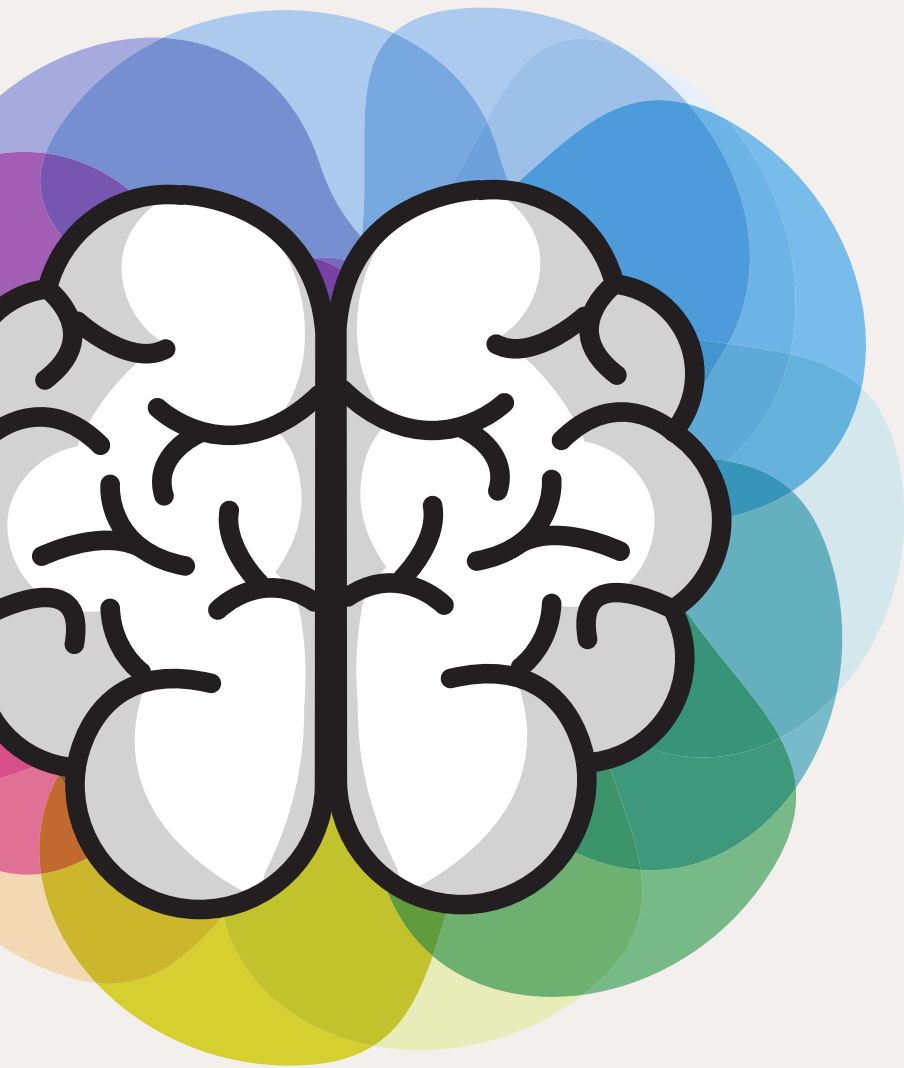


# Mental Health Management



Information and  
worksheets to help  
with maintaining  
mental health and  
well-being

