

I-CAN: Completing a Self-Check

Steps: 1. Check ☒ 2. Assess  3. Navigate 

1. CHECK: I notice and get a snapshot.

Pause and take stock of how you've been doing. The CHECK step helps you scan five areas of health – physical, mental, emotional, social, and spiritual – and notice your latest pattern.

Use the Mental Health Continuum Model (MHCM) as your guide. Each area is rated in the four colours: Green (Healthy), Yellow (Reacting), Orange (Injured), Red (Ill). These categories are not medical diagnoses. Instead, they offer a practical way to understand how frequently, and intensely certain indicators show up and to see how much they impact your regular activities and functioning.

2. ASSESS: I explore what's standing out.

This step helps you interpret your snapshot and begin to understand what it's telling you. Use the prompts below to explore patterns, shifts, and possible root causes.

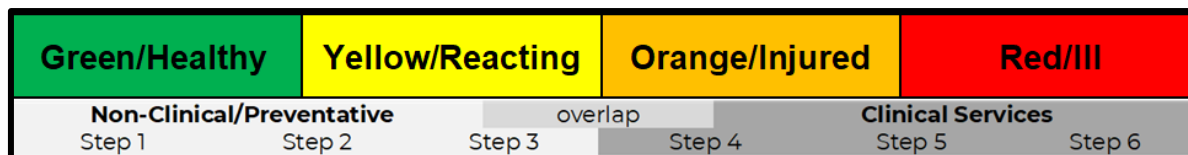
What to look for:

- **Which domains are leaning toward orange or red?**
These may be good places to start.
- **How long have these signs been showing up?**
Are they recent or have they been building over time?
- **Can you identify any triggers or patterns?**
What might be contributing to these shifts?
Could any of this be related to workplace conflict?
- **What's been helping—or not helping—so far?**
Are there supports or habits that have made a difference?

3. NAVIGATE: I take the step that matches your needs.

With a clearer picture, choose an action or support that fits your MHCM colour and needs. Use the linked Health Resource Directory to find tools and supports for where you are.

- ➔ **Green/Healthy:** Stay steady with proactive maintenance and supportive routines
- ➔ **Yellow/Reacting:** Recognize limits, apply self-directed care and healthy coping skills
- ➔ **Orange/Injured:** Reach out and talk to someone you trust. Seek more guided support.
- ➔ **Red/Ill:** Get help by following professional guidance and accessing immediate support.



Green &
Yellow
Resources



Orange
Resources



Red
Resources



I-CAN: ☒ Check, Assess, Navigate

How to use this matrix to complete self-check:

- ☐ Reflect over the past week to month, not just today.
- ☐ Expect movement across colours as a normal experience.
- ☐ Think of this as a snapshot of where you're at now.

This is not a diagnostic tool – it's about awareness.

+ **Intrusive thoughts** are unwanted, sudden thoughts or images that feel strange or upsetting. They don't reflect what you want or plan to do, they show up like a pop-up ad. Unlike being distracted or impulsive, you don't choose them, and they don't push you to act.

+ **"Use" and "addictive behaviours"** refer to engagement in substances, smoking, and vaping, gaming, gambling, social media engagement, and viewing pornography activities (Qs 7, 13, 24)

