**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**
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| Feeling downOKAY | - 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**
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| 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
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