Staying Well & Minimising the Risk of Relapse

developing collaborative relapse prevention plans with mental health service users

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Introduction

The aim of this resource handbook is to provide a series of practical tools to work with the mental health service user:

- helping them to become aware of their relapse picture – this means helping them to identify the early warning signs of relapse;
- encouraging them to try out some practical exercises to manage both difficult situations and any re-occurring symptoms;
- helping them to create a relapse plan, encouraging early action on managing any early warning signs, if they occur, with the aim of hopefully avoiding a full relapse of their illness.

This resource handbook contains a number of short practical exercises to help the person to develop their particular relapse picture and then their relapse plan.

Most of these short exercises are written for the individual service-user, although it is highly recommended that the named nurse, care coordinator or doctor provides guidance and support in helping the service user to try out some of these exercises.

Each exercise is presented as a single sheet that can be taken or copied from the pack. After giving some explanation about the exercise, this can then be practised by the service user.

Please note that not all of the exercises will be relevant to each service user, so you will need to select only those exercises that may prove helpful.

It is hoped that this resource handbook will support your practice.

John Butler
So what is Structured Relapse Prevention Planning:

- a collaborative therapeutic activity undertaking by the practitioner and service-user, with three main aims:
  - to develop an individual relapse picture that helps to identify ‘at risk’ mental states
  - to develop a personalised action plan that specifically states what to do in the event of noticing early signs of potential relapse (sometimes called the ‘relapse drill’)
  - to promote the service-user’s understanding and self-control over re-occurring difficulties / symptoms

Who is it for?

- structured relapse prevention planning is particularly helpful for the following groups of people:
  - people who have a history of repeated relapse
  - people who are high risk of relapse as a consequence of, for example, non-compliance with treatment or who are recovering from a recent relapse
  - people who live alone or in very stressful environments
  - people with non-severe but ongoing symptoms (residual symptoms)
Exercise  Rating your confidence

How confident are you about staying well?

Spend some time thinking about how confident you feel on a scale of 1–10.

Circle your answer on the scale below:

<table>
<thead>
<tr>
<th>NOT CONFIDENT AT ALL</th>
<th>TOTALLY CONFIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0   1   2   3   4   5</td>
<td></td>
</tr>
<tr>
<td>6   7   8   9   10</td>
<td></td>
</tr>
</tbody>
</table>

Don’t worry if your score is low. This shows that it may be useful for you to work on relapse prevention planning. Remember that your confidence level may change on a daily basis.

You may find it useful to ask your named nurse or care coordinator where they think you fall on the scale. It may also be helpful to speak to your friends and family about where they see you.

Exercise  Realising your strengths

The key to staying well lies in what we think and do. You will already do a number of things that help you to stay well.

Examples of these may be:

- taking prescribed medication
- keeping yourself busy
- exercising and/or staying active
- taking part in interests or hobbies

Try to think of the things you do to stay well and write them down in the space below:

---------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------

Remember that recognising the things you already do to cope can be encouraging.

Discussing what it is about these strategies that actually helps you with a family member, friend, or with your named nurse / care coordinator can be helpful.

If you have concerns about bothering or burdening these people, and are worried that they might be annoyed, think about how you would feel if someone close to you needed to talk.

Strategy  Catching it early
Scientific studies indicate that problems like depression, anxiety and psychosis are not conditions that suddenly appear. As with other life conditions, such as asthma or diabetes, there is often ‘run-in time’, and early intervention is always more effective. These problems give us plenty of clues that they are developing. You may have noticed changes in your thoughts, feelings, and behaviour, which can be early warning signs. These changes usually happen in the weeks or months before a return of the troublesome symptoms of these conditions.

Exercise  Early warning signs: elevated mood and psychosis
Listed below are some common early warning signs of elevated mood and psychosis. Please tick (√) those that apply to you.

<table>
<thead>
<tr>
<th>Common early warning signs of elevated mood</th>
<th></th>
<th>Common early warning signs of psychosis</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling full of energy</td>
<td>√</td>
<td>Noticing that your thoughts are racing</td>
<td></td>
</tr>
<tr>
<td>Feeling irritable</td>
<td>√</td>
<td>Thinking that you have special powers</td>
<td></td>
</tr>
<tr>
<td>Easily getting into arguments</td>
<td>√</td>
<td>Hearing voices</td>
<td></td>
</tr>
<tr>
<td>Speaking quickly</td>
<td></td>
<td>Seeing things that other people can’t</td>
<td></td>
</tr>
<tr>
<td>Being over-talkative</td>
<td></td>
<td>Thinking bizarre things</td>
<td></td>
</tr>
<tr>
<td>Making impulsive / quick decisions</td>
<td></td>
<td>Feeling like you’re being watched</td>
<td></td>
</tr>
<tr>
<td>Jumping from one idea to the next</td>
<td></td>
<td>Acting suspiciously, as if being watched</td>
<td></td>
</tr>
<tr>
<td>Feeling like I don’t need any sleep</td>
<td></td>
<td>Thinking that people are talking about you</td>
<td></td>
</tr>
<tr>
<td>Telephoning friends at all hours</td>
<td></td>
<td>Receiving messages from the TV or radio</td>
<td></td>
</tr>
<tr>
<td>Spending too much money</td>
<td></td>
<td>Thinking that you can read other people’s minds or that they can read your mind</td>
<td></td>
</tr>
<tr>
<td>Taking on more and more jobs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You may have experienced other early warning signs that are less general, and are more personal to you. Try to write these down in the space below:

Remember that you are identifying early warning signs, rather than symptoms, of elevated mood and/or psychosis.

