Depression and Suicide, Looking Beyond the Mask

Marian McCord, RN Ex. Director
Goals

1. Recognize the prevalence of mental health issues in adolescents.
2. Recognize key symptoms of anxiety, depression and suicide
3. Appreciate the value of compassion
4. Creating a safe place
Why do you think people mask or cover up signs/symptoms of depression?
Chad

Age: 18
Academics: Honor roll – top 15%
Athletics: Recruited by D1 for soccer, distance runner
Church: Active in youth group, retreat leader
Activities: Boy Scouts, computer games, Sci-Fi & fantasy movies & books
Awards: Eagle Scout Award, 5 plaque awards for high school sports, HS Leadership Award
Volunteer: Over 100 hours per year, Kirkwood Track club, Ride On St. Louis
Personality: Caring, funny
Descriptive words: Bright, popular, loving, leader
Diagnosis: Depression, Bipolar, OCD
Died: April 15, 2004
Did you know

• 50% of lifetime mental illnesses begin by age 14
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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Felt so sad or hopeless for 2+ weeks that they stopped doing some usual activity</td>
<td>29.9%</td>
<td>31.2%</td>
<td>31.5%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide (within previous 12 months)</td>
<td>10.39%</td>
<td>20.9%</td>
<td>17.2%</td>
</tr>
<tr>
<td>Made a plan about how they would attempt suicide (within previous 12 months)</td>
<td>7.13%</td>
<td>15.5%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Attempted suicide (One or more times within previous 12 months)</td>
<td>5.14%</td>
<td>8.5%</td>
<td>7.4%</td>
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<tr>
<td>Attempted suicide that resulted in injury that needed to be treated by a doctor or nurse</td>
<td>0.80%</td>
<td>2.86%</td>
<td>2.4%</td>
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<tr>
<td>(within previous 12 months)</td>
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Find the data for your city/state: [http://www.cdc.gov/HealthyYouth/yrbs/index.htm](http://www.cdc.gov/HealthyYouth/yrbs/index.htm)
Among high school students...
- 1 in 6 seriously considered suicide
- 13% made a plan
- 6% attempted suicide within the last year

Among middle school students...
- 1 in 8 seriously considered suicide
- 9% made a plan
- 6% attempted suicide within the last year

33% of all suicide deaths occur under the influence of alcohol
Why Is the School Nurse Role So Important

• Eyes and Ears of Public Health

• See students returning with same symptoms

• Strong potential to be a “Safe Place”
Prevalence of Anxiety Disorders

- 8% of teens ages 13-18 have an anxiety disorder with symptoms commonly emerging around age 6.

- Of these teens, only 18% received mental health care.

- 80% of kids with an anxiety disorder and 60% of kids with depression are not getting treatment.
  - [Child Mind Institute Children’s Mental Health Report](https://childmind.org/report/), 2015

- Imaging studies show that children with anxiety disorders have atypical activity in specific brain areas.
Anxiety Disorders

• About half of adolescents diagnosed w/ depression are also struggling with an anxiety disorder.

• Anxiety can become an excessive, irrational dread of everyday demands that can disable adolescents.

• Types of anxiety disorders are: OCD, PTSD, social & specific phobias, & generalized anxiety disorder.

DSM V Criteria for Depression

- Depressed mood most of the day, nearly every day
- Markedly diminished interest or pleasure in ADL
- Insomnia or hypersomnia nearly every day
- Psychomotor agitation or retardation nearly every day
- Fatigue or loss of energy nearly every day
- Feelings of worthlessness or excessive or inappropriate guilt
- Diminished ability to think or concentrate, or indecisiveness
- Recurrent thoughts of death (not just fear of dying without a specific plan, or a suicide attempt).
Know your Students

• Are they acting or behaving differently than their usual

• Is there behavior out of the norm of what you would expect
Youth Risk Factors for Depression

• Genetics
• Concussion/Traumatic Brain Injury
• Gifted
• Sexual Identity issues – LGBTQ
• Substance Abuse/Self-Harm
• Trauma
• Students that were bullied or bully others
• Victim of sexual/physical abuse
Self-Injury Behaviors

• Adolescents engage in behaviors that harm self: burning, cutting, scraping, hair pulling, etc.
• These behaviors generally are not suicide attempts rather direct or indirect attempts to manage intense anxiety or emotional pain: abandonment, resentment, confusion.

  o [http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_families_Pages/Self_Injury_In_Adolescents_73.aspx](http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_families_Pages/Self_Injury_In_Adolescents_73.aspx)
# LGB Youth – National Data

<table>
<thead>
<tr>
<th>Reported Behaviors</th>
<th>GLB Students</th>
<th>Heterosexual Students</th>
<th>Increased Risk for LGB Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless almost every day for 2+ weeks they stopped doing usual activities</td>
<td>60.4%</td>
<td>26.4%</td>
<td>&gt;2 times</td>
</tr>
<tr>
<td>Bullied on school property in the past 12 months</td>
<td>34.2%</td>
<td>18.4%</td>
<td>~2 times</td>
</tr>
<tr>
<td>Used heroin one or more times in their life</td>
<td>6%</td>
<td>1.3%</td>
<td>&gt;4 times</td>
</tr>
<tr>
<td>Seriously considered attempting suicide during the past 12 months</td>
<td>42.8%</td>
<td>14.8%</td>
<td>~3 times</td>
</tr>
<tr>
<td>Attempted suicide one or more times in the past 12 months</td>
<td>29.4%</td>
<td>6.4%</td>
<td>&gt;4 times</td>
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(Kann et al., 2016)

https://www.cdc.gov/mmwr/volumes/65/ss/ss6509a1.htm?s_cid=ss6509a1_w#suggestedcitation
Adolescent Substance Abuse

Past-Year Use of Various Drugs by 12th Graders (Percent)

- Ritalin: 2.3%
- Cocaine (any form): 2.6%
- Inhalants: 2.5%
- MDMA (Ecstasy): 4.0%
- OxyContin: 3.6%
- Salvia: 3.4%
- Sedatives*: 4.8%
- Hallucinogens: 4.5%
- Tranquilizers: 4.6%
- Cough Medicine: 5.0%
- Vicodin: 5.3%
- Adderall: 7.4%
- Synthetic Marijuana: 7.9%
- Marijuana/Hashish: 36.4%

Source: University of Michigan, 2013 Monitoring the Future Study
Self Medicating

• Marijuana or other drugs worsen their depression.
• Lead a teen toward other serious mental disorders.
• Alleviate feelings of depression (“self-medicating”), when in fact, using marijuana can compound the problem.
• Adolescents who smoke marijuana at least 1x per month are 3x more likely to have suicidal thoughts than non-users.

- White House Office of National Drug Control Policy (ONDCP),
Signs of Suicide

- Talking, writing, texting, drawing about suicide or death
- Hopelessness, worthlessness, burdensome
- Increasing substance abuse
- Giving away favorite things
- Sudden sense of calm/happiness
- Serious behavior problems in or out of school

www.chadscoalition.org
Did you know

• 9 out of 10 people who die by suicide had a diagnosable mental disorder.

• Yet only 3 out of 10 people who die by suicide received mental health services in the year before they died.

What are we missing?

• Early detection (screening), diagnosis and treatment needed.
• Breaking the stigma
Parents Want Medical Team To Know

Understand: All kids are vulnerable:

• “I want future physicians to know that even the adolescents that do not appear to be struggling with mental health issues could be struggling; they may be masking symptoms.”
Acknowledge that you are seeing the signs of depression or suicide in yourself or a friend and that it is serious.

Care enough about yourself or a friend to take action.

Tell/Treatment Help Seek Treatment
ACT If You See Warning Signs

• Ask if they have a plan
  – WHEN, WHERE, HOW, ACCESS
  – The more detailed the plan, the greater the risk

• Do not leave them alone
  – Supervise the student constantly (or make sure the student is in a secure environment supervised by caring adults) until he or she can be seen by the mental health contact.

• Ensure a safe environment
  – Remove all weapons from the home
  – Hide prescriptions and over the counter drugs

• Escort the student to see the mental health contact or administrator.
  – Provide any additional information to the mental health professional evaluating the student to help in the assessment process. That person will notify the student’s parents.
Looking Beyond the Mask

- Active listening
- Do not diminish or dismiss their feelings
- Perception is reality
- Refrain from being judgmental
- Commend them for telling the truth
Conveying Compassion

- Use “I” statements
- Use open ended questions
- Paraphrase
- Asking the right questions
- I genuinely care about you
How to Get Students to Talk?

• Why haven’t you told anyone?

• You are probably going through a phase

• This won’t last long, you’ll get over it

• I am wondering who else you have been able to talk to?

• Tell me how long you have been feeling this way?

• I can imagine you might feel this will never end.
How to talk to Students, cont.

- Does that make you upset?
- Does your mom/dad know?
- Do you have a plan?
- Do you make good grades?
- How does that make you feel?
- Who else knows about this?
- Tell me about your thoughts of suicide?
- Tell me about how you’re doing in school?
Safety Planning

- The Suicide Prevention Resource Center & Zero Suicide initiative
- Safety Planning is evidence based
- Is a 6-step approach for assisting at-risk individual and their families
  - Recognizing triggers
  - Internal coping
  - External coping
  - People to ask for help
  - Emergency Preparedness
  - Keeping environment safe
  - Reason for living
Community Resources

• Children’s Service Fund
• National Suicide Prevention Lifeline 1-800-273-8255
• Warm transfer and collaboration (zerosuicide.org)
  o Either reach out or have assistant reach out
• Community Mental Health Agencies
Additional Resources

• Suicide Prevention Resource Center

• Zero Suicide
  o [http://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/sp/course.htm](http://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/sp/course.htm)

• Columbia – Suicide Severity Rating Scale
  o [http://cssrs.columbia.edu/](http://cssrs.columbia.edu/)

• American Academy of Pediatrics
Website chadscoalition.org

Facebook, Twitter, Pinterest
Search for CHADS Coalition for Mental Health

CHADS’ Support
314.952.8274

National Suicide Prevention Lifeline
1-800-273-TALK (8255)
Take Away

• The sooner depression is recognized and treated correctly, the better the chances for that child to live a happy healthy life.

• Nurses play a critical role in detecting and referring students that are struggling with anxiety & depression

• Never underestimate the power of compassion
Your Call to Action

• Believe that depression is a treatable disease just like all the other physical health diseases
• Build a trusting relationship with all students
• Refer high risk students to school counselor or appropriate community resource
CHADS at a Glance

- **CHADS** an acronym for
  - Communities Healing Adolescent Depression and Suicide

- **Mission**
  - CHADS saves young lives by advancing the awareness and prevention of depression and suicide

- **Vision**
  - CHADS will eliminate suicide by young people in the Midwest.

- **Suicide Prevention**
  - 936 presentations to 21,938 students
  - 12.1% of students self-identified

- **Bullying Prevention**
  - 31 schools implemented
  - 37% reduction in bullying

- **Family Support**
  - 235 families assisted
  - 174 support group sessions
• “Suicide is not chosen, it happens when pain exceeds a person's resources to cope with the pain.”
Questions