

# C U R R I C U L U M      G U I D E

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Produced by SafeTeen New Mexico and Christopher Productions



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New Mexico Parent Teacher Association  
New Mexico Coalition of School Administrators**

*“We’re starting to realize that mental health issues really begin much earlier than people thought. In fact, there’s literature that just came out from national studies that say that half of all mental illnesses actually begin before the age of 14 and that people often don’t seek treatment for 10 years after their problem has really developed. So you know, it becomes more and more important to identify kids early, to be able to recognize signs and symptoms early and get kids access to care at an earlier point so that they can be on track in school, have good social skills, be able to develop good friendships.”*

Dr. Steve Adelshiem  
Child Psychiatrist  
NM Department of Health



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# C O N T E N T S

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4.....WELCOME /STATISTICS  
5.....Jessica’s Poem  
6.....PROJECT OVERVIEW  
7.....Quotes / Statistics  
8.....PROGRAM GOAL / OBJECTIVES

“Not In My Family” DOCUMENTARY  
9/10.....Prior to Viewing  
11.....After Viewing

12.....MENTAL HEALTH ISSUES COMMON & TREATABLE  
13.....Instructor Ideas

14/15.....WARNING SIGNS  
16.....Student Activities

17.....HOW TO GET / GIVE HELP  
18.....Student Activities

19.....RESOURCES  
20 .....A.C.T. Model for Help  
21.....Do’s and Don’ts  
22/23.....Depression Checklist  
24.....Symptoms of Depression

25/26.....TAPE ORDER INFO



Thank you for your interest in this important program to help save the lives of our sons, daughters, friends and students. With your help we hope to create a new awareness and understanding of mental health and give communities and schools tools that will enable them to develop programs that can help people who have a mental health issue.

The purpose of this project is to open discussion about mental health in order to decrease the stigma associated with having an issue and seeking care.

Enclosed are some ideas for discussion and activities. Feel free to adapt these suggestions for a better fit with your particular situation. We hope these materials support your efforts in reaching your community with enlivened discussions about this difficult issue. It's important for everyone to understand that individuals, through simple actions, can make a difference.

## STATISTICS RELATED TO MENTAL HEALTH

- Suicide is the **SECOND leading cause of death** among children ages 15-24.
- **Teen suicide has increased 200%** since the 1960's.
- New Mexico ranks **3<sup>rd</sup>** in the nation for suicide in all age groups, and **7<sup>th</sup>** for teen suicide.

Statistics from the *Center for Disease Control*

- Half of all mental disorders start by age 14
- Less than 30% of youth with diagnosable disorder receive any service, and, of those who do, less than half receive adequate treatment. For the small percentage of youth who do receive service, most actually receive it within a school setting.

***“More than 3,000 children and young adults, ages 10-24, take their own lives each year in this country. That's the human loss equivalent, in children, of September 11, repeating itself every year.”***

National Center for Health Statistics, U.S. Department of Health and Human Services (2000)



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# J e s s i c a ' s P o e m

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*I have a secret that I need to tell.*

*I just want to scream out at the top of my lungs.*

*It keeps coming but it needs to come out.*

*I need to be heard.*

*But will they understand what I am going through?*

*What will they think of me once I tell it?*

*Will they think that I am a freak?*

*Will they think that I am not normal?*

*That I am just making this up for attention?*

*These questions just keep running through my head,*

*But it's hard to keep (inaudible) being so different from everybody else*

*It kind of makes me feel like I don't fit it.*

*Like I don't belong here.*

*People have asked me if this is real, that I am not just making this up.*

*But no, this ain't a dream.*

*And I tell them that this is real.*

*This is very real.*

*It's as real as it gets.*

*Jessica Herrera 16*



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

In December 2005, Christopher Productions in association with the New Mexico Dept. of Health, Children, Youth and Families Dept., Human Services Dept., and Public Education Dept. along with Cooperative Educational Services, Competitive Benefits Administrators, Blue Cross Blue Shield of New Mexico created a media campaign to address the warning signs of youth suicide and to draw awareness to related issues.

