



American Foundation *for* Suicide Prevention

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MORE THAN SAD

[teen depression]



FACILITATOR'S GUIDE

A PRESENTATION OF THE  American Foundation *for* Suicide Prevention

1. BACKGROUND

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The American Foundation for Suicide Prevention (AFSP) developed *More Than Sad: Teen Depression* to show young people and those close to them what depression looks like in adolescents and how it can be treated. The key aims of this 26-minute film are to help teens recognize depression in themselves or their friends, and to encourage them to seek help.

***More Than Sad* was designed to be used as an educational tool to achieve several specific goals:**

- To educate high school students and other teens to recognize the signs and symptoms of depression in themselves and others;
- To convey the de-stigmatizing notion that depression is an illness that, just like any other medical illness, responds to specific treatments;
- To promote the importance and acceptability of seeking help for oneself or a friend; and
- To demystify the treatment process by showing how teens can get help for depression, what treatment involves and what it can achieve.

The messages conveyed by the film include the following:

DEPRESSION is a common problem that can interfere with teens' ability to function well in school, enjoy previous hobbies or activities or interact effectively with friends or family members.

DEPRESSION is an illness. It is not a character weakness or something that people bring on themselves or can change at will.

DEPRESSION may develop after a particularly upsetting event or situation, but also develops in young people who don't seem to have any reason to be depressed.

DEPRESSION usually doesn't go away on its own, and if left untreated, it may lead to serious consequences, including suicide.

TREATMENTS for depression are available, and treatment works. If you are depressed, ask for help. If someone you know is depressed, encourage them to get help.

It is hoped that *More Than Sad* will be helpful to schools and other organizations in bringing these messages to teens. It should be remembered that 90% of those who die by suicide have mental disorders—often undiagnosed and untreated—and that untreated depression is responsible for more suicide deaths than any other single risk factor. By educating teens to recognize signs and symptoms of depression and encouraging them to seek treatment, we hope that the film will be useful as a component of school and community-based youth suicide prevention programs, and

that it will contribute to reducing the tragic loss of young lives.

We emphasize that the help-seeking behaviors the film depicts among adolescents and their parents, as well as the responses and interventions on the part of school personnel, physicians and mental health professionals, are intended to serve as a model for the effective recognition and treatment of depression in teens. Our hope is that by showing how depression in teens can be effectively identified and treated, *More Than Sad* will encourage young people and their families to be persistent in seeking the help they need.

IT SHOULD BE REMEMBERED THAT **90% OF THOSE WHO DIE BY SUICIDE HAVE MENTAL DISORDERS**—OFTEN UNDIAGNOSED AND UNTREATED—AND THAT UNTREATED DEPRESSION IS RESPONSIBLE FOR MORE SUICIDE DEATHS THAN ANY OTHER SINGLE RISK FACTOR.



2. PREPARING TO SHOW THE FILM

THE INTENDED AUDIENCE for the film is teens between the ages of 14 and 18. Although it can also be useful in educating teachers, counselors, parents and other adults who work closely with adolescents about the problem of depression in teens, this Guide is directed in particular to those who intend to show the film to high school classes or other groups of comparably aged adolescents.

INDIVIDUALS RESPONSIBLE for showing the film should keep in mind that it deals with a difficult topic in a highly personal style. The adolescents portrayed in the film express real and often painful feelings of sadness, anxiety, anger, hurt and confusion in recounting their experiences. This may evoke emotional responses from viewers, particularly those who are struggling with depression themselves, or have been affected by depression in a friend, parent or other family member. After watching the film, it is important that viewers have an opportunity to discuss their reactions and ask questions. To accommodate such discussion, it is strongly recommended that teens view *More Than Sad* in a relatively small group setting, such as a health class, rather than in an assembly or large gathering.

TO ENSURE THAT THE FILM will be an effective and safe resource, facilitators are urged to carefully review this Guide before showing the film and follow the recommended steps listed below. Doing this will increase your confidence as a facilitator and enhance the likelihood that the film will have a positive impact on your viewers.

