Youth Depression and Suicide

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Suicide Deaths

- The Centers for Disease Control and Prevention (CDC) collects data about mortality in the U.S., including deaths by suicide. In 2012 (the most recent year for which full data are available), 40,600 suicides were reported, making suicide the 10th leading cause of death for Americans.

- In 2012, someone in the country died by suicide every 12.9 minutes.
Suicide Deaths

CDC Official Final Deaths 2012: *(Released: 11/04/2014)*

- Suicide is the seventeenth leading cause of death among persons aged 0-14 years (85 deaths)

- Leading causes of death among persons aged 15-24 years (954 deaths)
  - *1st.* Road Traffic Accidents
  - *2nd:* Suicide
  - *3rd* homicide
Adolescent suicide facts

- Among young adults ages 15 to 24 years old, there are approximately 100-200 attempts for every completed suicide.

- Boys are more likely than girls to die from suicide attempts. Of the reported suicides in the 10-24 age group, 81% were males.

- Girls attempt suicide more than boys, a particular problem for girls from Latina backgrounds.
In a 2011 nationally-representative sample of youth grades 9-12:

- 12.8% of students reported that they made a plan about how they would attempt suicide during the 12 months preceding the survey.

- 7.8% of students reported that they had attempted suicide one or more times during the 12 months preceding the survey.

- 15.8% of students reported that they had seriously considered attempting suicide during the 12 months preceding the survey.

- 2.4% of students reported that they had made a suicide attempt that resulted in an injury, poisoning, or an overdose that required medical attention.
Mental Health Diagnoses

- Most mental health disorders potentially increase suicide risk
- Major depression, other mood disorders strong contributors
- Substance abuse, schizophrenia and personality disorders indicate a higher risk
What causes depression?

- complex illness
- exact cause not known
- occurs at all ages, from young to elderly

Research shows that visible changes take place in the brain when someone becomes depressed. Genetic factors may play a role. Some people become depressed unexpectedly, out of the blue. Other times, depression develops following a major life change—either a positive or negative one—after a serious physical illness, or following a significant life event. Alcohol, drugs, and certain medications can also contribute to depression.
Symptoms of Major Depression

- Varying degrees
- Symptoms can mimic other disorders
- Professional help needed to differentiate

If a person has four or more symptoms, for more than two weeks, consult a doctor or mental health professional right away. While the symptoms specified for all groups below generally characterize major depression, there are other disorders with similar characteristics including: bipolar illness, anxiety disorder, or attention deficit disorder with or without hyperactivity.
In Adults

- Persistent sad or "empty" mood.
- Feeling hopeless, helpless, worthless, pessimistic and/or guilty.
- Substance abuse.
- Fatigue or loss of interest in ordinary activities, including sex.
- Disturbances in eating and sleeping patterns.
- Irritability, increased crying, anxiety or panic attacks.
- Difficulty concentrating, remembering or making decisions.
- Thoughts of suicide; suicide plans or attempts.
- Persistent physical symptoms or pains that do not respond to treatment.
In Children

- school phobia or avoidance;
- social phobia or avoidance;
- excessive separation anxiety;
- running away

- obsessions, compulsions, or everyday rituals, such as having to go to bed at the exact time each night for fear something bad may happen. Chronic illnesses may be present also since depression weakens the immune system

- persistent unhappiness, negativity, complaining, chronic boredom; lack of initiative

- uncontrollable anger with aggressive or destructive behavior; possibly hitting themselves or others; kicking, biting or head banging

- harming animals
In Children (continued…)

- Continual disobedience
- Easily frustrated, frequent crying, low self-esteem, overly sensitive
- Inability to pay attention, remember, or make decisions, easily distracted
- Energy fluctuations from lethargic to frenzied activity
- Eating or sleeping problems
- Bedwetting, constipation, diarrhea.
- Impulsiveness, accident-prone behavior
In Children (continued…)

- Chronic worry/ fear, clingy, panic attacks;
- Extreme self-consciousness;
- Slowed speech & body movements
- Disorganized speech - hard to follow when telling you a story, etc.
- Physical symptoms: dizziness, headaches, stomachaches, arms or legs ache, nail-biting, pulling out hair or eyelashes. (after ruling out other medical causes)
- Suicidal talk or attempts
In Adolescents

Depression may be disguised as:
  eating disorders
  drug/alcohol abuse
  sexual promiscuity

Risk-taking behaviors
  reckless driving
  unprotected sex,
  carelessness when walking across busy streets, on bridges or cliffs