Strategy     Catching it early

Scientific studies indicate that problems like depression, anxiety and psychosis are not conditions that suddenly appear. As with other life conditions, such as asthma or diabetes, there is often ‘run-in time’, and early intervention is always more effective. These problems give us plenty of clues that they are developing. You may have noticed changes in your thoughts, feelings, and behaviour, which can be early warning signs. These changes usually happen in the weeks or months before a return of the troublesome symptoms of these conditions.

Exercise     Early warning signs: depression & anxiety

Listed below are some common early warning signs of depression and anxiety. Please tick (√) those that apply to you.

<table>
<thead>
<tr>
<th>Common early warning signs of depression</th>
<th>Common early warning signs of anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowered mood</td>
<td>Feeling tense or nervous for no obvious reason</td>
</tr>
<tr>
<td>Waking up early in the morning</td>
<td>Worrying more than usual</td>
</tr>
<tr>
<td>Oversleeping</td>
<td>Being preoccupied with worries</td>
</tr>
<tr>
<td>Feeling tired / lacking energy</td>
<td>Difficulty falling asleep</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>Difficulty concentrating</td>
</tr>
<tr>
<td>Memory problems</td>
<td>Feeling more restless than usual</td>
</tr>
<tr>
<td>Increased irritability</td>
<td>Difficulty relaxibg</td>
</tr>
<tr>
<td>Withdrawing from your usual social activities</td>
<td>Headaches</td>
</tr>
<tr>
<td>Losing interest in activities that you usually enjoy</td>
<td>Feelings of dizziness</td>
</tr>
<tr>
<td>Feeling useless or helpless</td>
<td>Feeling like your heart is pounding</td>
</tr>
<tr>
<td></td>
<td>Avoiding familiar activities</td>
</tr>
<tr>
<td></td>
<td>Difficulty making decisions</td>
</tr>
</tbody>
</table>

You may have experienced other early warning signs that are less general, and are more personal to you. Try to write these down in the space below:

Remember that you are identifying early warning signs, rather than symptoms, of anxiety and/or depression.

Exercise  Using the Card Sort Method for Identifying Early Warning Signs

Your named nurse / care coordinator or doctor can help you to identify your early warning signs by using a card sort method.

S/he will provide you with one or more sets of index cards, depending upon the type of symptoms that you experience, each with a common early warning sign written on it.

For each set of cards, go through the cards, picking out those that best describe how you were thinking, feeling and behaving before you became unwell. You may find it helpful to think about what other things were happening in your life at the time. You could also try asking those who were close to you at the time, as they may have noticed some things that you were not fully aware of. Once you have picked out a series of cards that best describe how you were thinking, feeling or behaving at the time, try and place the cards in the order in which they first began to occur – this is referred to as developing a timeline of your early warning signs.

establish which early warning signs occur first, putting them in the order in which they tend to occur
ask others what they noticed e.g. carers
it is helpful to do this by thinking about the last relapse and putting the early warning signs onto a timeline, of usually 4 – 6 weeks before the relapse occurred

6 wks 4 wks 2 wks relapse

Remember that the early warning signs indicated on the cards are written in a fairly general way. How could you re-write these to make them more specific to you and your experiences?

For example:
General: preoccupied with one or two thoughts
Specific: thinking about people being after me all the time

Having gone through the cards, are there any other signs, personal to you, that you would add to your list? Write these down on a separate page.

Your named nurse / care coordinator or doctor can help you to make a record of these signs in the order that they tend to occur.
**Exercise**  
**Your ‘relapse picture’**

Your collection of common and more individual early warning signs, and the order in which they occur, make up your ‘relapse picture’. Think about how your thoughts, feelings, and behaviour have been affected by these early warning signs.

Using the idea of a thermometer to highlight your early warning signs, your ‘relapse picture’ may look something like this:

<table>
<thead>
<tr>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>not eating</td>
<td>worrying constantly</td>
<td>feeling despondent about the future</td>
</tr>
<tr>
<td>feeling that I’m being punished</td>
<td>having trouble sleeping</td>
<td>thinking that I’m going crazy</td>
</tr>
<tr>
<td>avoiding seeing people</td>
<td>arguing with mum</td>
<td>neglecting my appearance</td>
</tr>
<tr>
<td>thinking that things are pointless</td>
<td>sweating all the time</td>
<td>feeling low for several days in succession</td>
</tr>
<tr>
<td>feeling less motivated</td>
<td>drinking too much</td>
<td>irritable and short tempered with the kids</td>
</tr>
<tr>
<td>losing my sense of humour</td>
<td>losing interest in sex</td>
<td>feeling less motivated</td>
</tr>
<tr>
<td>noticing that my thoughts are racing</td>
<td>lost interest in food</td>
<td>feeling less motivated</td>
</tr>
<tr>
<td>more time on my own</td>
<td>worrying constantly</td>
<td>feeling low for several days in succession</td>
</tr>
</tbody>
</table>

Write down, in order if possible, the early warning signs which make up your relapse picture in the space below:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remember that we all have days when we feel anxious and nervous, or just plain miserable. It doesn’t mean that we are getting ill.

