

# My Action Plan for Depression

Name \_\_\_\_\_ Date \_\_\_\_\_

Please bring this plan and a list of your medicines to each health provider or emergency room visit.

## Things I will do each day

- Bathe and dress.
- Be active and walk each day. Get up and do things.
- Do things that I enjoy.
- Reach out and talk to people who support me.
- Do things to control my pain as my health provider and I discussed.
- Do things to relax and reduce my anxiety.
- Sleep for about 7 to 9 hours each night.
- Take my medicine the way my health provider and I discussed, even when I feel good.
- Go to all of my health appointments.
- Eat healthy foods, low in sodium (salt), saturated and trans fats, and not add salt to my food.
- Do not smoke and stay away from smoky places.
- Stay away from alcohol, drugs and medicine not prescribed for me.
- Follow my safety plan if I have one.

## I feel normal for me

- I get out of bed.
- I am taking my medicine the way my provider and I discussed.
- My medicine works for me.
- My thoughts are clear.
- I have no thoughts of hurting myself.
- I feel hopeful.
- I feel good about facing the day and being with people.
- I do my normal things.
- My eating and sleeping are normal for me.

## CAUTION – I need to take action

### I FEEL WORSE

- I want to be by myself.
- I am not taking medicine the way my health provider and I discussed.
- I think of killing myself, but I do not have a plan. I think of this more often.
- I think of hurting myself.
- I feel sad, tired or nervous about doing my normal things.
- I have a change in my sleep, such as
  - ~ Sleeping more or less than my normal.
  - ~ Trouble falling or staying asleep.
  - ~ Staying awake and worrying.
  - ~ Wanting to stay in bed all day.
- Friends or family have told me I need to get help.
- I cannot think clearly.
- I worry most of the night.
- I sleep a lot during the day and keep my room dark.

### ACTION

#### 1. Call my health provider:

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

Phone: \_\_\_\_\_

2. Then I will tell my health provider how I have changed the way I take my medicine
3. Tell my health provider if I have thoughts about hurting myself

Call **1-800-273-8255** or **9-8-8** to be connected to a counselor free of charge. Please do not wait to call. We are here 24 hours a day to listen during a mental health crisis.

Emergency resources \_\_\_\_\_

## DANGER – I will take action immediately

### I FEEL MUCH WORSE

- I have hurt myself or others.
- I do not feel anything.
- I feel hopeless and overwhelmed with sadness.
- I feel life is not worth living.
- I have a plan to kill myself or others.
- I am going to hurt myself.
- I have stopped taking my medicine.
- I have taken more than the recommended dose of a medication.

**ACTION – I will CALL 911 or go to the nearest hospital or emergency department.**

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