



# Whose Kids?...Our Kids!

## Pemi-Baker School District Teen Depression and Suicide

Recently, the Pemi-Baker School District, Grafton County UNH Cooperative Extension and community members joined together to learn more about the youth in our community by conducting the Teen Assessment Project (TAP).

Approximately 85% of the high school students were surveyed in the Pemi-Baker School District. In all, information from 659 surveys was used for this newsletter.

		Male	Female
185	9th graders	80	105
159	10th graders	89	70
167	11th graders	83	84
148	12th graders	71	77

"Whose Kids?...Our Kids!" is a parent newsletter series of the Teen Assessment Project (TAP), a program of the University of New Hampshire Cooperative Extension. This project was funded by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP), through the Division for Children, Youth and Families, NH Department of Health and Human Services. The Teen Assessment Project (TAP) originated at the University of Wisconsin at Madison under the direction of Stephen A. Small, Ph.D. TAP in Grafton County is under the direction of Deborah Maes, UNH Cooperative Extension Educator/Family Development in cooperation with Charlotte W. Cross, UNH Cooperative Extension, Youth Development Specialist. For more information about TAP call Charlotte W. Cross at (603) 862-2495 or e-mail at [charlotte.cross@unh.edu](mailto:charlotte.cross@unh.edu).

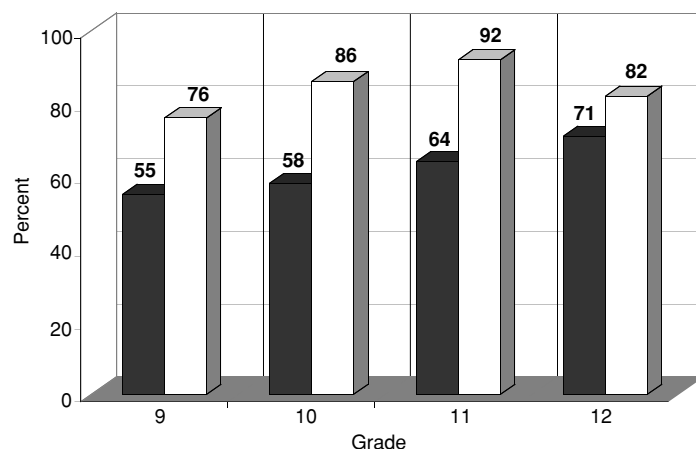
This issue of WHOSE KIDS?...OUR KIDS! looks at the topic of depression and suicide. It provides tips on what parents and other adults can do to address these problems.

Our survey of local teens asked about many areas of their lives. Some areas included how often they felt depressed and if they ever thought about suicide. Findings on teen depression and suicide are of concern. They show a large number of teens report feeling depressed or sad. At one time or another, many teens have thought about suicide.

### Teen Depression

The chart below shows the percentage of local teenagers who reported that they felt depressed or very sad at some time during the past month. Girls are more likely to report being depressed than boys. This trend is found in most studies of depression in both teens and adults. Overall, 83% of the girls and 62% of the boys reported feeling depressed or sad at some time during the past month.

**Depression or Sadness in Students**  
(At Any Time in the Past Month)



■ Male □ Female

Number Responding 647

## Symptoms of Depression

Severe depression is often linked to suicidal behavior. Warning signs for depression and suicide, therefore, may overlap. However, not all teens who commit suicide are seriously depressed. On the other hand, not all who are seriously depressed attempt suicide. Severe depression exists when at least five of the following nine symptoms have been seen nearly every day for at least two weeks. Further, the teen has not had these symptoms previously. In addition, at least one of these five symptoms must be either 1) depressed mood, or 2) loss of interest or pleasure.

- Depressed or irritable mood most of the day, nearly every day
- Loss of enjoyment or interest in normally pleasurable activities
- Change in weight, appetite, or eating habits
- Problems with sleeping (insomnia or hyperinsomnia)
- Looking either “slowed down” or “speeded up” and restless
- Loss of energy or feelings of tiredness
- Feelings of worthlessness or strong and inappropriate feelings of guilt
- Difficulty thinking, concentrating, or making decisions
- Constant thoughts of death or suicide

*Source: DSM-IV of the American Psychiatric Association, 1994.*

Many young people experience some feelings of sadness, worthlessness, and depression. These feelings could be signs of serious problems for some teens. Teens who feel severe sadness and depression need professional help.

## Warning Signs of Depression

Depression is usually connected to sadness. But, sadness isn't always depression. Some signs of depression are listed below.

1. **Academic Signs:** Student doesn't do as well in school and you can't explain why. Loses interest in school subjects. Doesn't try as hard or gives up more easily. Turns in unfinished or messy work. May complain of being too tired to finish work.
2. **Social/Behavioral Signs:** Teen may be very disruptive or show anti-social behavior, such as lying or stealing. Avoids people in general or withdraws from other teens. Behaves in ways that make it difficult to make friends or keep them. Afraid of certain things for no obvious or good reason. Either tired and constantly falling asleep, or takes risks and is restless.
3. **Cognitive Signs:** Youth may have trouble concentrating, remembering things, or making decisions. Has very little or no confidence. Talks about suicidal thoughts or wanting to attempt suicide. Has constant thoughts about death.
4. **Emotional Signs:** Teen may have low self-esteem, feel guilty, or just be unhappy in general. Is very irritable and grouchy, or complains a lot. Feels hopeless and helpless.
5. **Physical Signs:** Teen may show change in usual sleeping patterns. Complains about feeling sick, in pain, or tired. Suddenly gains or loses weight or doesn't have the same appetite as before. Looks or acts “slowed down” or “speeded up”.
6. **Motivational Signs:** Teen doesn't care about anything. Can't pay attention to things. Teen feels bored.

*Source: Adapted from Depression and Suicide, Eleanor C. Guetzloe*

## Warning Signs of a Suicide Attempt

The following is a list of possible warning signs of a suicide attempt. No one of these signs, alone, necessarily means a teen will attempt suicide. When these signs occur in combination, however, a suicide attempt may occur.

- A previous suicide attempt
- Writing poems or notes about death
- Speaking about suicide, even jokingly, or making comments like “I can’t take it anymore.” Verbal threats of self-destruction precede four out of five suicide deaths
- Giving away or selling prized possessions and otherwise getting affairs in order
- A radical personality change or signs of severe depression
- Abuse of drugs or alcohol
- Running away from home
- Exhibiting rebellious behavior that is sudden or severe
- Conflict with a girlfriend or boyfriend, or trouble getting along with previously close peers or parents
- Bored, trouble concentrating, complaining of psychosomatic disorders like headaches and stomachaches
- A change in eating or sleeping habits
- An unusual increase in time spent alone in his or her room

Source: N.H. Division of Public Health

It’s often hard to know if teenagers are depressed. Many people believe all teens are moody. Sometimes teachers and parents ignore problems that show up. For example, teens may put themselves down. They say that everything is “boring,” and complain about everything you do or say. They’re not interested in eating. These behaviors could just be signs of typical teenage moodiness. They could also be signs of depression and a real problem.

Being bored and moody doesn’t always mean your child is depressed. Still, talk to your doctor or health care provider if:

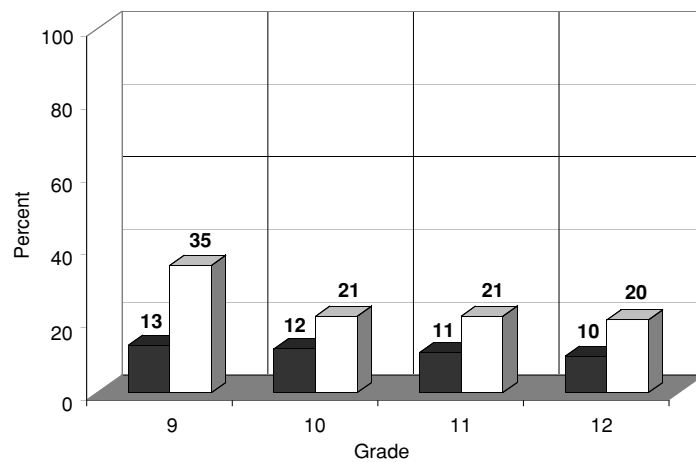
- your teen has three or more signs of depression,
- the signs last for 2 weeks or more.

## Teen Suicide

Again, not all teens who commit suicide are depressed. But, depression is a leading cause of suicide in young people. Thinking about suicide is fairly common during the teen years. Girls are usually more likely than boys to have these thoughts.

Fortunately, not many teens carry out their thoughts and commit suicide. Thoughts of suicide may be a sign your teen is feeling disappointed or frustrated, depressed, or cut off from others. He or she may have unrealistic ideas about suicide and death. Overall, 1 out of 5 local teens (25% girls; 12% boys) had *serious thoughts* of killing themselves at some time during the past month.

**Serious Thoughts About Suicide**  
(At Any Time in the Past Month)



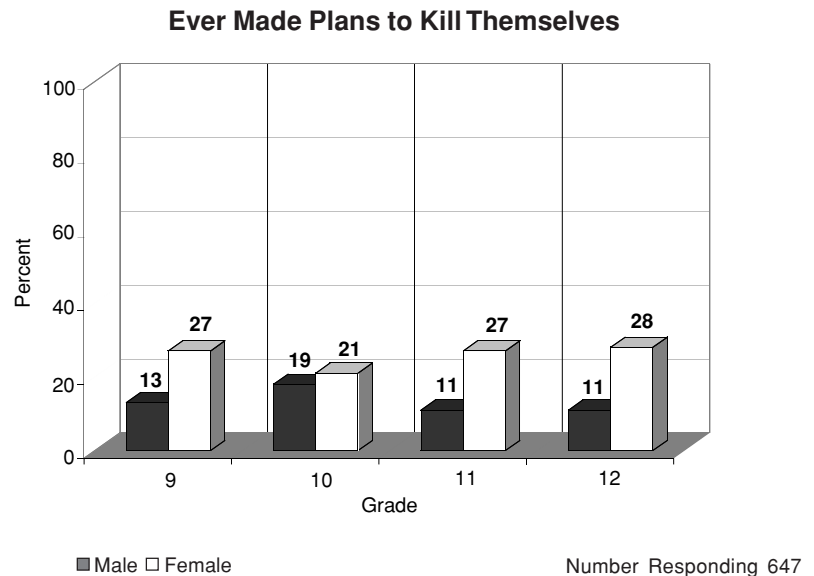
■ Male □ Female

Number Responding 648

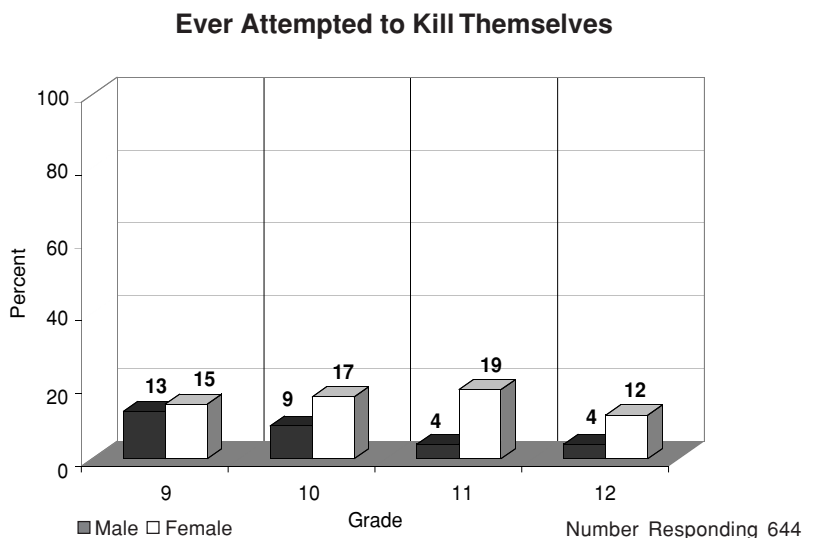
## What To Do If You Think Your Child Needs Professional Help

- Listen carefully to what your teen has to say. Don't interrupt. Be supportive and accepting. Don't criticize, judge, or downplay his or her feelings or concerns.
- Ask questions about your teenager's feelings. Ask if he or she has thoughts about suicide.
- Try to offer your help without suggesting your teen is emotionally or mentally disturbed.
- Tell your child that asking for help is not being weak. Stress that asking for help with a problem is a sign of maturity, mental health, and good judgment.
- Try to make your teenager feel comfortable about asking for help. It is best if your teen asks for help on his or her own. He or she could talk to a counselor or doctor for help. Also, your teen could call a crisis hotline. See the numbers listed in this newsletter.
- If you believe your child is suicidal, do not leave him or her alone. Right away, call a counselor, doctor, religious leader, or police for help. Your child's life may be at stake.

The chart below shows the percentages of local teens who reported they had made plans to kill themselves at some time or another. Overall, 1 out of 5 local youth (26% girls, 14% boys) reported they *had made plans* at some time in the past to kill themselves.



Overall, 1 out of 8 local youth (16% girls, 8% boys) reported they had attempted suicide at some point in their lives. It's hard to know how life-threatening these attempts were. However, take very seriously all talk of suicide attempts.



## A Cry For Help

Many more teens try to kill themselves than actually succeed. Suicide attempts are often a cry for help. Teens want to change a hard situation, rather than wanting to die. To prevent suicides, adults must pay close attention to teens. Adults need to be alert to the signs of suicide. They need to listen carefully to the teens who talk about it.

The first suicide attempt by a teen usually comes as a surprise to both parents and peers. Adults are often blind to the signals leading to suicide. A teen probably won't attempt suicide the second time if parents and friends show sympathy and concern. It's important to help a teen solve the problems that might have led to a suicide attempt. If important people in the teen's life aren't sincere, supportive, and concerned, the teen will probably try to commit suicide again.

## National and State Trends

More and more teens in the United States are committing suicide. In the past 35 years, the number of suicides in the United States has tripled. For 15- to 24-year-olds, suicide is the third leading cause of death. The number of suicides rises rapidly during the middle teen years. The number of suicides continues to go up through adulthood. Thus, suicides are more common among older adults than adolescents. Suicides are also more common among men than women. Still, more teens than adults, and more girls than boys *try* to kill themselves.

In 1994, suicide was found to be the 2nd leading cause of death in New Hampshire (23 suicides) among those from the 15-24 age group. In Grafton County there were 3 suicides between 1992 and 1996 among those who were 20 years-of-age or younger.

In the adult population, there are about 6 to 10 suicide attempts for each suicide. For teens, there are between 50 to 100 suicide attempts for every suicide. In general, girls are 4 to 8 times more likely to *attempt* suicide than boys. Boys are much more likely to succeed in killing themselves. This is because boys tend to use more violent methods. They hang or shoot themselves. Girls are more likely to use slower and less deadly methods, such as taking pills. However, in recent years more girls are also using guns to kill themselves. Guns should not be in a home where teens are feeling depressed or have attempted suicide.

Usually one problem or difficulty may be the *final* straw that leads a teen to attempt suicide. It may be breaking up with a boyfriend or girlfriend, or not making a sports team. But remember, teens who attempt suicide have had trouble coping with many problems and disappointments for a long time.

One group of teens that seems to be more often involved in suicidal behavior are gay and lesbian teens (McFarland, 1998; Remafedi, 1999). These teens are often very confused about their sexual identity, and may feel they must hide it. The fact that being gay or lesbian may not be acceptable within their religion, family, or culture is another difficult issue. Gay and lesbian youth may experience pain and stress leading to suicidal thoughts, suicide attempts, or completed suicides (Hunter & Schaecher, 1990). Gay youth are more likely to attempt suicide than heterosexual young people (National Institute of Mental Health, 1999).

## For Further Reading

- Robinson, R. (1992). **Survivors of Suicide**. Santa Monica, CA: IBS Press.
- Wroblewski, A. (1995). **Suicide: Why? 85 Questions & Answers About Suicide**. Minneapolis, MN: Afterwords.
- Rosellini, G. & Worden, M. (1987). **Here Comes the Sun - Dealing With Depression**. Minneapolis, MN: Hazelden.
- Shapiro, P.G. (1994). **A Parent's Guide to Childhood and Adolescent Depression**. New York: Dell Publishing.

## UNH Cooperative Extension Resources:

- **Publication Series:**  
Living with your Teenager
- **Workshop Series:**  
Family Focus: Parenting the Adolescent

## Helpful Resources

### Abuse

NH Division for Children, Youth and Families (DCYF) .....	1-800-894-5533
Sexual Assault Support Services .....	1-888-747-7070
Task Force Against Domestic and Sexual Violence .....	536-3432

### Alcohol and Drug Abuse

Alcoholics Anonymous (AA) .....	1-800-593-3330
Division of Alcohol and Drug Abuse Prevention and Recovery .....	1-800-804-0909
Treatment Hotline .....	1-800-662-4357

### Counseling Services

HELPLINE .....	1-800-852-3388
Parent to Parent of NH Family Support Network .....	1-800-698-5465
NH Legal Assistance .....	1-800-334-3135

### Crisis Hot Lines

Access Crisis Line .....	1-800-987-6562
Boys Town Hotline .....	1-800-448-3000
TeenLine (confidential, for any problem) .....	1-800-639-6095
Youth Crisis Hotline .....	1-800-448-4663

### Family Planning/Health Services

Plymouth Family Planning .....	536-3584
Franklin Family Planning .....	934-4905
Mt. Mooselauke Health Clinic .....	764-5704

### Information and Referral

Help Line (also crisis intervention) .....	1-800-852-3388
Info Link .....	1-888-499-2525
Poison Control .....	1-800-562-8236
Pemi-Baker Youth and Family Services Council .....	536-9773

### Runaway

Child & Family Services of NH Group Home .....	224-9313
National Runaway Switchboard .....	1-800-621-4000

### Sexually Transmitted Diseases

Plymouth Family Planning (testing, info) .....	536-3584
Franklin Family Planning (testing, info) .....	934-4905
Lakes Regional General Hospital .....	524-3211
NH AIDS Hotline .....	1-800-752-2437

### Suicide and Depression

Speare Memorial Hospital .....	536-1120
Franklin Regional Hospital .....	934-2060
Lakes Regional General Hospital .....	524-3211
TeenLine (confidential, for any problem) .....	1-800-639-6095

### UNH Cooperative Extension

Grafton County, Family and 4-H Youth Development .....	787-6944
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**Also see the "Self-Help Guide to Human Services in N.H." at the front of your telephone book**

This newsletter was based on a publication by Stephen A. Small, University of Wisconsin at Madison. The UNH Cooperative Extension newsletter "Whose Kids?...Our Kids!" was edited by Charlotte W. Cross, Extension Specialist, Youth Development and Mary W. Temke, Ph.D., Extension Specialist, Human Development, with technical assistance from Kari Doiron, Research Associate, and Karen M. Watts, Program Assistant, UNH Cooperative Extension. Desktop publishing provided by UNHCE Educational Marketing & Information Office.

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