Working in gainful employment	Having enough alone time	Giving yourself "time out"
Paying bills on time	Having enough social contact	Learning for pleasure – reading books/watching documentaries
Removing bad influences from your life	Having a life made up of a variety of interests/activities	Having patience and maturity
Getting enough sleep	Having rewarding hobbies	Exercise
Being able to express your needs	Challenging yourself	Remembering you have a condition
Being able to say "no" when you need to	Being flexible	A healthy diet
Keeping a positive attitude – replace negative thoughts with positive ones	Be kind to strangers	Spending time in nature. Take time to appreciate the beauty of the world around you.

And again, the list goes on. In the next exercise we ask you to think about your own "taps" or stress reduction strategies.



[illegible][illegible]

## ● Exercise: Improving your stress reduction strategies

If your list of stressors on the previous page was longer than your list of things that reduce your stress, then it's a good time to think about starting to improve your range of stress reduction activities. Even if you have lots of these strategies already, you can never have too many!

Think about 5 stress reduction strategies that you can start doing to improve your overall wellbeing. Write them down in the table below and start doing them... today. There's no better time than right now to start doing things that help to minimise your stress!

You can use the list of stress reduction strategies on the previous page if you can't think of any, and there's also a huge table in the **Identifying effective strategies** section on pages 23 to 26 that can help you come up with ideas that will suit you.

5 strategies I can start <u>today</u> to reduce my stress	
1	
2	
3	
4	
5	

## ● Exercise: My main stressors

Stress reduction strategies will help release or manage your stress. But it's even better if you can avoid the stressors in the first place! Prevention is *always* quicker and easier than cure, which is why it's essential that we take steps to remain well BEFORE life throws a spanner in the works. Taking action now can make all the difference.

From your list of stressors, what would you consider to be the **main** ones that are likely to affect your health? Be as specific as you can.

My biggest stressors are...

## Conquering some of the big stressors

Now that you've identified some of your most important stressors, think about how you can remove their influence from your life. Some sources of stress can be cut out or avoided altogether. If the source of a stressor can't be simply removed from your life or is proving to be very hard to get rid of, then your next best option is to figure out how you can stop it from having a negative effect on your health. This can mean discussing your lifestyle changes with somebody, joining a self-help group, or asking for specific assistance from your support network.

Thankfully, nearly all stressors can either be reduced or dodged altogether if we employ the right strategy at the right time. Identifying specific strategies to reduce the impact of stressors has a "trickle-down" effect on our long term mental health. Dealing with stressors now can profoundly affect our well-being in the future.

Here's an example of some stressors, as well as some strategies that can be used to manage them.

Stressor	Strategy
Drug use (marijuana)	Start attending narcotics anonymous, or another group that can help me with drug abstinence
Only getting a few hours of sleep a night	Take my medication early and turn off all my lights and electronics by 10:30pm
Forgetting to take my medication	Set alarms on my phone to remind me to take my pills
Thinking into things so deeply that it makes me feel paranoid	Reality-check myself, don't overthink things, and discuss my fixations with people I trust.

## ● Exercise: My plan to reduce my water levels

So what strategies can you use to avoid these stressors, or at least take away their power?

My Stressor	Strategy

*"Remember that stress doesn't come from what's going on in your life. It comes from your thoughts about what's going on in your life."*

-Andrew J. Bernstein (music promoter and recording industry bigwig)

## PART TWO: KEEPING WATCH FOR EARLY WARNING SIGNS

### What are early warning signs?

Early warning signs are the first hints that we might need to take extra care with our mental health. They can be a result of a negative life event or a bad choice we've made, but they can also just appear on their own for no apparent reason. To use the stress vulnerability bucket analogy, early warning signs are the first drops of water spilling over the brim of our buckets.

For those of us who have experienced a mental health condition at some point in our lives it's very important to be able to identify our early warning signs. They'll be the first red flag that we need to take action. Early warning signs tend to get worse if nothing is done about them, so paying attention to them straight away can make all the difference.

There has been a lot of research on the subject of relapse, and it's been clearly shown that how long and how bad a relapse is can be greatly reduced (and even avoided entirely) if people recognise and do something about their early warning signs. To use a war metaphor, actively watching for early warning signs is like posting sentries to be on the lookout for the approach of enemy troops. Being forewarned about trouble *before* it arrives will give you a much better chance in the upcoming battle.