**Written by**  
Shannon Sevigny, M.C., RP, CCC



# Wellness Reflection

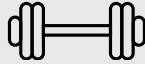


# Self-Care Practices

## PHYSICAL SELF-CARE



BALANCED  
DIET



REGULAR  
EXERCISE



DAILY  
MOVEMENT



SUFFICIENT  
SLEEP



DIFFERENT  
TYPES OF REST



RELAXATION  
PRACTICES



PERSONAL  
HYGIENE



MEDICAL  
CARE



SEXUAL  
ACTIVITY



MINIMAL  
SUBSTANCES

## EMOTIONAL SELF-CARE



SELF-  
REFLECTION



GOING TO  
THERAPY



BALANCED  
SELF-TALK



PRACTICING  
SELF-  
COMPASSION



PROCESSING  
EMOTIONS



EXPRESSING  
FEELINGS



IMPULSE  
CONTROL



MINDFULNESS  
PRACTICES



PRACTICING  
GRATITUDE



RELEASING  
EMOTIONS

## PERSONAL SELF-CARE



RECREATION  
ACTIVITIES



ENGAGING IN  
HOBBIES



CULTIVATING  
HUMOUR



LEARNING  
NEW THINGS



CREATIVE  
EXPRESSION



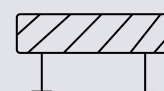
MANAGING  
STRESS



ASKING FOR  
HELP



UNPLUGGING



SETTING  
BOUNDARIES



BEING  
ASSERTIVE



# Self-Care Practices

## SOCIAL SELF-CARE



FOSTERING  
RELATIONSHIPS



CONNECTING  
WITH OTHERS



COMMUNITY  
INVOLVEMENT



TIME WITH  
LOVED ONES



MEETING NEW  
PEOPLE



SUPPORT  
NETWORK



HELPING  
OTHERS



RESPECTING  
OTHERS



MANAGING  
RELATIONSHIPS



ACTS OF  
KINDNESS

## SPIRITUAL SELF-CARE



MEDITATION  
PRACTICES



SPIRITUAL/FAITH  
PRACTICES



MOMENTS OF  
AWE, WONDER



FLOW  
ACTIVITIES



PURPOSE AND  
MEANING



TIME IN  
NATURE



VALUES-  
BASED LIVING



TIME WITH  
SELF

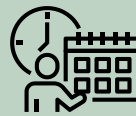


GIVING  
BACK



MOMENTS OF  
HUMILITY

## PRACTICAL SELF-CARE



FOLLOWING  
ROUTINES



MANAGING  
TIME



TASKS AND  
ERRANDS



PERSONAL  
RESPONSIBILITIES



COMPLETING  
WORK



ORGANIZING  
AND PLANNING



BUDGETING  
AND SAVING



GETTING  
ASSISTANCE



WORKING  
TOWARDS GOALS



KEEPING  
SAFE



# Self-Care Assessment

- I try to follow a healthy, balanced, and non-restrictive diet
- I get regular exercise and/or daily movement in
- I get enough sleep
- I get enough rest (physical, mental, emotional, social, and sensory)
- I regularly engage in activities that relax me and/or release tension
- I stay on top of my personal hygiene
- I go to appointments and access medical care when needed
- I engage in activities that provide sexual pleasure and release
- I avoid or try to minimize the use of substances
- I engage in recreation activities
- I pursue my hobbies, interests, and passions
- I try to see the humour in things and find moments to laugh
- I try and take advantage of opportunities to learn new things
- I have outlets for expressing myself creatively
- I actively try to manage stressors that I have control over
- I am able to ask for help when needed
- I regularly find ways to unplug
- I am comfortable setting boundaries and being assertive
- I engage in meditation exercises
- I engage in spiritual and/or faith practices
- I seek out moments of awe, wonder, and humility
- I regularly engage in activities that induce a "flow" state
- I engage in activities related to my sense of purpose and meaning
- I regularly spend time in nature
- I try to live in alignment with my values
- I am able to enjoy times of solitude
- I find ways to contribute to society

- I regularly engage in self-reflection
- I go to therapy or use other therapy-related supports
- I try to have balanced self-talk
- I try to be compassionate with myself
- I regularly process and express my feelings
- I work on controlling my impulses
- I engage in mindful activities and practices
- I practice gratitude
- I regularly release my emotions in a healthy way
- I find time to focus on my relationships
- I find ways to regularly connect with and feel connected to others
- I find ways to get involved with my community
- I am able to spend time with family and friends
- I am open to opportunities for meeting new people
- I have the support network I need
- I find ways to help others or engage in acts of kindness
- I am respectful of others
- I try to work through any difficulties in my relationships
- I try to follow the routines that work for me
- I am able to effectively manage how I spend and use my time
- I try to stay on top of necessary tasks and errands
- I try to stay on top of my personal responsibilities
- I am able to complete work and/or focus on my goals
- I am able to effectively organize and plan
- I try to follow my budget and save money
- I seek out any help that is needed in the different areas of my life
- I try to minimize risk and keep myself healthy and safe



# Self-Care Reflection

1 Which self-care habits do I currently practice?

2 Which self-care practices tend to have the most impact on me?

3 Which practices do I know I need to incorporate more into my life, particularly right now?

4 What strategies usually help me remain consistent with my self-care?



# My Self-Care Activities

**PHYSICAL  
SELF-CARE**

**EMOTIONAL  
SELF-CARE**

**PERSONAL  
SELF-CARE**

**SOCIAL  
SELF-CARE**

**SPIRITUAL  
SELF-CARE**

**PRACTICAL  
SELF-CARE**



# Mental Health Reflection





# Mental Health Reflection

What are my typical symptoms?

Which symptoms are the most disruptive or worrisome?

What have been my previous patterns? How and when has this typically shown up in my life?

What seem to be some of my triggers for these struggles and symptoms?

What do I typically experience/notice first? What, in hindsight, says something is off or could happen?

What, in hindsight, have I experienced that tells me that things are escalating?

What seems to maintain the struggle or make it worse?

What seems to be the most helpful for maintaining a stable status?

What seems to be the most helpful for preventing an escalation in symptoms?

