

preventing relapse of depression



Activity: Relapse prevention plan

- ▶ Events or situations that triggered relapses in the past:

- ▶ Early warning signs that I experienced in the past:

- ▶ Things that help me when I experience an early warning sign:

- ▶ People who help me and what I would like them to do:

- ▶ People I'd like to contact in case of an emergency:

*(Source: Substance Abuse and Mental Health Services Administration,
Center for Mental Health Services)*

Crisis Plan

▶ My crisis plan (what can be done if I am in crisis):

▶ Ways I can relieve stress, regain balance, calm myself or make myself safer:

▶ People I can call (friends, family members, counsellors or other mental health professionals):

▶ Resources I can use (support groups, organizations, etc):

▶ Things I or others can do that I find helpful or keep me safe:

▶ Medications that have helped in the past: _____

▶ Medications that have **not** helped: _____

▶ Types of medication(s) I take: _____

▶ If I become unable to handle my personal affairs, the following people have agreed to help

(for example, look after pets, notify family and workplace, etc):

name and phone number: _____

what they will do: _____

(Source: Western New York Care Coordination Program)