

CURRICULUM GUIDE

COMING BACK

A death and life story about sons, daughters, and friends.

This guide and accompanying documentary
was made possible by:

**The New Mexico
Children, Youth and Families Department
Department of Health
Human Services Department
Public Education Department
In Association With
Cooperative Educational Services
Competitive Benefits Administrators
Blue Cross and Blue Shield of New Mexico
New Mexico Coalition of School Administrators
New Mexico Parent Teacher Association**

Additional Support was provided by:

**KNME TV 5
KOAT TV 7
KRWG TV 22 Las Cruces
KENW TV 3 Portales
The Albuquerque Journal**

Thank you for your interest in this important program to help save the lives of our sons, daughters, friends and students. With your help, and through the use of the television documentary "Coming Back" we hope to create a new awareness and understanding of youth suicide and depression and give communities and particularly schools throughout the state tools that will enable them to intervene and help prevent this terrible tragedy.

The purpose of this project is to open discussion about this devastating, almost epidemic, occurrence so everyone can identify the early warning signs of suicide in young people and help those who need it.

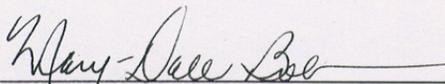
Discussion of suicide and depression is not easy or simple; however **the warning signs of suicide can be recognized, understood and addressed**. Because teen peers are the most likely to have significant contact and knowledge about friends in trouble, the primary target for this project are teenagers who are friends of those at risk of depression and potential suicide. According to research here in New Mexico, the second group most likely to be approached by teens that may be in trouble are educators and other school personnel. And of course family members and other important adults in a young person's life can and should be ever vigilant.

Enclosed are some ideas for discussions and activities. Feel free to adapt these suggestions for a better fit with your particular situation. This information will **focus on suicide prevention and empowering the community with tools to help**. These tools will include specific information and warning signs so that those most likely to have contact with potential victims of suicide will know when to take action and ways to help.

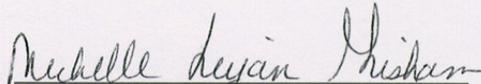
We hope these materials support your efforts in reaching your community with enlivened discussions about difficult situations and how individuals, through simple actions, can make a difference.

On behalf of the New Mexico Children, Youth and Families Department, the Department of Health, the Human Services Department, the Public Education Department, the New Mexico Suicide Prevention Coalition and Christopher Productions, we want to thank you for reaching out to help.

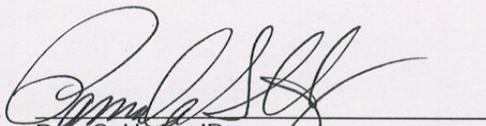
Sincerely,



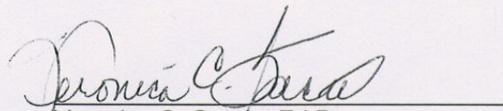
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“I wanted to hurt myself since I been 13. Because like when I was 13 I took a whole bottle of aspirin because I wanted to die. I didn’t want to be alive. I didn’t want to be here.”

Desiree

P R O J E C T O V E R V I E W

This project to help save young lives began in 2002 after we had created a similar project around underage drinking called “One Friday Night”. After that program was broadcast, my company was approached by a man who had lost his son to suicide. He asked if we could create something similar to the underage drinking program but for the issue of youth suicide and depression. He said that if people knew the warning signs, especially parents and teen peers, many lives could be saved. We’ve been meeting with people and researching the issue ever since. Earlier this year, the New Mexico Children, Youth and Families Department and then the Department of Health and the Human Services Department along with the Public Education Department all pitched in with expertise and funding to create the various parts of the overall project that is available to you now. When we realize that the three leading causes of death among our young people - accidents, homicides and suicides - are all preventable, how can we not do something to help.

Chris Schueler, President
Christopher Productions

This project includes the following items that are available for your use:

- The locally produced documentary “Coming Back”
- The follow up program “Staying Safe”
- A specialized video for educators “Signs of Suicide: Educators”
- A specialized video for families “Signs of Suicide: Families”
- This curriculum guide



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“When you get depressed you feel like you don’t want to do anything, you don’t want to be around anybody, you want to be by yourself and like... when someone tries to cheer you up you just like, whatever, get away from me, you know, because like the depression it really is like horrible.”

