## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>2</td>
</tr>
<tr>
<td>WHAT IS DEPRESSION?</td>
<td>3</td>
</tr>
<tr>
<td>HOW DO I KNOW IF I AM DEPRESSED?</td>
<td>3</td>
</tr>
<tr>
<td>DOESN'T EVERYBODY FEEL THIS WAY?</td>
<td>4</td>
</tr>
<tr>
<td>WHAT CAUSES DEPRESSION?</td>
<td>5</td>
</tr>
<tr>
<td>ARE THERE DIFFERENT KINDS OF DEPRESSION?</td>
<td>6</td>
</tr>
<tr>
<td>HOW CAN A TEEN WITH DEPRESSION HELP HIM OR HER SELF?</td>
<td>7</td>
</tr>
<tr>
<td>HOW CAN THEIR FAMILY HELP?</td>
<td>8</td>
</tr>
<tr>
<td>ARE SUICIDAL THOUGHTS COMMON WHEN SOMEBODY IS DEPRESSED?</td>
<td>9</td>
</tr>
<tr>
<td>WHAT ARE THE WARNING SIGNS OF SUICIDE?</td>
<td>10</td>
</tr>
<tr>
<td>WHAT SHOULD I DO IF I, OR SOMEONE I CARE ABOUT, STARTS THINKING ABOUT SUICIDE?</td>
<td>10</td>
</tr>
<tr>
<td>WHAT ELSE CAN I DO?</td>
<td>11</td>
</tr>
</tbody>
</table>
INTRODUCTION

Services for Teens At Risk (STAR-Center) is a program that was founded in 1986. Our mission is to prevent adolescent suicidality. We offer many services to teens and their families based on what we have learned from teens, their families, other medical providers and researchers over the many years since we began.

In order to effectively prevent adolescent suicide, we have found that treating depression in its many forms is most important. We have also learned that worry and anxiety, drug and alcohol abuse/dependence, other psychiatric illnesses and certain life events (like violence, parental illness, chronic medical illness, etc.) also may play an important part in why some teenagers become suicidal.

We have also found that educating people about depression and suicide is one of our best tools in helping to treat psychiatric illness and prevent suicide. This handbook has been designed to help educate you about this illness. We hope that the information will help you gain knowledge and understanding of this illness.
WHAT IS DEPRESSION?

Depression is an illness. Depression is a kind of illness that is known as a mood disorder. A lot of people around the world experience depression at some time in their lives. It is estimated that between 15 and 18 million Americans are currently suffering from depression. Many do not know they have depression and sometimes think that this is just how they will feel in life. People who are depressed usually don't like life too much because they don't feel very good most of the time. A clinical depression is having a really sad or bad mood for at least 2 straight weeks, in addition to at least 4 other symptoms (see page 4). Sometimes a clinical depression can be "triggered" by a stressful life event (like a problem or a major change). Sometimes a clinical depression can occur because of changes in the brain even when there is no stressful situation or problem. A clinical depression can make a person feel so sad or angry that he or she has increasing problems in relationships, with school, with his or her health, or with all of those things.

HOW DO I KNOW IF I AM DEPRESSED?

Most people have days when they feel depressed. Things go wrong and our mood gets out of whack. We feel sad or grumpy or angry for a while but our mood improves even if the problem doesn't get solved right away. When a person has a clinical depression, his or her mood doesn't often get better very much even if there is a problem that gets solved.
The “warning signs” (symptoms) of depression can include:

- Sad, grouchy or angry mood most days
- Less interest or enjoyment in things that were once fun
- Problems concentrating on things like schoolwork
- Changes in sleeping patterns
- Changes in appetite and/or weight
- Often feeling more tired than usual
- Not wanting to be with other people as much as usual
- Low self-esteem (not liking a lot of things about yourself)
- More aches and pains like headaches or stomach aches
- Thinking a lot about death, harming yourself or suicide

It is important to note that some people will sleep more when depressed and some people will have difficulty sleeping. The same is true for appetite. Some people will lose their appetite when depressed and some people will eat more than usual. So it is important to pay attention to any changes in your sleep or appetite that continue for more than 2 weeks.

DOESN’T EVERYBODY FEEL THIS WAY?

No. Having a “blue” day or feeling angry is different than having the illness of depression.

The best way to tell the difference between having a clinical depression and just having depressed feelings - like most people do from time to time - is to remember that you must be
having sad or irritable moods and at least 4 of the above symptoms for at least 2 straight weeks.

If you have been feeling this way for 2 weeks or more, you need to tell your parents, your school counselor, your doctor or some other adult in your life who can help you get treatment. With treatment, most people can, and do, get better.

If you have started treatment (therapy) already, it only works if you come to sessions regularly and follow your doctor’s and therapist’s directions, especially if you are taking medication. Not everybody who comes for therapy takes medication, but many people do. This happens when you, your family, your doctor and therapist, agree that medication might be helpful.

WHAT CAUSES DEPRESSION?

There are many things that can cause the illness of depression. Sometimes depression can start after a bad or hard thing happens, such as a divorce or a big change like a move to a new place or a change of schools. Sometimes grief after a death of someone you care about can "trigger" a clinical depression. Sometimes depression “runs” in families, just like some other illnesses tend to run in families, like diabetes or high blood pressure. We think that this kind of depression is caused by problems in biology, especially in the brain.

We know that depression isn’t anyone’s fault. No one is to blame. Depression is an illness like any other illness. In order to get better, people usually have to change some of their actions or thinking and/or take medicine.
ARE THERE DIFFERENT KINDS OF DEPRESSION?

Yes. Sometimes a clinical depression can occur pretty quickly when a person’s mood changes drastically and he or she kind of "hits the pits". Most of the time, people who know you and care about you notice this happening and ask what’s wrong. If your mood is angry or cranky, sometimes your family and friends may get upset with you at first until depression is identified as the cause. This is called a Major Depression.

Sometimes a person can be depressed for a long time and not realize it. This kind of depression is not as drastic and may have fewer symptoms than a Major Depression but it can cause you a lot of problems anyway because it lasts so long. This kind of depression is called Dysthymia.

Bipolar Disorder (or Manic Depression) is a kind of depressive illness where people have really drastic mood swings from unusually happy or irritable to very sad and down. Sometimes there doesn’t seem to be any apparent reason for these changes in mood.

Sometimes people get a clinical depression at certain times of the year, especially in the fall and winter months. This is called Seasonal Affective Disorder and seems to be related to getting less sunlight than usual.
HOW CAN A TEEN WITH DEPRESSION HELP HIM OR HER SELF?

There are many things a person can do to help themselves recover from a clinical depression.

1. They can **LEARN AS MUCH AS THEY CAN** about their illness and its possible effects on their thinking and behavior. If they understand depression, it is less likely to overwhelm them and make them feel hopeless.

2. They can **FOLLOW THEIR TREATMENT PLAN** with their treatment team and not give in to negative thoughts that tell them things will never get better. This means **COMING FOR THEIR THERAPY SESSIONS** even if they don't feel like it (unless they are really physically sick with the flu or a bad cold or something…)

3. They can **TAKE THEIR MEDICATIONS**, if they are prescribed medication for depression, as directed by the doctor. Their can tell their treatment team if they are experiencing uncomfortable side effects from medication or if the medication doesn't seem to be helping.

4. They can **LEARN NEW SKILLS** to help them combat their depression. Depression may tell them learning these skills will not help, but our experience in treating depression indicates these new (or relearned) skills DO help!

5. They can **ASK FOR HELP** if they become hopeless or have thoughts about wanting to hurt themselves, to die, or attempt suicide.

6. They can **DRUM INTO THEIR BRAIN** that depression is a **TREATABLE** illness and will likely get better if they don't give up!
Sometimes it takes trying several different methods to effectively treat an individual's depression. This may mean you have to BE PATIENT if the treatment doesn't give a quick or long-lasting relief right away. Being patient can be very hard under these circumstances, but it will pay off in the long run.

HOW CAN THEIR FAMILY HELP?

One of the most important things we have learned about depression is that it rarely only affects the individual person. It also affects the family in a variety of ways and everyone can benefit from knowledge and support under these circumstances. Family members often experience feelings of guilt or blame, don't know how to talk about their feelings with the depressed person and feel like they have to "walk on eggshells" to as not to make the situation worse.

The family can help by doing many of the same things as the patient does to help themselves.

1. Family members (including siblings) can LEARN AS MUCH AS THEY CAN ABOUT CLINICAL DEPRESSION.
2. Parents can attend the PARENTS AS PARTNERS WORKSHOP offered at our clinic to learn about depression and its effects on the whole family.
3. The family can ENCOURAGE THE PATIENT TO ATTEND THEIR THERAPY SESSIONS AND/OR TAKE THEIR MEDICATION CONSISTENTLY.
4. The family can LEARN NEW SKILLS to help the patient
overcome their depression or resolve communication difficulties that often occur when depression occurs in one or more family members. They can do this by:

A. Asking questions about the treatment;
B. Setting up periodic "progress report" appointments with the treatment team;
C. Participating in family sessions and/or medication appointments as agreed with the family and the treatment team;
D. Reading LIVING WITH DEPRESSION: A SURVIVAL MANUAL FOR FAMILIES that the STAR-Center clinic provides.

