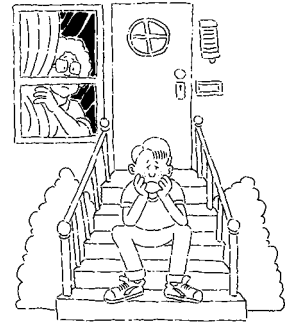


Teen Suicide, Mood Disorder, and Depression



Thousands of teens commit suicide each year in the United States. In fact, suicide is the third leading cause of death for 15- to 24-year-olds.

Suicide does not just happen. Studies show that at least 90% of teens who kill themselves have some type of mental health problem, such as depression, anxiety, drug or alcohol abuse, or a behavior problem. They may also have problems at school or with friends, or a combination of all these things. Usually they have had problems for some time.

Most teens do not spend a long time planning to kill themselves. They may have thought about it or tried it in the past but only decide to do it soon after a sudden intense event, such as getting in trouble, having an argument, breaking up with a partner, or receiving a bad grade on a test.

Why do most teens kill themselves?

Most teens who kill themselves have a **mood disorder** (bipolar disorder or depression). A mood disorder is an illness of the brain. A mood disorder can come on suddenly or can be present on and off for most of a teen's life. A teen with a mood disorder may be in one mood for weeks or months or may flip rapidly from one feeling to another.

Teens with **bipolar disorder**, also called **manic depression**, may change between *mania* (angry or very happy), *depression* (sad or crabby), and *euthymia* (normal mood). Some teens have more mania, some have more depression, and some seem normal much of the time. Mania and depression can happen at the same time. This is called a *mixed state*.

Teens in a manic or a mixed state may

- Strongly overreact when things do not go their way
- Become hyper, agitated, or aggressive
- Be overwhelmed with thoughts or feelings
- Sleep less
- Talk a lot more
- Act in impulsive or dangerous ways
- Feel they can do things they really can't

Teens with depression may

- Feel sad, down, or irritable, or not feel like doing things
- Have a change in sleeping or eating habits
- Feel guilty, worthless, or hopeless
- Have less energy, or have more difficulty paying attention
- Feel lonely, get easily upset, or talk about wanting to be dead
- Lose interest in things they used to enjoy

Mood disorders can be treated—talk with your teen's doctor. Recent declines in teen suicide may be due to an increase in early detection, evaluation, and effective treatment of mood disorders.

What are the warning signs of depression or suicide?

The following warning signs may be signs of a mental health problem, such as a mood disorder, or they may relate directly to suicidal thoughts or behavior:

- Changes in functioning, such as
 - A drop in grades
 - Neglect of personal appearance
 - Neglect of responsibilities
- Changes in emotions, such as
 - Appearing sad, hopeless, bored, or overwhelmed
 - Having spells of severe anger
 - Appearing more anxious or worried
- Changes in behavior, such as
 - Getting in trouble, being rebellious, aggressive, or impulsive
 - Running away
 - Withdrawing from friends or family or having a big change in friends
 - Changing eating or sleeping habits
 - Losing interest in activities
- Use of drugs or alcohol
- Victim of sexual or physical abuse
- Sexual feelings or confusion about sexual orientation that the teen finds unacceptable
- Self-harmful behavior, such as cutting or anorexia
- Talking or writing of suicide or death
- Making a suicidal gesture, such as taking a small amount of pills

Myths and facts

- **Myth: Teens who kill themselves are obviously depressed.** Fact: It's not always obvious. Parents are sometimes "the last to know" their teens are so depressed and desperate. Teens are often very good at hiding their problems. While depressed adults may seem deeply sad and hopeless for quite a while, depressed teens may seem happy much of the time as they swing rapidly in and out of depression.
- **Myth: People who talk about suicide do not do it.** Fact: Teens who talk about suicide or wanting to "run away," "get away," "disappear," "end it," or "die" are much more likely to kill themselves than those who do not. Talk of suicide or death should be responded to right away.
- **Myth: Non-lethal suicide attempts may be dismissed as "a cry for help" or "if he really wanted to kill himself, he would have done something more lethal."** Fact: A non-lethal attempt, such as taking a small number of pills or making scratches on the wrist, may be followed by more lethal behavior at a later time. In addition, the non-lethal attempt may indicate deep emotional problems not obvious otherwise. Suicide attempts or "gestures" should be taken very seriously with prompt safeguarding and intervention.

- **Myth: “She’s just doing it to get attention.”** Fact: This is true at times, but the behavior can still be lethal. A teen not intending to die may still take too many pills or miscalculate when someone will rescue her.

What you can do

- **Get help right away.** Bring your teen to a hospital emergency department if you are worried he may hurt himself or others.
- **Listen to your teen.** This is harder than it sounds. Try not to offer suggestions on how to “fix” her problems. Ask your teen what is bothering her and whether she has been feeling sad or down. Ask whether she has ever thought of suicide or not wanting to live anymore. Use words other than suicide such as “hurt yourself,” “end it all,” “get away forever,” or “go to sleep and never wake up.”
- **Express understanding and support.** While it’s often easier to point out faults than to give praise, avoid being overly critical. Try to be understanding if your teen is “in trouble” or feels very negative about himself. Let him know that however he feels at the moment, you have an overall positive view of who he is and his future.
- **Talk with your teen’s doctor** about treatment, including an evaluation by a child and adolescent psychiatrist or other mental health professional.
- **Remove firearms from the home.** Studies show that even when firearms in the home are locked up, teens are more likely to kill themselves than those in homes without firearms.

Remember

Family support and professional treatment can help teens who are at risk of suicide deal with their difficulties and feel better. Current treatments for mood disorders and other mental health problems, such as individual and family counseling, medications, and other therapies, along with long-term follow-up, can be very helpful.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

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