Cherish age 15

New Mexico suicide rates have historically been nearly TWICE THE NATIONAL RATE.*

“Depression (is) a disease and I think that that’s becoming more common knowledge. But it disables people. It really... it paralyzes them, you can’t decide to cheer up, you can’t take action to make yourself better, you have to have somebody help you out of that hole.”

Molly Brack, Agora UNM Crisis Center

Over 90% of youth who commit suicide have a mental health problem. Only 36% of youth at risk receive treatment for their problems.*

“I actually started at the start of eighth grade year...I started drinking. I would take my alcohol to school with me. I would drink during, before, after, whenever I could.”

Katrina age 14

Substance and/or alcohol abuse significantly increases the risk of suicide in teenagers age 16 and older.*



Program Goal

The program goal is to provide information to help communities, parents, and especially young people establish criteria to determine if they or a friend are in need of mental help, realize and eliminate the stigma of mental health programs, and learn ways to get the help needed.

Program Objectives

1. Identify warning signs of depression or suicide.
2. Develop guidelines for discussing the issue with friends who may need help.
3. Eliminate the stigma of having a mental health issue.
4. Increase awareness of depression and suicide and recognize that it is a significant problem.
5. Identify resources and support systems for finding help.



P R I O R T O V I E W I N G

Instructors: Please keep in mind that this curriculum guide contains discussion questions that are sensitive in nature and may cause uncomfortable feelings and emotions to surface for some students.

Please have resource information readily accessible to students and discuss only those questions that you feel comfortable handling. Because it is important to protect students during discussions, ask them not to use any names, and set ground rules that include using the phrase “a person I know” OR REFERRING TO THE PEOPLE IN THE VIDEO each time. This may allow a more open discussion for everyone.

Portions of this program may be difficult to watch. Please read the script, and, if possible, watch the program prior to sharing it with your group. This will make leading the discussion easier and more effective.

PLEASE NOTE: there is available a video that is specifically designed for educators who want to discuss this issue in class and also a different tape specifically designed for parents and families. We encourage you to obtain and view a copy of the appropriate video prior to using the documentary with your group.

This discussion guide is designed to be a tool for educators and other group leaders. It includes discussion and activity ideas. Further information and a complete list of additional resources are included. Our hope is that this is just the beginning, and that **together we can make an important difference in our communities and in the lives of our children.**

THE ORIGINAL DOCUMENTARY SCRIPT AND INFORMATION ABOUT OBTAINING VIDEO COPIES IS AVAILABLE ONLINE AT www.christopherproductions.org

Please download, read and have the script available prior to viewing.



PRIOR TO SHOWING THE DOCUMENTARY:**For Instructors/Leaders:**

1. **Be certain to preview the video yourself and read through this guide.**
2. **Gather and have available print resources (reference resources list at the end of this guide).**
3. **Download and read the script of the video.**
4. Determine how much time you will have and what the goal of your discussion will be.
5. If you can, identify and solicit a trained expert to assist with the discussion (perhaps check with your school counselor).
6. Use clear guidelines and avoid general, unstructured discussion.
7. Allow enough time to fully discuss the topics after the viewing.

Go over the following with your group prior to viewing:

1. **Let everyone know that this will be a discussion about depression and suicide.**
2. **Be certain all cell phones and pagers are turned off.**
3. **Be sure everyone has pen and paper and encourage them to jot down notes, ideas, and questions.**
4. **Explain that the program is 30 minutes long and then a discussion about the program and various other aspects about suicide will follow.**
5. **Explain that the tape was created with the help of teenagers in New Mexico and that all the interviews are real.**
6. **Tell your group that if they feel uncomfortable at any point they may choose not to watch (be sure to arrange for a place where they can go in advance).**
7. **Explain that the program can be a very emotional experience and to respect everyone's personal feelings.**



SHOW THE DOCUMENTARY: “COMING BACK”

AFTER THE VIEWING:

- 1. Give everyone a few moments to jot down ideas and questions they may have about the information in the documentary.**
- 2. Explain that this is not a group therapy session and you, as leader, are not a trained therapist.**
- 3. Say that it will be a general discussion on the warning signs and ways we can get help when someone needs it.**
- 4. Follow some of the ideas for discussion in this guide and from the aforementioned specialized tapes you may have already viewed as group leader.**
- 5. Be sure to leave enough time for adequate discussion. If time is short after the viewing (30 minutes or less), you may want to take just one of the discussion topics and leave the rest for later.**



“...we’re facing a public health crisis. When we look at, what are the issues that are really causing the death of our teens in America, basically it’s accidents, homicides and suicides...we now have almost as many teens in our country dying from suicide as the fourth through the tenth leading causes of death combined.”

