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# Ulysses Agreement

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## A collaborative advance plan

Developed to express my plans to maintain my mental wellness with  
details of a care plan for my children



***A Ulysses Agreement is a voluntary process.*** The Ulysses Agreement includes many sections; the wellness plan was informed by the valuable work of Mary-Ellen Copeland. For further details and tools see ([www.mentalhealthrecovery.com](http://www.mentalhealthrecovery.com)). This agreement belongs to the person with the mental health concern and those they trust. The person who is the focus of this agreement makes the decisions about who gets a copy of this document and who is involved. It is suggested that the more people involved in the development and support of the agreement the better. For addition information on Ulysses Agreements contact [mlittlefield@telus.net](mailto:mlittlefield@telus.net) or 604-832-0705 .

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### **Brief of what a Ulysses Agreement is...**

A Ulysses Agreement is a voluntary process that may result in a written health management plan. Ulysses Agreements have been successfully used by many people with a variety of health concerns, such as: diagnosed or undiagnosed mental illness, concurrent disorders, physical illness, or any combination of concerns. Ulysses Agreements can be used by children, youth, adults and parenting adults. It can be a simple one page brief or a multiple page comprehensive document; you choose what fits best for you. The Ulysses Agreement is meant to help others see that you are competent at managing your mental health, that you have a plan, and you have people in place to help you. The written Ulysses Agreement document focuses on your knowledge of your concern and how your strengths and abilities are used to be well rather than just a description of your illness. People find that this can be useful in any professional files they may have.

A Ulysses Agreement document lets others know when they should help and what helping looks like. Many people have also said that they like that they can let others know what not to do. Family members appreciate knowing what is more likely to “help” than “enable” further illness

The Ulysses Agreement process can include a meeting with all or some of your support team where an open and safe discussion can take place about your health. During this part of the process the focus is on recognizing everyone’s role and associated strengths that will be used to support your mental wellness and the care of your family. Many people express that they enjoy the clarity that this can bring to family, friends and professionals about how you and others can work together – a community of support. Finally, the Ulysses Agreement process is very useful for a parent as it will identify who, when and where any dependent children will be cared for. This means that it reduces the need for child welfare organizations to become involved with the family.

#### **Why the name Ulysses Agreement**



In Greek mythology (story) Odysseus or Ulysses was a king. Ulysses was sailing home after many years away. In order for Ulysses and his men to return home he was challenged by his Gods to pass by an Island with mythical creatures called the Sirens, beautiful and dangerous mythical creatures. The sirens were half women, half bird creatures whose song rendered sailors incapable of good thought or action. This meant that their ships would eventually crash upon the shores where their bodies would be consumed by the Sirens.

The Gods ordered Ulysses to hear the Sirens' song. He considered his choices and although he knew that listening to the Sirens would render him incapable of rational thought he dearly wished to return home.

Ulysses cleverly developed a plan that allowed him to experience the Sirens while protecting his crew. He told the crew to put wax in their ears so that they would not follow his direction at a time when he was making poor decisions. He also asked his men to carefully tie him to the ships mast so that he could not jump into the sea. Finally, he ordered them not to change course under any circumstances, and to keep their focus on home as this experience will pass. He endured the experience and continued safely bring he and his men home.

**Please don't feel you need to fill up all the space in this document, just use what makes sense for you!**



*My daily wellness activities*

The following list includes what I most commonly do to stay well.

What I do:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

What I avoid:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

***My mental health information***

The following is a description of each concern/ illness I experience along with potential triggers and stressors that can increase my symptoms. I follow this with a plan that I am responsible for and then how I want others to help me

***Concern or illness***

1.

The following are any potential triggers or stressors I know of:

- a.
- b.
- c.
- d.

The following is a list of my unique symptoms that I experience for each of my concern/s or illnesses. After noting the symptom I will describe what I and others can do to reduce the impact of the symptoms on my daily living.

***Management plan for symptom of above concern/illness:*** (repeat management plan as often as needed for each symptom or cluster of symptoms)

Symptom or cluster of symptoms:

My plan of action:

I want \_\_\_\_\_ (name of team member/s) to help with this. I want them to do the following:

Please, I don't want you to do the following as it does not help me

***Concern or illness***

2.

The following are any potential triggers or stressors I know of:

- a.
- b.
- c.
- d.

The following is a list of my unique symptoms that I experience for each of my concern/s or illnesses. After noting the symptom I will describe what I and others can do to reduce the impact of the symptoms on my daily living.

***Management plan for symptom of above concern/illness:*** (repeat management plan as often as needed for each symptom or cluster of symptoms)

Symptom or cluster of symptoms:

My plan of action:

I want \_\_\_\_\_ (name of team member/s) to help with this. I want them to do the following:

Please, I don't want you to do the following as it does not help me

**Concern or illness**

3.

The following are any potential triggers or stressor I know of:

- a.
- b.
- c.
- d.

The following is a list of my unique symptoms that I experience for each of my concern/s or illnesses. After noting the symptom I will describe what I and others can do to reduce the impact of the symptoms on my daily living.

