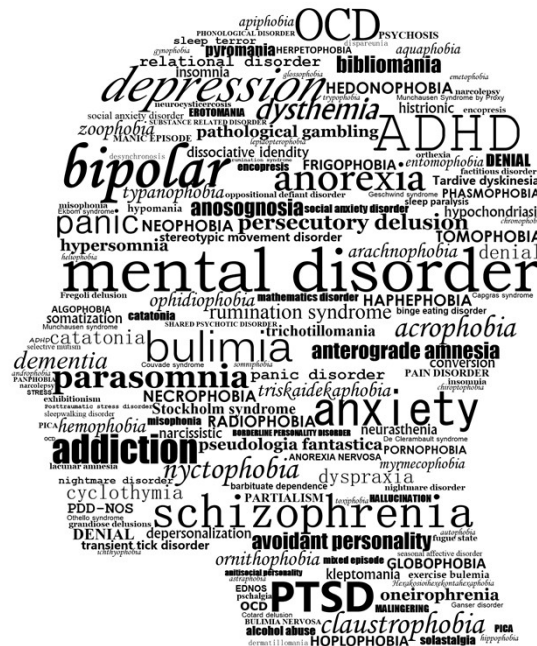
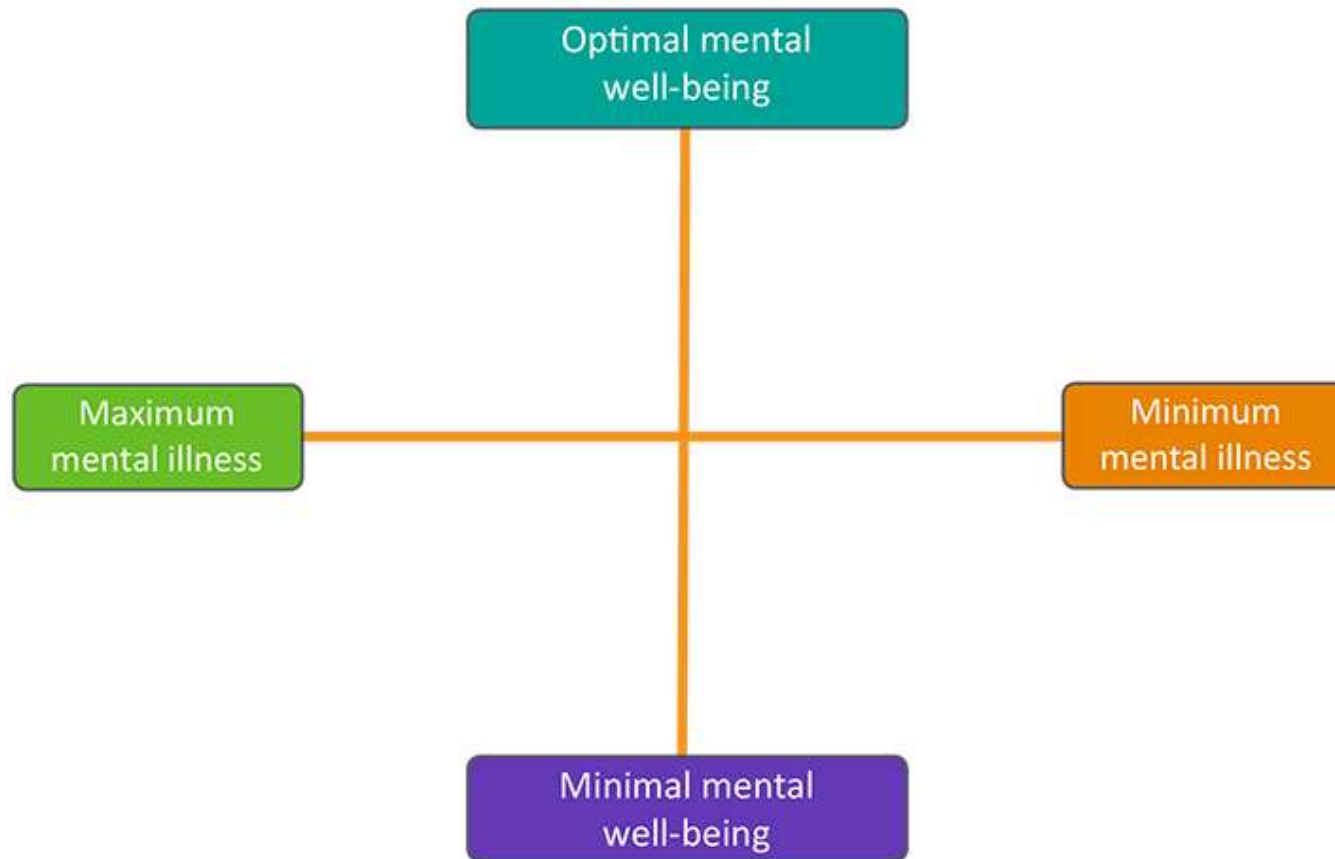


Understanding Mental Health Issues



Mental Health Matrix



GIVE

BE ACTIVE

KEEP LEARNING

TAKE NOTICE

CONNECT

Helped with homework or the dishes <input type="checkbox"/>	Walked to work <input type="checkbox"/>	Asked for help and learnt something new <input type="checkbox"/>	Sat quietly in a garden or park <input type="checkbox"/>	Phoned a friend <input type="checkbox"/>
Supported a friend <input type="checkbox"/>	Danced <input type="checkbox"/>	Tried a new recipe <input type="checkbox"/>	Watched the sunset/sunrise <input type="checkbox"/>	Wrote a letter <input type="checkbox"/>
Thanked someone <input type="checkbox"/>	Used the stairs <input type="checkbox"/>	Used Wikipedia to answer a question <input type="checkbox"/>	Found out about a local issue <input type="checkbox"/>	Played with kids <input type="checkbox"/>
Made hot drinks for colleagues <input type="checkbox"/>	Walked at lunchtime <input type="checkbox"/>	Attended a course or took on a new task <input type="checkbox"/>	Closed my eyes and breathed or practised mindfulness <input type="checkbox"/>	Chatted with a neighbour <input type="checkbox"/>
Paid someone a compliment <input type="checkbox"/>	Did house work and/or gardening <input type="checkbox"/>	Went to the library to get information <input type="checkbox"/>	Listened to my favourite song <input type="checkbox"/>	Talked or phoned instead of emailing <input type="checkbox"/>
Smiled at a stranger <input type="checkbox"/>	Walked my dogs <input type="checkbox"/>	Read a book <input type="checkbox"/>	Went to a park and noticed nature <input type="checkbox"/>	Invited someone for coffee or a walk <input type="checkbox"/>
Helped someone out <input type="checkbox"/>	Took the walking school bus <input type="checkbox"/>	Learnt a new word <input type="checkbox"/>	Asked about someone's day and listened <input type="checkbox"/>	Attended a local event with others <input type="checkbox"/>
Add your own <input type="checkbox"/>	Add your own <input type="checkbox"/>	Add your own <input type="checkbox"/>	Add your own <input type="checkbox"/>	Add your own <input type="checkbox"/>



Action	Lead individual	Completion date	Comments

Wellness Action Plan Template

https://www.mind.org.uk/media/4229240/mind-guide-for-employees-wellness-action-plans_final.pdf