1

Educate yourself about what is currently known about depression, especially in adolescents. Section 3 of the Guide includes two helpful resources for facilitators: An Overview of Depression in Teens for Facilitators, and a list of Frequently Asked Questions (FAQs) about Depression in Teens. Reviewing these materials in advance will help prepare you for questions that your viewers may ask. Helpful resources for viewers include the Facts about Depression in Teens and a Resource List for Teens, which includes information about websites and other internet resources for teens. All of these materials, as well as the entire Facilitator's Guide, are available both on the DVD in PDF format and on the film website (MoreThanSad.org).

2

Develop a lesson plan for your presentation of the film. In Section 4 of this Guide you will find a suggested lesson plan that includes learning objectives, an introduction to the film, suggested topics for discussion following the film and key summary points that you will want to emphasize. Also included is a brief quiz, "What Do you Know about Depression in Teens?" to assess viewers' knowledge before and after the film. The quiz, as well as evaluation forms to be completed by both viewers and facilitators following the film, can be downloaded from the DVD or the film website (MoreThanSad.org).

3

Consider inviting a resource person to attend. In some school districts or high schools, *More Than Sad* may be shown as part of an educational program that includes a nurse, school psychologist, counselor or another mental health professional. Having such a resource person attend the film viewing may be useful if you are uncertain about your ability to handle questions that may arise. Another suggestion is to invite someone to attend who can speak first-hand about depression in teens and help answer questions from your viewers. A college student who has struggled with depression or the parent of a young person with depression may help underscore the film's messages about the importance of getting help, and bring a "real life" perspective to the lesson you will be presenting.

It is highly recommended that you meet with all resource persons prior to the film viewing to discuss what points you want to emphasize and what topics you want to avoid. If one of your resource

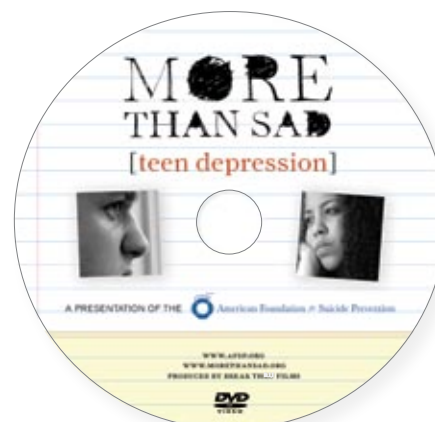
persons has made a suicide attempt, emphasize that details of the attempt should not be discussed with your teen audience. All presenters should also be reminded that while sharing personal experiences with depression, they should be careful not to imply that these experiences provide expertise on how depression is best treated or other clinical matters.

4

Discuss your plans for showing *More Than Sad* with the appropriate administrators in your school or organization. Become very familiar with your school or organization's crisis management plan, and be sure you understand the recommended procedures for referring adolescents who appear to need individual attention during or following the film. Giving administrators and counselors a copy of the film and your handouts in advance will help them become acquainted with what will be presented, so that they will be prepared to offer support, should it be needed.

5

Talk to the appropriate person in your school or organization about what information you should give your viewers about seeking help for depression or another mental disorder. In general, it should be recommended that teens talk with their parents or guardians if they feel they may need treatment for depression. If there are school psychologists, clinical counselors or nurses available to speak with students, or a community mental health center or clinic in the area that teens can call directly, you may wish to prepare a list of names and contact information for distribution to your viewers.



3. INFORMATION ON DEPRESSION IN TEENS

AN OVERVIEW OF DEPRESSION IN TEENS FOR FACILITATORS

Depression is a common mental disorder affecting over 18 million people in the United States across all gender, age, racial and socioeconomic groups. Abraham Lincoln, Theodore Roosevelt, Mark Twain, Marilyn Monroe and Ernest Hemingway are just a few of the well-known Americans who battled depression during their lives.

The onset of depression can begin at an early age, and depression

is surprisingly common among adolescents. During a given school year, it is estimated that 8-12% of high-school aged youth will have depression. Adolescent girls are more likely than boys to be diagnosed with depression, possibly as a result of hormonal differences that become marked around the time of puberty. Through most of the lifecycle, women continue to have higher rates of depression than men, for reasons that are not yet well understood.

