

## My Plan for Mental Health and Wellness



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| Symptoms  | Stressors                  | <b>Management Strategies</b>   | Planning for Treatment & Support   |
|---|----------------------------|--|--|
| First Signs of a Problem:                           | Meeting Academic           | Complete an academic planning sheet to   | Where I can get treatment?   |
| I begin sleeping less and                           | Demands                    | help stay organized  | Provider Name: Jane Doe  |
| become very irritable.                              |                            | <ul> <li>Visit Center for Students with Disabilities to see if I am eligible for academic accommodations</li> <li>Go to office hours to review material that</li> </ul>        | Place: University Health Services  Phone: (734) ###-####   |
|   |                            | isn't clear to me  Schedule fun study breaks   |  |
| Ways my thoughts change:                            | Forming New Social         | <ul> <li>Attend orientation and social gathering first</li> </ul>  | Where I can get prescriptions filled?  |
| I begin having very negative                        | Relationships              | week at school   | Place: Student Health Services   |
| thoughts about my self and become very pessimistic. |                            | <ul> <li>Invite people from my hall over for dessert</li> <li>&amp; a movie</li> <li>Go to at least one information meeting for a</li> <li>U-M club or organization</li> </ul> | Address: 207 Fletcher Street, Ann Arbor, Mi<br>48109-1050<br>Phone: (734) ###-###                  |
| Ways my feelings change:                            | Living Independently       | Make a schedule with my roommate for   | The support services I can use:  |
| I begin feeling apathetic and                       |                            | household chores   | <ul> <li>Services for Students with Disabilities</li> </ul>  |
| sad.  |                            | <ul><li>Set aside money at the beginning of each month for groceries</li><li>Set a specific evening for doing laundry</li></ul>  | <ul><li>Counseling &amp; Psychological Services</li><li>(CAPS)</li><li>Academic advising</li></ul> |
| Ways my behaviors change:                           | Staying Physically &       | Join a exercise class that meets 3x per  | What I will do in an emergency?  |
| I start talking less and spend                      | <b>Emotionally Healthy</b> | week   | Medical Emergency: Call 9-1-1  |
| more time by myself.                                |                            | <ul> <li>2x per week cook a healthy dinner with</li> </ul>   | Psychiatric Emergency: Call Psychiatric  |
| Sometimes I have trouble                            |                            | friends  | Emergency Services (734) 936-5900  |
| sleeping and I usually eat less.                    |                            | <ul> <li>Schedule at least 1 hour each day to relax<br/>(read a fun book, watch TV, hang out with</li> </ul>   |  |

|   |                           | friends)  |  |
|---|---------------------------|---|--|
|   | •                         | Monthly visits to my psychiatrist for checkins  |  |
| Changes Others Noticed in My Behavior: My friends notice that I call them less and stay home more. My parents notice that I seem sad. | Finding Housing           | review options  | Who will I tell if I begin having mental health problems?  My mental health care provider (psychiatrist, psychologist, social worker etc.)  Services for Students with Disabilities to help with getting academic accommodations  My parents  My best friend on campus (Jen) |
| Others Characteristics of my Symptoms: Sometimes I get muscle aches. I get annoyed with other people much more than normal.           | Missing Friends from Home | Call best friend from home 2x per week before bed & tell her about 3 things that are going well at school Chat on Facebook for 20 minutes every day & post pictures Send friend a care basket during finals | What has been helpful in the past when I've had mental health problems?  Calling friends and family for support  Scheduling an appointment with my care provider  Using stress management strategies (deep breathing)  Taking some time off of work to destress              |
|   |                           |   |  |



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|---------------------------|--|--|
| First Signs of a Problem: | Meeting Academic                         | Where I can get treatment?                                     |
|                           | Demands                                  | Provider Name:   |
|                           |  | Place:   |
|                           |  | Phone:   |
| Ways my thoughts change:  | Forming New Social                       | Where I can get prescriptions filled?                          |
|                           | Relationships                            | Place:   |
|                           |  | Address:   |
|                           |  | Phone:   |
| Ways my feelings change:  | Living Independently                     | The support services I can use:                                |
| Ways my behaviors change: | Staying Physically & Emotionally Healthy | What I will do in an emergency?  Medical Emergency: Call 9-1-1 |
|                           | Emotionally Healthy                      | Psychiatric Emergency: Call Psychiatric                        |
|                           |  | Emergency Services (734) 936-5900                              |
|                           |  |  |

| Changes Others Noticed in    | Finding Housing      | Who will I tell if I begin having mental |
|------------------------------|----------------------|--|
| My Behavior:                 |                      | health problems?                         |
|                              |                      |  |
| Others Characteristics of my | Missing Friends from | What has been helpful in the past when   |
| Symptoms:                    | Home                 | I've had mental health problems?         |
|                              |                      |  |
|                              |                      |  |
|                              |                      |  |
|                              |                      |  |