There may also be social isolation, running away, constant disobedience, getting into trouble with the law, physical or sexual assaults against others, obnoxious behavior, failure to care about appearance/hygiene, no sense of self or of values/morals, difficulty cultivating relationships, inability to establish/stick with occupational/educational goals.
In Adolescents (continued…)

- Dizziness, headaches, stomachaches, neck aches, arms or legs hurt due to muscle tension, digestive disorders (ruling out other medical causes)
- Persistent unhappiness, negativity, irritability
- Uncontrollable anger or outbursts of rage
- Overly self-critical, unwarranted guilt, low self-esteem
- Inability to concentrate, think straight, remember, or make decisions, possibly resulting in refusal to study in school or an inability to do schoolwork
In Adolescents (continued…)

- Slowed or hesitant speech or body movements; restlessness
- Loss of interest in once pleasurable activities
- Low energy, chronic fatigue, sluggishness
- Change in appetite, noticeable weight loss or weight gain, or abnormal eating patterns
- Chronic worry/ fear
- Preoccupation with death themes in literature, music, drawings, speaking of death repeatedly, fascination with guns/knives
- Suicidal thoughts, plans, or attempts.
Risk and Protective Factors

- Risk factors – Increase likelihood that a young person will engage in suicidal behavior
  Intrapersonal, Social/situational, Cultural/environmental

- Protective factors – Mitigate or eliminate risk
  Intrapersonal, Social/situational, Cultural/environmental

Consider the balance between the two
Risk Factors: Intrapersonal

- Recent or serious loss
- Mental disorders (particularly mood disorders)
- Hopelessness, helplessness, guilt, worthlessness
- Previous suicide attempt
- Alcohol and other substance use disorders
- Disciplinary problems
- High risk behaviors
- Sexual orientation confusion
Risk Factors: Social/Situational

- Recent or serious loss (e.g., death, divorce, separation, broken relationship; self-esteem; loss of interest in friends, hobbies, or activities previously enjoyed)
- Family history of suicide
- Witnessing family violence
- Child abuse or neglect
- Lack of social support
- Sense of isolation
- Victim of bullying or being a bully
Risk Factors: Cultural/Environmental

- Access to lethal means (i.e. firearms, pills)
- Stigma associated with asking for help
  - Barriers to accessing services; i.e., lack of bilingual service providers
  - Unreliable transportation
  - Financial costs of services
- Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)
Protective Factors

- Skills in problem solving, conflict resolution and handling problems in a non-violent way
- Strong connections to family, friends, and community support
- Restricted access to highly lethal means of suicide
- Cultural and religious beliefs that discourage suicide and support self-preservation
Protective Factors

- Easy access to a variety of clinical interventions
- Effective clinical care for mental, physical, and substance use disorders
- Support through ongoing medical and mental health care relationships
Warning Signs

- A warning sign does not mean automatically that a person is going to attempt suicide, but it should be responded to in a serious & thoughtful manner.
- Do not dismiss a threat as a cry for attention!
- What kinds of warning signs are cause for concern?
Specific Warning Signs

- **Talking About Dying** - Any mention of dying, disappearing, jumping, shooting oneself, or other types of self harm
- **Substance use or abuse** – increased use or change in substance
- **Change in Personality** - Sad, withdrawn, irritable, anxious, tired, indecisive, apathetic or suddenly happier, calmer.
- **Change in Behavior** - Difficulty concentrating on school, work, or routine tasks
- **Change in Sleep Patterns** - Insomnia, often with early waking or oversleeping, nightmares
- **Change in Eating Habits** - Loss of appetite and weight, overeating
- **Fear of losing control** - Acting erratically, harming self or others
Additional Warning Signs of Suicide

- Preoccupation with death.
- Suddenly happier, calmer.
- Loss of interest in things one cares about.
- Visiting or calling people to say goodbye.
- Making arrangements; setting one's affairs in order.
- Giving things away, such as prized possessions.
- **A suicidal person urgently needs to see a doctor or mental health professional.**
What to do?

- Talk in a calm, non-accusatory manner
- Ask if they are considering suicide
- Let them know you care
- Convey how important they are to you
- Focus on concern for their well-being
- Make statements that convey you have empathy for their stress
- Reassure them that they will not feel like this forever by utilizing appropriate help
- Seek professional help
- NEVER LEAVE A SUICIDAL PERSON ALONE
Immediate Prevention Help

- Mental Health **Crisis** Hotline W.G. Nord Center
  1-800-888-6161

- National Suicide Prevention Lifeline:
  1-800-273-TALK (8255) [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

- The Trevor Project, a national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth:
  [www.thetrevorproject.org](http://www.thetrevorproject.org) 1-866-488-7386
References