As early warning signs will always make an appearance before the return of an episode of mental illness, the most important question you can ask about early warning signs is: "Would I know it if I experienced one?"

## Common early warning signs

Before we dive into a list of common early warning signs, it's worth remembering that experiencing **any** of the individual items on this list doesn't necessarily mean that you are at risk of relapse. We all have some days that are better than others, and most people will experience many of these things in moderate amounts at different times in their lives. The important thing here is to identify the specific early warning signs that have led to relapse for YOU in the past. We have tried to list as many as possible to be most useful in helping you to think through what your own specific set of early warning signs might be.

Early warning signs can be tricky to spot by the untrained eye due to the fact they rarely have any obvious connection with mental health issues. For instance, if the average person on the street had a few days where they had trouble getting out of bed, weren't as well organised as usual or forgot to brush their teeth, it wouldn't be enough for a diagnosis of a mental illness, would it? Early warning signs are highly specific to each person, and identifying them before they become actual **symptoms** will give you a better chance of averting a crash.

### NOTE

It can sometimes be unpleasant to think about what was happening for us when we have been unwell in the past, but this is all part of the process of getting to know ourselves better. The better we know ourselves, the more able we will be to spot and stop early warning signs before they turn into a full episode / relapse.

## ● Exercise: My early warning signs

If you've ever experienced any of the following things before a relapse, **CIRCLE** them. If you'd like, you can add other early warning signs you have experienced to this list as well.

Early Warning Signs
Talking or smiling to myself
Difficulty sleeping
Difficulty sitting still
Eating or drinking until sick
Isolating myself from friends and family
Getting angry easily
Neglecting personal hygiene
Thinking people are against me
Forgetting to brush my teeth
Can't stop talking
Losing my ability to get along with people
Negative thinking
Feeling increasingly religious
Thinking people are talking about me
Movements are slow
Feeling helpless or useless
Thinking unusual / bizarre thoughts
Having difficulty making decisions
Feeling like I am being punished
Feeling despondent
Smoking more
Feeling less hungry
Feeling heaps of guilt
Feeling like I am being watched

Early Warning Signs
Behaving aggressively
Feeling suspicious
Chewing my nails
Cleaning or washing excessively
Crying more than usual
Cutting or burning myself
Damaging your home or possessions
Drastically changing my appearance
Everything becoming an effort
Extreme emotions
Feeling "on edge"
Feeling afraid for no reason
Feeling confused or puzzled
Feeling forgetful or far away
Feeling in another world
Feeling irritable
Feeling isolated
Feeling like I am being watched
Feeling like I cannot trust other people
Feeling like my emotions have stopped
Feeling like I do not need to sleep
Feeling nauseous
Feeling overwhelmed by life
Feeling sad or low



Early Warning Signs
Experiencing strange sensations
Trouble with motivation
Speech comes out jumbled
Feeling tired for no good reason
Having a disordered, cluttered home
Thinking I can read other people's minds
Not enjoying things I usually enjoy
Feeling afraid of going crazy
Increased energy
Thinking my thoughts are controlled
Lack of organisation
Communication difficulties
Losing my budgeting skills
Coming up with many new ideas
Feeling guilty
Decreased libido / sex drive
Feeling anxious
Being late for everything
Playing video games or gambling for days at a time
Mood swings
Anxiety when you're out of the house
Senses seem sharper
Feeling worthless
Feeling unusually angry
Too much or too little sleep
Thoughts are racing

Early Warning Signs
Feeling strong or powerful
Feeling things won't get better
Feeling unable to cope with everyday tasks
Fixating on something specific
Grinding my teeth
Having difficulties concentrating
Having less patience with people
Having more nightmares
Having trouble getting dressed
Hearing voices
Inappropriate laughter
Increased substance use
Losing my train of thought
Mind slows down
Neglecting my appearance
Not enjoying previously enjoyable activities
Not talking much
Only feeling better by using substances
Putting on (or losing) a large amount of weight in a short time
Racing thoughts
Rapid, rambling speech
Receiving personal messages from the computer / TV or radio
Repeating behaviours or words a lot
Senses "shut down"
Spending large amounts of money
Spending time alone

Early Warning Signs
Having a sense of restlessness
Being preoccupied about one or two things
Behaving oddly for no reason
Feeling tired or lacking in energy
Headaches
An inability to concentrate
Feeling more hungry
Increased libido / sex drive