What interventions or strategies have been helpful? When have they helped the most?

What are my current supports and interventions?



# Wellness Recovery Action Planning



# Reflection

1 What are my current stressors?

2 What stressors am I anticipating?

3 What triggers do I need to be the most mindful of?  
What are the riskiest situations and/or settings?

4 What do I have control over?

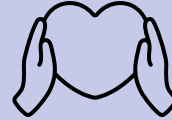


# Maintenance Strategies



## SELF-ASSESSMENT

- Considering current mental health status
- Considering current stressors
- Anticipating upcoming stressors and needs
- Gathering resources and supports



## SELF-CARE

- Prioritizing physical and personal needs
- Emotional, social, and spiritual self-care
- Managing stress
- Having a work/school/life balance



## FOLLOWING A ROUTINE

- Reflecting on needs and responsibilities
- Adding structure into the week
- Building a helpful and practical routine
- Sticking to a schedule



## COPING AHEAD

- Thinking about potentially triggering situations
- Adjusting what is possible
- Building a coping toolbox
- Preparing coping plans



## FOLLOWING CARE PLANS

- Taking medication consistently
- Checking in with health team regularly
- Having crisis and safety plans
- Being aware of as-needed support options



## COUNSELLING OR THERAPY

- Connecting with a therapist or other supports
- Engaging in therapeutic interventions
- Practicing skills and strategies
- Being aware of as-needed support options



## PEER SUPPORT

- Being open with friends and family
- Seeking support from others
- Joining peer support groups
- Having accountability partners

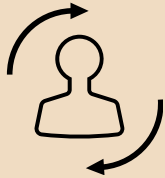


## SELF-MONITORING

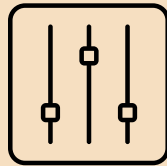
- Checking in with self
- Monitoring mood, symptoms, urges
- Monitoring use of skills and strategies
- Assessing need for additional support



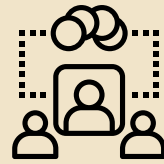
# Intervention Strategies



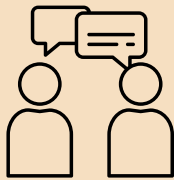
ADJUST  
SELF-CARE



ADJUST MAINTENANCE  
AND COPING PLANS



GATHER RESOURCES  
AND SUPPORTS



OPEN UP TO FAMILY  
AND FRIENDS



MAKE APPOINTMENT  
WITH COUNSELLOR



MAKE APPOINTMENT  
WITH DOCTOR



ADJUST TREATMENT  
AND/OR MEDICATIONS



EXPLORE NEED FOR  
FURTHER ASSESSMENT



EXPLORE OTHER OR  
ADDITIONAL SUPPORTS



BOOK A SAME-WEEK  
APPOINTMENT



CALL A CRISIS OR  
OTHER HELPLINE



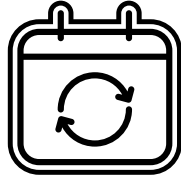
TAKE SELF TO THE  
LOCAL HOSPITAL



# My Plans



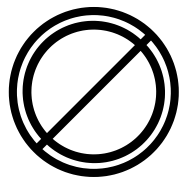
# Maintenance Plan



WHAT I NEED TO DO DAILY



WHAT I NEED TO DO REGULARLY



WHAT I NEED TO AVOID OR MINIMIZE



WHAT I NEED FROM OTHERS



# Monitoring

**WHAT THOUGHTS, EMOTIONS,  
AND BEHAVIOURS DO I NEED  
TO BE THE MOST AWARE OF?**

**WHICH SYMPTOMS WOULD INDICATE  
THE MOST THAT THINGS ARE  
DETERIORATING?**

**WHAT BARRIERS MAY PREVENT ME  
FROM BEING AWARE AND/OR  
ACCEPTING THAT I AM STRUGGLING?**

**WHICH SYMPTOMS WILL  
REQUIRE IMMEDIATE SUPPORT?**





# Intervention Plan

**WHAT I CAN DO WHEN I START  
NOTICING INITIAL SYMPTOMS**

**WHAT I CAN DO WHEN I NOTICE  
SYMPTOMS ARE WORSENING**

**WHAT SYMPTOMS/BEHAVIOURS  
OTHERS CAN WATCH OUT FOR**

**WHAT OTHERS CAN DO IF THEY  
NOTICE CERTAIN SYMPTOMS**



# Plan for Difficult Moments



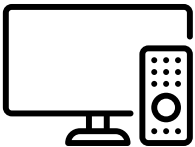
**WHAT I CAN  
SAY TO MYSELF**

Blank space for writing self-talk strategies.



**WHAT I CAN  
DO TO CALM  
OR SOOTHE  
MYSELF**

Blank space for writing calming or soothing actions.