If your illness is returning, you will notice clear changes in the way that you think, feel, and behave over a period of time.

If you’ve struggled with trying to identify your early warning signs, don’t worry. Lots of people do. A good starting point is talking to people, such as your family and friends, who have been with you when you have been both ill and well. You may find that they noticed things you may have forgotten, or have chosen not to remember.

Exercise  Completing your ‘relapse picture’

Complete your own relapse picture by writing your early warning signs in the green, amber, and red sections of the thermometer, according to when they begin to happen and how severe you feel they are. Remember that your relapse picture may look quite different from the example above.

Remember that we all have days when we feel anxious and nervous, or just plain miserable. It doesn’t mean that we are getting ill.

If your illness is returning, you will notice clear changes in the way that you think, feel, and behave over a period of time.

If you’ve struggled with trying to identify your early warning signs, don’t worry. Lots of people do. A good starting point is talking to people, such as your family and friends, who have been with you when you have been both ill and well. You may find that they noticed things you may have forgotten.

**Strategy**  
**Developing your own personal early signs scale**  
You may find it useful to develop your own personal rating scale to monitor your early warning signs, in becoming more aware of how much they are occurring and how much of a problem they are.

**Exercise**  
List your personal early warning signs into the left hand column of the table below.  
If you think that you may be slipping back, then simply use the rating scale below, to rate how much of a problem each warning sign was at the end of each day. If you find that some of your early warning signs are persisting for several days in a row and you are rating them as 2 or 3 on the scale, then it may be useful to discuss this further with your named nurse / care coordinator or your doctor.

<table>
<thead>
<tr>
<th>Rating Scale</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>not a</td>
<td>a little bit</td>
<td>a medium</td>
<td>a big</td>
</tr>
<tr>
<td></td>
<td>problem</td>
<td>of a problem</td>
<td>problem</td>
<td>problem</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your personal early signs</th>
<th>Sun</th>
<th>Mo</th>
<th>Tue</th>
<th>We</th>
<th>Thu</th>
<th>Fri</th>
<th>Sa</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>
**Exercise  Identifying Triggers**

You will also need to improve your awareness of particular events that have triggered your illness in the past. Research suggests that being aware of the events in your life that affect you, however small they might be, plays a significant role in you staying well.

A timeline may help you to remember events in your life and the way they affected you, which in turn can help you to identify your early warning signs for becoming ill. It doesn’t matter how long or short your timeline is – it is an individual thing. If you are struggling to remember what has happened in your past, ask family or friends for help. Look at the following example:

<table>
<thead>
<tr>
<th>Date</th>
<th>External event</th>
<th>How it affected me</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1999</td>
<td>Mum and Dad’s golden wedding anniversary</td>
<td>Worried for weeks beforehand, and drank too much to get through it</td>
</tr>
<tr>
<td>Oct 1999</td>
<td>Took on extra hours at work</td>
<td>Trouble sleeping and concentrating</td>
</tr>
<tr>
<td>Dec 1999</td>
<td>Freezing cold</td>
<td>Kept rechecking the pipes</td>
</tr>
<tr>
<td>Jan 2000</td>
<td>Went to the sales</td>
<td>Felt panicky and had to come home</td>
</tr>
<tr>
<td>Feb 2000</td>
<td>Doctor appointment</td>
<td>Disappointed to be back on medication</td>
</tr>
</tbody>
</table>

Now write down some of the events that both you and your family or friends think may be triggers for you in the table below:

<table>
<thead>
<tr>
<th>Date</th>
<th>External event</th>
<th>How it affected me</th>
</tr>
</thead>
</table>

Vulnerability to Stress: understanding the need for taking action

You may have noticed a link between times when you have felt very stressed and times when you have become unwell. You may also have noticed that some of the things that you have tried to do have not actually helped, and may in fact have made things worse.

However, it is important to recognise that just because you feel stressed doesn’t mean that you will definitely relapse or experience symptoms – it just means that it is more likely.

We all have different levels of vulnerability, which is rather like having a coping threshold – if we experience something that pushes us beyond our coping threshold, then we may experience symptoms. Some events will be more stressful than others, and two stressful events that occur at the same time are likely to have more effect on us than one stressful event.

To try to ensure that stress does not push us beyond our coping threshold, we can be prepared by learning various methods and techniques for managing stress. This will have the effect of keeping our stress levels low, so that it is well within our coping range and, in fact, increase our coping threshold – as we learn new coping strategies. An example of this shown is shown by the dotted line in the diagram below.
By discussing this with your named nurse / care coordinator or doctor, try to identify the things that cause you stress and things from your past or personal characteristics that might make you vulnerable – they may include some of the following examples:

<table>
<thead>
<tr>
<th>makes me</th>
<th>tick if applies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stressed</td>
<td>difficulties at school, university or work</td>
</tr>
<tr>
<td>Stressed</td>
<td>loss of relationship</td>
</tr>
<tr>
<td>Stressed</td>
<td>problems within the family</td>
</tr>
<tr>
<td>Stressed</td>
<td>isolation / lack of support</td>
</tr>
<tr>
<td>Stressed</td>
<td>drinking alcohol / using drugs</td>
</tr>
<tr>
<td>Stressed</td>
<td>housing problems</td>
</tr>
<tr>
<td>Stressed</td>
<td>financial problems</td>
</tr>
<tr>
<td>Vulnerable</td>
<td>having a family history of mental health problems</td>
</tr>
<tr>
<td>Vulnerable</td>
<td>having a sensitive personality</td>
</tr>
<tr>
<td>Vulnerable</td>
<td>traumatic things that happened in the past</td>
</tr>
</tbody>
</table>

**Exercise:**
Write down your own list of the things that tend to cause you stress or that make you vulnerable, and then add some of the things that help you when feeling stressed or vulnerable. Your named nurse / care coordinator or doctor will be able to help you to complete your list.

