

Surviving the Teens® –

www.cincinnatichildrens.org/surviving-teens

For Parents –

The Unrecognized Signs of Depression and Suicide

Catherine Strunk, RN
Program Director/Educator
Division of Child & Adolescent Psychiatry



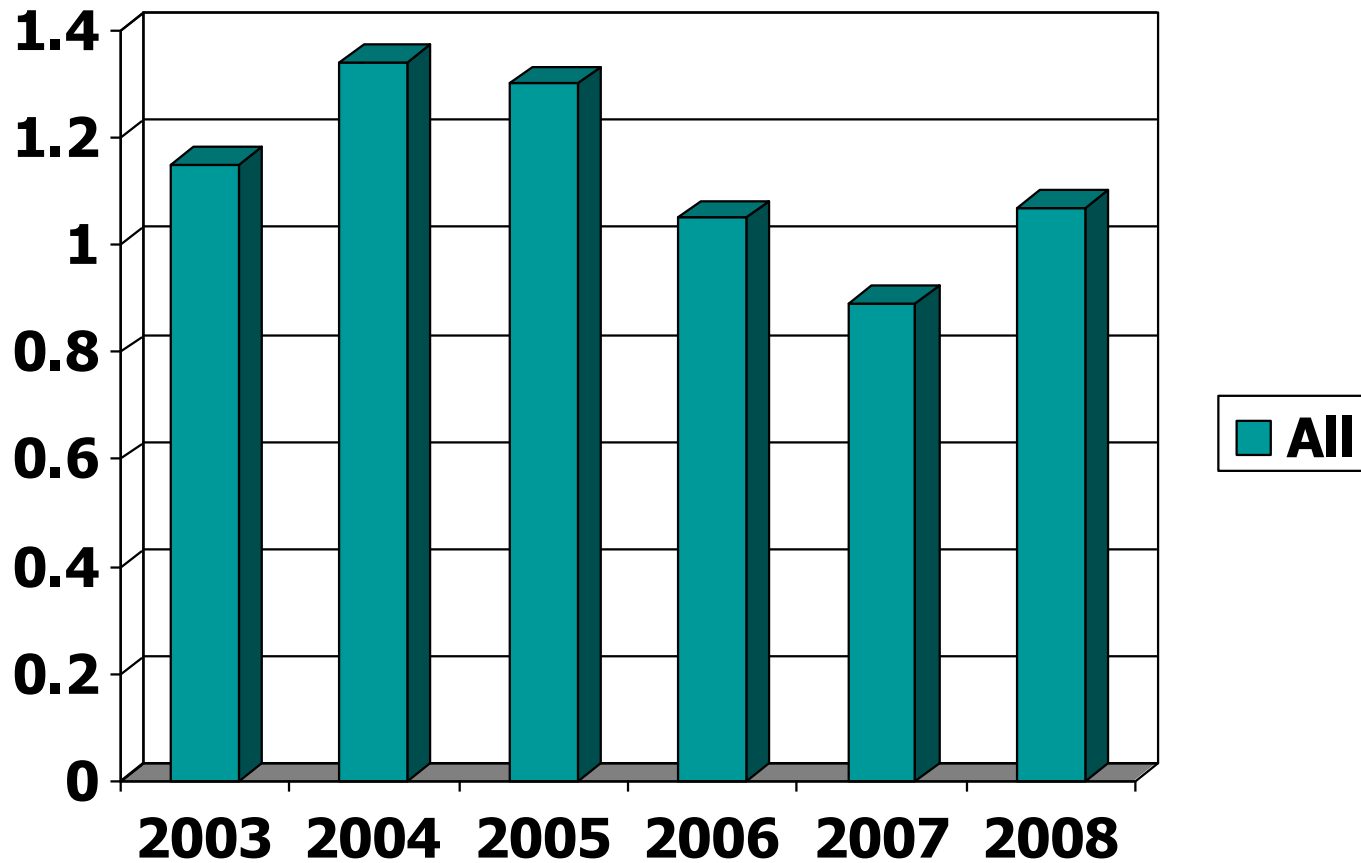
A Population at Risk

- Adolescents
 - Engage in many risky behaviors, some of which may have a negative effect on their health.
 - Often view their behaviors as solutions
 - Do not give up their solutions easily