Steven Adelsheim, M.D.
New Mexico School Mental Health Programs

BACKGROUND ON SUICIDE

“...if the success happens, it’s all about me and if the failure happens, it’s all about me, if divorce happens, I must have done something wrong or if I’d been different...and a lot of egocentric thinking, can just drive them to that place where, you know, they do something about it. It will be better if I’ll do something about it. And I can get down that train track of the thing I’m going to do about it is I’m going to take myself out of the situation permanently, and everybody’ll feel better.”

Sarah Stuckey
Clinical Director, Hogares School



Suicide is one of the top three causes of youth death. It is preventable. There are many reasons for suicide but it crosses all socio-economic and ethnic groups. Young girls tend to attempt more suicide than young boys; however, boys tend to succeed more often than girls. This is because boys tend to use more lethal means than girls. In New Mexico, 31% of the state's population is under the age of 20, the fifth highest proportion in the nation.

Risk Factors*:

Mental Health Issues: More than 90% of youth who commit suicide have a mental health problem. Unfortunately, only 36% of youth at risk for suicide receive treatment for their problems. Stigma has been identified as the most formidable obstacle to future progress in the area of mental health.

Substance Abuse: Substance Abuse, including alcohol, significantly increases the risk of suicide in teenagers age 16 and older.

Violence & Abuse: Having been a victim of violence or abuse increases the risk for suicide in youth. In one study, girls that were victims of dating violence were 8-9 times more likely to have attempted suicide.

Sexual Orientation: Youth with same-sex orientation are more than twice as likely to attempt suicide as their same-sex peers.

Juvenile Justice System: Youth who have contact with the Juvenile Justice system are more at risk for suicide.

Access to Firearms: Of the suicide deaths of youth in New Mexico in 2002, firearm was the mechanism of completion in 63% of the suicides. In a recent study in New Mexico, over 40% of high school students said they could get a gun or rifle within 15 minutes to one day. In 2002 over 65% of NM households contained a loaded, unlocked firearm.

*Youth Suicide White Paper, New Mexico Department of Health, 2004



INSTRUCTOR IDEAS:

Students can explore general issues about suicide through discussion questions. These questions can be used as a guide for group discussions, or they can be used for writing activities.

WHAT DOES THE TITLE OF THE DOCUMENTARY MEAN?

(Coming Back: A Death and Life Story about Sons, Daughters, and Friends)

Refer to the beginning of Act 2:

Sarah Stuckey, Clinical Director, Hogares School

“Stuff has been piling up, it seems to me like little things, little events, over years. So maybe it’s not so shocking that you guys got so down, you got to that center, like you said. The center of.. it’s just, I’ve only been on the planet 15 years, or 14 years, 16 years and this is really about as far as I want to go.

So what’s the... what’s the thing if you guys could talk about that, to catch you from, I mean, like really you get to the center and if you’re there alone in that moment, **what brings you back?**”

What are the reasons someone might commit suicide?

Using the information on the preceding page about Risk Factors, have students brainstorm why they think someone would commit suicide and then discuss.

Guide the discussion to include the following information:

- *Mental Health issues are almost always involved with someone considering suicide.
- *Having a mental health issue is not a choice, and it is something that can be treated.
- *Depression is a mental health issue that can lead to suicidal thoughts or tendencies.
- *Alcohol and other substance abuse can increase the likelihood a person with suicidal thoughts might attempt suicide.
- *A recent loss or disappointment can lead someone to suicidal thoughts.