Early Warning Signs
Taking on many new things
Thinking a part of me has changed shape
Thinking I have special powers
Thinking people are against me
Trembling / shaking
Trouble getting out of bed
Troubles falling asleep
Waking up too early in the morning

## ● Exercise: What do people I trust notice when I'm getting unwell?

Often the people who are closest to us can notice changes in us that we don't even notice ourselves. Asking people we trust about what they notice can be a really useful way to help us understand our unique pattern of early warning signs. Below is space to record what three people you trust have noticed when you were becoming unwell in the past. It can be helpful to explain to them why you are doing this process and ask them questions like, "What are the very first things you notice that make you worry about my mental health?"

### Ideas from Person I trust 1

Very first early warning signs they notice	
Other changes they notice later on	

### Ideas from Person I trust 2

Very first early warning signs they notice	
Other changes they notice later on	

### Ideas from Person I trust 3

Very first early warning signs they notice	
Other changes they notice later on	

## This connects to...

The **Connecting and Belonging** section of this workbook will help you to identify who you trust, who is an active part of your recovery journey, and the roles of different support people. If you have trouble with the section above, perhaps going through the **Connecting and Belonging** section may make this easier.

## Ordering early warning signs

So far you've identified what your early warning signs are, and hopefully other people you trust have given you their ideas. Now we would like you to try and figure out the order in which your early warning signs are most likely to appear, from those first mild tickles to full-on alarm bells. Figuring out their sequence means that when things get stormy you'll be able to know just how close to the brink you actually are. This can provide more in the way of options and increase your chances of preventing a relapse. Some early warning signs may indicate that you need immediate help, while others just mean you should get a couple of early nights. Try to group your early warning signs into stages:

**FIRST STAGE:** the first things you notice, and things you can probably manage on your own. This is actually the hardest and, in some ways, the most important stage to notice!

**MIDDLE STAGE:** more serious warning signs that might indicate that you need to seek help or support.

**LATER STAGE:** things that suggest that you are nearing crisis point and you definitely need help or support.

We have used the idea of a **thermometer** for this exercise (this is a pretty common metaphor). The first stage signs are at the lowest temperature. As things "hot" up, your middle stage signs will start showing themselves. At close to "boiling point" your later stage signs will make their appearance.

Use the thermometer on the next page to order your early warning signs into early, middle and later signs. To do this, use the signs you circled in the last exercise and the information about changes that your support people noticed. The idea of the thermometer is useful because it lets you see where you are and can help you to decide what kind of actions you need to take to stay well – we will get onto the strategies part next.

[illegible]

- Exercise: What strategies are effective for me?

[illegible]

## ● Exercise: Discovering new strategies for managing early warning signs

Over the next few pages, there are a huge range of suggestions of strategies that can be used to combat early warning signs. Go through the list of strategies to see which ones you think might be most helpful for you to use.

How you use this list is completely up to you, but you might like to use the following symbols to “rate” each strategy in terms of how well you think it might work for you.

- ✓✓ I have used this strategy and I know it is very helpful for me.
- ✓ I have used this strategy and I know it is helpful for me.
- ? I haven’t used this strategy and I think it might be helpful for me to try
- ✗ I haven’t used this strategy, but I don’t think it would be very helpful for me
- ✗✗ I have used this strategy and I definitely know that it is NOT helpful for me

Read through each strategy and mark whether this has been / might be useful for you or whether you think it won’t be helpful for you. You can add your own at the end.

Strategies	Helpful?
Appreciating myself	
Arranging not to be alone	
Avoiding caffeine and sugar	
Avoiding drugs or alcohol	
Avoiding long periods of doing nothing	
Avoiding long periods of isolation	
Avoiding stimulating environments	
Being good and gentle to myself	
Being held by someone I love	

Strategies	Helpful?
Booking an urgent appointment with my therapist	
Changing negative thoughts into positive ones	
Cleaning	
Dancing	
Doing activities that I enjoy	
Doing things that distract me from my symptoms	
Focusing on the “here and now” rather than worrying about the future	
Forcing myself to get out of the house at least once a day	
Forcing myself to get up in the morning	
Gardening	
Get help with household chores	
Getting emotional support from people I trust	
Getting in touch with my spirituality	
Giving my credit and debit cards to a trusted support person	
Giving myself positive praise	
Go for a walk in nature	
Going for long drives	
Going on bus rides / train rides	
Going on day trips	
Going to a support group	
Going to church	
Going to the gym	
Helping others	
Keeping a list of enjoyable activities that I can do that don’t take much effort	