**Things that cause me stress / make me feel vulnerable:**

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

**Things that help to manage stress:**

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

You may also find it helpful to sketch this out as a timeline – your named nurse / care coordinator or doctor will help you to do this.

Relaxation

Being able to relax is an important strategy for staying well. If practised regularly, it will provide you with a valuable tool in becoming confident about staying well. You can help yourself relax by using a variety of enjoyable techniques, from taking meditation to taking a bubble bath.

Try to think of the things you do to relax and write them down in the space below:

You may have also learnt specific relaxation techniques. These might have been from a health-care professional or your doctor, an evening class, or even a book or tape borrowed from the library. A relaxation technique is a personal choice, and there are many different kinds.

Below is a **simple breathing exercise** you may want to try.

**Exercise**

- As soon as you begin to feel anxious or worried, start breathing slowly, using your stomach muscles.
- Breathe in slowly and deeply. As you breathe in, count in your head: one thousand and one, one thousand and two, one thousand and three, one thousand and four, one thousand and five, one thousand and six, while expanding your stomach.
- Breathe out slowly and count: one thousand and one, one thousand and two, one thousand and three, one thousand and four, one thousand and five, one thousand and six.
- Hold your breath for a couple of seconds.
- Repeat this exercise for 5 minutes a day, and again whenever you feel you need to. At first, you may only be able to reach one thousand and three, but after a while you will be counting to one thousand and six.

**If relaxation techniques don’t seem to work:**

Relaxation is a skill that needs to be learnt. The following tips may help you.

- Try and practise your chosen relaxation technique regularly in various situations during your normal daily routine.
- Choose a time and place where you will be uninterrupted and comfortable.
- Read through or listen to any instructions you may have before beginning.
- Keep a diary of your experiences and progress.
- Ask a friend or family member to help, e.g. by looking after your children.

Exercising to stay well

A car would not run well without fuel, oil, regular tuning, and servicing, yet we frequently expect ourselves to function without proper care and maintenance. Research suggests that regular exercise can help you to stay well. Some of the benefits include changes in your body, such as the release of ‘feel-good’ chemicals in your brain, called endorphins, which provide a distraction from worrying or depressing thoughts. Exercise and meaningful activity can also relieve stress by making you feel good about mastering a new skill, as well as improving your fitness and energy levels.

☐ Try to exercise for about 20 minutes, three times a week, at a pace that leaves you slightly out of breath. It’s good for you, and forms part of a healthy lifestyle.
☐ Make sure that you enjoy yourself – you will be more likely to keep it up if you do.
☐ Ask a friend to join you, or join an exercise class or group. Local libraries and notice boards in shops, supermarkets, and surgeries often have information about what is available in your area.
☐ Your named nurse / care coordinator or doctor can advise you on the types of activities you could consider doing.
☐ Aim to make exercise part of your weekly routine.
☐ Exercise doesn’t have to be expensive – a brisk walk won’t cost you a thing.

Eating to stay well

Aim to eat a balanced diet that nourishes your body with all it needs. Your named nurse / care coordinator or doctor will be able to provide you with up-to-date, accurate information about healthy eating, but the main principles are as follows:

- eat five portions of fruit and vegetables a day
- cut down on saturated fats and cholesterol that comes from animals
- increase your intake of dietary fibre from wholegrain cereals, fruit, and vegetables
- cut down on sugar and salt
- eat sensible portions three times a day
- drink 2 litres, or 8 glasses, of water per day
- limit your intake of caffeinated drinks (e.g. tea, coffee, and some soft drinks) to 2 or 3 per day, as these may increase your anxiety
- stick to sensible alcohol limits: 14 units per week for women, and 21 units per week for men (1 unit = ½ pint of beer, one small glass of wine, or one pub measure of spirits).

You need to fuel your body properly to stay well. Doing this means that you are increasing your chances of success.

We all need different amounts of sleep, with the average adult range being between 4 and 8 hours a night. Some people need more than this, and some people need less. The older we get, the less sleep we need, and the more likely we are to wake up during the night. The amount of sleep we need also depends on how active we are, and the state of our health.

Some useful tips:
- get into the routine of going to bed at a regular time
- avoid taking 'cat naps' during the day
- eat your evening meal 3 to 4 hours before going to bed
- take regular exercise
- cut down on smoking, alcohol, and drinks containing caffeine, and avoid having these before bedtime
- try a relaxing activity, e.g. enjoying a warm bath before going to bed
- you may find it useful to keep a notepad beside your bed to write down your worries, or things you shouldn’t forget
- if you lie awake for more than half an hour, get up and find something constructive to do, e.g. reading
- try not to worry about not sleeping, as it will make things worse.