Discussion questions

1. What reasons for attempted suicides were mentioned in the video?
2. What were some of the barriers to getting help for people were mentioned in the video?
3. What were some of the solutions that the young people in the video talked about regarding their mental health issues?
4. Is this an important issue and why?
5. Who can and who should take the lead in getting help?
6. Is someone who is suicidal able to help themselves recover? Why or why not?



“I started like cutting myself...at 12 years old ... I just didn’t want to live anymore.”

Cherish age 15

WARNING SIGNS

“I actually started at the start of eighth grade year...I started drinking. I would take my alcohol to school with me...I would drink during, before, after, whenever I could, because some can be concealed as water.”

Katrina age 14



WARNING SIGNS

At one time or another almost everyone has one or more of the warning signs for depression or suicide. Sometimes these are “situational” occurrences (i.e. the family pet dies and everyone is sad for a few weeks) and sometimes these can be over a longer period of time. WE all need to be aware of our own mental health as well as watching out for friends and family. Below is a list of warning signs for depression or suicide. You can find more on the websites listed at the end of this guide. (Many of these signs are from the documentary: “Coming Back”)

Isolation

Hurting oneself

Feeling that it’s “all my fault”

Anger

Emotional Pain

Sleep Problems

Being a Loner

Using drugs or alcohol

Feeling useless

Poor Concentration

Eating changes (too much or too little)

Tired all the time

Impulsive/Dangerous behavior (takes unnecessary risks)

Crying often

Chronic or sudden truancy

Talks about committing suicide

Gives away prized possessions

Dramatic change in behavior

Uncharacteristic improvement in mood

Recent suicide of loved one

Has attempted suicide before

Have had recent severe losses

Preoccupied with death and dying

Loses interest in their personal appearance



WARNING SIGNS

The warning signs for suicide can be subtle but are almost always shown in some fashion by the person who needs help. Most usually, it will be a peer or friend that is most likely to notice these signs first. An educator or other school personnel may also become aware of a student who may be having suicidal thoughts or who is in depression.

The following questions can be used to open discussion about the warning signs. At some point listing the warning signs in written form or on the chalk board can help students to recognize and remember these signs.

Discussion Questions:

1. What were the warning signs that the young people in the video mentioned?
2. How severe does a warning sign have to be before you need to get help?
3. Are warning signs different for adults than for youth?
4. When should you actually ask someone if they are feeling suicidal?
5. Are there other warning signs that weren't mentioned in the video?
6. Who is most likely to see these warning signs and be in a position to help?

Writing Activities:

1. List all the warning signs you remember from the video?
2. After each warning sign, list ways you might see that warning in a friend?
(i.e. Warning Sign: Always Tired,
Manifestation: see them falling asleep in class, never any energy, won't go out with me because they're too tired.)
3. List the top ten stresses in your life and rank them in order of importance.



JoAnn Sartorius

“Teenagers go to other teenagers first when they have a problem. (A) couple years ago I did a survey and asked every single middle schooler and high schooler in Santa Fe, who do you go to first when you have a problem? And over 60% said they’d go to a friend, first.”

JoAnn Sartorius
New Mexico Suicide Intervention Project

HOW TO GET OR GIVE HELP

“If a student comes up to you and you’re a fellow peer and they say, ‘you know, I’ve been thinking about committing suicide. You’re my best friend, I know that I can trust you to tell you.’ I always point out and tell them, you say, ‘I can’t keep that secret. I have to tell someone. I care enough about you that, what would it say if I didn’t tell anyone. That I don’t care about you.’”

Kristine Gracey
New Mexico High School Health Educator



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GIVING HELP

Because teenagers are most likely to notice the warning signs in their friends or to become a confidant of someone who may be in trouble, it's crucial for young people to know, not only the warning signs, but how to react. The discussion that follows should allow you to examine and rehearse how to help someone get help.

Discussion Questions: (please review pages 20, 21, and 22)

1. If you suspected that a friend or someone you know was overly depressed or perhaps suicidal, what would you do?
2. How would you decide when it was serious enough to talk to a trusted adult?
3. How did the people in the video who were practicing talking to someone who was suicidal deal with the suicidal person?
4. What shouldn't you do when dealing with someone who is suicidal?