In order to be diagnosed with depression, symptoms must persist most of the day for two weeks or more. Symptoms of depression in adolescents include the following:

- A persistent feeling of being down in the dumps, depressed, or sad
- Feeling anxious, tense, uneasy or unable to relax
- Trouble sleeping or sleeping too much
- Loss of appetite or eating too much; weight loss or weight gain

- Loss of interest in friends or previously enjoyed activities and hobbies
- Difficulty concentrating or poor memory
- Feeling hopeless or having a bleak sense about the future
- Feeling helpless to do anything to change stressful situations
- Feeling like a failure or a disappointment to others
- Excessive irritability that causes others to feel that they need to “walk on eggshells” around the depressed teen
- Anger, expressed either verbally or physically
- Low energy and lethargy that might be interpreted by others as laziness or a sign of drug use
- Using alcohol or drugs to cope with feelings of being down or tense
- Persistent morbid thoughts concerning death
- Wishing for death
- Thinking about suicide or making a suicide plan
- Self-harm behaviors such as cutting or burning
- Physical complaints, including frequent stomach distress or headaches, or symptoms of anxiety like a racing heart or shortness of breath

Some of these symptoms may be evident during the normal mood swings that almost all adolescents experience from time to time, and sometimes parents and teachers find it difficult to distinguish these short-lived moods from depression. In general, depression is likely to be



ABRAHAM LINCOLN, THEODORE ROOSEVELT, MARK TWAIN, MARILYN MONROE AND ERNEST HEMINGWAY ARE JUST A FEW OF THE WELL-KNOWN AMERICANS WHO BATTLED DEPRESSION DURING THEIR LIVES.

present when the following conditions are met:

- The symptoms last at least two weeks without a break
- There is a clear change from the adolescent's normal mood or behavior
- The symptoms are observed in several different contexts—at home, at school or work, with friends—suggesting they're not just a reaction to a specific problem

Depression often occurs in families, which suggests there may be genetic factors underlying depression. Depression in adolescents has also been linked to such stressors as:

- history of physical or sexual abuse
- parent-child conflict
- legal or disciplinary problems
- problems in peer or romantic relationships
- being bullied or bullying

Elevated rates of depression have been found in gay, lesbian, bisexual and transgender (GLBT) youth, associated in particular with family rejection, bullying by peers or other conflicts related to sexual orientation or gender identity. Higher alcohol or drug use may also contribute to depression in GLBT adolescents.

Depression can develop in teens who do not have any of these stressors, however, as a result of alterations in brain chemistry that can occur without obvious external triggers. In many adolescents, depression overlaps with anxiety, and can be difficult to recognize in adolescents who seem to “have it all”—success in school or sports, involved supportive parents and popularity among friends. These teens may have a particularly hard time understanding and talking about what they are experiencing.

Although there are several different rating scales that identify depression and measure its severity, it is not recommended that teens be asked to complete a screening measure in a classroom where a clinically trained person is not available to provide follow-up evaluation and referral to treatment. Also, individual assessment of depression in youth under the age of 18 requires consent from a parent or guardian.

It is estimated that only one out of every three adolescents who suffer from depression gets help. Frequently, depressed teens don't recognize what they are experiencing as symptoms of a treatable illness, or are afraid of what treatment involves. Other common barriers to treatment among adolescents include:

- Belief that nothing can help
- Perception that seeking help is a sign of weakness or failure
- Reluctance to admit to, or denying, having problems
- Feeling too embarrassed to seek help
- Difficulties in talking with parents about the need for help

These barriers are particularly regrettable because depression is one of the most treatable of all mental disorders. Studies show that more than 80% of people with depression can be successfully treated.

Effective treatments for depression include psychotherapy (talk therapy), medication, or a combination of the two. About 40% of adolescents with depression show considerable improvement with supportive psychotherapy alone, in particular a structured, time-limited form of psychotherapy known as cognitive-behavioral therapy (CBT). A majority of adolescents whose depression does not improve within the first two to four weeks of treatment with psychotherapy will respond well to treatment with antidepressant medication. In most cases, such medication results in significant alleviation of depressive symptoms within two months, although there are many alternative treatments if initial methods are not effective. In addition, exercise, yoga, breathing techniques and changes in diet may also be recommended to help improve mood, relieve anxiety and reduce the stress that contributes to depression.

IT IS ESTIMATED THAT **ONLY ONE OUT OF EVERY THREE ADOLESCENTS** WHO SUFFER FROM DEPRESSION GETS HELP.

