**YOUR DEPRESSION ACTION PLAN**

Name: Effective Date:

SYMPTOMS: ACTION:

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| Prevention | - Sleeping and eating well  - Feeling good about myself and others  - Enjoying my daily activities  - **Having a positive attitude**  - **Able to talk with my friends and family** | * Continue to get a good night’s rest * Healthy diet and regular exercise * Increase enjoyable activities * If prescribed medications, continue to take them regularly * If seeing a counselor, be sure to continue appointments regularly * Practice relaxation and mindfulness * **Keep a positive attitude** * **Talk with a loved or trusted family member regularly** |
| Feeling down  OKAY | - Having some trouble sleeping  - Decreased appetite  - **Not feeling as good as I normally do**  - Having trouble enjoying my daily activities  - **Don’t feel as comfortable talking about it** | * Repeat green level activities * **Be sure to get into a steady routine** * **Set goals for yourself to achieve throughout each day** * **Increase water intake** * **Learn to curb negative thinking, practice positive thoughts** * **Keep up with little things such as household chores in order to enjoy daily activities** |
| More depressed, feeling sad  BAD | - Not sleeping at night  - Not eating  - Having scary thoughts about hurting myself or others  - Uninterested in my usual activities  -Staying away from friends and family | * Repeat yellow level activities * Take medication if prescribed * More frequent counseling * Contact identified adult or loved one * Call a number below   Emergency Contacts:   1. Emergency Services- 911 2. Carolina Pediatrics- (803) 256-0531 3. Suicide LifeLine- 988 4. Suicide Text Line- Text “HOME” to 741741 5. CCRI – 833-364-2274 |