DOMAIN	Q#	Green/Healthy (Your baseline for day to day managing and enjoying your life)	Yellow/Reacting (Occasional/Above baseline: 20-35% of your week/month)	Orange/Injured (Frequent/Increased: 35-70% of your week/month)	Red/III (Frequent/Increased: more than 70% of your week/month)
Physical Health	1	<input type="checkbox"/> Healthy/regular appetite	<input type="checkbox"/> Occasional gain/loss of appetite	<input type="checkbox"/> Frequent gain/loss of appetite	<input type="checkbox"/> Persistent gain/loss appetite
	2	<input type="checkbox"/> Healthy and stable weight	<input type="checkbox"/> Occasional involuntary weight fluctuations	<input type="checkbox"/> Increased involuntary weight fluctuations	<input type="checkbox"/> Extreme involuntary weight fluctuations
	3	<input type="checkbox"/> Few sleep difficulties	<input type="checkbox"/> Occasional trouble sleeping	<input type="checkbox"/> Frequent trouble sleeping/restlessness	<input type="checkbox"/> Inability to fall/sleep / insomnia
	4	<input type="checkbox"/> Healthy energy level	<input type="checkbox"/> Occasional low energy	<input type="checkbox"/> Frequent tiredness/fatigue	<input type="checkbox"/> Sleeping too much or too little
	5	<input type="checkbox"/> Physically active	<input type="checkbox"/> Occasional avoidance of physical activity	<input type="checkbox"/> Avoidance of physical activity	<input type="checkbox"/> Constant physical exhaustion
	6	<input type="checkbox"/> Good physical performance	<input type="checkbox"/> Occasional muscle tension, headaches	<input type="checkbox"/> Increased aches and pains	<input type="checkbox"/> Physical illness
Addictions	7	<input type="checkbox"/> Limited or no use	<input type="checkbox"/> Occasional, controlled use	<input type="checkbox"/> Increased use or difficulty controlling use	<input type="checkbox"/> Compulsive use, cravings, inability to control use
Mental Health	8	<input type="checkbox"/> Ability to concentrate and focus	<input type="checkbox"/> Occasional distraction/loss of focus	<input type="checkbox"/> Poor concentration/frequent loss of focus	<input type="checkbox"/> Inability to concentrate
	9	<input type="checkbox"/> In control of thoughts and behaviours	<input type="checkbox"/> Occasional forgetfulness	<input type="checkbox"/> Frequent loss/gaps of memory	<input type="checkbox"/> Complete loss of memory/cognitive abilities
	10	<input type="checkbox"/> Healthy thinking patterns	<input type="checkbox"/> Occasional intrusive thoughts	<input type="checkbox"/> Frequent intrusive thoughts or recurrent images	<input type="checkbox"/> Severe intrusive thoughts, suicidal ideation
	11	<input type="checkbox"/> No or rare nightmares	<input type="checkbox"/> Occasional nightmares	<input type="checkbox"/> Frequent nightmares	<input type="checkbox"/> Persistent nightmares
	12	<input type="checkbox"/> Good decision making, actions	<input type="checkbox"/> Some difficulty actioning or procrastination	<input type="checkbox"/> Increased loss of control over actions	<input type="checkbox"/> Intent to harm self or others
	13	<input type="checkbox"/> Limited or no addictive behaviours	<input type="checkbox"/> Occasional addictive behaviours	<input type="checkbox"/> Frequent addictive behaviours	<input type="checkbox"/> Inability to control addictive behaviours
Emotional Health	14	<input type="checkbox"/> Normal mood fluctuations	<input type="checkbox"/> Irritability/impatience	<input type="checkbox"/> Anger, hostility	<input type="checkbox"/> Angry outbursts/aggression
	15	<input type="checkbox"/> Calmness	<input type="checkbox"/> Nervousness	<input type="checkbox"/> Increased feelings of anxiety	<input type="checkbox"/> Debilitating anxiety/panic attacks
	16	<input type="checkbox"/> Good sense of humour	<input type="checkbox"/> Occasional sadness, feeling overwhelmed	<input type="checkbox"/> Pervasive sadness/hopelessness	<input type="checkbox"/> Depression
	17	<input type="checkbox"/> Confidence/optimism	<input type="checkbox"/> Occasional self-doubt	<input type="checkbox"/> Loss of self-confidence	<input type="checkbox"/> No self-worth
	18	<input type="checkbox"/> Ability to take things in stride	<input type="checkbox"/> Occasional pessimism, displaced sarcasm	<input type="checkbox"/> Frequent pessimism, increased apathy	<input type="checkbox"/> Numbness/hopelessness
	19	<input type="checkbox"/> Socially active	<input type="checkbox"/> Decreased social activity	<input type="checkbox"/> Withdrawal from social activity	<input type="checkbox"/> Not going out or answering phone
Social Health	20	<input type="checkbox"/> Healthy social relationships	<input type="checkbox"/> Occasional relationships conflict	<input type="checkbox"/> Frequent relationships conflict, toxicity	<input type="checkbox"/> Constant relationships conflict, toxicity
	21	<input type="checkbox"/> Engaged with others	<input type="checkbox"/> Occasional avoidance of social situations	<input type="checkbox"/> Pulling away from others	<input type="checkbox"/> Isolation/complete withdrawal
	22	<input type="checkbox"/> Good performance and in duties	<input type="checkbox"/> Occasional performance errors	<input type="checkbox"/> Frequent performance errors	<input type="checkbox"/> Inability to perform duties/tasks
	23	<input type="checkbox"/> Good presence at work	<input type="checkbox"/> Occasional presenteeism	<input type="checkbox"/> Frequent absenteeism	<input type="checkbox"/> Constant/prolonged absenteeism
	24	<input type="checkbox"/> No trouble/impact due to use	<input type="checkbox"/> Limited trouble/impact due to use	<input type="checkbox"/> Frequent trouble/impact due to use	<input type="checkbox"/> Severe trouble/impact due to use
	25	<input type="checkbox"/> Established sense of purpose and meaning	<input type="checkbox"/> Exploring sense of purpose and meaning	<input type="checkbox"/> Losing sense of purpose and meaning	<input type="checkbox"/> No sense of purpose and meaning
Spiritual Health	26	<input type="checkbox"/> Secure and can easily accept other beliefs	<input type="checkbox"/> Able to accept other beliefs	<input type="checkbox"/> Difficulty accepting other beliefs	<input type="checkbox"/> Unable to accept other beliefs
	27	<input type="checkbox"/> Positive sense of belonging	<input type="checkbox"/> Some sense of belonging	<input type="checkbox"/> Lacking sense of belonging	<input type="checkbox"/> Isolated and no sense of belonging
	28	<input type="checkbox"/> Easily able to forgive myself and others	<input type="checkbox"/> Able to forgive myself and others	<input type="checkbox"/> Difficulty forgiving myself and others	<input type="checkbox"/> Unable to forgive myself and others
	29	<input type="checkbox"/> Thrive and grow from inner conflicts	<input type="checkbox"/> Able to function with inner conflicts/struggles	<input type="checkbox"/> Difficulty coping with inner conflicts/struggles	<input type="checkbox"/> Consumed by inner conflicts/struggles