Writing Activities:

1. List the top three adults that you could talk to about a friend who might be having suicidal thoughts.
2. List the top three adults you could talk to if you were experiencing depression.
3. List at least three things that you should not do if you notice a peer having some kind of depression or suicidal thoughts.
4. List five things you can do to help someone who may be having this kind of trouble.

Optional Activities:

- *Have students brainstorm ways they could heighten community/school awareness of youth suicide and create a media campaign.
- *Have students create posters/flyers with information about resources for seeking help. (the websites listed on page 19 can be resources)



RESOURCES

CRISIS LINES

National Suicide Hotline 1-800-suicide

Agora UNM Crisis Line 277-3013 Albuquerque

RESOURCES

New Mexico Suicide Prevention Coalition 505-401-9382

NM Suicide Intervention Project (training) 505-820-1066

NM Suicide Intervention Project (counseling) 505-473-6191

NM Dept. of Health, Office of School Health 505-841-5881

Stop A Suicide Today! www.stopasuicide.org

American Association of Suicidology www.suicidology.org

Foundation of Suicide Prevention www.afsp.org

Bipolar Significant Others www.bpsso.org

Child Trauma Academy www.childtrauma.org

National Alliance for the Mentally Ill www.nami.org

Suicide Awareness Voices for Ed. www.save.org

Suicide Information & Education www.siec.ca

Yellow Ribbon Youth Suicide Prev. www.yellowribbon.org



ACT: ACKNOWLEDGE, CARE AND GET TREATMENT

Your friend may have told you that he or she is considering suicide, or you may have recognized the [signs and symptoms](#) on your own. Either way, it is important that you take these warning signs seriously, and tell your friend that you care about him or her, and that you are concerned. Because suicide is so often [linked with mental illness](#), your friend may not be able to get the help he or she needs without you. Here's how to ACT to help a friend, co-worker or loved one that you are concerned about.

1. Acknowledge

- **Do take it seriously.** 70% of all people who commit suicide give some warning of their intentions to a friend or family member.
- **Do be willing to listen.** Even if professional help is needed, your friend will be more willing to seek help if you have listened to him or her.

2. Care

- **Do voice your concern.** Take the initiative to ask what is troubling your loved one, and attempt to overcome any reluctance on their part to talk about it.
- **Let the person know you care and understand.** Reassure them that they are not alone. Explain that even if it seems hard to believe right now, suicidal feelings – although powerful – are only temporary, and that [the usual cause \(depression\) can be treated](#).
- **Ask if the person has a specific plan.** Ask if a suicide plan exists, and if so, how far has he or she gone in carrying it out? (Please note: asking about suicide does not cause a person to think about – or commit – suicide. This is a myth!)

3. Treatment

- **Do get professional help immediately.**
- If the person seems willing to accept treatment, do one of the following...
 - Call 1-800-SUICIDE (1-800-784-2433) to find resources in your area. **In Albuquerque, anyone can call Agora Crisis Center at 277-3013.**
 - Bring him or her to a local emergency room or mental health center. Your friend will be more likely to seek help if you accompany him or her.
 - Contact his or her primary care physician or mental health provider.
- If the person seems unwilling to accept treatment...
 - Call 1-800-SUICIDE (1-800-784-2433).
 - And if all else fails... call 9-1-1.

From www.stopasuicide.org website



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How Can I Help a Friend Who is Suicidal?

DO take anyone who talks about suicide seriously. A person rarely commits suicide without warning. Although suicide can be an impulsive act, it is usually thought out and communicated to others--but people miss or do not understand the clues.

DO trust your intuitions that your friend may be depressed and thinking of suicide. You know your friend best and your feeling that something is troubling your friend may be right on. If you act on your feeling by asking your friend how she or he feels and your intuition was wrong, you will have still communicated to your friend that your care about him or her.

DO ask your friend directly if he or she is thinking about suicide. This won't "put ideas" of suicide into your friend's mind. It will provide what may be a welcome opportunity for your friend to talk openly about his feeling.

DO be direct by talking openly and honestly. Tell your friend how you feel. If you're scared, it's okay to say that; if you're uncertain what to do, it's okay to be uncertain together. Your openness and honesty conveys to your friend that it's okay to talk about feelings, no matter what they are.

