Intermountain® Healthcare

Depression Self-Care Plan

Date _____

At your appointment today you and your healthcare team discussed your depression and made a plan for what to do next. These are notes on what you did and decided.

If your symptoms get worse or if you have thoughts of suicide **contact your doctor or get immediate medical help.**

Current testing status

- Coded PHQ-9 dated: _____
- Lab work ordered by physician: _____

Goals

Treatment goal: Full remission (PHQ-9 score of 5 or less)

Your goal. The goal *you* have set for your depression:

_____

Self-care goals and monitoring options

Stick to your treatment plan.

- ❑ **Take all medications as directed.** Remember that you need to take your medication for 2 to 4 weeks before there may be a noticeable effect. Keep taking your medication, even if you feel better. Do not stop taking medication without checking with your doctor.
- ❑ **Participate in counseling and care management.**
- ❑ **Have lab work completed** as ordered by your doctor.
- ❑ **Keep all follow-up appointments.**
- ❑ _____

Healthy behaviors

- ❑ **Get proper nutrition.** Drink plenty of water and eat at least 5 fruits and vegetables per day.
- ❑ **Physical activity.** Get 30 to 45 minutes of moderate-intensity physical activity 3 to 5 days a week.
- ❑ **Get 7 to 9 hours of sleep each night.** Stick to a schedule for going to bed and getting up.
- ❑ **If you are a smoker, stop.** Avoid second-hand smoke.
- ❑ **Avoid alcohol.**
- ❑ _____

Maintain supportive relationships.

- ❑ Understand your natural style of asking for and accepting help.
- ❑ Talk with a friend every day.
- ❑ Attend scheduled events.
- ❑ Leave the house at least once a day.
- ❑ _____

Make time for spirituality and pleasurable activities.

- ❑ If spirituality has been important to you in the past, include it in your current routine.
- ❑ Commit to a pleasurable activity every day, even if you don't feel like it.
- ❑ _____

Self-management

We discussed changes you can make that will help manage your depression.

- How **important** are these changes to you? (1-10):_____
- How **confident** are you that you can make these changes? (1-10): _____
- Who do you usually talk to or go to for help when you do not feel well or you are distressed? _____
- What would help you reach your goals?_____

_____

Sign up and activate Intermountain MyHealth account to review you lab results and health records, and to communicate with your doctor as needed.

Local resources:

Care manager or health educator: _____

Local clinic phone and website: _____

_____

Other consultants or providers: _____

_____

Patient education

Write the date you received each resource:

- ❑ Intermountain Depression booklet (8-page color handout): ___/___/____
- ❑ Mental Health Integration brochure and/or packet: ___/___/____
- ❑ Referral to counseling, consultants, specialty, or other providers: ___/___/____
  Name:_____
  Phone:_____
  Most recent visit:_____
- ❑ Personalized Primary Care Medical Home brochure: ___/___/____

Resources

- *www.intermountainhealthcare.org/mentalhealth* (includes education, handouts, tools, and a list of national and local resources)
- NAMI (National Alliance on Mental Illness) *www.namiut.org* (offers support groups and classes)
- Davis Behavioral Health *www.dbhutah.org* (Phone 801-773-7060)
- Books:
  - *Feeling Good* by David Burns
  - *Mind Over Mood* by Dennis Greenberger and Christine Padesky
  - *Thoughts & Feelings: Taking Control of Your Moods and Your Life* (workbook) by Matthew McKay, Martha Davis, and Patrick Fanning.
- *www.parentsmedguide.org*
- *www.questforwhatsbest.info* (information focused on the school)

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