Strategies	Helpful?
Keeping a list of things to use up excess energy (e.g., weeding, washing, cleaning)	
Keeping away from people who stress me out	
Keeping regular sleeping / waking cycles. Go to bed on time and get out of bed on time	
Keeping busy	
Keeping to a timetable for my day	
Knitting / crochet / cross stitching	
Laughing	
Letting my support people know how I'm feeling	
Listening to music	
Long hot baths	
Looking through photo albums	
Making a list of things to do for the day	
Making love	
Not giving up my usual routine	
Painting / creative expression	
Playing a musical instrument	
Playing sports	
Playing with / caring for pets	
Praying	
Reading	
Recalling the good times	
Refusing to feel guilty	
Relaxing in a natural setting	
Remembering my achievements	
Seeing my friends and support people regularly	
Spending a couple of days living with a parent / friend / relative to avoid becoming isolated	

Strategies	Helpful?
Staying in familiar environments	
Staying away from big groups of people	
Talking to my case manager / support facilitator / mental health worker	
Talking to another person who has experienced similar issues	
Talking to my doctor about options for increasing / changing medications	
Using relaxation techniques like deep breathing, progressive muscle relaxation or meditation	
Watching my favourite movie / TV show	
Working with pottery	
Working with wood	
Writing in a journal	
Writing letters / emails to friends	
Yoga	

We will start with an exercise to get you to think about which stage of early warning signs each of your strategies would work best at. Alternatively, you might want to jump to the next exercise where we get you to match a particular strategy or two with each early warning sign.

[illegible]


## Matching strategies to early warning signs

Now you have identified a range of strategies that might be useful to manage early warning signs and you have ordered them into early, middle and later strategies, it's time to match strategies to specific early warning signs. There's an endless number of ways that you could do this: some people like to put their strategies on the same page as the thermometer, others like to have a separate page that lists their strategies by different stages. To help you, we have provided an example of the "thermometer" version below. On the next pages, there is a template for you to use, but feel free to create your own!

Early warning signs		Strategies	
Late stage early warning signs	Withdrawing socially: During both of my past admissions this behaviour transformed into outright paranoia, so I know this is a red flag.	Talk to my support people straight away. Try to avoid isolating myself entirely. Talk to my doctor or mental health worker about possible changes in treatment.	
	Feeling crummy: feeling crummy for no reason isn't like me. Also, this can lead to not being able to enjoy the things in life that usually bring me pleasure.	Talk to my support people. Talk to my doctor and mental health worker so they can keep an eye on the situation with me. I might need to consider additional medication.	
Middle stage early warning signs			
	Letting my house get messy: Sometimes I stop caring about the upkeep of my house...and then my own upkeep.	Set aside a time to clean up. But this could be more than a messy house: struggling with hygiene is a common issue with my particular mental health issues. If this goes on for a while, I may need to make an appointment with my doctor.	
	Not wanting to get out of bed: This minor issue can quickly grow to the point where I stop caring about things like my hygiene and my responsibilities	Give some thought to my routine. It could just mean that I'm overloaded and need to reduce my obligations, OR they could be early warning signs.	
Very first early warning signs			
	Losing my train of thought: We all get distracted. But wandering about all day in la-la land is a worry. It may indicate the early stages of thought disorder.	I might just need a break and a coffee before getting back to what I was doing. However, if this issue persists and disrupts my capacity to work, I may need a day off.	
	Difficulty concentrating: I may be working too hard and not getting enough sleep. Also, my job can be boring at times.	Have a couple of early nights and see if that helps. Assess my workload and, if necessary, temporarily reduce it.	

## ● Exercise: My Early Warning Signs and Strategies Thermometer

Early warning signs		Strategies	
Late stage early warning signs			
Middle stage early warning signs			
Very first early warning signs			



## Keeping your thermometer up to date

The thermometer exercise doesn't end here! For best results, be sure to use it regularly to monitor your wellbeing. Your thermometer is also intended to be a "living document," something you add to as you get more knowledge and experience.

