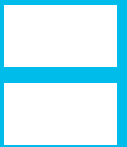


EMPLOYEE MENTAL HEALTH

WELLNESS ACTION PLAN



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This Wellness Action Plan (WAP) is a great way for HR Professionals and Business Leaders to encourage employees to acknowledge mental health issues in the workplace and encourage open discussions regarding the issue, reducing and negative stigma.

As an employee, we recommend you complete the form, openly and honestly, and keep it close to hand to use whenever you feel necessary, using it as a tool when you're feeling particularly stressed or low.

If you're comfortable in doing so, the WAP can be used in one-to-one discussions with managers, or open discussions with colleagues, to ensure you are receiving as much support as possible.



WHAT HELPS YOU STAY MENTALLY HEALTHY AT WORK?

For example... taking your lunch break away from your workspace, having a clean working environment, having less noise.

WHAT CAN MANAGERS DO TO SUPPORT YOU?

For example... flexible working or regular catch ups

IS THERE ANYTHING THAT TRIGGERS POOR MENTAL HEALTH AT WORK FOR YOU?

For example... deadlines, targets, conflict

WHAT SUPPORT DO YOU NEED TO AVOID THESE TRIGGERS?

For example... altered shift patterns, adjust workload

HOW DOES POOR MENTAL HEALTH AFFECT YOU AT WORK?

For example... anger, trouble concentrating, nausea

WHAT ARE THE WARNING SIGNS?

For example... possible changes in behaviour such as reduced patience

WHAT STEPS CAN YOU TAKE TO IMPROVE THINGS, AND SHOULD YOUR MANAGER BE AWARE OF THIS?

For example... breathing exercises, a brief walk, conversation with a colleague

IS THERE ANYTHING ABOUT YOUR WORKING STYLE OR PERSONALITY THAT IS WORTH YOUR MANAGER KNOWING ABOUT?

For example... prefer face to face conversations, like to talk aloud when brainstorming... think about your behavioural patterns.

IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE?

Is there something in particular that is bothering you? This is a great opportunity to discuss it openly...

DO YOU WANT TO SHARE THIS INFORMATION WITH A MANGER/COLLEAGUE?

YES ☐ NO ☐

EMPLOYEE SIGNATURE: _____

DATE: _____

MANAGERS SIGNATURE: _____

DATE: _____

DATE TO BE REVIEWED: _____



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