The campaign, **Coming Back**, included a half hour documentary and a half hour broadcast community conversation about these issues, along with a training tape for educators, a training tape for parents and families, a series of public service announcements and a curriculum guide. The program was broadcast in prime time on the three PBS affiliates in New Mexico and in prime time three times on the ABC affiliates in New Mexico during the month of December. The project also partnered with the state's largest newspaper, the Albuquerque Journal who created a series of stories about the issue running three consecutive days (front page main section, front page health section, front page youth section). Distribution included educator's tapes and documentary tapes to every school district in the state along with parent tapes to every PTA in the state.

Research at the time for the project indicated two primary issues as roadblocks to receiving mental health care in our rural state: **access** to appropriate care and the **stigma** attached to these issues.

As a follow up to the "Coming Back" project, we have created "Not in My Family" to build on the awareness from the first campaign and substantively address the stigma issue.

Chris Schueler  
President  
Christopher Productions



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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.\***

***“About half of Americans will meet the criteria for (mental health disorder) sometime in their life with first onset usually in childhood or adolescence. Interventions aimed at prevention or early treatment need to focus on youth.”***

Archives of General Psychiatry (June 2005)



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## **Program Goal**

The program goal is to provide information to help communities, parents, and especially young people realize and eliminate the stigma associated with mental health issues, and to learn how and feel comfortable with getting the help they may need.

## **Program Objectives**

1. Eliminate the stigma of having a mental health issue.
2. Increase awareness of the broad spectrum of mental health issues.
3. Increase awareness that mental health issues are common and treatable.
4. Identify resources and support systems for finding help.
5. Identify warning signs of depression or suicide.
6. Develop guidelines for discussing mental health issues with friends who may need help.



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

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**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 depending on the group. Please read the script, and watch the program prior to sharing it with your group. This will make leading the discussion easier and more effective.

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](http://www.christopherproductions.org)

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



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[www.christopherproductions.org](http://www.christopherproductions.org)

## **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 mental health 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.**

## **With your group prior to viewing:**

- 1. Let everyone know that this will be a video and discussion about mental health issues.**
- 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 36 minutes long and then a discussion about the program 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: "NOT IN MY FAMILY"**



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## **AFTER 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 stigma around mental health issues and ways we can get help when someone needs it.**
- 4. Follow some of the ideas for discussion in this guide.**
- 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.**
- 6. BEFORE ANYONE LEAVES be certain to give everyone in the room the local phone numbers for receiving care if you have a mental health issue AND the crisis phone number for your area.**



*“It’s part of what we experience when we have either loss or tragedy or job problems or relationship problems. Those are things that lead to depression, anxiety and adjustment problems. And so who goes through life without having those kinds of issues? It’s so common that it’s part of a human condition.”*

*Dr. George Davis  
UNM Health Sciences Center*

## MENTAL HEALTH ISSUES COMMON & TREATABLE

*“You know, it’s really hard to be able to say, you know, there’s something wrong with me. There’s something different. I am not normal. When normal is what, especially teenagers, are looking to be, you know. So the very first one you have to deal with is yourself. And the stigma you put on yourself... in keeping quiet.”*

*Kayt Gutierrez  
Mental Health Patient*



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**INSTRUCTOR IDEAS:**

Students can explore general issues about mental health 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?**

(Not In My Family)

**HOW DID THE TITLES IN THE DOCUMENTARY CHANGE AND WHY?**

(Not In My Family, In My Family, In Every Family)

Lead the discussion to indicate mental health issues are extremely common.

**WHAT DID THE PICTURES BEHIND THE TITLES SHOW AND WHY?**

(Not In My Family, In My Family, In Every Family / The images started with a closed door, then a partially opened door, then a door that was more fully open)

**WHAT DID THE DOCUMENTARY INDICATE AS PART OF THE REASON FOR THE STIGMA ASSOCIATED WITH MENTAL HEALTH?**

Guide the discussion to include the following information:

- \*Mental Health issues are extremely common. Most Americans will have some mental health issue in their lifetime.
- \*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 substances of abuse are often used by people with mental health issues to 'self medicate'.

