
UNDERSTANDING & TREATING DEPRESSION AND SUICIDE SUPPLEMENTAL HANDBOOK

I. WHAT IS DEPRESSION?

It is normal to feel “sad” or “blue” at times. Depression is different from these temporary feelings. Depression is a biological illness that presents with sad mood, loss of interest or pleasure, feelings of guilt or worthlessness, difficulty concentrating, low energy, changes in sleep and appetite, and sometimes thoughts of suicide.

- ◆ Clinical depression is a biological, treatable illness that involves abnormal functioning of the brain’s chemicals that affects a person’s emotions, thoughts, energy, sleep, concentration and impairs how they feel about themselves and their relationships and the world.
- ◆ Depression is an illness and therefore someone cannot “just get over it”.
- ◆ Depression is a family illness. If one person in a family suffers from depression it affects the entire family.
- ◆ Peak years of onset of depression: 16-24 years old.
- ◆ After age 15, girls and women are twice as likely as boys and men to have depression.

II. WHERE DOES DEPRESSION COME FROM?

There is no single cause of major depression. Psychological, biological, and environmental factors may all contribute to its development. Sometimes depression is not due to any single identifiable trigger.

Risk factors, or potential factors that contribute to the development of depression, include:

- ◆ Loss of a loved one; emotional, physical, or sexual abuse; being the victim of violence or harassment; chronic stress; alcohol and drug abuse; family conflict, academic and social pressures, and health problems.
- ◆ Scientists have also found evidence of a genetic predisposition to major depression. While not everyone with a genetic predisposition develops depression, there is an increased risk for developing depression when there is a family history of the illness.

III. WHAT DOES DEPRESSION LOOK LIKE IN ADOLESCENTS?

The chart below lists symptoms frequently seen in adolescents who suffer from depression.

<u>Category</u>	<u>Symptom</u>
Affective	Anxiety, depressed mood, irritable, morning depression worse than later in the day
Motivational	Loss of interest in activities, hopeless, helpless, suicidal thoughts or acts, reports of boredom
Behavioral	Isolated, easily angered or agitated, breaking rules, risk taking, possible drug or alcohol use, running away, self-injurious behavior
Vegetative	Sleep problems, appetite change, weight change, energy loss, motor agitation, exhaustion
Cognitive	Difficulty concentrating, guilt, self-hatred, hopelessness, worthlessness, low self-esteem, memory problems, difficulty with problem solving,
Somatic	Physical complaints, frequent stomachaches and headaches, body pains

- ◆ When a teenager is experiencing significant emotional distress, severe symptoms without improvement for at least two weeks, and there is an impairment of functioning across all life domains (school, home, peers, health), the teen is likely suffering from clinical depression.
- ◆ There are some differences noted in which symptoms are most prominent based on age.

Younger adolescents (10-14 years)

- more anxiety symptoms: fearfulness and nervousness
- clinging behaviors
- physical symptoms (headaches, stomachaches)

Older Adolescents (14 to 18 years)

- loss of interest and pleasure
- more negative self thoughts
- increased thoughts of death and suicide

DEPRESSION & NEGATIVE THOUGHTS

The painful thoughts and feelings associated with depression can be quite debilitating. Many teenagers who suffer from depression have used the words such as “broken,” “hollow,” “damaged,” and “empty” to describe their internal experience of depression. They may say things like “Nothing will ever get better.” (hopelessness); “I wish I was never born.” (worthlessness); and “Nobody loves me or cares about me.” (distorted thoughts)

- ◆ Teenagers suffering from depression view the environment as overwhelming, with obstacles that cannot be overcome, and as continually resulting in failure or loss
- ◆ They may feel like they are not worth loving, are not smart enough, are not good enough, and generally will be a disappointment
- ◆ Teenagers who suffer from depression may express significant guilt about having failed others or feelings of guilt related to being the source of all problems

IV. HOW IS DEPRESSION TREATED?

It is difficult for people who are struggling with depression and suicidal thoughts to reach out for help. They may feel ashamed or embarrassed, they may feel like they do not want to burden others; or perhaps they feel hopeless, which in turn makes them think that they cannot get better. In some cases, people may not realize that they are suffering from an illness and think that “it is just the way they are.” Frequently, people may not get help because they do not know how to access help or who to turn to.

What can you do to help yourself or others? Get educated about the treatment of depression!

- ◆ Depression is a highly treatable illness. However, in the United States, only one-third of people with depression receive treatment.
- ◆ Treatment: The first step is realizing that something is wrong, that the thoughts, feelings, sleep and energy disturbance will not go away on their own. The second step is recognizing that help is available and that treatment works.
- ◆ Psychotherapy and medications have been shown to be effective treatments. Usually, psychotherapy is tried first. If the person does not improve, or if the person is so depressed that he or she is thinking about harming himself/herself, then medication is also used.
- ◆ Counseling can help focus on changing thinking, problems in relationships, and can help the person develop better ways to deal with stress.
- ◆ Learning to challenge negative, distorted thoughts is an important skill to decrease depression. This is called Cognitive Behavioral Therapy (CBT) and there are many books available to the public about this form of therapy. CBT has been proven to be very effective in treating depression.
- ◆ Couples therapy can improve relationships, help parents to communicate, understand depression, divide tasks and enlist more support for the children.
- ◆ Family therapy can help family members understand depression and to learn how to better support each other. Children will feel better that problems are being addressed and will learn to communicate with parents and ask for help.
- ◆ Group therapy can sometimes be helpful as well, as patients are able to interact with others and know that they are not alone in the illness.
- ◆ Early treatment can be a protective factor.
- ◆ Having close, intimate confiding relationships is a protective factor.
- ◆ Cardiovascular exercise can help manage depression and anxiety. Movement is important as is going for a walk, both for the exercise, but also the contact with nature and other people.
- ◆ Volunteering to help others can remind someone who is depressed about their own strengths and capacity to contribute.