If you are worried that your sleep is becoming disturbed, keep a sleep diary. Record the quality of your sleep, e.g. doze, fitful, or deep; the location, e.g. sofa or bed; approximate times; and whether you did anything that helped, e.g. took a milky drink or tried relaxing. This will help you to look objectively at the situation and to monitor whether your sleep really is getting worse.

<p>| Sleep Diary |
|------------------|------------------|------------------|------------------|------------------|------------------|</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Time went to sleep</th>
<th>Quality of sleep</th>
<th>Hours asleep</th>
<th>What did you do to help get to sleep? Did this work?</th>
</tr>
</thead>
<tbody>
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**Lifestyle Strategy**

**Planning activity to stay well**

Having some structured activity in your day can help you to keep yourself healthy. Structured activity can:

- make you feel better and distract you from problems and unhelpful thoughts
- give you a sense of purpose and control
- make you feel less sluggish and more energetic – inactivity increases feelings of apathy
- motivate you to do more and increase your ability to think clearly
- help increase your sense of achievement and pleasure.

There should be a balance between activities that are essential, e.g. work, and those that you give you pleasure, e.g. listening to music.

Don't worry if you find this difficult at first. The following tips may help:

- plan your day in advance, but don’t be too rigid. If you miss one activity, move on to the next
- if planning a whole day seems too difficult, break it down into smaller parts, e.g. between breakfast and your morning coffee break
- reward yourself for what you have done, instead of worrying about what you haven't done
- aim for a balance between essential and enjoyable activities
- plan for quality, and not quantity
- ask a friend or family member to provide you with moral support
- use problem-solving techniques

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Planned Activity</th>
<th>Achieved? Y or N</th>
<th>How much did you enjoy this? (rate: 0 – 10)</th>
<th>How well do you think you did this? (rate: 0 – 10)</th>
</tr>
</thead>
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Effective problem solving is a skill that needs to be learned, and you need to find a solution that you are comfortable with. The stages are outlined in the diagram below.

Strategy: Anti-depressant Medication

'I’m feeling better, so shouldn’t I stop my medication?'

'I’m not feeling any better, so what’s the point in continuing to take the tablets?'

These are some of the thoughts that people commonly have about their medication.

Before making any decisions, it is important to talk it through with your named nurse, your care coordinator or your doctor.

Below is some advice from the experts about anti-depressants.

- Take your medication regularly, and as prescribed by your doctor or health-care professional.
- If, despite taking your tablets at the right dose for 6 to 8 weeks, you still have not improved, you may need to have the dose increased or your tablets changed.
- You need to keep taking your medication for at least 6 months after you have started to feel well. If you stop too soon, you may start to feel unwell again.
- If you are prone to frequent relapse, you may need to stay on your medication for longer.
- Stopping your medication too soon can result in many unpleasant symptoms, such as dizziness, nausea, feeling slower, and bad headaches. You may even experience panic attacks and feelings of restlessness. Doctors call this the ‘discontinuation effect’.
- If you forget to take your medication, you may also feel as if you’re experiencing relapse and becoming ill again. It is likely that your feelings are linked with the discontinuation effect.

Safely stopping your anti-depressant

When the time comes to stop your medication, first talk to your doctor, your named nurse or care coordinator about reducing the dose. If they agree, the following steps may help:

- halve your initial dose, and take your medication every other day
- reduce your medication gradually over 4 weeks
- if you have had problems stopping your antidepressants in the past, gradually stop taking them over a longer period
- speak to your doctor if you have problems or concerns at any stage.

Strategy  Thinking yourself into staying well

Studies suggest that learning to process your thoughts in a more helpful way increases your chances of staying well. Health-care professionals call this the cognitive behavioural approach, and you can learn to practice this for yourself.

The way you think is the result of a lifetime of experience and can be very difficult to change. Because you are someone who has experienced anxiety, depression, or both, you may also feel pessimistic about your ability to stay well. The next section will concentrate on thinking yourself into staying well.

What thoughts do you have about staying well? Try to write them down in the space below:

------------------------------------------------------------------------------------------------
------------------------------------------------------------------------------------------------
------------------------------------------------------------------------------------------------

Ask yourself which of these thoughts are going to help you stay well. Congratulate yourself for the helpful thoughts, and hold onto them, because they will be useful.

Let’s try working on those thoughts that are less helpful.

Some typical unhelpful thoughts about staying well are:

- I know that I’ll get ill again
- I’m a depressive/anxious sort of person
- I’m terrified of becoming unwell again
- Other people think I’ll never stay well

Add your own unhelpful thoughts to the list, and then we’ll look at ways of challenging them. You can do this in the space below:

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In order to stay well, it will help if you can become skilled and confident in your ability to challenge the unhelpful thoughts that you have highlighted.

Below are some examples of unhelpful thoughts you may have and ways that might help you to challenge them.

1. **A number of unhelpful thoughts can be characterised by the ‘fortune teller’ or ‘mind reader’ label.**

   'I know that I'll get ill again', 'Other people think I'll never stay well', 'If I do this, I will fail', 'People will think I’m a failure', or 'I have nothing to offer people'.

   If this sounds familiar, try asking yourself the following questions:
   - Am I jumping to conclusions without really checking the evidence?
   - Am I confusing a thought or feeling with a fact?
   - Am I making unhelpful negative predictions about the future, instead of experimenting with it and finding out what really happens?

