# MENTAL HEALTH ACTION PLAN

Name: _____

Medical Provider's Name: _____
Phone: _____

Clinical Case Manager's Name: _____
Phone: _____

## THINGS TO DO EVERYDAY:

- ☐ Take my medicine as directed
- ☐ Keep my medical appointments
- ☐ Eat three healthy meals that include fruits and vegetables
- ☐ Write down my feelings and symptoms
- ☐ Spend time with supportive friends and family sharing my thoughts
- ☐ Get plenty of rest
- ☐ Exercise regularly such as walking for 30 minutes most days

## THINGS TO AVOID:

- ☐ Being too tired
- ☐ Drinking alcohol
- ☐ Taking illegal drugs
- ☐ Being alone too much
- ☐ Stressful situations
- ☐ Other triggers for me are:

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## MY EMERGENCY PLAN:

I will call the crisis center or 911 if:

- ☐ I feel like hurting myself
- ☐ I feel like hurting someone else

I will call my mental health provider if:

- ☐ I feel severe anxiety or depression
- ☐ I have more hallucinations
- ☐ I have more paranoia
- ☐ I am not bathing, getting out of bed, not sleeping, or not eating
- ☐ I do not have any more medicine
- ☐ I have side effects from my medicine
- ☐ I stop taking my medicine
- ☐ I drink more alcohol

## NOTES:

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## MY ACTION PLAN

| Goal: Something I WANT to do (Example: increase physical activity, take medication, make healthier food choices, etc.) | Action: A specific activity that you are going to do in the next 1 to 2 weeks. (Example: I will walk for 30 minutes after dinner with my dog three days each week for the next two weeks.) |
|---|---|

What you will do (the behavior):

How much you will do (time, distance, or amount of activity):

When you will do it (time of day):

How often you will do it (number of days per week):

How important is it to you that you complete the action plan you made above? (Fill in your response.)

Not at all important 1 2 3 4 5 6 7 8 9 10 Totally important

How confident are you that you will successfully complete the action plan you made above? (Fill in your response.)

Not at all confident 1 2 3 4 5 6 7 8 9 10 Totally confident

Things that might make it hard:

Ways I might overcome these problems:

Follow-up plan (phone or e-mail and date/time):