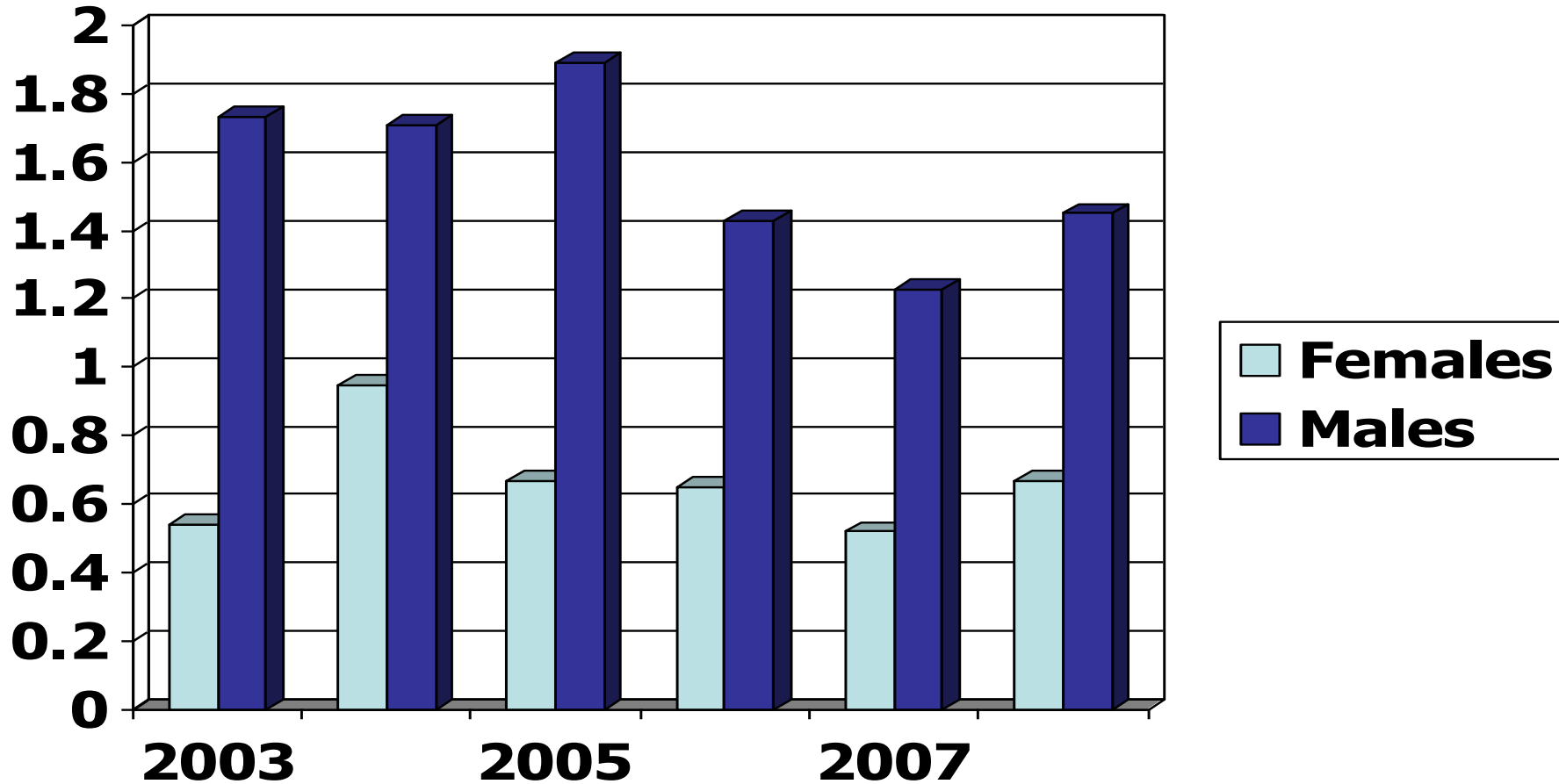
Facts About Youth Suicide

- During 1990-2003, the combined suicide rate for youth 10-24 years declined by 28.5%.
- During 2003-2004, the suicide rate for youth 10-24 years increased by 8%.
- Suicide is the 3rd leading cause of death in youth 10-to-24-years of age
- For every completed adolescent suicide, there are between 100 – 200 attempts.