DO get help from persons or agencies specializing in crisis intervention and suicide prevention. If you can't persuade your friend to go for help, you go. Crisis intervention and suicide prevention agencies may be found in the telephone yellow pages under "suicide" or on the front page of most telephone directories. **In Albuquerque, anyone can call Agora Crisis Center at 277-3013.** If your friend is feeling suicidal, try to convince her to call a hotline for help. If your friend won't call, you call. Keeping a secret for a friend may mean losing him/her. Remember – it's better to have a friend who is mad at you, than a friend who is dead.

DO stick by your friend. Vigilance is needed to assure your friend of your continuing concern and support. He or she must not feel "alone". Hang in there with your friend and if you feel like they are in immediate danger, *don't leave them alone!*

DON'T give advice. Your friend doesn't need advice when he/she is feeling depressed or suicidal--he/she needs someone to listen.

DON'T try to call a bluff, daring your friend to do it. Your friend is sad and in pain. Help the friend find a way out of depression by listening, caring and persuading him/her to get help.

DON'T be a judgmental listener. Don't debate the rightness or wrongness of suicide or the appropriateness of your friend's feeling. Instead, say something like: "I can only tell you how I feel about it--I don't want to lose you". Tell him/her how you feel.



How to Help

“It’s a very frightening thing, suicide is. And... and it’s a heavy burden. And what I try to tell my kids, we go through a three step, very simple three step approach, is... we call it LEG. We **listen**, we **express concern** for that individual and a third thing is we **get help**. And I try to tell them, even as a health educator, I am not qualified to help young people to work there way through depression and a lot of times that’s the leading cause. But by showing that you care, **they feel connected** and that’s a huge, huge part of lifting the burden. “

Kristina Gracey, Health Educator

L - Listen

Take what they say seriously.

Truly listen to them and don’t try to “cheer them up”.

E – Express concern

Tell them that you are concerned and worried about them.

Tell them that you care about them.

G – Get Help

Tell them that you can’t keep that secret, you have to tell someone.

Talk to a trusted adult: teacher, counselor, or parent.

“If a student comes up to you and you’re a fellow peer and they say, ‘you know, I’ve been thinking about committing suicide. You’re my best friend, I know that I can trust you to tell you.’ You say, ‘**I can’t keep that secret.** I have to tell someone. I care enough about you that, what would it say if I didn’t tell anyone. That I don’t care about you.’ And so we approach it that way. It lifts the burden from both parties.”

Kristina Gracey, Health Educator



Depression Checklist

(From Suicide Awareness Voices for Education, www.save.org)

It's normal to feel some of the following symptoms from time to time, but experiencing several or more for more than two or three weeks may indicate the presence of depression or another depressive illness. Remember, depression is a chemical imbalance in the brain that can only be diagnosed by a medical professional. This checklist is provided as a tool to help you talk with your doctor about your concerns and develop an action plan for treatment.

Please note: Other illnesses and certain medications can cause symptoms that mimic the symptoms of depression. A complete medical examination should be performed to rule out the presence of other medical conditions.

- I feel sad.
- I feel like crying a lot.
- I'm bored.
- I feel alone.
- I don't really feel sad, just "empty".
- I don't have confidence in myself.
- I don't like myself.
- I often feel scared, but I don't know why.
- I feel mad, like I could just explode!
- I feel guilty
- I can't concentrate.
- I have a hard time remembering things.
- I don't want to make decisions - its too much work.
- I feel like I'm in a fog.
- I'm so tired, no matter how much I sleep.
- I'm frustrated with everything and everybody.
- I don't have fun anymore.
- I feel helpless.
- I'm always getting into trouble.
- I'm restless and jittery. I can't sit still
- I feel nervous.
-



