

Some parents may hesitate about having their child referred for an evaluation. Reasons can include:

- A belief their child is experiencing “normal” adolescence. **Clinical depression is not normal and causes ongoing problems until their child receives sufficient treatment.**
- A concern that their child might be viewed as “weak in character.” **It is important to recognize depression as a medical illness with physical causes, similar to diabetes or asthma.**
- Hope that their child will “get over it.” **Unfortunately, depression persists until treated.**
- A belief that their child has “good reason” to be depressed. **Depression, for any reason, should be treated; it causes problems and can lead to death if not treated.**

The earlier depression is evaluated and treated, the easier it is to treat and the less likely it is for further complications to develop (e.g., death by suicide or homicide). Getting treatment for your child is critical.

Treatment options that should be considered include:

- Taking immediate and sufficient steps to ensure safety, including eliminating access to firearms
- Individual/family/group therapy
- Good role models
- School and community support
- Developing interests in your child
- Good nutrition and exercise
- A complete physical exam by your child’s primary care physician
- Antidepressant medication
- Eliminating any abuse or domestic violence
- Helping you, as parents, receive necessary support
- Eliminating alcohol and drug use



Where there’s help, there’s hope.

Depression causes problems for your child, family, school and community. But with the right treatment, you could see dramatic improvement in your child’s life in just a very short time. As a parent, you play a crucial role in the early recognition and referral of your child who may be depressed, as well as with treatment. Knowing what to look for and what to do could mean the difference between life and death for your own child or one who is close to you. For more information, contact your primary care physician, school counselor or other community mental health professionals.

Information in this brochure is based on “Recognizing Depression in Youth — A Key to Solving One of Oregon’s Most Serious Problems: Youth Suicide” by Kirk D. Wolfe, M.D.

Dr. Wolfe is a child and adolescent psychiatrist practicing in Portland, Oregon. He has been an active part of the Northwest’s youth suicide prevention efforts.

If you — or someone you know — are having thoughts of suicide, call 1-800-273-TALK (273-8255).

Get involved with suicide prevention in Virginia. Visit www.preventsuicideva.org or call the Center for Injury and Violence Prevention at 1-800-732-8333 (VA Only) for additional information, training opportunities, publications and more.

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Creative services donated by:

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What every
parent
should know
about preventing
youth
suicide.



Helping your child

The statistics are shocking: an average of one Virginia youth dies each week from suicide, making suicide the third leading cause of death for our state's young people. Suicide is not just a problem in adolescence — children as young as nine years old have killed themselves.

It is more important than ever that parents help prevent youth suicide. Adolescents who die by suicide are most likely to be clinically depressed when they complete suicide. By knowing how to spot the early warning signs and understanding what to do if you identify your child is at risk, you could literally save the life of your child.

Seeing the signs

Depression is a biochemical imbalance in the brain that affects how children think, how their bodies function and how they behave. That means that sometimes behavior problems aren't just problems — they are surface signs of a deeper cause.

Depression in adolescents is common: more than one in five youths will experience clinical depression by adulthood.

As a parent, you may see one or more of the following surface signs in your child, which may indicate depression:

- Low self-esteem
- Anger management problems or preoccupation with violence
- Irritating, fighting with or withdrawing from family, students and teachers
- Refusing to go to school
- Behaving to get negative attention
- Doing poorly or dropping out of school
- Getting into trouble with the law
- Becoming pregnant early in life
- Increased physical health problems
- Becoming a smoker
- Abusing alcohol or drugs
- Threatening suicide or homicide



Taking a closer look

Parents may be the first to notice when their child begins to show signs of depression. **But too often these changes aren't recognized as warning signs until it's too late.**

Parents can sometimes mistake their child's change in mood as a case of "the blues" when in fact the child has a medical illness called depression. "The blues" will only affect their child's mood briefly and will improve after talking with a good listener. Depression will only improve with psychiatric treatment.

The most severe form of depression is a major depressive episode. This is marked by a change in a child lasting at least two weeks, during which time a child has become either depressed, irritable or uninterested in most activities, most of the day nearly every day.

A child will also experience five or more of the following symptoms nearly every day:

Depressed or irritable mood

- "I hate my life"
- Rebellious behavior
- Easily irritated
- Rarely looks happy
- Listens to depressive or violent music or writes with these themes
- Starts hanging around other depressed or irritable kids
- Wears somber or dark-colored clothing
- Frequent crying spells

Loss of interest in activities

- Frequently says, "I'm bored"
- Withdraws — spends majority of time alone
- Decline in hygiene
- Changes to a "more troubled" peer group



Significant change in appetite or weight

- Becomes a picky eater
- Snacks frequently and eats when stressed
- Quite thin or overweight compared to peers

Psychomotor agitation or slowing

- Agitated, always moving around
- Moping around

Feelings of worthlessness or excess guilt

- Describes self as "bad" or "stupid"
- Has no hope for the future
- Always trying to please others; perfectionistic tendencies
- Blames self for causing a divorce or death, when not to blame

Indecisiveness or decreased concentration

- Often responds "I don't know"
- Takes much longer to get work done
- Drop in grades or skips school
- Headaches, stomachaches
- Poor eye contact

Significant changes in sleeping habits

- Takes more than one hour to fall asleep
- Wakes up in early morning hours
- Sleeps too much

Fatigue or loss of energy

- Too tired to work or play
- Leaves school exhausted
- Too tired to cope with conflict

Recurrent thoughts of death or suicide

- "I'm going to kill myself"
- Gives away personal possessions
- Asks if something might cause a person to die
- Wants to join a person in heaven
- Actual suicide attempts



The next step — talking with your child

After you have identified your child as being at risk for depression or suicide, the next step is to talk with your child.

If you have noticed warning signs of a major depressive episode, the one thing you should never do is ignore these and hope your child will "get over it."

Instead, take the time immediately to talk with your child:

- Connect with your child. Let your child know of your concern, in an understanding manner, and ask your child what is causing problems for him/her. Support your child.
- Ask your child about any recent thoughts of wishing to die or of plans to kill him/herself. If these thoughts are present, ask why, in a supportive manner. Emphasize your child's importance in your family and of the need to keep safe. Discuss safe alternatives to dealing with struggles.
- Make sure your child is well-supervised by a responsible adult at all times.
- Remove access to any lethal means. Be aware that depressed youth should not have access to firearms; over half of all youth suicides in Virginia occur with guns. All medications, including over-the-counter medications, should be completely out of reach of depressed youth.
- Arrange for an immediate evaluation by a mental health professional trained in recognizing/treating depression in youth. Your family's primary care physician or school counselor can be consulted to find an appropriate professional for your child. Do not hesitate to get this evaluation; your child's life may be at stake.