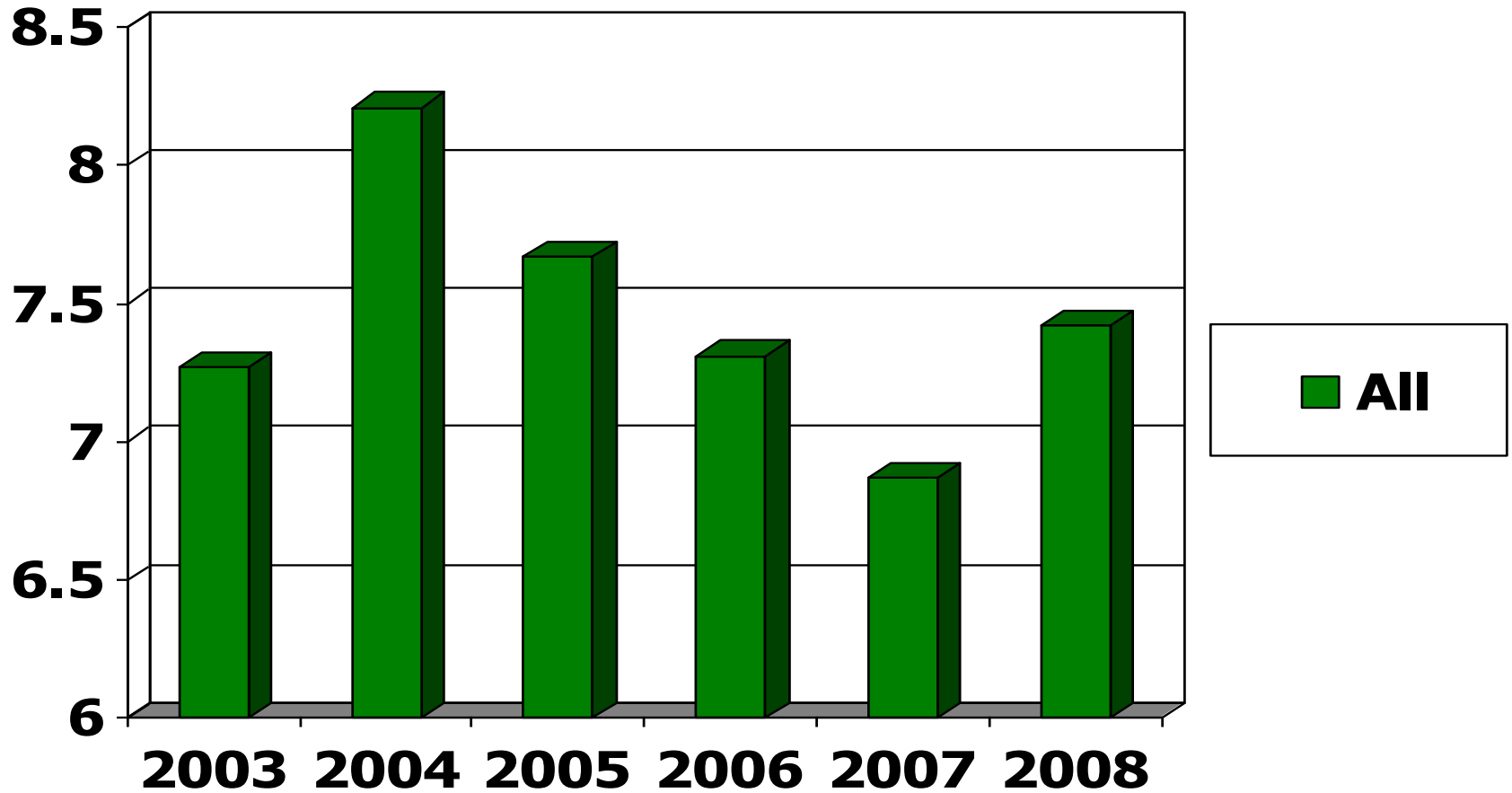
Suicide Rate for Youth Aged 10-14 Years



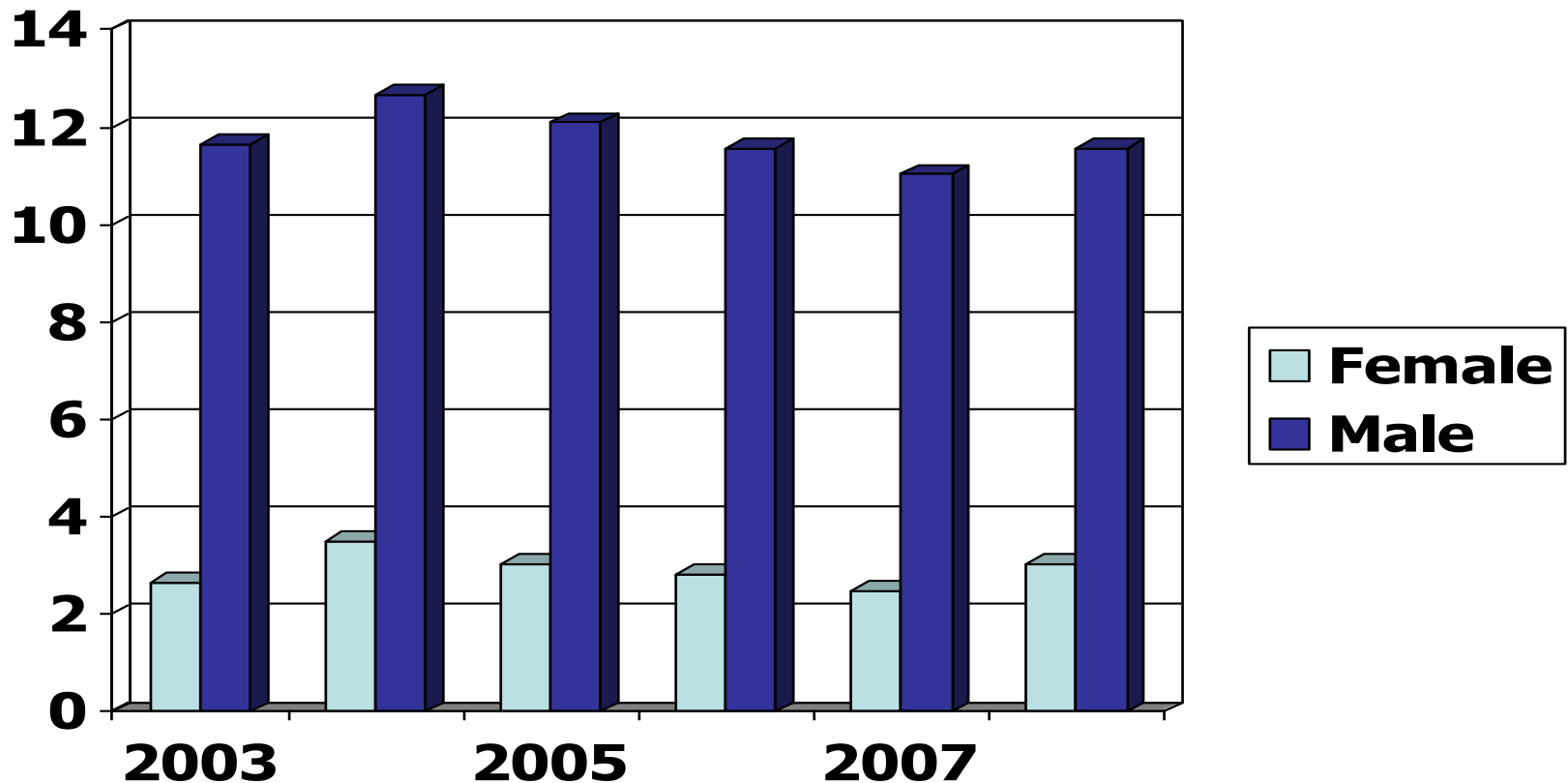
Suicide Rate for Youth Aged 10-14 According to Sex



Suicide Rate for Youth Aged 15-19 Years



Suicide Rate for Youth Aged 15-19 According to Sex



Facts (cont.)

