

Companion Guide to
Faces: Unmasking Mental Illness

Written and performed by Jennifer Bobbe and The Voice
Spring Lake Park High School, Spring Lake Park, MN

Sponsored by Riverwind Crisis Services
and Mental Wellness Campaign for Anoka County

To obtain additional copies of this DVD, please contact:
the Mental Wellness Campaign for Anoka County, Inc. at (763)-712-2911



MENTAL WELLNESS CAMPAIGN
FOR ANOKA COUNTY, INC.



MENTAL HEALTH SERVICES

Riverwind Crisis Services

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Faces: Unmasking Mental Illness

Cast of Characters

(in order of appearance)

Phoebe

Tyler

Drea

Sam

Kelsey

Naomi

Christopher

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A note for teachers:

This study guide is designed to enhance the presentation of the DVD and give some guidance as to possible discussion topics. Feel free to use it in your classroom.

We suggest that you speak with the counselors at your school and inform them that you'll be discussing these issues in the classroom and will be screening this DVD. For some students this can be an upsetting experience. Let students know that their counselors will be available to debrief them about the DVD or process feelings or issues that it may bring up.

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Discussion questions

1. How did the physical appearance of the characters influence your opinion about them? Do you think that physical appearance (clothing, make-up, hair, etc) allows people to draw conclusions about others? If so, how? If not, why not?
2. Different characters in the film respond to pressure in different ways. What pressures can you identify in the film? How commonly do you deal with these yourself or see others who are dealing with them?
3. In the film Naomi writes a poem about the loss of her friend. What are other healthy ways of dealing with grief?
4. In the film we learn that Kelsey is seeing a therapist. Her friends ask her if she is “crazy” and “schizo”. Do you hear this sort of stigma often with peers? Do you think it could be dangerous, and if so, how?

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2. Different characters in the film respond to pressure in different ways. What pressures can you identify in the film? How commonly do you deal with these yourself or see others who are dealing with them?
3. In the film Naomi writes a poem about the loss of her friend. What are other healthy ways of dealing with grief?
4. In the film we learn that Kelsey is seeing a therapist. Her friends ask her if she is “crazy” and “schizo”. Do you hear this sort of stigma often with peers? Do you think it could be dangerous, and if so, how?

Discussion Questions, cont'd.

5. How would you help a friend who told you they were thinking about harming themselves? What if they seemed worried or depressed, but haven't said they're thinking about hurting themselves?
6. How well do you think the teachers and counselors in the film handled the situation of Christopher's suicide? Is there anything you think that was especially helpful? Anything that was unhelpful?
7. How well informed do you feel about mental illness (rate on a 1-10 scale)? From where did you get most of your information? Did watching the DVD confirm what you already knew, or did it change your perspective?

Discussion Questions, cont'd.

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Teens and depression

About 2% of school-age children (i.e. children 6-12 years of age) appear to have a major depression at any one time. With puberty, the rate of depression increases to about 4% major depression overall.

Overall, approximately 20% of youth will have one or more episodes of major depression by the time they become adults.

(NAMI, 2003)

Between 10 to 15 percent of teenagers have some symptoms of teen depression at any one time.

30 percent of teens with depression also develop a substance abuse problem.

Depressed teens are more likely to have trouble at school and in jobs, and to struggle with relationships.

Teens with untreated depression are more likely to engage in risky sexual behaviors, leading to higher rates of pregnancy and sexually transmitted diseases.

(Surgeon General's Report, 1998)

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Teen and Depression, cont'd.

Untreated depression is the number one cause of suicide, the third leading cause of death among teenagers. 90 percent of suicide victims suffer from a mental illness, and suffering from depression can make a teenager as much as 12 times more likely to attempt suicide.

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Teen and Depression, cont'd.

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Teens suffering from depression will exhibit one of the following three symptoms, for a period of at least two weeks.

A depressed or "blue" mood

Loss of interest in most or all activities that were previously enjoyed

General irritability

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General irritability

PLUS four or more of the following:

Sleep disturbances

Increased or decreased appetite

A general feeling of fatigue

Physical agitation, or a significant decrease in physical activity

Frequent physical complaints (such as stomach aches or headaches)

Feelings of guilt or worthlessness

Difficulty concentrating or making decisions

Suicidal thoughts

Alcohol and drug use

The most common forms of treatment for depression in teens are outpatient individual and family psychotherapy, medications, and self-care modifications such as attention to diet, exercise, and relaxation.

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Self-Injury

Self-injury occurs in both sexes. Of those who self-injure, about two-thirds are female. (Ross & Heath, 2002).

Studies of youth populations and self-injury have found rates of self-injurious behaviors from 15% (Heath and Nixon, 2007) to 46% (Lloyd-Richardson et al, 2007).

Common forms of self-injury

Biting

Scratching

Burning

Cutting

Self-hitting

Cont'd.

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Self-Injury

Common forms of self-injury cont'd.

Picking at wounds

Head banging

Chemical use

It is important to remember that while self-injury is serious, it is distinct from suicidality. It is a maladaptive attempt at emotional regulation. Some people self-injure to attract attention, but most do it to relieve anxiety or depression symptoms. Self-injury is quite treatable with proper therapy.

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Common forms of self-injury cont'd.

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Suicide

Suicide is the third leading cause of death for 15-to-24-year-olds, and the sixth leading cause of death for 5-to-14-year-olds.

(American Academy of Child & Adolescent Psychiatry).

On average, one suicide occurs every 16 minutes.

Suicide is the third leading cause of death for young people aged 15-24 year olds. The other two leading causes of death in this age range are accidents and homicide.

Suicide is the second leading cause of death among college students.

More males die from suicide than females. (Four males die by suicide for each female death by suicide.)

(Centers for Disease Control and Prevention, 2005)

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Warning signs of suicide risk

change in eating and sleeping habits

withdrawal from friends, family, and regular activities

irritability or violence

drug and alcohol use

unusual neglect of personal appearance

marked personality change

persistent boredom, difficulty concentrating, or a decline in schoolwork

frequent complaints about physical symptoms (stomachaches, headaches, etc.)
making suicidal statements or jokes

rehearsal behaviors (such as writing suicide notes)

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Getting help

Suicide is preventable and mental health concerns are treatable. If you or someone you care about is in need of help, don't ignore the problem. Here's how to start getting help:

Speak with a trusted teacher or counselor at school

Share your concerns with a parent or family member

Talk to your physician or school nurse

Ask to speak with a therapist or mental health professional

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Websites:

www.save.org Suicide Awareness Voices of Education

mentalhealth.samhsa.gov/SuicidePrevention/ National Strategy for Suicide Prevention

www.yellowribbon.org Yellow Ribbon Suicide Prevention Program

www.suicide.org Suicide Prevention, Awareness, and Support

Phone Numbers:

National Suicide Prevention Lifeline 1-800-273-TALK or 1-800-784-2433

Riverwind Crisis Services (763) 755-3801

LGBT Suicide Hotline 1-866-4-U-TREVOR

In an emergency always call 911

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