

Helping a Friend/Relative Who Has Mental Health Problems
Who May Also Become/Be a Domestic Violence Victim

Helping a Friend/Relative Agreement

You are a friend/relative of mine and I will be available to you at all times. You can call me on the phone or come to my residence at any time for safety or just to talk. I will help find resources, services/programs for mental health issues you may have and for violence or abuse problems you're having with your partner. We will both become knowledgeable about the warning signs and symptoms of relationship abuse and violence. If you are in a violent and/or abusive relationship, you may develop a mental illness. If exposure to relationship violence and/or abuse continues, symptoms of depression, PTSD (post traumatic stress disorder), delusions, hallucinations, psychosis, and other mental health disorders may develop or intensify.

I would like to assist you with the following:

1. Meet with you at least once a week.
2. Communicate with you by phone at least three times a week.
3. Assist you with keeping your doctor's appointments.
4. Monitor that you take your medication as prescribed by your doctor.
5. Help you leave/escape abuse and/or violence in your relationship.
6. If you have stress and become symptomatic, I will help you develop an emergency plan for seeing a psychiatrist, securing prescribed medication, and/or hospitalization.
7. Help you find a mental health relapse prevention support group and/or a domestic violence victim's support group.
8. Encourage and attend NA/CA/AA meetings with you if you have a history of drug and/or alcohol use and abuse.
9. Develop a healthy routine of eating nutritious meals, getting enough sleep, exercising, and participating in fun activities.
10. Encourage and attend weekly religious activities with you at your church/temple/place of worship/ect.

Please ask your relationship partner to allow me to help you fulfill this agreement.

Signatures Needed:

Your Partner's Signature: _____ Date: _____

Your Signature: _____ Date: _____

My Signature: _____ Date: _____

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