***Management plan for symptom of above concern/illness:*** (repeat management plan as often as needed for each symptom or cluster of symptoms)

Symptom or cluster of symptoms:

My plan of action:

I want \_\_\_\_\_ (name of team member/s) to help with this. I want them to do the following:

Please, I don't want you to do the following as it does not help me



***List of Medications past and present***

I will continue to take the following medications. The team will appropriately support me in accessing and taking my medications. Should I discontinue any medications I will inform the team. Should I become unwell (exhibit problematic symptoms) the team will help me seek appropriate treatment which will include reviewing my medications so they can be adjusted as needed.

List of current medications I am currently using as of \_\_\_\_\_.

Name:	Dosage:	Length of use:

List of medications I do not wish to be prescribed

Name:	Dosage	Reason

***How I want my medical information handled***

I wish to have mental health professionals and my doctor share relevant information with my Ulysses Agreement Team. This will include discussion with team members of my mental health status, current functioning and any other medical information required for effective team decision making.

***Medical personal if not a team member***

Family physician: \_\_\_\_\_ Contact info: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Contact info: \_\_\_\_\_

Counsellor: \_\_\_\_\_ Contact info: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

***General Communication and Action Plan*****Stage 1 – Initial activities**

If I begin to experience my symptoms (as listed above) in a way that negatively affects me, or my relationship with others, I want my Ulysses Agreement team members to take the following actions (put a check beside those you think relevant) :

I would like you to tell me about your concern/s and then if needed include my Ulysses Agreement lead/s.

I want you and/or my lead/s to ask me whether I am doing my wellness activities. Try to find out if I am feeling stressed or overwhelmed - these can make my symptoms worse.

Following the intent of this agreement talk and involve the professionals I have listed.

Seek the least intrusive and intensive measures to support me

**Stage 2 – Support activities**

I would like you to increase your contact with me

Ask me if there is anything that I or you can do to manage some of my daily responsibilities

Hold me accountable to my wellness activities and my Ulysses Agreement, even if I maybe looking like I am changing my mind

Support me in attending visits with professionals that help me (doctor, psychiatrist, etc)

Plan a Care Team meeting with the Ulysses Agreement team members so that we can talk about what is working and where opportunities for increased support or interventions are available.

Talk to my child/ren, inform them, and make sure they are doing well

Reassure my children that my team is following the plan that we set up

Let me know that I am not a burden to you, that you are simply doing what we agreed to

What I want you to try not to do

***Respite activities for parenting adults***

The following actions should be taken when I am not available to look after

\_\_\_\_\_:

I want my child/ren to temporarily reside with \_\_\_\_\_. They will live at their home while I work on becoming better.

I want my children to be provided with the highest level of consistency in their daily life as possible as I know this helps them feel safe.

I want my team to make every effort to provide me and my family with as much contact as possible keeping in mind everyone's health and wellness.

I want my children's involvement in the community (daycare, sports teams, friendship) maintained, it is important to keep as many things as "normal" as possible.

I want the team, if needed, to facilitate my child/ren connection or reconnection to a counsellor to help them manage the challenges associated with me being ill and with our separation.

I want my professional mental health team to share my mental health status with my Ulysses Agreement leader/s and team members.

I want my respite financial plan carried out to assure that my child/ren needs are met.

I want my team to provide any addition support to the caregiver of my child/ren.

I want the team to advocate on my behalf for the least intrusive and intensive measures required for me and my family.

***My Financial Plan***

I give permission for \_\_\_\_\_ to have access to this bank account \_\_\_\_\_ to access funds that are required for me to maintain my housing and/or other primary needs. They also will be able to access funds for the day-to-day needs of my child/ren. They already have a bank card and access to needed funds.

***Cancellation of the Ulysses Agreement***

As a result of my illness, I might attempt to cancel this agreement. I wish to cancel this agreement only in the following way:

I will inform my Ulysses Agreement leader/s and appropriate mental health professional that I want to revoke this agreement.

I will inform the team about my wish to cancel the agreement.

I will work with the team to seek appropriate mental health consultation to ensure that I am making a healthy decision rather than one due to being unwell.

I expect that this cancellation process could take time. Until the process is complete, I want this agreement to remain in place.

**Child Care Information:**

The following is an outline of information that will help your child/ren and their temporary care provider. It will help the care provider continue care in a way that supports your beliefs, values and unique family culture. It will help your children have the highest level of consistency and predictability as possible helping them feel safe and secure. Feel free to add or take away any information you deem important .

This is information is for:

Birth date:

Personal Health # (Care card):

S.I.N. #

Family Doctor:

Family Dentist:

Any Medical concerns (Allergies, medications, physical issues):

How my child deals with their feelings: (worry, anger, fear, happiness, sadness, etc)

What should be said to my child (ren) about my illness if I relapse?

If I am hospitalized because of my illness I only want my children brought to see me ....

Key friendships & contact information:

Daily routine (Curfew, bedtimes, snacks, after school, homework)  
Monday thru Friday

Weekends

Special Events, Birthdays and occasions (culture, spiritual, family)

School or work information:

Allowance & Chores:

Faith or cultural activities:

Free time & hobbies:

Relationships with siblings:

Professional involved  
Past:

Current: