**Mental Health Workplace Support Plan**

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| --- | --- | --- | --- |
| **Employee’s Name:** |  | **Date:** |  |
| **Job title:** |  | **Work location:** |  |
| **Manager/supervisor:** |  |  |  |

**Medical Practitioner**

**Practitioner 1: (title)**

|  |  |
| --- | --- |
| Name: |  |
| Phone number: |  |
| Email: |  |
| Treatment Plan: |  |
| Authority to speak to Dr: |  |

**Practitioner 2: (title)**

|  |  |
| --- | --- |
| Name: |  |
| Phone number: |  |
| Email: |  |
| Treatment Plan: |  |
| Authority to speak to Dr: |  |

**Objective**

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**Roles**

|  |  |
| --- | --- |
| Employee: |  |
| Manager: |  |
| CCIQ |  |

**Medical**

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| --- | --- |
| Medical Condition: |  |
| Workplace Impacts: |  |
| Medication: |  |
| Travel to and from work: |  |

**Workplace Environment**

|  |  |
| --- | --- |
| **Support** | **Details** |
|  |  |
|  |  |

* *Reduce workload or modify tasks.*
* *Vary tasks, or allow a self-paced workload.*
* *If an employee has been off work, make sure they don’t return to a back-log of work or emails.*
* *Identify and modify tasks that the employee may initially find stressful or overwhelming, and try to remove or reduce these. (Don’t guess what they will find stressful, make sure you ask them).*
* *Establish goals, prompts, reminders and checklists to assist the employee with time-management and to stay on top of their workload.*
* *Modify performance-related pay arrangements.*
* *Reallocate work within the team while capitalising on each person's strengths.*
* *Review all temporary changes regularly to ensure they are working for all everyone.*

**Hours of Work**

|  |  |  |
| --- | --- | --- |
| **Day** | **Hours** | **Breaks** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

* *Change working hours to allow for the effects of medication.*
* *Work part time or split shifts.*
* *Take more frequent breaks.*
* *Support a graduated return to work if the employee is on sick leave.*
* *Make shift or work location changes.*
* *Make environmental adjustments to avoid excessive light or noise – for example, move desks.*

**Leave**

|  |  |
| --- | --- |
| **Type** | **Details** |
| Sick |  |
| Annual |  |
| LSL |  |
| LWOP |  |
|  |  |
| Other |  |

**Workplace Support**

|  |  |
| --- | --- |
| **Workplace Care:** |  |
|  |  |
|  |  |

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| --- | --- | --- |
| **Area of Self-Care** | **Current Practices** | **Practices to Try** |
| **Physical** (e.g. eat regular and healthy meals, good sleep habits, regular exercise, medical check-ups, etc.) |  |  |
| **Emotional** (e.g. engage in positive activities, acknowledge my own accomplishments, express emotions in a healthy way, etc.) |  |  |
| **Spiritual** (e.g. read inspirational literature, selfreflection, spend time in nature, meditate, explore spiritual connections, etc.) |  |  |
| **Professional** (e.g. pursue meaningful work, maintain work-life balance, positive relationships with co-workers, time management skills, etc.) |  |  |
| **Social** (e.g. healthy relationships, make time for family/friends, schedule dates with partner/spouse, ask for support from family and friends, etc.) |  |  |
| **Financial** (e.g. understand how finances impact your quality of life, create a budget or financial plan, pay off debt, etc.) |  |  |
| **Psychological** (e.g. take time for yourself, disconnect from electronic devices, journal, pursue new interests, learn new skills, access psychotherapy, life coaching, or counselling support through your EFAP if needed, etc.) |  |  |

**Crisis Planning**

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| --- | --- |
| **Process:** |  |
| **Triggers:** | *These include events that may have led to the crisis or state of being out of control. Pressing deadlines, unrelenting demands from customers, workers continuing to call in sick or not carry the load? All of these are potential workplace triggers for anxiety and depression. Afterward, things tend to spiral out of control at work, until you have a meltdown or complete loss of control.* |

|  |  |  |
| --- | --- | --- |
| **Emergency Self-Care Tools** | **Helpful (What To Do)** | **Harmful (What To Avoid)** |
| **Relaxation**/Staying Calm Which activities help you to relax (e.g. deep breathing, taking a walk)? Which activities make you more agitated or frustrated (e.g. yelling, swearing, or drinking)? |  |  |
| **Self-Talk** Helpful self-talk may include, “I am safe/I can do this.” Harmful self-talk may include, “I can’t handle this/I knew this would happen/I deserve this.” |  |  |
| **Social Support** Which family members and friends can you reach out to for help or support? Which people should you avoid during times of stress? Be honest about who helps and who zaps your energy. |  |  |
| **Mood** Which activities support a positive mood (e.g. listening to uplifting music, enjoying the sunshine)? What should you avoid when times get tough (e.g. staying in bed all day, avoiding social activities)? |  |  |
| **Resilience** What, or who, helps you to get through difficult times? What helps you bounce back? Conversely, what or who feeds negativity for you? |  |  |

**Additional Supports**

|  |  |
| --- | --- |
| **Financial counselling** |  |
| **EAP** | *These include events that may have led to the crisis or state of being out of control. Pressing deadlines, unrelenting demands from customers, workers continuing to call in sick or not carry the load? All of these are potential workplace triggers for anxiety and depression. Afterward, things tend to spiral out of control at work, until you have a meltdown or complete loss of control.* |

**Workplace Expectations**

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**Follow up**

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The following parties have agreed to this Plan. If any problems occur in completing tasks, they will be immediately communicated to the workers supervisor/manager

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisor)

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Return to Work coordinator - if applicable)

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Treating doctor)

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*A copy of this completed Return to Plan must be sent to all named parties.*