Judging Form – Directing Change at City College Student Video Contest

Deadline: April 6th, 2015 (by midnight)

Suicide and mental health are complex and sensitive subjects which need to be addressed with compassion and knowledge. All entries need to be suitable for schools and a general public viewing audience, or may be disqualified. This contest has special content that must be included and specific content that must be avoided for the safety of and respect for the audience. Entries that show portrayals of suicide deaths or attempts (such as a person jumping off of a building or bridge, or holding a gun to their head) even in dramatization will be eliminated. Additionally, entries need to be sensitive to racial, ethnic, religious, sexual orientation and gender differences. All films deemed to be have inappropriate content will be disqualified from entry into the contest.

We encourage you to seek personal support if you become troubled by the content of this category. If you experience an emotional crisis, there are people available to help you by calling the San Diego County Access and Crisis Line at 1-888-724-7240. You are also welcome to come by or set up an appointment at the City College Mental Health Counseling Center (A Building-Room 221, Phone: 619.388.3539).

Entries due by midnight, April 6th, 2015.

Mental Health Counseling
San Diego City College

For more information on the contest (e.g. rules, submission process, etc.) please visit the contest homepage: http://www.sdcity.edu/MentalHealthCounseling/DirectingChange

Contact us: sdcitydirchange@gmail.com

Good luck!
| Safe Messaging Scoring Measures  
<table>
<thead>
<tr>
<th>(Total Possible 70)</th>
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</table>
| **Does the video include the San Diego County Access and Crisis Line:** 1-888-724-7240 and/or the website: www.UP2SD.org?**  
(Mark “Yes” if at least one of the required resources is provided.)  
**Why?**  
A key strategy to prevent suicide is to provide information about crisis and support resources.  
| ☐ Yes (10 points)  
☐ No (0 points) |
| **Does the video include all three required pieces of information for the Mental Health Counseling Center at San Diego City College?**  
(Mark “Yes” if all three logos are provided)  
| ☐ Yes (5 points)  
☐ No (0 points) |
| • Mental Health Counseling Center logo  
• www.sdcity.edu/MentalHealthCounseling  
• (619)388-3339 |
| **How well does the video communicate a positive or educational theme consistent with the key messages listed below?**  
(The PSA should communicate a positive and educational message that is hopeful and focused on what others can do to prevent suicide such as recognizing the warning signs and reaching out to a friend. Please assess how well the message is communicated. It does not have to be stated verbatim, but could be implied through dialog or another creative way. Note that it does not have to be one of the messages below, as long as the message is positive and educational.)  
| Up to 40 points |
| • Suicide can be prevented.  
• Most people show one or more warning signs when thinking about suicide, so it is important to know the signs and take them seriously.  
• Emphasize the power of friends and family to provide support and assistance in times of suffering.  
• Demonstrate how people can stand up for themselves or those living with a mental health challenge who are being harassed, or discriminated against.  
• If a person talks about ending his or her life you should take him or her seriously and connect him or her to help. It is ok to break a friend’s trust and share your concerns with a trusted person in order to get help.  
• Asking someone “Are you thinking about suicide?” will not put thoughts of suicide in his or her mind. In fact, asking this direct question is important.  
• You are not alone. There is hope. Images and depictions of people struggling with thoughts of suicide often show them suffering alone and in silence. Instead the PSA should encourage people to reach out to a friend they are concerned about, or to tell an adult if they are concerned about someone. |
If using statistics, does the film only utilize statistics in a responsible way? (Limit of 3) The film should avoid statistics that portray suicide or a suicide attempt as something that happens all the time. (The film will receive full points if the use of statistics is in line with safe messaging, or if this doesn’t apply to the video)

This does not mean that all statistics should be avoided:

- It is okay to use statistics that address help-seeking such as: “In 2011, 105,142 calls to the National Suicide Prevention Lifeline were made from California. The majority of these calls were answered by crisis centers in California.”
- Avoid any statistics and statements such as: “A person dies by suicide every 18 minutes” or “Suicide is the second leading cause of death for young people ages 18 to 24.”

Why?
It is important not to present data in a way that makes suicide seem common, normal, or acceptable because it may unintentionally remove a protective bias against suicide.

If applicable, does the video use appropriate language when addressing suicide and mental health? Does the video avoid terms like “crazy” and “psycho,” unless they are used in a way that communicates to the audience that these terms are unacceptable? (The film will receive full points if the video uses the appropriate language, or if this doesn’t apply to the video)

<table>
<thead>
<tr>
<th>Use</th>
<th>Don’t Use</th>
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<tbody>
<tr>
<td>“died by Suicide” or “took their own life”</td>
<td>“committed suicide”</td>
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<td>Note: Use of the word commit can imply crime/sin</td>
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<tr>
<td>“completed” or “attempted suicide”</td>
<td>“successful” or “unsuccessful”</td>
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<td>Note: There is no success, or lack of success, when dealing with suicide</td>
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(If addressing mental illness, the video should use person-first language, which refers to people who are living with mental health challenges as part of their full-life experience, not people who are defined by their mental health challenges.)

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<tr>
<th>Use</th>
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<td>I was diagnosed with bipolar disorder.</td>
<td>I am bipolar.</td>
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<tr>
<td>She is experiencing a mental health challenge.</td>
<td>She is mentally ill.</td>
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<tr>
<td>People living with mental health challenges...</td>
<td>The mentally ill...</td>
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Does the video do a good job of not oversimplifying the causes for suicide?  
(Note: For example, stress is a topic that impacts many people and it is okay if they included stress in their film as a possible contributing factor to why a person might be feeling hopeless or trapped (which are warning signs for suicide). BUT... the film should not send the message that stress is a direct cause of suicide, or that suicide is the unavoidable result of stress. Just as the film should not send the message that getting a divorce or heartbreak is a direct cause of suicide.