In recent years, there has been some controversy about the use of antidepressant medication by children and adolescents. Since depression is caused by a change in brain chemistry, the purpose of antidepressant medication is to reset the brain chemistry back to the way it's supposed to be. Most people who take antidepressants experience positive changes, including sleeping better and feeling more energetic, more talkative and more interested in what's going on around them. In some cases, especially in the early weeks of treatment as the brain chemistry is being reset, the medications can cause a worsening of anxiety, agitation, restlessness, irritability or anger. A very small number of people who take antidepressant medications may develop a serious condition called "akathisia," which is characterized by unpleasant sensations of "inner" restlessness that may make it difficult for the person to sit still or control physical motions. In severe cases, akathisia may be accompanied by overwhelming anxiety or a sense of terror or doom. Possibly as a result of their side effects, antidepressant medications can lead a small percentage of adolescents who take them to have increased suicidal thinking or suicide attempts. Because of this, if an adolescent is started on an antidepressant medication, careful monitoring of symptoms by a health professional is essential.

In 2003, anecdotal reports led the Food and Drug Administration to require that antidepressants be labeled with a warning that they may increase suicidal thinking and behavior in youth with depression and other psychiatric disorders. Since that time, extensive analysis of data from well-designed studies has led to several conclusions that help to put this warning in perspective:

- In the controlled research studies, no suicides have been found to occur among adolescents using antidepressant medications.
- Among adolescents with major depression, as many as 60% experience suicidal thinking during the three months prior to starting treatment. About 30% have made a pre-treatment suicide attempt. Thus, suicidal thinking or suicide attempts that occur after treatment is initiated are likely attributable more to the illness itself than to the treatment. On average, studies show that suicidal thinking or suicide attempts occurred in 4% of adolescents who were given an antidepressant medication, compared to 2% of those who were given a placebo or "dummy" pill.
- Although rare, these events led to the strong recommendation that adolescents receiving antidepressants, and their parents or guardians, be alerted to possible side effects, and monitored carefully for signs of suicidal thinking or behavior throughout the duration of treatment.

• In one postmortem study of adolescents who died by suicide, the large majority (about 75%) showed no evidence of antidepressant medication in the bloodstream. Included in this group were some adolescents who had been prescribed an anti-depressant, but had not taken the medication in the period preceding the suicide death.

There is strong research evidence that early treatment can stop the symptoms of depression from becoming more severe and long-lasting, lessen the risk of recurrence, and reduce the risk of suicide as

an outcome of depression. Thus, the benefits of antidepressant medication generally outweigh any associated risks.

The availability and quality of treatment for depression vary considerably in different areas of the United States. The availability and timely access to treatment that is depicted in the film, *More Than Sad*, may not accurately reflect the actual conditions in any one state or local area. Again, it may be important to emphasize to viewers that the film intends to provide a model for effective treatment of depression in teens, and to help them and their families know what is ideal when they are looking for care.

FREQUENTLY ASKED QUESTIONS (FAQs)

Reviewing these FAQs in advance will help prepare you for questions your viewers may ask.

Q: With all the pressure to do well in school, get into college, and figure out what you're going to do for the rest of your life, a lot of kids feel stressed out most of the time. How can you tell if it is depression or not?

A: Many young people feel stressed out by all the pressures they face. But in most cases, they still enjoy their friends and activities, have a normal appetite, sleep pretty well and generally feel OK about themselves. When someone develops depression, there are **noticeable changes** in some or all of these areas that last at **least two weeks**. Some signs that you may be depressed include falling behind in school work, uncharacteristic procrastinating, withdrawing from friends or group activities, frequently missing class, feeling "stupid" or worrying excessively about your future.

The clinical symptoms of depression include having little interest or pleasure in doing things, feeling down, having trouble falling or staying asleep or sleeping too much, feeling tired or having little energy, loss of appetite or overeating, feeling like a failure or that you've let yourself or others down, having trouble concentrating, feeling that you're moving very slowly or the opposite—feeling fidgety or restless—and having thoughts that you'd be better off dead. If you have several of these symptoms most of the time for two weeks or more, it's always best to talk to a counselor or a doctor about whether you may be depressed.

Q: What causes depression?