This is a big job, but it is worth every minute you spend on it. This whole process is about getting to know yourself and your illness in the deepest way possible. As you learn more about yourself, your early warning signs, and the best strategies for you, you'll add new things to your thermometer, change things and reorder things. You might find that you have to delete strategies that don't seem as useful as you first thought. All of this is great, because it demonstrates that you are getting to know yourself so much better. Eventually, your thermometer will become so detailed that you'll probably need to do up a brand new version, so the first thermometer you complete won't be the last.

Don't forget to share your thermometer with people you trust and who support you. It is actually really helpful for all of your support people or trustworthy friends to have a copy of or at least know about your warning signs and strategies! That means you will have others looking out for you. Also, your support people will have more idea of the signs that might suggest you need a helping hand. They may also be able to help you get the ordering right with the way the early warning signs emerge. You have probably included some of these people in your strategy plan, especially for the middle or later stages, so it's important to check that they understand it and are happy to be involved. You could even talk to them about the most helpful ways for them to alert you if they do notice early warning signs.

## PART THREE: ADVANCED PLANNING

### The value of making advanced plans

So far in this module, we've talked about managing stress to stay well and we've talked about identifying early warning signs. Both of these can help to prevent us from becoming acutely unwell. But, like we said in Module Two, recovery is not a linear journey. So, as the old saying goes, it's wise to hope for the best but also plan for the worst.

"Advanced planning" is a pretty simple concept: it means using what we've learned from our past experiences with mental illness to make effective plans for our future care. If we have a plan in place before we become unwell, then the people who make the decisions about our care and treatment can use our advance plans to do things in the way we want. Although our treating team are not legally obliged to follow our plan if they believe other options will work better for us, having an advanced plan means that they know what our wishes are. When they know what our wishes and preferences are, then they are much more likely to follow them.

Having a plan in place helps our peace of mind now, too! Although many people don't like to think about what should happen if they become unwell again, making advanced plans can actually help to reduce the anxiety we can feel about becoming unwell. In the worst case scenario that we do become unwell again, at least we know that our support network will know what we think is most useful to assist our recovery.

The following five pages provide the opportunity for you to put together a simple advanced plan, and it's highly recommended that all our readers take advantage of this now, rather than later.

### ● Exercise: My advanced plans

The following five pages give you the opportunity to create a personalised advanced plan, outlining your wishes should you be hospitalised or need assertive treatment. There are a lot of different advanced plan "layouts" around. If you don't like this one, ask your mental health worker what they know about, or search online.

## MY ADVANCED PLAN - Page 1

Date: .....

<b>Full Name</b>	
<b>Date of Birth</b>	
<b>Phone number</b>	
<b>Address</b>	
<b>Signature &amp; date</b>	

If I'm hospitalised, please notify the following person/people as soon as possible. This can include friends, family, a GP, a psychiatrist, a case manager, an advocate, a carer, or other support people.

Who	Relationship	Number

I have the following things in place	Yes	No
Financial guardianship?		
Power of attorney?		
Medical insurance?		
Other (specify)		



## MY ADVANCED PLAN - Page 2

Date:

### My healthcare history

#### 1. Things that worked

When it comes to medication and other treatments, in the past I've found the following things helpful.


#### 2. Things that *haven't* worked

The following things haven't worked very well for me, and I'd prefer not to try them again.


#### 3. Existing health issues

I have the following health issues, allergies, or other medical stuff.


## Making your Advanced Plan more detailed

Now that those basic things are out of the way, we'll move onto your personalised plan – this will be for page 3 of your plan. This more detailed part needs to include everything you want your treating team to know for the sake of your own wellbeing (and perhaps even your own protection) if you happen to relapse. For instance, somebody who experiences “high” phases can do a lot of financial damage to their bank accounts before they go back down again, so their advanced plan may involve having their credit cards being held by a support person. Using that example, here's a sample advanced plan sheet for a lady who has been hospitalised before due to extreme bipolar phases.

