

Signs of Depression

Someone who is depressed may be feeling:

- *Sad or “empty”*
- *Irritable or angry*
- *Guilty or worthless*
- *Pessimistic or hopeless*
- *Tired or “slowed down”*
- *Restless or agitated*
- *Like no one cares about him/her or like life is not worth living*

Someone dealing with depression may also:

- *Sleep more or less than usual*
- *Be engaged in escapist behavior like spending more time than usual on work or on sports*
- *Eat more or less than usual*
- *Abuse alcohol or illegal or illicit substances*
- *Engage in reckless or risky behavior*
- *Have persistent headaches, stomachaches or chronic pain*
- *Have trouble concentrating, remembering things or making decisions*
- *Lose interest in work, family, hobbies or other once pleasurable activities*
- *Lose interest in sex*

Crisis Numbers

National Suicide Prevention Lifeline
1-800-273-TALK (8255) Press # 1 if you are a Veteran

Samaritans Statewide
1-877-870-4673

Resources

Heywood Hospital
978-630-6377

Men's Suicide Prevention Project
978-630-6455

Clinical Support and Options (CSO)
978-249-9490

National Alliance for the Mentally Ill
1-800-950-NAMI (6264) or www.NAMI.org

Statewide Emergency Services
1-877-382-1609

Community Health Link
1-800-977-5555

Gardner Community Health Center
978-410-6100

American Foundation for Suicide Prevention
www.afsp.org

Massachusetts Coalition for Suicide Prevention
www.masspreventssuicide.org

Massachusetts Department of Public Health
www.mass.gov/eohhs/gov/departments/dph/



Montachusett Suicide Prevention Task Force

Providing Hope to Our Community

*Funded by the Massachusetts Dept. of Public Health's Suicide Prevention
Program 242 Green Street, Gardner, MA 01440 • 978-632-3420*



Support for Families in Crisis

Family and Significant Other Outreach Program



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It may be helpful to organize your thoughts and to document the sequence of events during a crisis.

Date of event: _____

Who responded: _____

Time frame of what occurred: _____

What follow-up do you need to do immediately:

Are there individuals or companies that you need to notify:

Having the details of a crisis documented may be helpful when working with insurance companies and/or healthcare professionals.

Track your contacts and resources.

Hospital Name and Phone: _____

Primary Care Physician (PCP) Name and Phone: _____

Pharmacy Name and Phone: _____

Clergy Name and Phone: _____

Health Insurance Name and Phone: _____

Home Owner's Insurance Name and Phone: _____

Work Name and Phone: _____

School Name and Phone: _____

Guidance Counselor Name and Phone: _____

Local Food Pantry Name and Phone: _____

If you require a biohazard team to come to your home, contact your home owner's insurance company to determine coverage.

How will you take care of you?

- *Take time to eat*
- *Take time to sleep*
- *Monitor your own medical conditions and take medications as prescribed*

Who is part of your support group? _____

Keep a list of things you need to do: _____

Take a deep breath...

When those who support you tell you to "call if you need anything", call them! Remember to ask for help.

Ask questions of those involved in your crisis (medical, mental health, insurance, etc.). Do not be afraid to continue to ask questions until you are satisfied you have received an answer you understand.