A: Depression is a complex illness that is accompanied by changes in the brain. As the film shows, chemical changes are visible to researchers in images taken of the brains of depressed people. These can result from stressful events such as abuse or severe conflict within the family, rejection or other serious relationship problems, school failures, a significant separation or loss or problems with the law. But, sometimes the chemical changes occur without any apparent reason, perhaps related to the presence of certain genes that can be passed down in families. So, just as people sometimes develop other illnesses with no clear cause outside their own bodies, people can become depressed even when nothing extraordinarily stressful or upsetting has happened to them.

Q: Is depression inherited?

A: Genetic factors are clearly involved in depression. This doesn't mean that someone whose parent or grandparent has depression is destined to become depressed. But teens with depressed or anxious family members should be particularly alert to symptoms of depression in themselves, and get a thorough evaluation as early as possible.

Q: How long does depression last?

A: The length of depression varies but if it's not treated, it can last for many months or even years. With treatment, most people find themselves feeling considerably better within a couple of months, but it is generally recommended that they stay in treatment for 6-12 months to make sure the problem is resolved.

Q: While I was watching the film, I saw some things in those teenagers that reminded me of myself. What should I do?

A: The best place to start is by talking with your parent(s) or an adult you trust about how you're feeling. Close relatives, teachers, guidance counselors, school psychologists and members of the clergy are some of the people you might consider talking with. Ask for their help in arranging an appointment with your family doctor or a counselor so you can find out whether what you're experiencing is depression and whether treatment may be recommended. The important thing is to not keep your feelings to yourself. Telling someone about your symptoms may seem hard, but most teens feel very relieved after letting someone know they need help. And keep in mind that your parents or others who are close to you may already have noticed some changes in you. Talking with them may help them better understand what's going on.

Q: What is the difference between depression and bipolar disorder?

A: Both depression (or major depression) and bipolar disorder (sometimes referred to as "manic-depression") are mood disorders. In contrast to the "down" feelings that come with "unipolar" depression, the moods of people with bipolar disorder alternate between feeling depressed and manic (or really "up"). In a manic state, the person can have an abnormal amount of energy and feel like he or she can do anything, and may need very little sleep.

Other signs of mania may be talking more than usual, working at a fever pitch and going on buying sprees or acting impulsively in other ways. Bipolar disorder can lead to significant problems in school, work and relationships, and needs to be treated by a well-trained mental health professional, usually a psychiatrist.

Q: How are depression and anxiety related?

A: Depression and anxiety can each exist without the other, but for many teens who are depressed, anxiety is a big part of the illness. Sometimes, increased and excessive worrying about things such as tests and school assignments is the first sign that something is wrong. Feeling so nervous, anxious or stressed out can lead to other symptoms of depression—trouble sleeping, difficulty concentrating, loss of appetite and feeling really down. Anxiety can sometimes become so overwhelming that teens feel they can't go on, and may begin thinking

