

What You Need to Know to Complete the 30-Day Mental Wellness Practice

SELF-CARE PRACTICES SHEET

- Contains 40 self-care practices
 - 36 practices are sorted into 3 main categories: (1) for your body, (2) mind, and (3) mood & relationships.
 - 4 practices are group bonuses meant to be completed with other practice participants.
- Some practices include links to resources that provide extra information and guidance. Just click on the underlined text to access.
- **You should complete at least 1 practice from this sheet on *each practice day, and at least 1 practice from each of the 3 main categories every week.** You can complete a practice more than once.

*You have 3 free rest days on which you do not need to complete a self-care practice. You decide when to use them.

CALENDAR

- Can be downloaded, edited, and printed out
- Includes a sample calendar, for your reference
- **You should fill out the calendar whenever you complete a self-care practice. For each day, write out which practice you completed. For each week, check off which categories you selected your practices from.**

REMEMBER...

This experience is meant to be fun and supportive of your mental wellness! To get the most out of your journey, pick practices that match your abilities and lifestyle, complete practices with a partner or group, and share your progress with friends and family or on social media. You can also reflect on your experience using the Self-Reflection Worksheet.

30-Day Mental Wellness Self-Care Practices

Body

Take the stairs instead of the elevator

Get 7-9 hours of sleep

Eat a source of omega-3 fatty acids

Develop a nightly routine

Avoid sugary or caffeinated drinks

Light a candle and relax for 10 minutes

Go outside for a 15 minute walk

Take a relaxing, hot bath

Drink 16oz more water than usual

Complete 30 minutes of aerobic exercise

Stretch or do yoga

Eat a bowl of your favorite fruit

Practice guided meditation

Write a gratitude letter

Reflect on 3 things you accomplished this week

Try out a new recipe

Complete a mental health screening

Choose a personal mantra for self-soothing

Mind

Write down your goals for the future

Watch a movie that makes you feel good

Read a book or listen to a podcast

De-stress by coloring a picture

Write a creative poem

Clean/organize your personal or work space

Share good news with someone

Perform an act of kindness

Reach out to a loved one - call or text

Make plans to meet-up with a friend

Treat yourself to flowers or a plant

Celebrate a recent accomplishment

Mood & Relationships

Feel your emotions using the Junto wheel

Spend quality time with a loved one or pet

Do something that brings you joy

Sing or dance along to your favorite song

Digital detox for a day

Share something that has been bothering you

Group Bonus

Watch the sunrise or sunset together

Sign up for a group class or activity

Play an interactive game (e.g. charades)

Share a meal together



LIVE WELL
SAN DIEGO


30-Day Mental Wellness Practice Calendar

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/> Body <input type="checkbox"/> Mind <input type="checkbox"/> Mood & Relationships
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/> Body <input type="checkbox"/> Mind <input type="checkbox"/> Mood & Relationships
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/> Body <input type="checkbox"/> Mind <input type="checkbox"/> Mood & Relationships
<input type="checkbox"/>	19	<input type="checkbox"/>	20	<input type="checkbox"/>	21	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/> Body <input type="checkbox"/> Mind <input type="checkbox"/> Mood & Relationships
<input type="checkbox"/>	25	<input type="checkbox"/>	26	<input type="checkbox"/>	27	<input type="checkbox"/>	28	<input type="checkbox"/>	29	<input type="checkbox"/>	30	<input type="checkbox"/> Body <input type="checkbox"/> Mind <input type="checkbox"/> Mood & Relationships


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MONDAY




TUESDAY




WEDNESDAY


WEEKLY PRACTICES




THURSDAY



FRIDAY



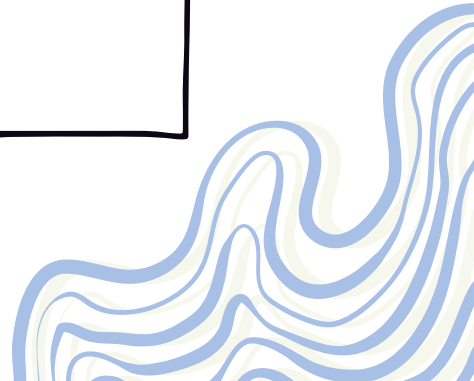
SATURDAY



SUNDAY



LIVE WELL
SAN DIEGO



30-DAY MENTAL WELLNESS PRACTICE SELF-REFLECTION



Congrats on completing the 30-Day Mental Health Practice!
Take some time to reflect on your experience.

HOW DO YOU FEEL?

How did completing the self-care practices affect your mood? How do you feel about your overall experience?



FAVORITE SELF-CARE PRACTICES

LESSONS

What is your biggest takeaway?



30-DAY MENTAL WELLNESS PRACTICE SELF-REFLECTION

Insert any pictures you took in relation to the 30-Day Mental Wellness Practice!

GRATITUDE

Remember to express gratitude towards anyone who supported you during your journey!

MOVING FORWARD

Now that you have tried different self-care practices, you should have an idea of which practices best suit you and your routine. How will you continue using self-care to support your mental wellness?

FAVORITE MOMENTS

PLEASANT SURPRISES

What surprised you during this practice?

