Teen Depression Warning Signs

All too often, depression is left untreated because people fail to recognize the symptoms and believe that it is just normal sadness, a phase that a teen is going through, or a sign of weakness. This can be a terrible mistake. It is important to know the symptoms so that you can distinguish depression from occasional normal sadness or moodiness.

Common symptoms of depression include:

- Sad or irritable mood
- Loss of interest in activities once enjoyed
- Large changes in appetite or weight
- Difficulty sleeping or oversleeping
- Slow or agitated movement
- Loss of energy
- Feelings of worthlessness or guilt
- Difficulty concentrating
- Frequent thoughts of death or suicide

Most teens experience some of these symptoms occasionally, but if a teen has a number of these symptoms for more than a few weeks, he or she is likely to have major depression and may need professional help. Teenagers often show depression in other ways as well.

Some other signs to watch for include

- Frequent headaches, muscle aches, stomach aches or tiredness, without a medical cause
- Frequent absences from school or poor performance in school
- Talk of or efforts to run away from home
- Being bored, sulking
- Lack of interest in spending time with friends or family
- Alcohol or substance abuse
- Social isolation, poor communication
- Fear of death
- Extreme sensitivity to rejection or failure
- Increased irritability, anger, hostility, or crying
- Reckless behavior
- Neglect of clothes and appearance
- Difficulty with relationships
- Changes in mood

Responding to a Depressed or Suicidal Student

If you suspect that a student has a problem with depression, take time to talk with him or her. The student may not even realize that he or she is suffering from depression. Listen to the student and make sure that he or she knows that you care. Help the student to understand that no matter how overwhelming his or her problems seem, help is available. Don't hesitate to ask students if they have thought about, intend, or have plans to commit suicide. You won't give them any new ideas, and you may save a life by asking. If the student admits to feeling suicidal, stay with him/her and get professional help immediately. Otherwise, refer the student to a school counselor or psychologist for further assessment. Make sure that the student's parents or guardians are informed of your concerns. You can also provide important support by helping to link the student's family with information and referral to community agencies.
When You're Concerned a Student May Be Suicidal

Ask directly if he or she is considering suicide. Ask whether he or she has made a specific plan and has done anything to carry it out. Explain the reasons for your concerns. Listen openly to the student, tell the student that you care and that no matter how overwhelming his or her problems seem, help is available.

Then, help the student to get professional help. Generally, schools have a counselor or psychologist designated who can carry out a thorough evaluation of the student and make appropriate referrals. Even if a student requests confidentiality, parents must be immediately notified of your concerns.

If the student will not talk with you or you are uncomfortable talking with the student, notify others, including the appropriate counselor or psychologist at your school and the student’s parents, of your concerns and then follow-up to make sure that action was taken.

If a student has a detailed plan or appears acutely suicidal and will not talk, he or she could be in immediate danger and it is important to get help right away. Do not leave the student alone, and seek help immediately, getting him/her to a hospital emergency room if necessary.

For more information on the role of schools in suicide prevention, see:

- Preventing Suicide: A Resource for Teachers and Other School Staff (2000) - World Health Organization
- Guidelines for School-Based Suicide Prevention Programs (1999) - American Association of Suicidology
- School Interventions to Prevent Youth Suicide - UCLA School Mental Health Project

Youth Suicide Facts

Suicide was the third leading cause of death for young people 10 to 19 years old in 2000. More teenagers die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease combined. In 2000, 1921 young people ages 10 to 19 died by suicide in the United States.

Suicide is relatively rare among youth under fifteen (300 suicide deaths for ten to fourteen year-olds in 2000), but the rate has increased by 70% since 1981. After increasing dramatically in the 1980’s, suicide rates among older youth have begun to decline in recent years. In 2000, the suicide rate among 15 to 19 year olds was actually slightly lower than in 1981.