<p>they would be better off dead. So it's particularly important to get help when anxiety is part of depression.</p>		<p>in your community, or offering to go with them to talk to someone can also be helpful. If the person seems to be in a crisis and is unwilling to get help, talk to a counselor or another adult who is in a position to help.</p>	
<p>Q: Doesn't alcohol help people feel less stressed out and depressed?</p> <p>A: Drinking may seem to help a depressed person feel better at first but alcohol is actually a depressant, which means that it always makes depression worse in the long run. Drinking can increase irritability and anger, making it harder to get along with family and friends. It can also make sleeping problems worse, which makes it harder to concentrate or cope with the stress of school or other activities. And the risk of getting caught for under-age drinking can lead depressed teens to lie and withdraw from their parents and other adults just when they really need their support. If teens feel they need to use alcohol or other illegal drugs to cope with how they're feeling, it is important to talk with someone about more effective ways of coping.</p>		<p>Q: If someone confides that they're depressed and makes you promise not to tell anyone, shouldn't the person's right to privacy be respected?</p> <p>A: Depression can lead people to take actions that are harmful to themselves. Saving a life is more important than keeping a confidence, even if it means the loss of a friendship. Tell a counselor or another adult that you're concerned about your friend and ask for assistance.</p>	
<p>Q: I don't understand how people who have everything going for them can be depressed. What do they have to be depressed about?</p> <p>A: Depression is a "brain illness" and not just a reaction to difficult or painful life circumstances. Sometimes depression is triggered by something inside the person, and the fact that their life looks fine from the outside may not matter. Some teens who are seriously depressed work hard at hiding their feelings and even though they may seem to be doing OK at school and in other activities, they may be really suffering. If you suspect that a friend might be depressed, talking to them about it may encourage them to get help.</p>		<p>Q: My friend has been depressed and wants to talk to someone, but doesn't want to tell his/her parents. Can a teen get counseling without telling his/her parents?</p> <p>A: The conversations a teen has with a doctor or counselor are confidential, and this can be a good way to find out whether treatment is recommended, and if so, what the options are. In most cases, however, people under the age of 18 must have a parent or guardian's permission to receive treatment for any disorder, including a mental disorder like depression. A doctor or counselor can usually be helpful in working with families of teens so they can get counseling or other treatment for depression.</p>	
<p>Q: What should I do if I encourage a depressed friend to get help but he/she refuses?</p> <p>A: The idea of going to a doctor or a counselor makes many young people feel anxious, particularly when they're depressed, and talking openly about it can be a big help. You could say to your friend: "I'm worried about you. You seem really down/more tired/more anxious than usual; maybe you're depressed. Let's see what we can do to get you feeling better."</p> <p>Encourage your friend to talk to a parent or another trusted adult. Assisting your friend to find information about mental health services</p>		<p>Q: If a student is diagnosed with depression, do their teachers or work supervisors need to know?</p> <p>A: No, a diagnosis of depression is not reported to anyone and you don't have to let your teachers or work supervisors know.</p> <p>Q: Is it true that antidepressants can change you, or even make you suicidal?</p> <p>A: Depression is caused by a change in brain chemistry, and antidepressant medications help reset the brain chemistry back to the way it's supposed to be. So, medication really helps depressed teens go back to being themselves. The changes you'll notice when you take antidepressants include sleeping better and feeling less affected by things that used to upset you. You may feel more energetic, more talkative and more interested in what's going on around you.</p>	

Some people may experience unpleasant side effects from antidepressant medications. In a very small percentage of adolescents, antidepressant usage may be accompanied by increased suicidal thoughts or behaviors. It's important to see your doctor frequently while you're taking antidepressants, and talk about all the changes you're noticing. The doctor frequently needs to adjust the medication or the amount you're taking to make sure it's effective and any side effects are kept under control.

Overall, studies show that getting early treatment can stop the symptoms of depression from becoming more severe and long-lasting, lessen the risk of recurrence, and reduce the risk of suicide as an outcome of depression. Thus, the benefits of antidepressant medication generally outweigh any associated risks.

Q: How does psychotherapy (talk therapy) help depression?

A: Most depressed teens feel considerable relief when another person is able to hear and understand the painful, upsetting and confusing feelings that accompany depression. Simply telling his or her story to a therapist, who will ask questions, and listening to the therapist's feedback helps the person better understand what they're feeling, and how depression may be affecting them and also others around them. Although family or friends can provide support by listening, sometimes those who are closest to us become scared or upset and may say things that aren't helpful. Doctors, counselors and other mental health professionals are trained to know how to respond to a depressed person in ways that will be most helpful.

Because the doctor or counselor isn't part of the person's day-to-day life and is thus able to be more objective, it can be much easier to talk about painful or embarrassing things without the concern of being judged or scolded or making someone else upset.

Q: I know someone who died by suicide, and he didn't seem depressed.

A: As the film shows, sometimes depression may be hard for friends or family members to recognize. Many people who are depressed, such as Ray and Jake, don't show sadness or tearfulness—symptoms that most people think of as depression. So, it's possible that the person who died by suicide may actually have been depressed. But there are other mental disorders that can lead teens to take their own lives, including anxiety disorders, abuse of alcohol or other drugs, or something known as conduct disorder, which causes someone to be physically aggressive or destructive or to persistently violate rules. Sometimes teen suicide seems to be an impulsive, spur-of-the-moment act or a response to a very upsetting event, but when doctors or mental health professionals look carefully at such suicides, almost always they find that the person was suffering from an untreated, unrecognized mental disorder. It's important to keep in mind that all of us at one time or another go through painful experiences, but only a small percentage of people react by taking their lives. Suicide is not a normal reaction to a bad situation or experience, but almost always results from the pain and desperation of a person with a mental illness.