- Adolescent females attempt 3 times more often than adolescent males.
- Adolescent males complete suicide 5 times more often than adolescent females.
- A typical high school classroom, includes 1 boy and 2 girls who attempted suicide.
- A great majority of those who attempt suicide give some warning signs.

Data from Youth Risk Behavior Survey

In the past 12 months:	Kentucky 2009	Ohio 2007	Nation 2009
Seriously considered suicide	14.6%	13.4%	13.8%
Made a suicide plan	12.5%	10.1%	10.9%
Attempted suicide	8.8%	7.2%	6.3%
Seriously injured after attempt	3.5%	2.3%	1.9%
Sad/hopeless most days	26.7%	25.1%	26.1%

Youth Suicide – Why Do They Do It?

- Failure to handle problems because of:
 - Untreated mental health problem
 - Hopelessness
 - Compulsive decisions
 - Not knowing where to go or how to talk about it
- Feeling of being a burden on loved ones, having a sense of isolation, and the learned ability to hurt oneself (Joiner, T., 2006)
- Multiple factors build to “threshold”

2008 Ohio Child Fatality Review

- In 2006, Ohio vital statistics reported 43 deaths to children from suicide. (10 – 17 years old)
- 67% of deaths were caused by asphyxiation
- Most frequently indicated factors that might have contributed to child's despondency:
 - Family discord
 - Parents' divorce or separation
 - Arguments with parents or caregivers

2009 Kentucky Child Fatality Review

- Suicide is the second leading cause of death for teens 15-17 years old in Kentucky
- In 2007, there were 17 Kentucky youth suicides (ages 10-17)
- The youth suicide rate increased from 1.3 in 2006 to 2.3 in 2007.
- The most common reasons for youth to die by suicide in 2007 were:
 - other relationship problem (not intimate partner)
 - current depressed mood
 - school problems
- The most common method was firearms

Risk Factors for Suicide

- Major depression, bipolar disorder, schizophrenia
- Substance abuse
- Stressful life events
- Prior suicide attempt
- Impulsive aggression
- History of abuse
- Incarceration
- Firearms in the home
- Lack of social support
- Hopelessness
- Perfectionism
- Family history of a mental disorder
- Family history of substance abuse
- Family history of suicide
- Family history of violence or discord

Protective Factors for Suicide

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help-seeking
- Family connectedness
- School connectedness
- Skills in problem-solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation
- Restricted access to lethal means

Major Depression

- Depression is occurring earlier in life today than in past decades.
- The prevalence of major depression in adolescence is between 5 and 8 percent.
- During adolescence, twice as many girls develop depression than boys.
- Depressive disorders often go unrecognized by families and physicians.
- Depression is a leading cause of disability causing severe deficits in productivity and function.
- Researchers at the National Institute of Mental Health found that half of all lifetime causes of mental illness begin by age 14.

Signs & Symptoms of Depression

- Somatic complaints
- Persistent unhappiness, negativity, irritability
- Difficulty in concentrating, remembering, or thinking clearly
- Restlessness or low energy
- Loss of interest
- Withdrawal
- Sleeping changes
- Eating pattern changes
- Suicidal thoughts, plans, or actions
- Low self-esteem
- Hopelessness, pessimism, guilt
- Drug/alcohol abuse
- Feelings of emptiness
- Anxiety

Methods of Coping Among Surveyed Teens

Maladaptive

- Spend time alone –61.8%
- Eat comfort foods –26.4%
- Yell or lash out – 21.4%
- Avoid problems – 14.2%
- Thrill-seeking – 10.3%
- Smoke cigarettes - 9%
- Drink alcohol – 8.7%
- Physical fights – 7.4%
- Use drugs – 6.4%
- Verbal self-abuse – 6%
- Physical self-abuse – 4%
- Restrict calories – 2.5%
- Binge/purge – 2.2%