2. **Many people, despite being well, can attach negative and unhelpful labels to themselves. These can affect your self-esteem, and can jeopardise your chances of staying well.**

   'I’m a depressive / anxious sort of person' or 'I’m a loser'.

   If you are someone who thinks in this way, ask yourself the following questions:
   - Am I concentrating on my weaknesses and forgetting my strengths?
   - What do I gain by thinking in this way?
   - Is there a more helpful way I could think about myself?

3. **Another common, unhelpful way of thinking that can damage your chances of staying well is a tendency to blow things out of proportion, and using language that actually makes you feel fearful.**

   'I’m terrified of becoming unwell again'.

   If this sounds like you, try asking yourself the following questions:
   - Am I exaggerating the importance of events?
   - Am I overestimating the chances of disaster?
   - How likely is it that I will become ill again, in actual fact?

---

Giving Yourself a Boost

Many people tend to be hard on themselves, whether the result of being overly self-critical or having a tendency to ignore or discount positive achievements, however small – this is a particular feature of depression for some people. Others may have a tendency to ignore or discount encouraging compliments that other people give them. If this is the case, the following exercise may be helpful.

**Exercise:**
Many people tend to be hard on themselves. They may be overly self-critical, even ignoring positive and encouraging compliments that other people give them.

If this sounds like something that you do, try making a list of your achievements, however small, and any compliments you receive.

Practice just saying ‘thank you’ to anyone who says something good to you, and add the compliment to your list.

**Your list:**

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

When you feel down, it may be helpful to look through this list. You might find it encouraging, and it may give you a boost. And don’t forget to congratulate yourself when you do something that you are proud of.

Using Distraction Approaches

Using distraction techniques can help to keep aspects of worry, fear and anxiety under control. They can also be useful for other sorts of problems, such as hearing voices. Your named nurse / care coordinator or doctor will be able to discuss with you how best to use distraction for these problems.

It is difficult to concentrate on more than one thing at a time, so when you turn your attention to something neutral or pleasant, you can distract yourself from worrying thoughts or images.

For something to be truly distracting, it needs to be very specific, and to hold our attention and interest. If it is too simple, too vague or boring, it is unlikely to be helpful. There are three main types of distraction techniques:

**Physical exercise**

this means keeping active even when you are stressed, for example: by walking, jogging, playing a sport; updating your diary; checking through the messages on your mobile phone. You will need to think of different distractions for different activities, as you will not be able to practice some of your ideas in certain situations e.g. you can't play football if you're on a train.

**Re-focusing your attention**

this means paying a lot of attention to things around you, for example: counting the number of people wearing white clothing in the street; studying the details of a picture or object in the shop, café or pub; reading the details of food packages.

**Mental exercise**

this means being creative in using our minds to think about a distracting phrase, picture or mental exercise, such as: recalling a favourite holiday trip; practising mental arithmetic; describing an imaginary scene; listening to a favourite piece of music in your head. The more detailed you are, the more distracting it will be.
Exercise on Distraction Methods:

Try to create your own list of distraction techniques, which work for you. Remember to choose distraction techniques that are suited to you and to the situation that you find difficult. Try to choose distraction techniques that relate to your interests if you can. Write down your list of distraction techniques:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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Practice your distraction techniques whenever you have the chance.

Remember that distraction will NOT be helpful if it is used as a way of avoiding difficult situations – if this applies to you, you will need to try a different method of managing your worrying thoughts or images.

**Strategy**  **Thinking for confidence**

Having confidence in yourself can play a key role in you staying well. Believing that you will be able to do this can be a great motivator.

Think about the main reason why you feel you might not stay well, and then we’ll examine it. Write it down in the space below:

---

Estimate how strongly you believe this thought on a scale of 1–10. Circle your answer on the scale below:

<table>
<thead>
<tr>
<th>NOT AT ALL</th>
<th>ABSOLUTELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

Now ask yourself the following questions and write your answers on a separate page:

1. What evidence do I have to support this thought?
2. What evidence is there to challenge the accuracy of this thought?
3. How would someone I admire deal with this thought?
4. How would I have dealt with it before I became unwell?
5. Is thinking in this way likely to help me?
6. Is there an alternative to thinking in this way?
7. What can I do to improve my chances of staying well?
8. Am I making unhelpful negative predictions about the future, instead of experimenting with it and finding out what really happens?

How strongly do you now believe the thought? Circle your answer on the scale below:

<table>
<thead>
<tr>
<th>NOT AT ALL</th>
<th>ABSOLUTELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

You may find that your belief in the unhelpful thought has weakened. This exercise can illustrate that thoughts are not facts – they can change.

If you have found this section particularly useful, discuss with your named nurse / care coordinator or doctor about other ways in which this approach may be able to help you.

Strategy  Planning to Minimise Relapse

Having now learnt your ‘relapse picture’, you may be in a position to recognise your own early warning signs of returning problems. It is important that you are confident about what to do, should you begin to relapse.

What you can do?

Devising a plan will help you to prepare for the possibility of a relapse. This relapse plan will include your own early warning signs, together with a clear plan of action, to help you manage the signs as they occur.

