

Resource Guide

Stop Suicide. Deal with Depression.

According to the Center for Disease Control, more people die from suicide than from homicide in the United States.

- In 1998, 30,575 Americans took their own lives, an average 84 each day. That's almost twice the 17,893 homicides that occurred that year.
- In 1998, suicide was the eighth leading cause of death in this country. For 10- to 24-year-olds, it was the third leading cause.
- The highest suicide rates of any age group occur among people ages 65 and older. On average, an older adult commits suicide every 90 minutes.
- While females attempt suicide more often than males, males are at least four times as likely to die from suicide. In 1998, males accounted for 80% of all completed suicides in the United States.
- Among youth 15 to 19, boys were five times as likely as girls to commit suicide; among 20- to 24-year-olds, males were seven times as likely as females to commit suicide.
- The number of completed suicides reflects only a small portion of the impact of suicidal behavior. In 1998, an estimated 671,000 visits to U.S. hospital emergency departments were due to self-directed violence.

Warning Signs of Suicide

- Talking about suicide.
- Statements about hopelessness, helplessness, or worthlessness.
- Preoccupation with death.
- Suddenly happier, calmer.
- Loss of interest in things one cares about.
- Visiting or calling people one cares about.
- Making arrangements; setting one's affairs in order.
- Giving things away.

A suicidal person urgently needs to see a doctor or psychiatrist.

Symptoms of Major Depression

Not all people with depression will show all symptoms or have them to the same degree. If a person has four or more symptoms, for more than two weeks, consult a medical doctor or psychiatrist. While the symptoms specified for all groups below generally characterize major depression, there are other disorders with similar characteristics including: unipolar depression, bipolar illness, anxiety disorder, or attention deficit disorder with or without hyperactivity. Remember that only a medical doctor can diagnose depression.

In Adults

- Persistent sad or "empty" mood.
- Feeling hopeless, helpless, worthless, pessimistic and/or guilty.
- Substance abuse.
- Fatigue or loss of interest in ordinary activities, including sex.
- Disturbances in eating and sleeping patterns.
- Irritability, increased crying, anxiety or panic attacks.
- Difficulty concentrating, remembering or making decisions.
- Thoughts of suicide; suicide plans or attempts.
- Persistent physical symptoms or pains that do not respond to treatment.

In Adolescents

Depressive illnesses/anxiety may be disguised as, or presented as, eating disorders such as anorexia or bulimia, drug/alcohol abuse, sexual promiscuity, risk-taking behavior such as reckless driving, unprotected sex, carelessness when walking across busy streets, or on bridges or cliffs. There may be social isolation, running away, constant disobedience, getting into trouble with the law, physical or sexual assaults against others, obnoxious behavior, failure to care about appearance/hygiene, no sense of self or of values/morals, difficulty cultivating relationships, inability to establish/stick with occupational/educational goals.

- 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.
- 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.
- Slowed or hesitant speech or body movements, or restlessness (anxiety).
- Loss of interest in once pleasurable activities.
- Low energy, chronic fatigue, sluggishness.
- 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.

In the Elderly

Many people feel that it is normal for elderly persons to be depressed. This is a dangerous misconception. If you suspect an older adult is suffering from a depressive illness, a thorough medical examination should be given as soon as possible.

- Unusual complaints of aches and pains (back, stomach, arms, legs, head, chest), fatigue, slowed movements and speech, loss of appetite, inability to sleep, weight increase or decrease, blurred vision, dizziness, heart racing, anxiety.
- Inability to concentrate, remember or think straight (sometimes mistaken for dementia). An overall sadness or apathy, withdrawal; inability to find pleasure in anything.
- Irritability, mood swings or constant complaining; nothing seems to make the person happy.
- Talk of worthlessness, not being needed anymore, excessive and unwarranted guilt.
- Frequent doctor visits without relief in symptoms; all tests come out negative.
- Alcoholism, which can mask an underlying depression.

Helpful Websites

- Alcohol & Drug Programs (ADP)
www.adp.gov
- American Psychiatric Association
www.psych.org
- American Psychological Association
www.apa.org
- California Council of Community Mental Health Agencies
www.cccmha.org
- California Mental Health Directors Association (CMHDA) Events Calendar
www.cmhda.org

- California Mental Health Planning Council
www.dmh.cahwnet.gov/MHPC/default.asp
- California Psychiatric Organization
www.calpsych.org
- California Wellness Foundation
www.tcwf.org
- Center for Mental Health Services (CMHS)
www.samhsa.gov/cmhs/cmhs.htm
- Department of Mental Health, State of California
www.dmh.ca.gov
- Internet Mental Health
www.mentalhealth.com
- National Alliance for Mentally Ill
www.nami.org
- National Institute of Mental Health (NIMH)
www.nimh.nih.gov
- Projects Assistance in Transition from Homelessness (PATH)
www.pathprogram.com
- SafeNetwork - a project of the California Department of Health Services, Maternal and Child Health Branch, Domestic Violence Program (DHS-MCH/DVP)
www.safenetwork.net
- SAVE – Suicide Awareness Voices of Education
www.save.org
- Substance Abuse & Mental Health Services Administration (SAMHSA), Center for Mental Health Services, Homeless programs branch
www.mentalhealth.org/publications/allpubs/KEN95-0015/default.asp
- The National Resource Center on Homelessness and Mental Illness
www.prainc.com/NRC

...Find Out More About Depression

What is depression?

Depression is more than the blues or the blahs; it is more than the normal, everyday ups and downs.

When that "down" mood, along with other symptoms, lasts for *more than a couple of weeks*, the condition may be clinical depression. Clinical depression is a serious health problem that affects the total person. In addition to feelings, it can change behavior, physical health and appearance, academic performance, social activity and the ability to handle everyday decisions and pressures.

What causes clinical depression?

We do not yet know all the causes of depression, but there seem to be biological and emotional factors that may increase the likelihood that an individual will develop a depressive disorder.

Research over the past decade strongly suggests a genetic link to depressive disorders; depression can run in families. Difficult life experiences and certain personal patterns such as difficulty handling stress, low self-esteem, or extreme pessimism about the future can increase the chances of becoming depressed.

How common is it?

Clinical depression is a lot more common than most people think. It will affect more than 19 million Americans this year.

One-fourth of all women and one-eighth of all men will *suffer at least* one episode or occurrence of depression during their lifetimes. Depression affects people of all ages but is less common for teenagers than for adults. Approximately 3 to 5 percent of the teen population experiences clinical depression every year. That means among 25 friends, 1 could be clinically depressed.

Is it serious?

Depression can be very serious.

It has been linked to poor school performance, truancy, alcohol and drug abuse, running away, and feelings of worthlessness and hopelessness. In the past 25 years, the rate of suicide among teenagers and young adults has increased dramatically. Suicide is often linked to depression.

Are all depressive disorders alike?

There are various forms or types of depression.

Some people experience only one episode of depression in their whole life, but many have several recurrences. Some depressive episodes begin suddenly for no apparent reason, while others can be associated with a life situation or stress. Sometimes people who are depressed cannot perform even the simplest daily activities -- like getting out of bed or getting dressed; others go through the motions, but it is clear they are not acting or thinking as usual. Some people suffer from bipolar disorder in which their moods cycle between two extremes -- from the depths of desperation to frenzied talking or activity or grandiose ideas about their own competence.

Can it be treated?

Yes, depression is treatable. Between 80 and 90 percent of people with depression -- even the most serious forms -- can be helped.

There are a variety of antidepressant medications and psychotherapies that can be used to treat depressive disorders. Some people with milder forms may do well with psychotherapy alone. People with moderate to severe depression most often benefit from antidepressants. Most do best with combined treatment: medication to gain relatively quick symptom relief and psychotherapy to learn more effective ways to deal with life's problems, including depression. The most important step toward overcoming depression -- and sometimes the most difficult -- is asking for help.

Why don't people get the help they need?

Often people don't know they are depressed, so they don't ask for or get the right help. Teenagers and adults share a problem -- they often fail to recognize the symptoms of depression in themselves or in other people.

...Be Able To Tell Fact From Fiction

Myths about depression often separate people from the effective treatments now available.

Friends need to know the **facts**. Some of the most common myths are these:

Myth: It's normal for teenagers to be moody; Teens don't suffer from "real" depression.

Fact: Depression can affect people at any age or of any race, ethnic, or economic group.

Myth: Those who claim to be depressed are weak and just need to pull themselves together.

There's nothing anyone else can do to help.

Fact: Depression is not a weakness, but a serious health disorder. Both young people and adults who are depressed need professional treatment. A trained therapist or counselor can help them learn more positive ways to think about themselves, change behavior, cope with problems, or handle relationships. A physician can prescribe medications to help relieve the symptoms of depression. For many people, a combination of psychotherapy and medication is beneficial.

Myth: Talking about depression only makes it worse.

Fact: Talking through feelings may help a friend recognize the need for professional help.

By showing friendship and concern and giving uncritical support, you can encourage your friend to talk to his or her parents or another trusted adult, like a teacher or coach, about getting treatment. If your friend is reluctant to ask for help, you can talk to an adult -- that's what a real friend will do.

Myth: Telling someone that a friend might be depressed is betraying a trust. If someone wants help, he or she will get it.

Fact: Depression, which saps energy and self-esteem, interferes with a person's ability or wish to get help. And many parents may not understand the seriousness of depression or of thoughts of death or suicide. It is an act of true friendship to share your concerns with a school guidance counselor, a favorite teacher, your own parents, or another trusted adult.

...Know the Symptoms

The first step toward defeating depression is to define it. But people who are depressed often have a hard time thinking clearly or recognizing their own symptoms. They may need your help. Check the following to see if a friend or friends have had any of these symptoms persisting longer than two weeks.

Do they express feelings of

- Sadness or "emptiness"?
- Hopelessness, pessimism, or guilt?
- Helplessness or worthlessness?

Do they seem

- Unable to make decisions?
- Unable to concentrate and remember?
- To have lost interest or pleasure in ordinary activities -- like sports or band or talking on the phone?
- To have more problems with school and family?

Do they complain of

- Loss of energy and drive -- so they seem "slowed down"?
- Trouble falling asleep, staying asleep, or getting up?
- Appetite problems; are they losing or gaining weight?
- Headaches, stomach aches, or backaches?
- Chronic aches and pains in joints and muscles?

Has their behavior changed suddenly so that

- They are restless or more irritable?
- They want to be alone most of the time?
- They've started cutting classes or dropped hobbies and activities?
- You think they may be drinking heavily or taking drugs?

Have they talked about

- Death?
- Suicide - or have they attempted suicide?

...Find Someone Who Can Help

Don't assume that someone else is taking care of the problem. Negative thinking, inappropriate behavior or physical changes need to be reversed as quickly as possible. Not only does treatment lessen the severity of depression, treatment also may reduce the length of time (duration) your friend is depressed and may prevent additional bouts of depression.

If someone you love shows many symptoms of depression, you can listen and encourage him or her to ask about treatments. If he or she does not seek help quickly, talk to someone you trust and respect -- especially if your friend mentions death or suicide.

There are many places in the community where people with depressive disorders can be diagnosed and treated. Help is available from family doctors, mental health specialists in community mental health centers or private clinics, and from other health professionals.