5. Family members can also help by seeking emotional support or treatment for any problems they may be experiencing themselves, such as depression, anxiety, substance abuse, anger management, parenting skills, etc.

ARE SUICIDAL THOUGHTS COMMON WHEN SOMEBODY IS DEPRESSED?

Fortunately, most people who become clinically depressed DO NOT have thoughts about death or suicide. However, this can happen when a person becomes depressed and is often a sign that a person IS depressed. The depression can CAUSE these kinds of thoughts and feelings. Depression makes people feel helpless and hopeless even when it is not true.

Not all people who become suicidal are depressed. Sometimes people who are getting into lots of trouble with authorities or
who are using drugs or alcohol can become suicidal because of those things even if they are not "clinically depressed".

WHAT ARE THE WARNING SIGNS FOR SUICIDE?

Oftentimes, people who are having suicidal thoughts or feelings will talk or write about it. Some people will write stories or poems or songs about death or suicide when they are thinking about it. Sometimes people will start giving all their favorite things away or telling everyone "good-bye" in weird ways. Once in awhile, people who are really hurting will even make jokes about not wanting to “be here”. Most often, these people have been feeling really bad or nervous for a while or sometimes they are using drugs or alcohol. Sometimes people start getting into more trouble at home or school and this can start them thinking about death or suicide because they get afraid of getting in more trouble or letting others down.

Unfortunately, sometimes there are no obvious signs that a person may be considering suicide because he or she may have an impulsive thought and act on it before thinking it through.

WHAT SHOULD I DO IF I, OR SOMEONE I CARE ABOUT, STARTS THINKING ABOUT SUICIDE?

Never keep suicidal thoughts or feelings a secret whether it is you who are having these thoughts and feelings or someone else whom you care about is having them. Tell your parent, therapist,
teacher, minister or some other adult you can depend on so they can help you figure out what to do. Most of the time, the things that make people feel that bad are TEMPORARY and WILL GET BETTER with help and support from other people. Depression makes people think there is no hope, but that is NOT TRUE. There is always hope and usually many ways to make a bad situation better.

If a friend tells you he or she is thinking about suicide, NEVER promise not to tell anyone. You cannot take all the responsibility for your friend’s safety and you MUST share this with an available and trustworthy adult. You can also call the National Hotline at 1-800-273-TALK. Even if your friend gets upset with you for telling, it is still better than if you didn’t tell and they really ended up hurting themselves or completing suicide. Tell your friend you care about them very much and want them to feel better and that you will do everything you can to get help for them. You will be glad you did and later, most often, so will your friend and his or her family.

WHAT ELSE CAN I DO?

Myths about depression often prevent people from doing the right thing, so do your best to dispel these myths.

1. **MYTH:** All teenagers are moody. They don’t suffer from *real* depression.
   **FACT:** Depression is not just about being moody, and it can affect people at any age, including teens.

2. **MYTH:** You would betray trust by telling an adult that a friend might be depressed. If someone really wanted
help he or she would find it on their own.
FACT: Depression can interfere with a person’s ability to get help because it zaps their energy and self esteem. A concerned friend has the capability to share their concerns with an adult who can help; this is a sign of true friendship.

3. MYTH: It will go away on its own.
FACT: Untreated depression can persist for months or even years.

4. MYTH: Having depression or seeking help is a sign of weakness.
FACT: Getting help is an important step for the depressed person’s recovery. Without treatment, the symptoms may continue and become more severe. Depression is not a sign of weakness. It is the sign of a person who is in pain and needs to be understood and helped.

5. MYTH: Depression shouldn’t be talked about, it will only make it worse.
FACT: An often helpful first step is talking through feelings with a friend. Friends can provide help by encouraging one to talk to a parent or other trustworthy adult about meeting with a trained professional for depression evaluation.

6. MYTH: If a depression is mild you don’t have to worry about suicide.
FACT: Though depression may appear mild, this doesn’t exclude the possibility of suicide.

7. MYTH: People or events “cause” depression.
FACT: No person or specific event can cause depression. No family member can cause a person’s depression. Stressors can definitely affect or trigger depression, but no one event can cause depression.
If you would like to learn more about this disease, here are some excellent websites to check out:

1. www.moodykids.org
2. www.nami.org
3. www.nmha.org
4. www.wpic.pitt.edu/research/star