**Other Discussion Questions**

1. What is a mental health issue?
2. Why are people afraid to discuss mental health?
3. Why is there a stigma attached to someone who is receiving mental health care?
4. What are some messages that will help eliminate the fear of this issue?
5. What are some good things happening in your community regarding this issue?
6. Where would you go to get care for a mental health issue?
7. What strengths in your family or community help address mental health issues?



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*“And it took three years before I decided I needed help and I decided that after I attempted suicide. And after being in the hospital for a week and not knowing if I was going to go home right after that, is when I realized I needed help and that was the first step to telling people how I felt.”*

*Kim Slusser 17*

## WARNING SIGNS



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## WARNING SIGNS

At one time or another almost everyone has one or more of the warning signs for depression, suicide or other mental health issues. 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.

Isolation

Poor Concentration

Eating changes (too much or too little)

Tired all the time

Crying often

Feeling that it’s “all my fault”

Anger / Getting into fights

Emotional Pain

Sleep Problems

Being a Loner

Using drugs or alcohol

Feeling useless

Loses interest in their personal appearance

Impulsive/Dangerous behavior (takes unnecessary risks)

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

Hurting oneself



## WARNING SIGNS FOR SUICIDE

(Please review page 15 of this guide prior to this discussion)

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. Listing the warning signs from the prior page 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 parents in the video of the boy who committed suicide mentioned?  
(self medication with drugs, acting out, mood swings)
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. Are there other warning signs that weren't mentioned in the video?  
(refer to the signs from the previous page)
5. Who is most likely to see these warning signs and be in a position to help?



“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**

**(Please review pages 20-24 of this guide prior to this discussion)**

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:**

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. 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 mental health issues or suicidal thoughts .
2. List the top three adults you could talk to if you thought you might be experiencing depression or another mental health issue.
3. List at least three things that you should not do if you notice a peer having some kind of depression, suicidal thoughts or another mental health problem.
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 mental health issues and create a local media campaign.

\*Have students create posters/flyers with information about resources for seeking help. (the websites listed in this guide can be resources)



## RESOURCES

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### CRISIS LINES

National Suicide Hotline 1-800-suicide (1-800-784-2433)

Statewide Help Line 1-866-help1NM (1-866-435-7166)

Agora UNM Crisis Line Albuquerque 277-3013

### 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

Value Options New Mexico 888-251-7511

Stop A Suicide Today! [www.stopasuicide.org](http://www.stopasuicide.org)

American Association of Suicidology [www.suicidology.org](http://www.suicidology.org)

Foundation of Suicide Prevention [www.afsp.org](http://www.afsp.org)

Bipolar Significant Others [www.bpsso.org](http://www.bpsso.org)

Child Trauma Academy [www.childtrauma.org](http://www.childtrauma.org)

National Alliance for the Mentally Ill [www.nami.org](http://www.nami.org)

Suicide Awareness Voices for Ed. [www.save.org](http://www.save.org)

Suicide Information & Education [www.siec.ca](http://www.siec.ca)

Yellow Ribbon Youth Suicide Prevention [www.yellowribbon.org](http://www.yellowribbon.org)

American Academy of Child and Adolescent Psychiatry [www.aacap.org](http://www.aacap.org)



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## 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.** 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 1-866-help1NM (1-866-435-7166)** to talk to someone or 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](http://www.stopasuicide.org) website



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## How Can I Help a Friend Who is Suicidal?

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**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. Elsewhere in New Mexico, call 1-866-help1NM (1-866-435-7166).** 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.



## Depression Checklist

(From Suicide Awareness Voices for Education, [www.save.org](http://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](http://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.



## Video Tape Orders

Please allow 3 to 4 weeks for delivery.

**[www.christopherproductions.org](http://www.christopherproductions.org)**

Tape orders may be made by mail through Christopher Productions. You can copy and fill out the order form on the following page or go to their web site and download the order form at [www.christopherproductions.org](http://www.christopherproductions.org)

**“Not In My Family” and Follow up program 60 minutes**  
Tape INCLUDES the documentary “Not In My Family ” and the follow up prevention broadcast. These VHS tapes are \$52 including shipping and handling.

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**“Not In My Family” Curriculum Guide**  
Hard copies of this curriculum guide are \$25, however you may download them through the website **free of charge**.



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