4. SUGGESTED LESSON PLAN

Outlined in the following pages is a lesson plan to be used for showing *More Than Sad: Teen Depression* to teen viewers. The plan is designed for a 75-minute period (or two 40-minute periods) but can be shortened or lengthened as needed by adjusting the discussion following the viewing of the film. Times listed for the different activities in the lesson plan are approximate.

Learning Objectives

At the end of the lesson, students will be able to:

- Identify depression as a medical illness that involves chemicals in the brain
- Describe the key symptoms of depression
- Identify different ways depression can be expressed
- Describe the most effective treatments for depression in teens

Materials to Assemble in Advance

- Copies of the quiz, “What Do You Know about Depression in Teens?”* (2 copies for each viewer)
- Blank sheets of paper (1 for each viewer)
- Copies of handouts (1 for each viewer), including:
 - Facts about Depression in Teens*
 - Resource List for Teens*
 - Referral Contact Information (if you wish to refer your viewers to specific individuals in your school or organization, or clinics in the local area)
 - Viewer’s Feedback Form*

* Can be downloaded from the DVD or the film website (MoreThanSad.org)

Introducing the Film [5 to 10 minutes]

KEEP YOUR INTRODUCTION BRIEF AND SIMPLE. It is best not to say too much about the film’s specific messages, as these will have more impact if they emerge during the viewing or the discussion. You will have a chance to summarize and reinforce the key messages at the end of the lesson.

As an introduction to the film, something like the following is sufficient: *Today we will be watching a film about depression in teens.* [Introduce any resource persons who are attending the viewing and briefly say why they are present.]

Most of us probably think we know what it means to be depressed, but in this film you’re going to meet four quite different teenagers, each of whom struggled with depression. After watching the film, we’ll have a chance to talk about what we’ve seen and the messages we can draw from these teens’ experiences. First, though, I’d like for you to take a few minutes to answer some brief questions about teen depression. Whether or not you think you know the right answers, you’ll want to keep these questions in mind as you watch the film and listen for the correct answers.

DISTRIBUTE THE QUIZ, “What Do You Know about Depression in Teens?”, which may be found at the end of this Guide and may also be accessed on the DVD in PDF format or downloaded from the film website (MoreThanSad.org). Give your viewers 3-4 minutes to answer the questions, and then collect the papers. The purpose of the quiz is to alert viewers to some of the topics that will be covered in the film, rather than to test their knowledge, so in most cases, viewers should not be asked to put their names on the quiz. It is helpful, though, to let them know that they will be asked the questions again after the film, and encourage them again to listen carefully to the film for the right answers.

DISTRIBUTE A BLANK SHEET OF PAPER to your viewers and suggest that they jot down any questions they have while watching the film. Let them know that after the film you will collect the sheets and answer the questions, so the person asking the question doesn’t need to be identified.

Showing the Film [26 minutes]

BE SURE YOU ARE thoroughly familiar with the film content prior to showing it to your viewers, so that you can be attentive to the reactions of your teen viewers and provide assistance, as needed.

Discussion [30 minutes]

COLLECT THE SHEETS OF PAPER your viewers used to write down their questions. Collecting them from everyone will ensure that those who have questions remain anonymous.

You might get the discussion started by selecting a few of the questions viewers have posed. Ask for responses from the group and encourage them to express their ideas, drawing on the film to back them up, where appropriate. Be sure that you or one of your resource persons provides an accurate answer to each question before moving to the next one. If confronted with a question that no one present can answer, be honest and say you don't know, but that you will get the information and communicate it back to the group. Be sure to follow up with this commitment!

POSE SOME OF THE FOLLOWING QUESTIONS for discussion by your viewers. Draw on the information presented in Section 3 of this Guide in preparing a summary response to each question you present.

- Which of the four students in the film would you have been most likely to recognize as being depressed? Why? Were there any you would not think of as being depressed?
- What differences did you notice about the ways that depression was expressed in the four students shown in the film?
- What does the film say about the causes of depression in teens?
- Several of the students in the film talked about how difficult it is to share feelings of depression with others, even their friends, and how isolated they felt during their periods of depression. Why is it that people have such a hard time talking about depression?
- One of the teens in the film, Ray, was feeling very anxious and depressed, and recognized that he needed help. On his own, he called a mental health clinic and asked to talk to someone. If you felt you needed help, do you think you would take that step on your own? What do you think makes it hard for teens to ask for help, even when they want it?
- In the film, several boys talked to a school counselor about their friend, Jake, who they were worried about because of the way he was acting lately. Would you have taken this action to help a friend you were worried about? What do you think is the most helpful thing you can do for a depressed friend?