Your relapse plan is more likely to succeed if it includes the following:
• personal coping strategies
• how to get access to expert help
• involvement of mental health professionals and your family & friends

Service interventions

Although you are the real expert when it comes to your mental health, part of your relapse plan is likely to involve doctors, nurses, and other mental health professionals. These are some of the areas they may be able to help you with:
• monitoring your early signs
• ways of managing your symptoms effectively
• medication advice
• problem solving
• cognitive behavioural approach
• developing skills in asserting yourself
• learning relaxation skills
• solution-focused approaches

Exercise  Thinking about your relapse plan

Now, try to complete your relapse plan with your named nurse or care coordinator, remembering to make it your own. S/he will give you a form to write up your relapse plan. S/he will discuss it with you and help you to complete it.

Write down your early warning signs in the left column of the form.

Write down the practical things that you or other people could do to help in the right column of the form.

Strategy: Your Relapse Plan as a Relapse Prevention Card

Some people find that it is useful to write their relapse picture and relapse plan onto a small card that can be carried around with them.

For this, you will need a small card, like an index card. Ask your named nurse / care coordinator or doctor for a card.

Write the following information onto the front of the card:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am at risk of developing episodes of ________________</td>
<td></td>
</tr>
<tr>
<td>My relapse picture includes these early warning signs:</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
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<td>3</td>
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<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

Write the following information onto the back of the card:

Whenever I have any of these signs, I will respond by:

1
2
3

My doctor is _______________________________________________
Tel. No. is:______________________________________________

My Care Coordinator is ____________________________________
Tel. No. is: ____________________________________________

If I have concerns about my illness, I will contact _____________ immediately.
## Care Plan: Staying Well & Minimising the Risk of Relapse

This plan is used to clearly describe the early signs of becoming unwell again and to agree personal actions that are likely to promote and maintain recovery. This should be completed with the help of the named nurse or care coordinator.

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<thead>
<tr>
<th>Name</th>
<th>MPI No.</th>
<th>PRN No.</th>
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</table>

### How will you know that you are becoming unwell?
- make a list of your early warning signs
- if you have lots of early warning signs, pick those that you are most likely to notice

### Your personal action plan
- what will you do to cope with these early warning signs?
- how will you get the support you need when you need it?
- how will the service help you to minimise the risk of relapse?

### Important Contact Numbers

<table>
<thead>
<tr>
<th>Care Coordinator</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>Other</td>
</tr>
</tbody>
</table>

### Signatures

<table>
<thead>
<tr>
<th>Your signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of person completing this with you</td>
<td>Date</td>
</tr>
</tbody>
</table>

### Record the dates when a copy of this plan was given to the following:

<table>
<thead>
<tr>
<th>Case-notes / File</th>
<th>Care Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service-User</td>
<td>CMHN / Social Worker</td>
</tr>
<tr>
<td>GP</td>
<td>Other e.g. main carer</td>
</tr>
</tbody>
</table>
So why bother with Structured Relapse Prevention Planning?

• even if you can’t prevent a relapse, this approach may be helpful in reducing the impact and shorten the duration of the relapse

• provides an opportunity to promote engagement with services, closely working with the service-user towards the mutual goal of relapse prevention (a collaborative approach)

• enhances an understanding of the illness, both for the service-user, family and practitioner

Information Where to get more information

Your named nurse / care coordinator or doctor will be able to help you in recommending where you can get further information.

Some sources of further information, which you may find helpful, are:

- Depression Alliance 020 7633 9929  [www.depressionalliance.org](http://www.depressionalliance.org)
- Manic Depression Fellowship 020 8974 6550  [www.mdf.org.uk](http://www.mdf.org.uk)
- Mental Health Foundation 020 7535 7400  [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)
- MIND InfoLine 0845 660 163  [www.mind.org.uk](http://www.mind.org.uk)
- No Panic 01952 590545  [www.nopanic.org.uk](http://www.nopanic.org.uk)
- Obsessive Action 020 7226 4000  [www.obsessive-action.demon.co.uk](http://www.obsessive-action.demon.co.uk)
- Rethink 020 8974 6814  [www.rethink.org.uk](http://www.rethink.org.uk)
- Social Anxiety Organisation  [www.social-anxiety.org](http://www.social-anxiety.org)
- The Anxiety Panic Internet Resource (TAPIR)  [www.algy.com/anxiety](http://www.algy.com/anxiety)
Overcoming Depression

Your Name: __________________________________________

Date completed: _______________________________________

The purpose of this short questionnaire is to help us to understand your views about depression and your ways of overcoming depression. Please read each of the following statements and decide how characteristic or descriptive each is of you – from ‘very like me or agree strongly’ through to ‘very unlike me or disagree strongly’.

