

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

- A belief their child is experiencing “normal” adolescence. **Clinical depression is not normal and causes ongoing problems until their child receives effective treatment.**
- A concern that their child might be viewed as “crazy.” **It is important to help the family 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.**

The earlier depression is evaluated and treated, the easier it is to treat and the less likely further complications will develop (e.g. death by suicide). Helping their child get beneficial treatment is critical.

Treatment options to consider include:

- Eliminating access to lethal means, including firearms and hanging/suffocation materials
- Identifying and addressing any trauma, including bullying, cyberbullying, abuse and domestic violence
- Individual/family/group therapy
- SSRI antidepressant medication for moderate-severe depression
- Peer support specialist
- Setting appropriate limits on use of electronics
- Establishing good nutrition, sleep hygiene and exercise
- Good role models
- School and community support
- Developing strengths and interests in their child
- A complete physical exam by their child’s primary care practitioner
- Helping families receive necessary support
- Eliminating alcohol and drug use



Where there’s help, there’s hope.

Depression causes problems for your student, the school, the family and the community. But with the right treatment, you could see dramatic improvement in your student’s life in a relatively short period of time.

As a teacher, you play a crucial role in the early recognition and referral of students who are struggling with depression. Knowing what to look for and what to do could mean the difference between life and death for one or more of your students. For more information, contact your school’s counseling staff or nurse.



Information in this brochure is based on “Recognizing Depression in Youth: A Key to Suicide Prevention and Good Health in Oregon,” 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 Oregon’s youth suicide prevention efforts.

If you — or someone you know — are having thoughts of suicide, call 1-800-SUICIDE (784-2433).

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What every teacher should know about preventing youth suicide.



Helping Oregon's youth

The statistics are staggering: an average of almost two Oregon youth die by suicide each week. Oregon's youth suicide rate has increased 400 percent over the last four decades. Today we have a suicide rate 30 to 40 percent higher than the U.S. national rate. These alarming increases have made suicide Oregon's second leading cause of death in youth. While female youth are more likely to attempt suicide, male youth are three times more likely to die by suicide.

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

Seeing the signs

Clinical depression is a biochemical imbalance in the brain that affects how students 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 relatively common: more than 1 in 5 youths will experience clinical depression by adulthood.



As a teacher, you will see some of your students with one or more of the following surface signs, which may be driven by depression:

- Low self-esteem
- Anger management problems or preoccupation with violence
- Irritating, fighting with or withdrawing from students, teachers and parents
- Refusing to go to school
- Behaving to get negative attention

- Doing poorly or dropping out of school
- Getting into trouble with the law
- Spending too much time on electronics
- Having major sleep problems
- Increased physical health problems
- Becoming a smoker
- Abusing alcohol or drugs
- Threatening suicide or homicide

Taking a closer look

National surveys of US high school students show increasing rates of depression and suicidal thinking over the last half dozen years. This shows

some correlation with the advent and impact of smartphones, with youth spending increasing time connecting with peers via social media, as well as for those experiencing complications from bullying and cyberbullying. Groups of youth at increased risk for suicide include LGBTQ, Native American and other youth experiencing trauma, as well as those with major medical illnesses like diabetes.

Youth at highest risk have the most severe form of depression: a major depressive episode. This is marked by a change in your student lasting at least two weeks, during which time your student has become either depressed, irritable or uninterested in most activities, most of the day — nearly every day.

Your student 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
- Starts hanging around other depressed or irritable kids
- Frequent crying spells



Loss of interest in activities

- Frequently says, "I'm bored"
- Too much time on electronics
- Withdraws — spends majority of time alone
- 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
- Blames self for causing a divorce or death, when not to blame

Decreased concentration or indecisiveness

- 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
- Decline in hygiene

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 the family

After you have identified a student as being at risk for depression or suicide, the next step is to talk with your student's family.

If you've noticed warning signs of a major depressive episode, the one thing you should never do is ignore these and hope your student will "get over it." **Instead, here are some of the ways you can step in and help prevent youth suicide:**

- Be available. Connect with your student. Set limits when needed.
- Always take suicidal and homicidal talk seriously. Share these statements with appropriate school officials.

In talking with the family:

- Share your care and concerns about their child.
- Discuss specific suicidal or homicidal statements and indicate that these statements need to be taken seriously.
- Review similarities between their child's problems and what is discussed in this brochure. Provide a copy of this brochure to the family.
- Recommend their child have an urgent suicide risk assessment mental health evaluation. The family's school counselor or primary care physician can be consulted to find an appropriate professional for their child. As part of this process, families should be made aware that depressed youth should not have access to lethal means; 80% of youth suicides in Oregon occur with firearms or by hanging/suffocation.
- If parents are ambivalent, ask why. Review this brochure with the family again, making sure to point out the warning signs you've noticed.