- What would you do if, unlike Jake, your friend refused to get help?
- In what ways did the film affect your attitude towards depression?

Wrap-up: Key Summary Points [5 minutes]

SUMMARIZE THE KEY POINTS of the lesson, as follows:

- While everyone feels down, sad or discouraged when something painful or disappointing happens, most people bounce back pretty quickly. But some people can't shake these negative feelings and as time goes on, they may become even more sad, anxious or withdrawn. When these feelings last for 2 weeks or more, they may be signs of depression.
- Like other illnesses, depression sometimes doesn't seem to have a clear cause. It can be triggered by chemicals in the brain becoming unbalanced, and thus can affect teens who don't seem to have any particular reason to be unhappy or upset.
- Like many other illnesses, depression usually doesn't go away on its own. Treatments are available and they work.
- If someone you know seems to be depressed, encourage them to talk to their parents or another adult about getting help. A family doctor is a good place to begin in getting treatment for depression.

DISTRIBUTE THE HANDOUTS on Facts about Depression in Teens, the Resource List for Teens and the Referral Contact Information (if available). Make sure each of your viewers gets a copy of each handout. Encourage your viewers to read the handouts on their own, and to follow up with specific resources as appropriate.

Assessment [5 minutes]

DISTRIBUTE THE QUIZ, "What Do You Know about Depression in Teens?", to each of your viewers, and ask them to answer the questions using the information presented in the film. Collect the papers, and briefly review the correct answers.

DISTRIBUTE COPIES of the Viewer's Feedback Form, and ask that these questions be answered as a way of evaluating the film. No names should be requested on this form.

Following the Lesson

DOWNLOAD THE FACILITATOR'S FEEDBACK FORM either from the DVD or from the film website (MoreThanSad.org). Complete and return it to the address listed at the bottom of the form, along with your completed Viewer's Feedback Forms. We will be most grateful for your responses, comments and suggestions, as well as those of your teen viewers.

CORRECT YOUR VIEWERS' QUIZZES submitted before and after seeing the film. Comparing the average number of correct responses before the film with the average number of correct responses after the film will give you an idea of what the group overall learned. If you could send this information to us along with your Feedback Forms, it will help us learn the impact the film is having on viewers' understanding of teen depression.



WHAT DO YOU KNOW ABOUT DEPRESSION IN TEENS?

Put an **X** next to the **ONE** best answer to each of the questions.

1

DEPRESSION IS BEST DESCRIBED AS:

- ☐ a. Sadness that comes after a rejection or disappointment
- ☐ b. An illness involving chemicals in the brain
- ☐ c. A response to stress that occurs in people who don't have good coping skills
- ☐ d. A condition that can be prevented by working hard

2

WHICH OF THE FOLLOWING ARE LIKELY SYMPTOMS OF DEPRESSION?

- ☐ a. Missing school, sleeping most of the day, withdrawing from friends
- ☐ b. Having an unusual amount of energy, working at breakneck speed, feeling like you can do anything
- ☐ c. Losing your temper, feeling anxious or stressed out, having stomachaches
- ☐ d. Both (a) and (c)

3

HOW LONG DO THE SYMPTOMS NEED TO LAST WITHOUT A BREAK BEFORE SOMEONE CAN BE DIAGNOSED WITH DEPRESSION?

- ☐ a. 1 week
- ☐ b. 2 weeks
- ☐ c. 2 months
- ☐ d. 6 months

4

WHICH ONE OF THE FOLLOWING STATEMENTS IS TRUE?

- ☐ a. Changing your attitude usually makes depression go away
- ☐ b. It's usually pretty easy to spot someone who is depressed
- ☐ c. Sometimes depression doesn't have any obvious cause
- ☐ d. People who do well in school and have lots of friends don't get depressed

5

WHICH OF THE FOLLOWING ARE PROVEN TREATMENT(S) FOR DEPRESSION IN TEENS?

- ☐ a. Positive thinking
- ☐ b. Psychotherapy (talk therapy)
- ☐ c. Medication (antidepressants)
- ☐ d. Both (b) and (c)

CREDITS

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