Adaptive

- Listen to music – 72.7%
- Talk to friend – 65.7%
- Hang out with friends-60.4%
- Sleep – 60.1%
- Exercise/sports – 53%
- Hobbies/recreation – 44%
- Think positive – 32.4%
- Pray/religious activities–25.9%
- Talk to parents – 22.9%
- Read – 22.9%
- Journal/write – 21.8%
- Problem-solve – 10.2%
- Yoga/meditation – 6.7%
- Support group – 1.4%

Determine Your Child's Coping Techniques

- Coping techniques are used to decrease stress
- Acknowledge your child's method of coping without reacting
- Maladaptive coping behaviors
 - Are ineffective
 - Are harmful
 - Contribute to depression

Identify Child's Stress Factors

- Which ones apply? (See website)
 - Talk to your child about what is stressful to him/her
 - Make a list of what you see as stressors
- How do they affect your child's: behavior, self-esteem, mental health?
- Attempt to diminish stress or encourage adaptive responses to stressors.
- Identify which factors may present a crisis and explore positive ways to respond.

Recognize the Warning Signs

- Vague or direct statements
- Changed eating or sleeping patterns
- Withdrawal
- Loss of interest in school, work, hobbies, or appearance
- Expressions of hopelessness or helplessness
- Severe drop in school performance
- Putting life in order
- Saying good-byes
- Giving away belongings
- Sudden changes in behavior
- Increased use of drugs or alcohol
- Taking unnecessary risks
- Overwhelming sense of guilt or shame
- Unexpected rage or anger
- Previous suicide attempt
- Death themes in art/written work