Why?
Suicide should not be framed as an explanation or understandable response to an individual’s stressful situation (e.g., a result of not getting into college, parent’s divorce, break-up or bullying) or to an individual’s membership in a group encountering discrimination. Oversimplification of suicide in any of these ways can mislead people to believe that it is a normal response to fairly common life circumstances.

Examples of content that should be avoided and not included in the video:
- “She was bullied to death”
- “She killed herself over a broken heart”
- “After the things he saw as a soldier in war, I’m not surprised he killed himself”
- “He killed himself because he didn’t get into the college he wanted.”
- “His life was perfect. No one will ever know why he killed himself.”

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<th>Technical Scoring Measures</th>
<th>(Total possible 30)</th>
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<td>The video is technically well-produced (focus, exposure, clear audio, good use of graphics and/or special effects, good pacing and flow).</td>
<td>Up to 10 Points</td>
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<td>The video provides a clear and effective narrative (script and quality), it is easy to understand and it makes sense.</td>
<td>Up to 10 Points</td>
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Safe Messaging-Score (Up to 80 Points)

Technical Score (Up to 20 Points)

Total Score (out of 100)
For Reference: Suicide Prevention and Mental Health Information

Suicide Warning Signs

The following is a list of emergency warning signs that require immediate action:

- Threatening self-harm or suicide
- Person is in act of self-harm or suicide
- Person has a weapon or other lethal means
- Seeking weapons or means to self-harm
- Talking about death or suicide while acting agitated or anxious, or while under the influence of drugs or alcohol

These warning signs may not signal an emergency situation, but are signs that a person may be in need of help:

- Withdrawing from friends and family
- Hopelessness
- Isolation, loneliness
- Low self-esteem
- Significant personality change
- Dramatic mood changes
- Unusual neglect of personal appearance
- Frequent complaints about physical symptoms, such as headaches, stomachaches, fatigue, etc.
- Loss of interest in pleasurable activities
- Increasing use of alcohol or other drugs
- Putting his or her affairs in order (for example, giving away favorite possessions, or throwing away important belongings)
- Becoming suddenly cheerful after a period of depression (this could be a sign that a person has made a suicide plan)

Suicide Risk Factors

The following factors may increase a person’s risk of suicide:

- Negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions of staff and students
- Lack of acceptance of differences
- Expression and acts of hostility
- Lack of respect and fair treatment
- Lack of respect for the cultures of all students
- Limitations in school physical environment, including lack of safety and security
- Weapons on campus
- Poorly lit areas conducive to bullying and violence
- Limited access to mental health care
- Access to lethal means, particularly in the home
- Exposure to other suicides, leading to suicide contagion
- Exposure to stigma and discrimination against students based on sexual orientation; gender identity; race and ethnicity; disability; or physical characteristics.
- Capacity to self-injure
# For Reference: Mental Illness Myths & Facts

<table>
<thead>
<tr>
<th>MYTHS</th>
<th>FACTS</th>
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<tr>
<td>Mental illness is something that only happens to “other people.”</td>
<td>One in four American adults suffers from a diagnosable mental health challenge in any given year.1</td>
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<td>Approximately 9 million children in the U.S. have serious emotional problems, but only 1 in 5 of these children is receiving appropriate treatment.2</td>
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<td>Children and adults experience a variety of mental health issues, including feelings of depression and anxiety, attention deficit hyperactivity disorder, bipolar disorder and eating disorders.</td>
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<td>Mental illness can’t be treated, you’re ill for life.</td>
<td>Not only is treatment available, but full recovery is possible. Today we are learning how to prevent mental illness and promote mental wellness.</td>
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<td>With support and treatment, between 70 and 90 percent of individuals have a significant reduction in symptoms and improved quality of life.3</td>
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<td>People who have been diagnosed with a mental illness are teachers, doctors, politicians, lawyers, artists, business owners and scientists. They are our family, friends and neighbors.</td>
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<td>My son/daughter is acting out, but that’s just part of being a kid.</td>
<td>Research shows that half of all mental health challenges start by age 14 and three-quarters start by age 24.4</td>
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<td>But, an average of 6 to 8 years passes after the onset of mood disorder symptoms before young people get help. That gap expands to 9 to 23 years for anxiety disorder symptoms.5</td>
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<td>People who have been diagnosed with mental illnesses are dangerous and should be avoided.</td>
<td>Mental illness accounts for, at most, 3 percent of all violence committed in the U.S.6</td>
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<td>People with serious mental health challenges are more likely to be victims of violence than perpetrators. More than 25 percent of people with severe mental illness report being victims of a violent crime within a given year, a rate nearly 12 times higher than that of the general population.7</td>
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<tr>
<td>I’m not a psychiatrist, I can’t make a difference for a person living with a mental health challenge.</td>
<td>Many people say that stigma and discrimination can be a bigger challenge to their quality of life than their mental health challenges are.</td>
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<tr>
<td></td>
<td>You can help to end stigma by openly accepting people who are diagnosed with a mental illness in your school and in your community.</td>
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<td></td>
<td>You are in a unique position to give people who are living with mental health challenges what they, just like anyone else, truly deserve – friendship, support, or simply a respectful conversation – that helps them live a full and productive life.</td>
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</tbody>
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3 National Alliance on Mental Illness (NAMI).
7 Linda Teplin et al., Crime Victimization in Adults with Severe Mental Illness: Comparison with the National Crime Victimization Survey, General Psychiatry, August 2005.