

INDIVIDUAL WELLBEING PLAN

WHO AM I: [INSERT NAME]

What do I need for my mental wellness: Insert an overview of your overall goals to support your well-being. [example: To have improved self-care, to not feel as stressed at work, to have good work/life balance]

WHO IS PART OF THIS PLAN WITH ME:

Who is helping me with my plan and with what: Insert names of people supporting you and how they will support you with your plan. [example: Partner with emotional and practical support at home, supervisor to help with work schedule, gym buddy to help me keep on track at the gym]

WORKPLACE WELLNESS CHECK:

Are you feeling overly tired and worn out or feeling stressed at work? Did you know that nearly 1 in 5 people experience poor mental health each year and nearly half of us will experience poor mental health during our lives (Beyond Blue, 2023). Click the link to complete a wellness check and get some ideas on what can help.

[Mental Health Check-in - Beyond Blue](#)

How would you rate your wellbeing at the time of this plan:

#Please note that this is NOT a formalised assessment or diagnostic tool, it is a resource for wellbeing check in's. If you have concerns or worries about your results, please consult with your GP or Mental Health Practitioner.

BEING MINDFUL OF BURNOUT

Burnout is a state of emotional, mental, and often physical exhaustion brought on by prolonged or repeated stress. Though it's most often caused by problems at work, it can also appear in other areas of life, such as parenting, caretaking, or romantic relationships (Psychology Today, 2023). If you would like to know more about burnout and recognizing the signs, symptoms and helpful tools, please click on the resource toolkit [hyperlink]

WHAT AREAS CAN I BE MINDFUL OF AND WORK ON:

When choosing what to include in the below action areas of this wellbeing plan, consider life domains that all have an interconnected impact of health, wellness, and workplace wellbeing. Consider from the domains below what areas you would like to work on:

| | |
|--------------------------------|---|
| <i>Emotional Wellbeing</i> | <i>Managing stress, good sleep hygiene, staying on top of work, seeking therapy</i> |
| <i>Intellectual Wellbeing</i> | <i>Staying curious, learning new things, reading, group activities, engaging in professional development</i> |
| <i>Physical Wellbeing</i> | <i>Regular exercise, balanced nutrition, preventative medical care</i> |
| <i>Connection Wellbeing</i> | <i>Positive social network, attending social events, staying connected</i> |
| <i>Environmental Wellbeing</i> | <i>Caring for surroundings, avoiding clutter, recycling and volunteering for environmental initiatives</i> |
| <i>Spiritual Wellbeing</i> | <i>Connecting with land, connecting with culture, seeking guidance from kin, values mapping</i> |
| <i>Professional Wellbeing</i> | <i>Having career goals, engaging in professional development, seeking supervision, strategies for managing workload</i> |

WELLNESS LEVELS

Recognising what we think, feel and do related to our mental wellness is so important and empowering. Below is a guide to complete for recognising what you feel at different stages of wellness and what to do to help you individually:

| POSITIVE MENTAL WELLNESS: When things are going well and I feel great | | |
|---|--|---|
| <i>What do I notice I am feeling or doing?</i> | <i>What things help me stay like this?</i> | |
| | | |
| DECLINING MENTAL WELLNESS: When I am starting to notice that things are not feeling so great | | |
| <i>What things can trigger a decline in wellness?</i> | <i>What do I notice I am feeling or doing?</i> | <i>What helps me when I feel like this?</i> |
| | | |

| CONCERNING MENTAL WELLNESS: When I feel unwell often or do not feel well at all | | |
|--|---|--|
| <i>What can impact or trigger a concern for my wellbeing?</i> | <i>What do I notice I am feeling or doing, or what can others notice?</i> | <i>What do I or others need to do when I feel like this?</i> |
| | | |

WHAT IS MY OVERALL GOAL FOR WELLBEING

| |
|---|
| Overall Goal: |
| What will I see or be doing differently when my goal is achieved: |

INDIVIDUAL GOAL PLAN:

Below include some mini goals to work towards the above wellness goal. Be specific and realistic about the key actions and tasks that will assist in achieving this goal.

| Goal | Actions/Tasks | Timeframe | Who |
|-----------------------------|--|------------------|------------|
| e.g. To have improved sleep | - No caffeine after 12pm - Consistently stick to nighttime ritual (shower, reading, no phone, bed by 9pm) | Ongoing | Sally |
| | | | |
| | | | |
| | | | |

CELEBRATION

- Celebrate your achievements and milestones along the way - [celebratory event/reward]

Completed by:

Date Completed:

Review Date: