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 sufficient treatment.**
- A concern that their child might be viewed as "weak in character." **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.**
- 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 the student 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 their child
- Good nutrition and exercise
- A complete physical exam by the child's primary care physician
- Antidepressant medication
- Eliminating any abuse or domestic violence
- Helping parents receive necessary support
- Eliminating alcohol and drug use

Where there's help, there's hope.

Depression causes problems for the student, the school, the family and the community. But with the right treatment, you could see dramatic improvements in a child's life in just a very short time. As a teacher, you play a crucial role in the early recognition and referral of students who may be depressed. Knowing what to look for and what to do could mean the difference between life and death for a student close to you. For more information, contact your school's child development specialist or school counselor.

S·T·E·P·S

Student and Teacher Education in Preventing Suicide

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 Oregon's youth suicide prevention efforts.

This brochure sponsored by:

Washington State Youth Suicide Prevention Program
www.yspp.org

Washington State Department of Health

DOH Pub 345-195 2/2004

Injury Prevention Program
www.doh.wa.gov

Creative services donated by:

GARD & GERBER

Founding sponsor:

OREGON COUNCIL OF CHILD AND ADOLESCENT PSYCHIATRY

Ninth printing, February 2004

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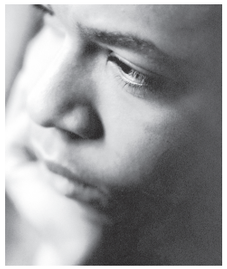
What every teacher should know about preventing youth suicide.

Helping Washington's youth

The statistics are shocking: an average of two youths kill themselves each week in Washington making suicide the second leading cause of death for our state's young people. One out of every 13 high school-aged students reported having attempted suicide; one out of four reported having seriously considered it. Suicide is not just a problem in adolescence—children as young as 10 years old have killed themselves.

It is more important than ever that teachers 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 a student at risk, you could literally save the life of a child.

Seeing the signs



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 common: more than one in five 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 indicate 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
- Becoming pregnant early in life
- Increased physical health problems
- Becoming a smoker
- Abusing alcohol or drugs
- Threatening suicide or homicide

Taking a closer look

Teachers working with young people are usually the first to notice when a student begins to show signs of depression. **But too often these changes aren't recognized as warning signs until it's too late**.

Parents and teachers can sometimes mistake a youth's change in mood as a case of "the blues" when in fact the youth has a medical illness called depression. "The blues" will only affect the student'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 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 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

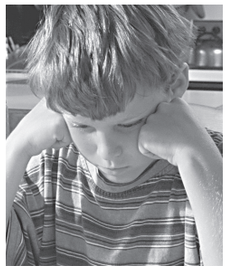
Decreased concentration or indecisiveness

- 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

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 to the family

After you have identified a student as being at risk for depression or suicide, the next step is to talk to the 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 immediate evaluation by a mental health professional trained in recognizing/treating depression in youth. 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 firearms; nearly two-thirds of youth suicides in Washington occur with guns.
- If parents are ambivalent, ask why. Review this brochure with the family again, making sure to point out the warning signs you've noticed.

Washington State Department of Health

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PRINTING SPECIFICATIONS

Title:	**What Every Teacher Should Know About Preventing Youth Suicide**
Size:	14 x 8.5
Paper stock:	70# text Sterling gloss white
Ink color:	Black and PMS 349
Special instructions:	Prints 2 sides. Finished job folds to 3.5 x 8.5
DOH Pub #:	345-195