Support for Families in Crisis
Family and Significant Other Outreach Program

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

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Montachusett Suicide Prevention Task Force
Providing Hope to Our Community

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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.*

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**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:** ________________________________

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**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:**

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**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.

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