### An example:

What	Details
Caring for my children	My two children need to stay with someone (my mother and my sister have looked after them in the past and are pretty familiar with their routines).
I can't have access to my cards	I need to have my keycard and credit cards taken away by the staff so I can't rack up a huge debt
No-go zones	I cannot go to pubs, clubs, casinos or anywhere else that offers poker machines or other forms of gambling. I also can't play card games with the other residents, as there's a high likelihood I'll turn it into an opportunity to gamble
Pocket money only	I cannot carry around large quantities of money. I am also not allowed to borrow money from anybody
Financially vulnerable to others	While I'm in hospital I'm not allowed to give my money or possessions to anybody there, whether it's to patients or to visitors. Some of my family members have taken advantage of my high phases in the past, as have other residents
Kept safe	While “up” I have been known to act physically affectionate towards male residents I don't know that well. Some may take advantage of this. I cannot have male patients in my room or be allowed in their rooms.
Caring for my cat	Someone needs to look after my cat if I am away from home. Mrs Jones from next door (unit 12) has a key to my place and knows how to look after my cat.
Paying rent, electricity and phone	Even though I know I'm not good at managing my money when I'm unwell, I need to check my mail so that I don't miss out on paying any of my bills.

Now that you've seen how it's done, on the next page is your opportunity to spell out what you want to happen in the event that you are hospitalised. Try and include all the things that are important to your care and wellbeing, so your treating team, family and other support people can keep them in mind during a potential stay.

MY ADVANCED PLAN - Page 3

Date:

[illegible]

## Getting your advanced plan witnessed

So now you've developed your whole advanced plan, but how can you be sure that it'll be followed? Is it worth the paper it's written on? What can you do to increase its power?

Like any legal document, getting your advanced plan "witnessed" is a good way to boost its value. Getting your plan witnessed means getting somebody to state *in writing* that yes, they were there, and that they acknowledge this plan spells out your wishes. Witnesses can be doctors, psychologists, some other kind of health worker, a lawyer, a justice of the peace, or somebody else. Your witness simply has to sign a short statement confirming your plan, and that you, in their opinion, understand what you are asking for. You also sign this page. To make things easier, on the next page is a form for your witness to fill in. This will be page 4 of your Advanced Plan.

## MY ADVANCED PLAN - Page 4

Date:

I have developed this Advanced Plan to ensure my wishes and my knowledge based on previous experiences are listened to and taken into account if at some time in the future my mental state makes it hard for me to clearly express my needs and wants.

Name:

Signature:

I have witnessed ..... (name of person who has developed the advanced directive for themselves) sign this form and in my opinion, at the time this was done, they were well enough to understand and intend the effects of their advanced plan.

Name of witness	
On behalf of	
Witness's role	
Address	
Signature	
Date	

## What to do with your completed Advanced Plan

Once your advanced plan has been completed and witnessed, we recommend that you ask your mental health worker to store a copy in your medical records. It's also really important to share your plan with the people you have mentioned in it – or at least the part that is relevant to them. For example, if you have said that you would like your neighbour to be asked to feed the cat, it would make sense to make sure they know that they might be asked to do just that and are also happy to do so! We suggest that some support people or people you trust should also keep backup copies, just to be safe. Within reason, the more people who know about your Advanced Plan and even have a copy, the more likely it is to be followed when the time comes. Be sure to keep a list of everyone who has a copy.

## Keeping your Advanced Plan up to date

You can change your advanced plan at any time. All you have to do is say in writing at the top of your new plan that you are withdrawing the older advanced plan, then draw up a new one to replace it. We recommend that you review your advanced plan every 12 months to make sure it stays up to date with where you are in life. If some support people have out-of-date copies of your old plan, you'll need to let them know about the changes and give them copies of the new one.

# Congratulations!

You've reached the end of *Module Three: Mastering my Illness*. We hope you've got a better idea of how to take the leading role in your recovery journey. This workbook has a lot more to offer, so we hope you'll continue reading the other three modules (if you haven't done so already).

## Module One: Doing Things I Value

Want to live a satisfying life full of meaning and value? Great! This is the module for you. Because the way we spend our time is critical to our well-being, it's essential that we do things that bring purpose, good health, pleasure, fun and balance to our lives. **Doing Things I Value** focuses on doing things you value and enjoy, and adding healthy and constructive elements to your routine.

## Module Two: Looking Forward

Are you feeling hopeful about your recovery? Do you understand that a mental health issue does not define you? This module can help you to develop the skills and attitudes you will need to play an active role in your own recovery and plan effectively for your future well-being.

## Module Four: Connecting and Belonging

We all need people we can trust and depend on. While having the support of mental health workers is important, it's best if they don't make up our entire support network. This module focuses on building friendships, forming community connections, and nurturing the relationships that are most helpful to you.

