

Depression and suicide

Depression is one of the few equal opportunity illnesses. It cuts across ethnic and class lines. It is not restricted to adults. It affects adolescents, and increasingly, younger children as well. About 14% of 12 to 17 year olds have experienced at least one major depressive episode. Less than half of depressed teens get any treatment for it. Untreated depression is highly correlated with substance abuse. Regular exercise is one of the most effective self-help strategies for both depression and substance abuse prevention. Use of alcohol and drugs as a response to depression predicts school failure, behavior problems, and more depression. In extreme cases, it can lead to suicide.

Suicide is the third leading cause of death among adolescents. Rates of youth suicide have risen dramatically, after steadily decreasing in the previous decade. Some part of that rise may be due to a drop off in the number of children and teens taking anti-depressants.

Teenagers often talk about suicide before attempting it. Thus an effective suicide and depression prevention program targets peers as well as potential victims. Statistically, peers provide the most help in preventing suicidal youth from completing suicide. Thus the Ripple Effects program teaches students to recognize signs of suicidal inclinations in their peers, so they can seek help for their friends.

By the time they are actually considering suicide, depressed students need more help than they can get in the *Ripple Effects for Teens* program. Thus *Ripple Effect's* prevention program gives potential victims a clear message telling them to ask for that help and pointing them to community resources where they can get it.

Perhaps the most important use of *Ripple Effects for Teens* in preventing suicide is addressing the whole range of issues that lead students to lose hope in the first place. Sexual identity and sexual abuse issues are high on the list of depression and suicide precipitator for adolescents. Although it is possible to censor these topics out of the program, removing them reduces the chance that those students most at risk for suicide will get help with the issues that are leaving them so hopeless.

Goals of intervention

Students will:

- Understand that depression is an illness, not a character flaw
- Recognize common signs of depression in themselves and their friends
- Identify a form of exercise that they are likely to enjoy and stick to
- Know who and how to ask for help if they are depressed
- Avoid the use of drugs or alcohol to handle uncomfortable feelings
- Use proven-effective cognitive, behavioral strategies to manage feelings
- Talk to a trusted adult if they have suicidal feelings
- Tell a trusted adult if a friend expresses suicidal feelings

A suggested scope and sequence

SKILL TRAINING TOPICS

Knowing who you are

Temperament
Body image
Sports and exercise type
Beliefs and values
Strengths and weaknesses
Resilience
Setting goals
Dealing with criticism
Self-esteem

Managing feelings

Physical sensations
Self-talk (triggers-inside)
External triggers
 Sadness
 Shame
 Disappointment
Relaxing
Letting go
Practicing happiness
Learning to laugh

Connecting to others

Talking to parents
Getting help
Giving help

CHALLENGE TOPICS

Depression

Suicide

Alcoholic family
Anti-depressants
Broken heart
Bummed out
Counselors
Cutting yourself
Death
Failure
Family violence
Grief
Hopeless
Losing a pet
Pressure (stress)
Sexual abuse
Sexual orientation
Sleeping problems