

# DEPRESSION AND SUICIDE IN CHILDREN:

## What are the signs and how can you help?



I remember clearly the first time I saw him, holding onto his skateboard, and smiling. He had been sent to me with a severe lack of motivation to do schoolwork. He sat and chatted with me politely, but as he talked to me about school and friends it became clear that there was more going on than a simple lack of motivation. His smile would fade and a certain darkness came over him. I asked him if he felt an emptiness inside, a dark hole. He immediately said yes, and tears welled up. He spoke about how no one saw his pain, and although on the outside he could pretend he was alright, he struggled inside with this deep emptiness. It wasn't only schoolwork where he lacked motivation, it was also his friendships and everything else in his life. He couldn't see his future and he didn't have any drivers. He was an empty shell. To me, he was a bright spark: witty, extremely smart, and level-headed, but every day he struggled with surviving this darkness inside.

You may wonder if there were any environmental factors, but the answer is not really. He had a loving and supportive family who had reached out to get help. They had difficult conversations with him and were constantly vigilant. After I left the region and he was referred to a new Psychologist, his family fought constantly for him, telling the professionals that the medication was not working. He changed doctors 4 times in 9 months, but could find no relief.

To my great sadness, at just 15 he lost his battle with the empty void he felt. We lost a beautiful soul far too early, but for him there was no other way out. It was the only way to get relief. Relief from a battle that far too many don't understand.

### The importance of discussing this difficult topic

It's a misconception that talking about suicide causes kids and teens to think about doing it. It is impossible to know whether or not a child is having suicidal thoughts if you are too afraid to ask the question.

The notion that children cannot get clinically depressed or have suicidal thoughts is also a common misconception. Research indicates that one in every four adolescents will have an episode of



major depression during high school, and tragically the latest data shows suicide to be the second leading cause of death among individuals between the ages of 10 and 24<sup>1</sup>. Suicide **does** affect children and adolescents, and avoiding the topic won't teach how to get help if they need it.

### What causes depression?

Depression is related to changes in brain chemistry. The chemical most frequently out of balance in our brains is serotonin and norepinephrine. This can be hard

to work with as we all have different neurochemical makeup and the medication that works for one does not necessarily work for the next child.

Researchers still don't completely understand the triggers, but most believe it's caused by a combination of biological and environmental factors. Many people who are depressed have a family history of depression or other mental illness. For example, a child who has one depressed parent has a 25 - 50 percent chance of suffering depression themselves. If both

<sup>1</sup> According to the latest data from the National Institute of Mental Health (NIMH) and the Centers for Disease Control and Prevention (CDC).



parents have had problems with the disease, the likelihood goes up to 75 percent.

Some depression is also due to traumatic life events, including divorce, abandonment, violence, or abuse.

#### How do I know if my child is depressed?

Depression often goes hand in hand with other physical and mental health problems. Some children may be depressed because of a chronic illness, such as diabetes. A youngster who has an eating disorder or a substance abuse problem, as well as kids who are constantly defiant, disagreeable, and getting into trouble with authorities, may also suffer from depression.

There is also something called “smiling depression”. Smiling depression involves appearing happy to others and smiling through the pain, keeping the inner turmoil hidden.

#### Some signs of depression:

- Physical symptoms such as dizziness, headaches, stomachaches, neck aches, arms or legs hurt due to muscle tension, digestive disorders. (ruling out other medical causes)
- Persistent unhappiness, negativity, irritability, bouts of crying
- Apathy, lack of energy
- Poor school performance (in contrast to performance in the past)
- Uncontrollable anger or outbursts of rage.
- Overly self-critical, unwarranted guilt, low self-esteem.
- Inability to concentrate, think straight, remember, or make decisions, possibly resulting in refusal to study in school or an inability (due to depression or attention deficit disorder) to do schoolwork.
- Difficulty sleeping
- Sleeping too much, not interested in getting up
- Slowed or hesitant speech or body movements, or restlessness (anxiety).
- Loss of interest in once pleasurable activities.
- Change in appetite, noticeable weight loss or weight gain, or abnormal eating patterns.
- Chronic worry, excessive fear.
- Preoccupation with death themes in literature, music, drawings, speaking of death repeatedly, fascination with guns/knives.
- Suicidal thoughts, plans, or attempts.

If your child exhibits any symptoms of depression, ask yourself three questions:

## “Smiling depression involves appearing happy to others and smiling through the pain, keeping the inner turmoil hidden.”

1. Is this behavior new?
2. Is it long-lasting (going on for several weeks or more)?
3. Are the symptoms interfering with their ability to function at home, in school, or with their friends?

If you answer yes to any of those questions, you should probably have your child evaluated by a child or adolescent psychologist or other licensed mental health professional trained to work with children and adolescents.

Recognizing your child is depressed early on and seeking treatment can help them find the skills to get it under control. And if depression runs in the family, it can also help you and others get the same help.

#### How do I know if my child is suicidal?

Suicidal thoughts, also known as suicidal ideation, may not always be completely obvious to others, not even to a child’s parents. Part of the reason for that is that children with suicidal thoughts will probably not speak directly about them as an adult might.

Trust your gut. If you notice behavioral changes that aren’t a one-time issue, take note. While suicidal behavior is often associated with symptoms of depression, you might also notice the following changes in your child:

- An interest in and/or preoccupation with suicide or death
- Your child’s clothing may change
- The shows they watch on television may become darker
- The websites they visit on the computer can be suicide related
- Their writing in journals or even on homework may become darker and suicide related
- Drawings about death
- They identify with others who are depressed or have spoken of suicide.
- Isolating from others
- Not communicating with friends or family
- Giving away possessions or writing a will
- Increased aggression

- Feelings of hopelessness
- Giving away favourite possessions
- Gathering materials (e.g. pills)

On the other hand, sometimes a child will speak directly about wanting to die or a wish to kill themselves. They might even speak indirectly about wanting “to make it all go away” or thinking “the world would be a better place without me”, “I am a burden on everyone”, “my life has no purpose”.

There are two types of suicidal statements or thoughts. An active statement might be something like, “I’m going to kill myself.” A passive statement might include, “I wish I could go to sleep and not wake up,” or, “I wouldn’t mind if I got hit by a bus.” People often ignore passive statements, but they should be taken just as seriously. Younger children might say something like, “You’ll be better off when I’m gone,” or, “No one cares if I’m here.”

If your child hasn’t openly expressed any suicidal thoughts, it’s important to recognize the possible symptoms of childhood depression, since these are often associated with suicidal thoughts.

#### Depression vs Suicide indicators

Studies show that in general hopelessness, lack of optimism and overall anhedonia (inability to feel pleasure) were associated with depression with suicide ideation, whereas dissatisfaction and not feeling lively were associated with depression without suicide ideation.

#### At what point is there a larger risk for suicide during depression

Depression is complex, with something like a spectrum ranging from mild to severe. At the very severe end, it is exceedingly hard to function at all. Sufferers often stay in bed and are unable to get dressed or eat. It is often said that when these people start to get a surge of energy, and return to some of their daily activities - going to school, sitting down for dinner - that they have the highest risk of suicide as they have energy to put towards it. Kids and teens with so



## “Never dismiss suicidal thoughts in a child and never promise to keep them a secret.”

acquaintance exhibiting any of these signs, you are not powerless to help them. Don't hesitate to use specific language, such as asking, “Are you thinking about killing yourself?” If the answer is yes or maybe, ask them what they feel most comfortable doing, whether it's calling a crisis hotline or scheduling a counseling or doctor's appointment. *If a person is thinking of suicide, it's also important to ask them if they have a plan. If they say yes, assist them in seeking immediate help. They can walk straight into an emergency room or urgent care clinic.*

called “smiling depression” are more at risk, hiding behind a smile but breaking on the inside. Often when they take their lives friends will say “I had no idea they were suffering”.

### What should I do if my child talks about suicide?

Always take this threat seriously.

#### Be Compassionate

- Your child needs to know that you recognize and respect their feelings.
- Even if you do not quite understand their thoughts, don't dismiss their feelings.
- Avoid comments like “What do you have to be depressed about?” or “Don't be ridiculous.”
- Dismissive comments can cause a child to hide their feelings or become defensive.

#### Be a Good Listener

- Allow your child to talk openly and express their opinions and thoughts.
- Avoid interrupting, judging or punishing them for their feelings.
- Listening demonstrates that they have someone they can confide in to help talk through their feelings.

#### Be Honest

- Don't make promises you cannot keep.
- Don't go into detail about topics that you

are not certain of.

- Do tell your child what you do know.

#### Ask Questions

If you are concerned, directly ask your child if they are thinking about suicide.

Contrary to what was believed in the past, talking about suicide will not give your child ideas, instead it can help them recognize the problem and know when and how to ask for help.

Parental support, including listening to and comforting your child, is associated with a lower incidence of suicidal thoughts in middle school-age children.

If there are any safety concerns, do not provide judgment or discipline; simply remove your child from immediate danger, do not leave them alone, and get them immediate help.

**Never dismiss** suicidal thoughts in a child and **never promise to keep them a secret**. Any suicidal thoughts or behaviors should be brought to the attention of your child's pediatrician or mental health provider immediately. If needed, bring the child to an emergency room or call an ambulance.

### What Can You Do Today?

If you see a loved one or even an

Through the lens of the mom of the bright soul we lost far too soon:

1. Don't be afraid to talk about the most difficult subjects even after an attempt, the suicide note, the pain.
2. Read and talk about suicide attempt survivors and family survivors. It would have helped us with internalizing and dialogs, especially with experts.
3. Recognize you “default to truth”, you are wired to believe your child tells the truth not that they hide their pain.
4. Insist on continuity between experts when there is change. Have previous doctors have an in-depth debrief with the new ones. Also be tough with the doctors, persist if you feel that something is not correct or that the medication is not right. Trust your gut.
5. Importantly, understand that you can't approach a sick mind with normal logic.

Suicide is preventable, and people who feel hopeless can go on to live full and healthy lives. While you can't control another person's actions, you can be a powerful and path-defining force in their lives. So what can you do today to help a loved one today?

**H.O.P.E Hold On Pain Ends.**