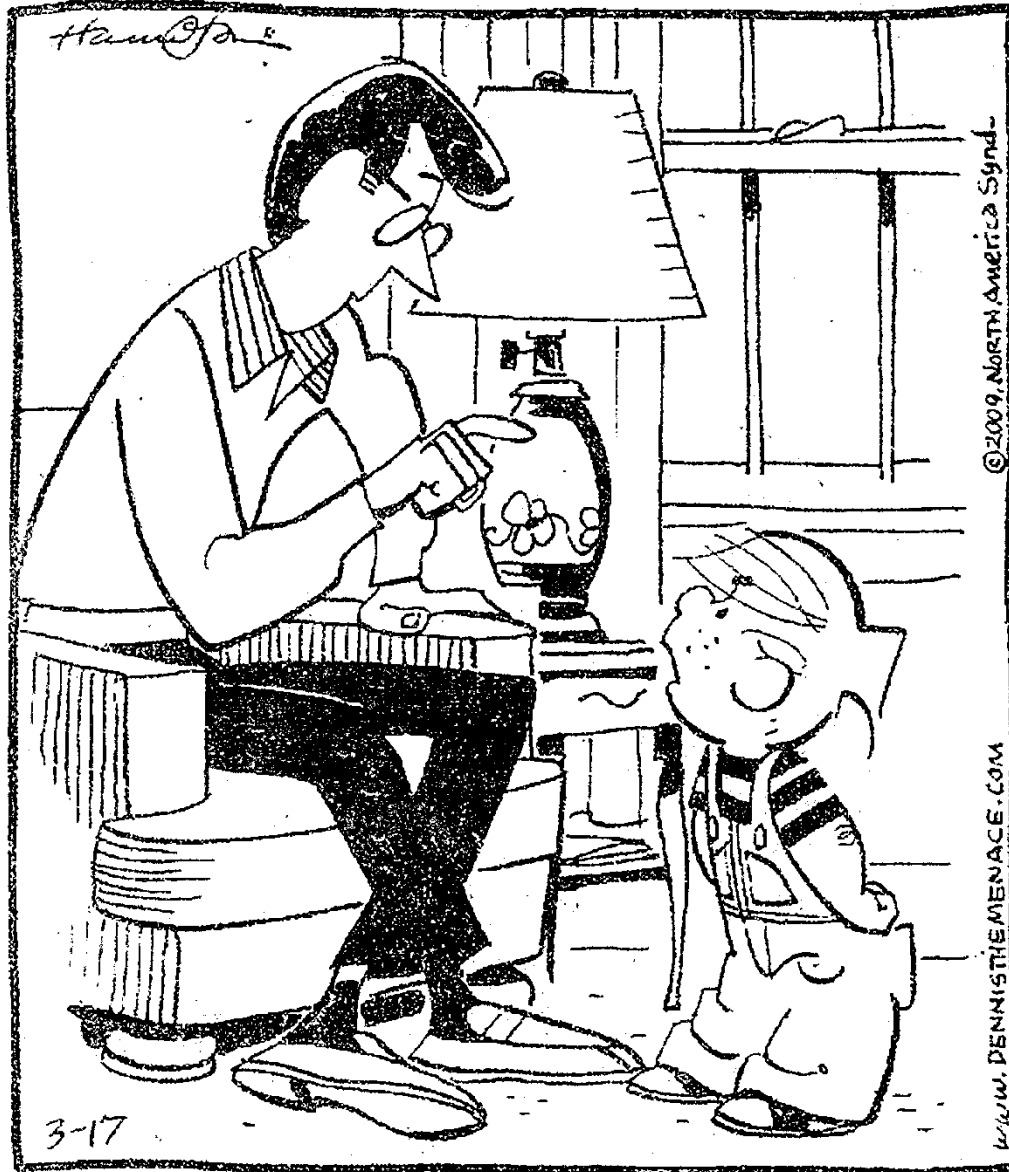
Personal Stories

- Debbie Brown – parent
- Kathy Winter – parent
- Luke Beischel - teen
- Max Nolan - teen

Ways to Protect Your Child

- Remove things from the home that can harm children – ie. Guns, pills, poisons
- Find positive ways to deal with conflict and connect with teenager (see website for more information)
- Help build a positive self-image in your child (go to self-esteem stressors on website)
- Take ***Steps to LAST***™

Dennis The Menace / by Hank Ketcham



"I DON'T NEED A GOOD TALKIN' TO! I NEED
A GOOD LISTENIN' TO!"

Steps to *LAST*™

For a troubled teen to take

- Let someone know what's troubling you
- **Ask** for support
- **Share** your feelings
- **Tell** an adult who can help
 - School nurse or counselor
 - Physician
 - Mental Health Professional
 - Crisis lines – 1-800-999-9999,
1-800-273-TALK
 - Clergy
 - Parent, teacher or other trusted adult

To help a troubled teen

- **Listen** and look for signs of depression and warning signs of suicide
- **Ask** constructive questions and specific questions about suicide
- **Show** support
- **Tell** an adult who can help

Listen and Look

- Use active listening
- Without interrupting, judging, fixing
- Interpret words, actions, body language in terms of feelings
- Affirms feelings
- Watch for direct or vague statements
- Look for signs of depression/warning signs of suicide

Ask

- What is the problem?
- What do you plan to do or have done?
- What do you mean by...?
- Have you felt so bad lately that you've thought about ending it all?
- Ask about a plan if they're talking about wanting to die.

Support

- Tell child how much you care.
- Be calm and accepting
- Normalize feelings
- Give information about depression
- Offer hope instead of minimizing
- Persuade to get help as solution

Tell

- Get help from a professional
 - Family physician or pediatrician
 - PIRC
 - ED
 - Crisis lines
 - Mental Health Professional

Surviving the Teens® Website –

www.cincinnatichildrens.org/surviving-teens

- Provides information, tips, and valuable resources to parents, teachers, and teens
- Includes such topics as:
 - Teen stressors
 - Coping with teen stressors
 - Depression/suicide
 - Crisis contact information
 - Frequently asked questions
 - Recommended reading
 - Family success stories

References

- National Institute of Mental Health at www.nimh.nih.gov
- National Mental Health Association at www.nmha.org
- http://www.cdc.gov/nchs/data/dvs/mortfinal2002_wor_k291R.pdf

Surviving the Teens[®] Offers Help and Hope Through Community Support.

Ideas/Questions/Comments???



**Thank you for
your
participation
in our
program.**