Place a tick in one of the columns for each statement to indicate how much you currently agree with it – for example:

<table>
<thead>
<tr>
<th>Statement</th>
<th>disagree strongly</th>
<th>disagree</th>
<th>neither agree nor disagree</th>
<th>agree</th>
<th>agree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>I should be able to cope with depression on my own</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
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<tr>
<td>I should be able to cope with depression on my own when I have a difficult problem, I try to think of a solution in a systematic way</td>
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<tr>
<td>I should be able to cope with depression on my own when I am feeling low, I try to think about pleasant events</td>
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<tr>
<td>I should be able to cope with depression on my own If something goes wrong, I tend to blame myself</td>
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<td>I should be able to cope with depression on my own when an unpleasant thought is bothering me, I try to think about something pleasant</td>
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<tr>
<td>I should be able to cope with depression on my own often I cannot overcome unpleasant thoughts that bother me</td>
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<tr>
<td>I should be able to cope with depression on my own I often find it difficult to overcome my feelings without help from other people</td>
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<tr>
<td>I should be able to cope with depression on my own I can’t be depressed – I’ve no reason to be</td>
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<tr>
<td>I should be able to cope with depression on my own often by changing the way I think about things, I am able to change my feelings</td>
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<tr>
<td>I should be able to cope with depression on my own when I am depressed, I try to keep myself busy with things that I enjoy</td>
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<tr>
<td>I should be able to cope with depression on my own I cannot avoid thinking about mistakes I have made in the past</td>
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<tr>
<td>I should be able to cope with depression on my own no-one can help me with my depression</td>
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</tbody>
</table>

If any of the statements do not apply to you, then skip them and move on. Work through this questionnaire as quickly as you can and please remember to give your own opinion.
<table>
<thead>
<tr>
<th>Statement</th>
<th>disagree strongly</th>
<th>disagree</th>
<th>neither agree nor disagree</th>
<th>agree</th>
<th>agree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>although it makes me feel bad, I cannot avoid thinking about things going wrong in the future</td>
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</tr>
<tr>
<td>when I have to do something that makes me feel anxious, I try to visualize how I will overcome my anxieties while doing it</td>
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<tr>
<td>when I have a difficult decision to make, I tend to put off making the decision</td>
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<tr>
<td>being depressed is a weakness – it’s not a proper illness</td>
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<tr>
<td>when my motivation is low, I try to make a plan for the day and set myself some goals</td>
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<tr>
<td>when I am in a low mood, I try to act cheerful so my mood will change</td>
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<tr>
<td>when I have a difficult problem, I usually feel overwhelmed by it</td>
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<tr>
<td>there’s nothing I can do about making things better for myself</td>
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<tr>
<td>my depression will get better by itself</td>
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Please use the space below to make a note of any other thoughts or concerns that you have about depression or your efforts to overcome depression. Your doctor or mental health professional will spend time discussing this with you.
This standard care-plan describes the expected goals and interventions to be implemented for service-users who are nearing recovery and who are now likely to benefit from relapse prevention planning. Please individualise this standard care-plan and evaluate at least weekly.

**Full Name** | **MPI No.** | **Ward / Unit**
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**Specific details of care-plan**

**Care Plan Priority No.**
(if more than one care-plan)

**Summary of Main Problem / Area of Need** (write a specific individualised description of the person’s risk of relapse issue)

**Goals / Objectives**

For _______________ to:

a. be aware of their relapse picture prior to discharge
b. have agreed a personal relapse prevention plan prior to discharge
c. report having a good understanding of their relapse picture and some confidence in their ability to manage early warning signs of relapse, upon completing relapse prevention planning

**Specific Care Plan Interventions** (for use by the individual practitioner to record specific actions undertaken – using tick boxes)

- [ ] To work together with _______________ in identifying a personal relapse picture and agreeing a personal relapse prevention plan.
- [ ] To introduce _______________ to a scaling method for self-rating their confidence in their ability to stay well.
- [ ] To assist _______________ to identify and realise strengths and positive coping abilities / strategies.
- [ ] To assist _______________ to identify their early warning signs of relapse, with particular reference to their most recent relapse (*this may involve the use of an early warning signs checklist, the Early Signs Scale and/or the use of an early warning signs card sort exercise*).
- [ ] To assist _______________ in establishing which warning signs occur first, placing these in order on a timeline period of 4 – 6 weeks preceding full relapse / crisis stage.
- [ ] To develop a sketch or list of _______________ specific and personal early warning signs in forming a clear relapse picture.
- [ ] To encourage _______________ to review and further clarify their relapse picture with a trusted partner, family member or close friend.
- [ ] To develop the relapse picture into a personal early signs scale that can be used as a brief self-monitoring tool by _______________, if one or more early warning signs begin to occur and persist and/or cause concern or distress.
- [ ] To encourage _______________ to consider their recent and previous experiences in identifying approaches and strategies that have helped them to achieve recovery / improvement.
- [ ] To assist _______________ to develop a personal relapse prevention plan that includes personal actions (*for example: practical coping strategies*), pathways to help and support, and service interventions (*for example: guidance with stress / anxiety management, cognitive strategies, problem-solving, medication etc.*).
- [ ] To assist _______________ in clarifying their personal relapse prevention plan.
- [ ] To encourage and assist _______________ to implement actions from their personal relapse prevention plan as soon as they notice or are made aware of early warning signs.
- [ ] To help _______________ to write out a relapse prevention card that includes 4 – 5 key early warning signs, 3 – 4 helpful actions and contact telephone numbers for accessing professional help.
- [ ] In the event of a subsequent relapse, to view this as an opportunity to learn and further refine the relapse picture and personal relapse prevention plan.

**please record care evaluations on the service-user review record – part 1, at least weekly**

**Signature of Service-User** | **Date** | **Signature of Named Nurse** | **Date**
--- | --- | --- | ---

**Record date of distribution to the following:**

- **Case-notes / File**
- **Care Coordinator**
- **Service-User**
- **CMHN / Social Worker**