Survey data from 2001 indicate that 19% of high school students had seriously considered attempting suicide, almost 15% had made plans to attempt suicide, and almost 9% had made a suicide attempt during the year preceding the survey.

Which Teens are Most Affected?

Suicide is far more common among some groups of teens than others. Male teens are almost five times more likely than females to die by suicide, even though females are more likely to attempt suicide. While white males account for the majority of youth suicide deaths (60 percent), the suicide rate among Native American male youths is exceedingly high in comparison with the overall rate for males ten to nineteen (16.0 per 100,000 vs. 7.8 per 100,000). Although still relatively low (5.7 per 100,000 in 2000), the suicide rate has been increasing most rapidly among African American males ten to nineteen-doubling over the last twenty years.
Several state and national studies have found that gay, lesbian, and bisexual teens are more likely to seriously consider and attempt suicide than heterosexual teens.\(^7,8,9\) There are, unfortunately, not sufficient data to determine whether rates of death by suicide are similarly elevated. Why are gay, lesbian, and bisexual teens more likely to attempt suicide? The reasons for this are not entirely clear. Research suggests that discrimination due to the social stigmatization of homosexuality in our culture may have important mental health consequences.\(^10\) Gay, lesbian, and bisexual teens are more likely than their peers to report past victimization and problems with substance abuse and depression, all of which are risk factors for suicide in adolescents.\(^11,12,13\)

**Youth Suicide Risk Factors**

Risk factors for suicide include:

- **Previous suicide attempts** - Teens that have attempted suicide in the past are much more likely than other teens to attempt suicide again in the future. Approximately a third of teen suicide victims have made a previous suicide attempt.\(^1\)
- **Depression and/or alcohol or substance abuse** - Over 90% of teen suicide victims have a mental disorder, such as depression, and/or a history of alcohol or drug abuse.\(^2\)
- **Family history of mental disorders, substance abuse, or suicide** - Teens who kill themselves have often had a close family member who attempted or committed suicide. Many of the mental illnesses, such as depression, that contribute to suicide risk appear to have a genetic component.\(^3\)
- **Stressful situation or loss** - Teens who kill themselves almost always have serious problems, such as depression or substance abuse. When they experience losses or certain stressful situations, it can trigger a suicide attempt. Such stressful situations include: getting into trouble at school or with the police; fighting or breaking up with a boyfriend or a girlfriend; and fighting with friends.\(^4,5\)
- **Exposure to other teenagers who have died by suicide** - Teens are more likely to kill themselves if they have recently read, seen, or heard about other suicide attempts.\(^6,9,10,11\)

Other risk factors include a history of physical and/or sexual abuse, poor communication with parents, incarceration, and lack of access or an unwillingness to seek mental health treatment.

**Youth Suicide Warning Signs**

Sometimes teens will exhibit warning signs, indicating that they need help. The presence of one or more of these warning signs does not necessarily mean that a teen is suicidal; the only way to know whether your child is thinking about suicide is to ask. Suicide attempts among young people tend to be based on long-standing problems, such as depression, alcohol or drug abuse, and a history of aggressive or disruptive behaviors, but may be triggered by a specific event.

Warning signs of suicidal behavior in youth include:

- depressed mood;
- substance abuse;
- frequent episodes of running away or being incarcerated;
- family loss or instability, significant problems with parent;
- expressions of suicidal thoughts, or talk of death or the afterlife during moments of sadness or boredom;
- withdrawal from friends and family;
- difficulties in dealing with sexual orientation;
- no longer interested in or enjoying activities that once were pleasurable;
- unplanned pregnancy; and
- impulsive, aggressive behavior, frequent expressions of rage.\(^1\)
This list is not definitive; some teens may show no signs and yet still feel suicidal. Others may exhibit many signs yet appear to be coping with their situation. The only way to know for sure is to ask.

see also **Youth Suicide Risk Factors**

Above information found at [www.safeyouth.org](http://www.safeyouth.org)