- I feel disorganized, like my head is spinning.
- I feel self-conscious.
- I can't think straight. My brain doesn't seem to work.
- I feel ugly.
- I don't feel like talking anymore – I just don't have anything to say.
- I feel my life has no direction.
- I feel life isn't worth living.
- I consume alcohol/take drugs regularly.
- My whole body feels slowed down – my speech, my walk, and my movements.
- I don't want to go out with friends anymore.
- I don't feel like taking care of my appearance.
- Occasionally, my heart pounds, I can't catch my breath, and I feel tingly. My vision feels strange and I feel I might pass out. The feeling passes in seconds, but I'm afraid it will happen again.
- Sometimes I feel like I'm losing it.
- I feel "different" from everyone else.
- I smile, but inside I'm miserable.
- I have difficulty falling asleep or I awaken between 1 A.M. and 5 A.M. and then I can't get back to sleep.
- My appetite has diminished - food tastes so bland.
- My appetite has increased - I feel I could eat all the time.
- My weight has increased/decreased.
- I have headaches.
- I have stomachaches.
- My arms and legs hurt.
- I feel nauseous.
- I'm dizzy.
- Sometimes my vision seems blurred or slow
- I'm clumsy.
- My neck hurts.
- I don't like to go to school.



Symptoms of Major Depression

(From Suicide Awareness Voices for Education, www.save.org)

Not all people with depression will show all symptoms or have them to the same degree. If a person has four or more symptoms, for more than two weeks, consult a medical doctor or psychiatrist. While the symptoms specified for all groups below generally characterize major depression, there are other disorders with similar characteristics including: unipolar depression, bipolar illness, anxiety disorder, or attention deficit disorder with or without hyperactivity. Remember that only a medical doctor can diagnose depression.

Adolescents

Depressive illnesses/anxiety may be disguised as, or presented as, eating disorders such as anorexia or bulimia, drug/alcohol abuse, sexual promiscuity, risk-taking behavior such as reckless driving, unprotected sex, carelessness when walking across busy streets, or on bridges or cliffs. There may be social isolation, running away, constant disobedience, getting into trouble with the law, physical or sexual assaults against others, obnoxious behavior, failure to care about appearance/hygiene, no sense of self or of values/morals, difficulty cultivating relationships, inability to establish/stick with occupational/educational goals.

- Physical symptoms such as dizziness, headaches, stomachaches, neck aches, arms or legs hurt due to muscle tension, digestive disorders. (ruling out other medical causes)
- Persistent unhappiness, negativity, irritability.
- Uncontrollable anger or outbursts of rage.
- Overly self-critical, unwarranted guilt, low self-esteem. Inability to concentrate, think straight, remember, or make decisions, possibly resulting in refusal to study in school or an inability (due to depression or attention deficit disorder) to do schoolwork.
- Slowed or hesitant speech or body movements, or restlessness (anxiety).
- Loss of interest in once pleasurable activities.
- Low energy, chronic fatigue, sluggishness.
- Change in appetite, noticeable weight loss or weight gain, or abnormal eating patterns.
- Chronic worry, excessive fear.
- Preoccupation with death themes in literature, music, drawings, speaking of death repeatedly, fascination with guns/knives.
- Suicidal thoughts, plans, or attempts.



COMING BACK

A DEATH AND LIFE STORY ABOUT SONS, DAUGHTERS, AND FRIENDS

December 15, 2004 7:00-8:00 pm

Albuquerque/Santa Fe:	KNME 5
Las Cruces:	KRWG 22
Portales:	KENW 3

December 16, 2004 8:00-9:00 pm

December 18, 2004 4:00-5:00pm

Statewide:	KOAT 7
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Video Tape Orders

Please allow 3 to 4 weeks for delivery.

www.christopherproductions.org

Tape orders may be made by mail through Christopher Productions. Please go to their web site and download the order form: www.christopherproductions.org

“Coming Back” and Follow up program 60 minutes

Tape INCLUDES the documentary “Coming Back” and the follow up prevention broadcast. These tapes are \$42 including shipping and handling.

“Coming Back” Curriculum Guide

Hard copies of this curriculum guide are \$25, however you may download them through the website **free of charge**.

“Signs of Suicide: Educators” 30 minute video

This tape is designed for educators and includes ideas for classroom discussion about depression and suicide. Tapes are \$32 including shipping and handling. Hard copies of the curriculum guide are \$25, however you may download the curriculum guide through the website **free of charge**.

“Signs of Suicide: Families” 30 minute video

This tape is designed for parents and families and includes ideas for classroom discussion about depression and suicide. Tapes are \$32 including shipping and handling. Hard copies of the curriculum guide are \$25, however you may download the curriculum guide through the website **free of charge**.



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