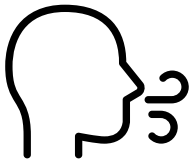


**WHAT I CAN  
DO FOR  
DISTRACTION**

Blank space for writing distraction strategies.



# Plan for Difficult Moments



**WHAT I CAN  
DO AS A  
RELEASE**

Blank space for notes related to the first section.



**WHO I CAN  
TALK THINGS  
OUT WITH**

Blank space for notes related to the second section.



**WHO I CAN  
CONNECT  
WITH FOR  
DISTRACTION**

Blank space for notes related to the third section.



# Crisis Plan

**WHAT I CAN DO TO RESIST  
ACTING ON THE DARK THOUGHTS**

**WHAT I CAN REMOVE FROM MY  
ENVIRONMENT TO KEEP ME SAFE**

**THE SAFE SPACES I CAN GO**

**WHO I CAN CALL FOR SUPPORT**

**WHAT I NEED OTHERS TO  
AGREE TO DO FOR ME**

**IF I'M STILL STRUGGLING AND  
FEELING UNSAFE, THIS IS MY  
PLAN FOR GETTING HELP**



# My Resources



# Monthly Planner

MON	TUE	WED	THU	FRI	SAT	SUN



# Weekly Planner

**MONDAY**

**TUESDAY**

**WEDNESDAY**

**THURSDAY**

**FRIDAY**

**SATURDAY**

**SUNDAY**

**PRIORITIES**



# Daily Planner

## SCHEDULE

7.00 AM	_____
8.00 AM	_____
9.00 AM	_____
10.00 AM	_____
11.00 AM	_____
12.00 PM	_____
13.00 PM	_____
14.00 PM	_____
15.00 PM	_____
16.00 PM	_____
17.00 PM	_____
18.00 PM	_____
19.00 PM	_____
20.00 PM	_____
21.00 PM	_____
22.00 PM	_____

## SELF-CARE

**PHYSICAL:**

**EMOTIONAL:**

**PERSONAL:**

**SOCIAL:**

**SPIRITUAL:**

**PRACTICAL:**

## MAIN PRIORITIES

## TO DO LIST





# Daily Tracker

**TODAY'S HIGHLIGHTS**

**TODAY'S CHALLENGES**

**WHAT WAS HELPFUL TODAY**

**WHAT I HOPE FOR TOMORROW**

**MOOD/BEHAVIOUR/SYMPTOM CHECK-IN**



# My Supports

## DOCTOR

NAME:

NUMBER:

EMAIL:

## PSYCHIATRIST

NAME:

NUMBER:

EMAIL:

## THERAPIST

NAME:

NUMBER:

EMAIL:

\_\_\_\_\_  
NAME:

NUMBER:

EMAIL:

\_\_\_\_\_  
NAME:

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NAME:

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NAME:

NUMBER:

EMAIL:

\_\_\_\_\_  
NAME:

NUMBER:

EMAIL:

\_\_\_\_\_  
NAME:

NUMBER:

EMAIL:



# Crisis Support



## Mental Health Crisis Line

24/7 phone support

1-866-996-0991



## Suicide Crisis Helpline

24/7 phone support

988



## Good2Talk

24/7 phone support

1-866-925-5454



## Hope for Wellness

Support for Indigenous persons

1-855-242-3310



## LGBT Youth Line

24/7 phone support

1-800-268-9688



## Pembroke Hospital

Local emergency department

613-732-2811



# Counselling Support



## Good2Talk

24/7 phone support

[1-866-925-5454](tel:1-866-925-5454)



## Wellness Together

24/7 phone support

[1-866-585-0445](tel:1-866-585-0445)



## Counselling Services

Short-term support on campus

[algonquincollege.com/  
pembroke/counselling](http://algonquincollege.com/pembroke/counselling)



## WeConnect

Student counselling program

[wespeakstudent.com](http://wespeakstudent.com)



## Counselling Connect

Free virtual counselling

[counsellingconnect.org](http://counsellingconnect.org)



## WES for Youth

Free virtual counselling (ages 13-24)

[wesforyouthonline.ca](http://wesforyouthonline.ca)



# Other Resources



## Peer Support

Weekday drop-in virtual support

Currently Unavailable



## Youth Wellness Hub

Local youth health services

[youthhubs.ca/en/sites/renfrew-county](https://youthhubs.ca/en/sites/renfrew-county)



## Health Services

Registered Nurse on campus

[algonquincollege.com/pembroke/health-services](https://algonquincollege.com/pembroke/health-services)



## Renfrew County VTAC

Virtual medical appointments

1-844-727-6404



## Pembroke Hospital

Local emergency department

613-732-2811



## 211 Ontario

Community and social resources

211