****

|  |
| --- |
| **Aberdeen City Council****Wellness Action Plan****(WAP) Template** |
| **Developing a Wellness Action Plan Work can help support wellness and your own mental wellbeing. By reflecting on the causes of stress and poor mental health and taking ownership of practical steps to help address triggers. The process can also help managers to open up dialogue with you, to understand your needs and experiences and ultimately better support your wellbeing and mental health.**  |
| 1. What helps your wellbeing to stay mentally healthy at work? (For example: taking a lunch break, keeping a ‘to do’ list, talking with colleagues)  |
| 2. What can your manager or service do to support you stay healthy at work? (For example: regular feedback and supervision, discussing wider developments in the organisation)  |
| 3. Are there any situations at work that can trigger poor mental health for you? (For example: conflict at work, organisational change, being excluded from decision making, poor processes)  |
| 4. What do you usually do that helps you manage stress? (For example: relaxation, physical exercise, talking with colleagues – consider the ‘five ways to wellbeing’)  |
| 5. What steps can you take if you start to feel unwell at work? (For example: take a break, go for a short walk, ask your line manager for support)  |

Please complete questions 6, 7 & 8 if you feel this will help and if it is relevant to you.

|  |  |  |
| --- | --- | --- |
| 6. Are there any early warning signs that we might notice when you are starting to feel stressed / unwell? (For example: changes in normal working patterns, withdrawing from colleagues).  | 7. What support could be put in place to minimise triggers or to support you to manage symptoms? (For example: extra catch-up time with line manager)  | 8. If we notice early warning signs that you are feeling stressed or unwell – what should we do? (For example: talk to me discreetly about it, contact someone that I have asked to be contacted)  |

Thank you for taking the time to complete this Wellness Action Plan and for helping reduce avoidable stress for yourself and others.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature |  | Date |  |
|  |  |  |  |
| Managers Signature |  | Date |  |
|  |  |  |  |
| Date Completed |  |  |  |
|  |  |  |  |
| To be completed again in 12 months | Date |  |