My Wellness Plan for Mental Health and Substance Use Concerns

Name: ___________________________ Date: ___________________________

My RED light signs – Mental Health
• I know things are really not going well with my mental health when I notice that:

• When I notice things are really not going well with my mental health, the things I need to do are:
  More: ___________________________ Less: ___________________________

My RED light signs – Substance Use
• I know things are really not going well in the area of substance use when I notice that:

• When I notice things are really not going well in the area of substance use, the things I need to do are:
  More: ___________________________ Less: ___________________________

My AMBER light signs – Mental Health
• I know things are not quite right with my mental health when I notice that:

• When I notice things are not quite right with my mental health, the things I need to do are:
  More: ___________________________ Less: ___________________________

My AMBER light signs – Substance Use
• I know things are not quite right in the area of substance use when I notice that:

• When I notice things are not quite right in the area of substance use, the things I need to do are:
  More: ___________________________ Less: ___________________________

My GREEN light signs – Mental Health
• I know things are going well with my mental health when I notice that:

• When I notice things are going well with my mental health, the things I need to keep doing are:

My GREEN light signs – Substance Use
• I know things are going well in the area of substance use when I notice that:

• When I notice things are going well in the area of substance use, the things I need to keep doing are:

Eastern Metropolitan Region Dual Diagnosis Working Group & Consumer and Carer Advisory Council
MH – Mental Health   SU – Substance Use   Note: Indicate how you are going using these codes on the scale