

MENTAL HEALTH WORKBOOK.

Exercises aimed at helping you to organize
your thoughts, de-stress and reset.

If you are seeking treatment, please see the CDC's
list of free and confidential resources here:

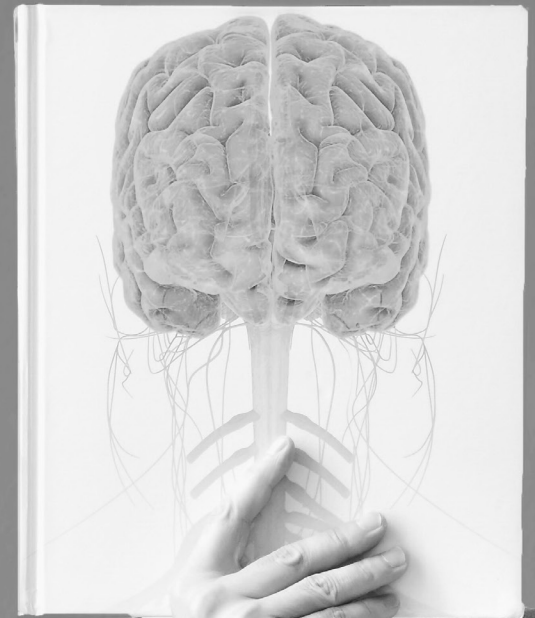
Suicide Prevention Lifeline
1-800-273-8255

Veterans Crisis Line
1-800-273-8255

Substance Abuse & Mental Health Services
Administration (SAMHSA) National Helpline
(1-800-662-HELP (4357)

OK2Talk Helpline Teen Helpline
1 (800) 273-TALK

Crisis Text Line
Text SIGNS to 741741 for 24/7, anonymous,
free crisis counseling



POSITIVE AFFIRMATIONS.

You can use positive affirmations to **take control of your thought patterns** by either writing them down or saying them aloud. These are some examples, but feel free to create your own.

Short Daily Affirmations

I matter.
My life has a purpose.
Happiness is a choice.
I do not live in fear.
I can make a difference.
I am enough.
I am smart and capable.
I deserve to be loved.
I can overcome.

Mental Health

I am not alone in my struggles.
My scars prove my strength, not my weakness.
I will never give up on myself.
Each new day is a fresh start.
I am patient and kind to myself.
My illness does not limit my happiness.
My mind is quiet and strong.
My mental well-being is a priority.
I take care of myself.
I look for new ways to overcome my challenges.

Strength & Courage

I am full of courageousness and hope.
My potential for happiness is not limited by my chronic illness.
My health challenges make me stronger.
My illness does not define me.
I am courageous and fight to live each day with joy.
I can thrive, not just survive.
It's okay to not be okay.
Crying is not a sign of weakness.
Courage runs through my veins.
Each day has the potential for new happiness.
I wake up each morning ready to face new challenges.

Self-Esteem & Confidence

I will never give up on myself.
I embrace challenges and try new strategies to work through them.
I strive for progress, not perfection.
I am a dream-chaser.
I am capable of so much.
My past mistakes have been learning experiences.
I can get through anything.
I have many goals and dreams and I can achieve them.
I am worthy of love and happiness.
I can make my dreams happen.
I can create the life I deserve.
I know my good qualities.
Past performance does not equal future success.
I trust my ability to make good decisions.

Personal Growth

I have many goals and dreams and I won't give up until I achieve them.
I can create the life I deserve.
Challenges are opportunities for growth.

THOUGHT REFRAMING EXERCISE.

Anxiety and stress are normal and often healthy emotions. However, having anxious and worried thoughts every day or week can become all-consuming and overwhelming. This exercise aims to help you take some control over some of your common fears and concerns.

Anxious or stressful thought:

What is the evidence that this might happen? Is it based on fact or emotion? How likely is it to happen?

If your thought comes true, what is *the worst* that would happen and how would you deal with it?

If your thought comes true, what is *most likely* to happen and how would you handle it?

New thought: Replace your original anxious or stressful thought with a more positive and evidence-based thought.

SELF CARE ASSESSMENT CHECKLIST.

PART 1: Physical Self Care

Are you participating in these physical health activities?

Drink enough water (6-8 glasses recommended daily)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Eat regularly (eg. breakfast, lunch, dinner)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Eat fresh fruits and vegetables	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Engage in physical activity/exercise regularly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Get regular medical exams & physicals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Go to a dentist regularly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Get your vision checked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Get enough sleep	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Get medical care when sick	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Wear clothes you feel good in	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Take prescribed medications regularly (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Shower or bathe daily	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Brush teeth and floss daily	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Take naps when needed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try

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Physical Self Care Goals:

SELF CARE ASSESSMENT CHECKLIST.

PART 2: Mental Self Care

Are you participating in these mental health activities?

Meditate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Practice deep-beathing techniques	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Take breaks throughout the day or time off when needed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Read self-growth books	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Try to decrease your stress	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
See a psychiatrist and/or psychologist	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Write in a journal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Use adult coloring as therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Make time away from technology	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Listen to self-help or mental health podcasts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Have positive thoughts about yourself	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Make time for self-reflection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Say no to extra responsibilities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Practice mindfulness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Do something you are not an expert at	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try

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Mental Self Care Goals:

SELF CARE ASSESSMENT CHECKLIST.

PART 3: Emotional Self Care

Are you participating in these emotional health activities?

Get massages	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Dance spontaneously	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Sing out loud	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Take vacations or small getaways	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Read books that you enjoy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Listen to music	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Spend time doing hobbies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Spend time learning something new	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Set goals for yourself for pursuing a passion	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Spend time with people you enjoy being around	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Stay in contact with important people in your life	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Let yourself cry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Find things that make you laugh	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Ask for help when you need it	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try
Read yourself affirmations of praise or encouragement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Want to try

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Emotional Self Care Goals: