

# Depression and Suicidal Behavior in Clinton and Warren County Youth

2010

During the 2008-2009 school year, 18 public junior and senior high schools in Clinton and Warren Counties administered the Ohio Youth Survey to 6th-12th graders. This survey included questions on attitudes, activities, assets, and risk-taking. A total of 7,969 students responded. Of these, 3,345 were Clinton County students and 4,624 were Warren County students. Unless otherwise noted, there were no statistically significant differences between the two counties in terms of student responses.

For more information about the survey, visit [www.mhrsonline.org/ohioyouthsurvey](http://www.mhrsonline.org/ohioyouthsurvey).

The Clinton County Family and Children First Council, the Warren County Family and Children First Council, and Mental Health Recovery Services of Warren and Clinton Counties would like to thank the administrators, teachers, school staff, and students of the Clinton and Warren Schools who participated.

We would also like to thank Minuteman Press of Lebanon and The Health Foundation of Greater Cincinnati for partnering with us to create these summaries.



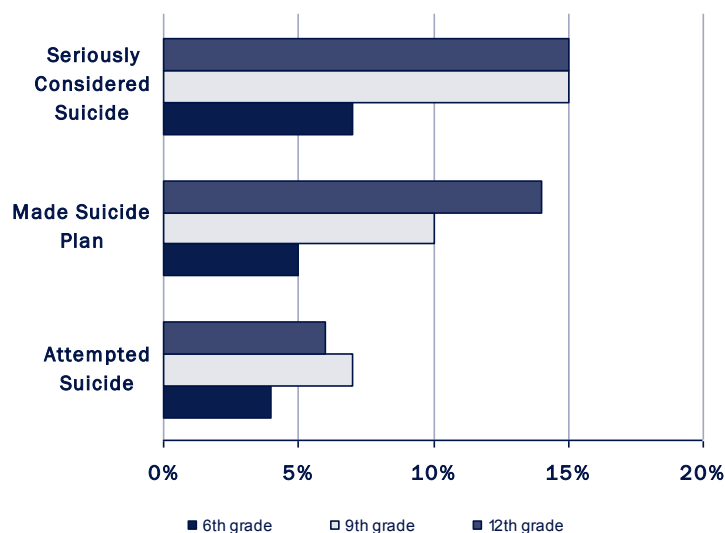
Nearly one in four 6th-12th graders in Clinton and Warren Counties (23%) reported periods of feeling so sad or hopeless that they stopped doing some usual activities, according to a survey conducted by the Warren and Clinton County Families and Children First Councils and Mental Health and Recovery Services of Warren and Clinton Counties.

This is of particular concern given that depression is the leading risk factor in suicide deaths. An estimated 90% of those who die by suicide suffered from a depressive illness. Unfortunately, this disease is not always diagnosed or treated.

In fact, 12% of Warren and Clinton County Youth surveyed reported seriously considering suicide and 1 in 10 have actually made a suicide plan. An astounding 445 students reported actually attempting suicide in the prior 12 months, some as many as 6 or more times.

Not all these attempts may have required medical attention and, in fact, may not even be known to their parents. It is important that

In the past 12 months, did you...



we acknowledge, however, that a young person's level of despair can be so great, they have taken action to end it all.

## Older Youth More Likely to Feel Depressed and Attempt Suicide

The incidence of depression and thoughts, plans, and attempts of suicide are higher among high school students. It appears that junior high is a crucial transitional time when these symptoms begin to emerge.

As youth mature, stressors increase and can culminate into feelings of being overwhelmed. Stressors can include things like: dating, over-scheduling, taking a strenuous academic load, competing in athletics, not feeling accepted, changing physical appearance due to maturation, applying to colleges, and striving to match the high expectations placed upon them. For some youth, if they are unable to "measure up" and "fit in," this can lead to feelings of sadness.

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## Common Characteristics of Youth who have Attempted Suicide

Youth who reported having attempted suicide also revealed some common characteristics which distinguish them from those who have not attempted suicide. Namely, they were:

- Less likely to feel as though their parents would help them
- More likely to have problems relaxing and feeling sad or hopelessness
- More likely to have used various substances in the prior 12 months, such as:
  - Cigarettes
  - Marijuana
  - Inhalants
  - Hallucinogens, such as LSD

## Warning Signs and Risk Factors for Suicide among Youth

*The more clues and signs observed, the greater the risk.*

Direct Verbal Cues such as:

- “I wish I were dead”
- “I’ve decided to kill myself”

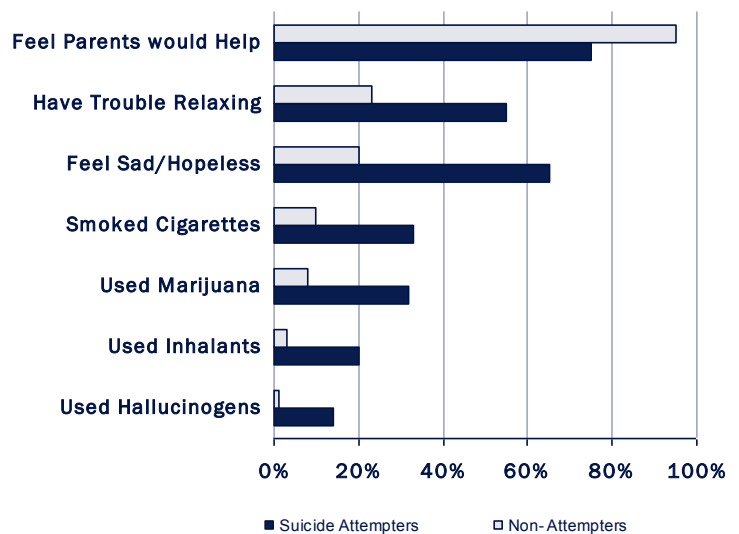
Indirect “Coded” Verbal Cues such as:

- “Who cares if I’m dead anyway”
- “My family would be better off without me”

Behavioral Clues:

- Previous suicide attempt
- Depression, moodiness, hopelessness
- Giving away prized possessions
- Sudden interest/disinterest in religion
- Unexplained anger, aggression, irritability, recklessness
- Drug or alcohol abuse
- Recent disappointment or rejection
- Sudden decline in academic performance or perfectionism
- Increased apathy
- Physical symptoms: decline in personal hygiene or grooming, changes in sleep or eating patterns, chronic headaches, stomach problems
- Sudden improvement in the mood or making of grandiose plans after a period of depression

In the past 12 months, did you...



Situational Clues:

- Being expelled from school or fired from job
- Family problems or alienation
- Loss of any major relationship
- Death of a family member or close friend; especially by suicide
- Diagnosis of a serious or terminal illness
- Financial problems (self or family)
- Sudden loss of freedom or fear of punishment
- Victim of assault
- Public shame to family or self

## What this Means for Parents and Adults

- Be aware of the stressors youth face to perform in the classroom, on the playing field, and in the community. Provide support and understanding.
- Listen actively and without judgment. Give the youth permission to express a full range of feelings. Acknowledge the youth’s feelings. Ask questions for clarity.
- Know the Warning Signs of depression and suicide.
- Do not underestimate or brush aside a suicide threat. Do not promise confidentiality. Assist the youth in seeking professional mental health treatment.
- Reduce the risk of suicide by controlling the potential means, such as locking up firearms, medications, and alcohol.