USE OF MEDICATION

Studies have shown that combination of medication and psychotherapy (i.e. Cognitive behavior therapy) is the most effective treatment. Electroconvulsive therapy may also be an option.

- ◆ The first line of medications are the SSRI's (selective serotonin reuptake inhibitors) which include fluoxetine (Prozac, Sarafem), paroxetine (Paxil), sertraline (Zoloft), citalopram (Celexa) and escitalopram (Lexapro).
 - Other common first choices for antidepressants include serotonin and norepinephrine reuptake inhibitors (SNRIs), norepinephrine and dopamine reuptake inhibitors (NDRIs), combined reuptake inhibitors and receptor blockers, and tetracyclic antidepressants.
- ◆ Second line of medications includes a class of antidepressants called tricyclic antidepressants (TCAs). TCAs have been around longer than the SSRI's but are used as second line because they tend to have undesirable side effects.
- ◆ Last choice of medications includes a class of antidepressants called monoamine oxidase inhibitors (MAOIs). These medications like the TCAs are very effective but are not the first choice in treatment because of their potential serious side effects and strict dietary restrictions due to potentially fatal interactions with certain foods.

It is important to remember that your doctor may recommend any combination of the above in addition to other "off label use" of other medications that include mood stabilizers, anxiolytics, stimulants, and antipsychotics.

What is the most serious side effect of SSRI's? Generally speaking the SSRI's are safe to take. But you have to be aware of the "black box warning". Studies showed that in some cases children, adolescents and young adults ages 18 to 24 that were taking SSRI may have an increase in suicidal thoughts or behavior when they first started the medication or when the medication was changed. It is important to be aware of this so that you and those around you can get you the help you need if this happens to you.

V. WHAT SHOULD I KNOW ABOUT SUICIDE?

Unrecognized and untreated depression may lead to a teen feeling so desperate and in crisis that he/she considers suicide as a means of ending the emotional pain.

Common Misconceptions about Suicide

Myth: People who talk about suicide don't complete suicide

Fact: Many people who die by suicide have given warnings of their intentions

Myth: Sometimes a bad event can push a person to complete suicide

Fact: Suicide results from serious psychiatric disorders not just a single event. It is the end result of a complex combination of biological, situational, and individual factors

Myth: Suicide happens without warning

Fact: Most suicidal people give many clues and warning signs regarding their suicidal intentions

Myth: Suicidal people are fully intent on dying

Fact: Most people considering suicide do not have the desire to die but rather the strong desire to end their internal pain. Often times they contemplate ending their life as a strategy to end their pain because they lack adequate problem-solving skills. They may allow themselves to "gamble with death", leaving it up to others to save them. People who attempt or commit suicide.

Myth: Improvement following a suicide attempt or crisis means that the risk is over

Fact: Most suicides occur within days or weeks of "improvement" when the individual has the energy and motivation to actually follow through with his/her suicidal thoughts

Risk Factors for Suicide

- ◆ Untreated mental illness
- ◆ Trauma, including rape, and sexual assault
- ◆ Substance abuse problems
- ◆ Impulsivity and aggression
- ◆ Hopelessness
- ◆ Loss of family member or friend (especially by suicide)
- ◆ Feelings of rejection or harassment due to gender identity issues

Warning signs of suicide (These are behaviors that are seen either days, hours, or even minutes before a suicide attempt.)

- ◆ preoccupation with death related topics
- ◆ talking about suicide
- ◆ erratic behavior changes

- ◆ sudden changes in personality (e.g. withdrawal, aggression, moodiness)
- ◆ giving away special things
- ◆ increased drug/alcohol use
- ◆ decreased interest in usual activities
- ◆ increased isolation
- ◆ feelings of guilt
- ◆ getting weapons
- ◆ Expressions of hopelessness and/or helplessness
- ◆ Previous suicide attempts
- ◆ Daring and risk-taking behavior
- ◆ Depression
- ◆ Giving away prized possessions
- ◆ Lack of interest in the future
- ◆ Recent severe loss or threat of such a loss

WHAT PARENTS CAN DO IF THEIR CHILD IS SUICIDAL

Being confronted with suicidality in a child is one of the most frightening experiences a parent can ever encounter. During a suicide crisis, there are many important things you can do but the most important is to take it seriously and **seek professional help**. Take your child for an immediate evaluation in an emergency room. If you believe your child will not be safe during the drive to the hospital, call 911 for an ambulance. You may also consult with the **National Suicide Prevention Lifeline** [<http://www.suicidepreventionlifeline.org/>] at **1-800-273-TALK (1-800-273-8255)**.

For more information, please see Tip Sheet: **“What can you do if you are worried your child might be suicidal?”**