

**Depression Risk Plan**

**Participant’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of experiencing symptoms of depression.

**Desired Outcome:**       will express any feelings of depression. Staff will encourage the usage of coping skills and to avoid triggers, redirecting as needed. Staff will respond as trained if symptoms of depression are exhibited.

**Why at risk/History:**

**Depression**, or **major depressive disorder**, is a common and serious, but treatable, medical illness that negatively affects a person’s feelings, thought processes, and actions. Depression causes feelings of sadness and/or a loss of interest in activities that were once enjoyable. It can lead to a variety of emotional and physical problems, can decrease the ability to function, and interferes with day-to-day life. Depression can also be associated with thoughts of suicide.

**Supports and interventions:**

*
*
*
* Staff will assist      , as needed, to maintain a healthy, balanced diet.
* Staff will encourage      , as needed, to regularly exercise, practice deep breathing for relaxation, and other coping skills to reduce stress.
* Staff will encourage      , as needed, to get sufficient sleep and maintain a regular sleep schedule as much as possible, including weekends.
* If       begins exhibiting symptoms of depression, staff should encourage them to express their feelings, use their coping skills, and then redirect them to another activity.
* Family/staff will communicate any occurrences that may cause increased depression.
* is responsible for ensuring mental health services are provided as needed.

**Monitor:**

* Anxiety
* Indifference
* General discontent
* Guilt
* Hopelessness
* Loss of interest or pleasure in activities previously enjoyed
* Mood swings
* Sadness
* Agitation or restlessness
* Excessive crying
* Irritability
* Social isolation
* Changes in sleep pattern or quality
* Fatigue
* Excessive hunger
* Loss of appetite
* Weight gain or loss
* Lack of concentration
* Slowness in activity or movements
* Repeatedly going over thoughts
* Thoughts, ideations, or attempts of suicide

**Notify:**

* **Call 911 if verbalized ideation or attempts of suicide, emergency intervention was necessary, such as, back blows, abdominal thrusts, CPR, etc., exhibiting, multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness.**
* Notify Program Manager, Health and Safety Tech and/or of any symptoms of depression, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any symptoms of depression, change of condition, or concerns.
* Staff will document on incident report by end of shift.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | **Depression** |  |
| **Print Name** | **Signature** | **Company/Title** | **Date** |
|  |  | **Paladin/Program Manager** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |