



# **Symptoms and Warning Signs of Teenage Depression**

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Depression is probably one of the most common and pervasive struggles teenagers deal with over the course of their adolescence. Yet most youth workers don't know much about adolescent depression or how to help a teen hurting in this way. Many people, including parents and youth workers, dismiss it as a part of the hormonal emotive roller coaster brought on by this developmental stage. Depression is an "affect" disorder, and while that can sound scary, it should be noted all people experience depression in some form during the course of their lives.

In its mildest form, depression is as common as an ordinary cold. Medical health professionals estimate that one in eight American teenagers suffer from some form of depression; that's more than 3.5 million teens. This is only an estimate based on diagnosed cases of depression.

Many more teens likely experience some form of depression than the statistics reveal. Estimates may be low because, as noted previously, adolescent depression is often chalked up to normal teenage emotional immaturity. It can also go unreported because teenagers may not have the capacity to label their feelings. When asked, they may replay that they don't know what they feel, or that they feel—bad. Depression or any form of sadness is often retranslated into some form of angst.

There are a number of symptoms parents and youth workers should be on the alert for, which are indicative of any type of depression. The degree to which these symptoms are present could indicate the extent to which a teen is depressed.

**Emotional Disposition.** Depressed teens often have pervasive feelings of sadness, despair, hopelessness, guilt, shame, worthlessness, anger, or fear, and also feel hurt, unloved, and irritable.

**Verbal Cues.** Written and orally expressed, verbal cues are often the best clues for adults into the despair depressed teens are experiencing. Verbal cues also are good indicators of teens' thought patterns and self-perception.

"Nobody likes me."

"Something bad is going to happen."

"I'm never going to be happy again."

"Life sucks—I'm such a loser."

"I just don't want to get out of bed anymore."

**Behavioral Cues.** Isolating and withdrawing from friends and family; constantly tearing up or crying; easily set off, bothered, or angered; moping and spending hours in front of the TV; failing to complete schoolwork or other tasks of responsibility; and having difficulty remembering things; are some of the behaviors of a depressed teen.

**Changes in Sleep Patterns.** This can present in two ways, either sleeping more (longer periods of time to more frequently throughout the day) or sleeping less (shorter periods of time marked by insomnia or frequently waking up at night). The latter tends to be more prominent with depressed teens. They may also show signs of constant fatigue and lethargy, lacking energy and motivation. They may comment about having a heavy feeling about them.

**Changes in Eating Patterns.** This can swing either direction. Depressed teens may experience loss of appetite and not eat at all. This could evidence itself in rapid weight loss. On the other hand they may binge eat and begin to put on weight. Other changes in eating patterns could include eating more junk foods, nausea at the smell or thought of food, or eating at atypical times.

**Shifts in Appearance.** One common way depression is seen is when teens no longer seem to care about grooming and hygiene. Depressed teens who were once meticulous about their appearance won't shower, comb their hair, use deodorant, or brush their teeth. They may want to stay in the same clothes for days, even sleeping in them. Depression may also evidence itself by the appearance of teens' bedrooms. They may post morbid posters, display depressing song lyrics and poems, or desire to paint their walls black. They may also wear dark clothing, makeup (or lack of it), and accessories. While Goth is a style that some perfectly healthy, nondepressed teens adopt, it can become a magnet for depressed teens. They may show a sudden interest in piercing, branding, and tattooing as well. While these may be accept-

able fashion statements, one must be aware that depressed teens often gravitate toward lingering physical pain to take their minds off emotional pain.

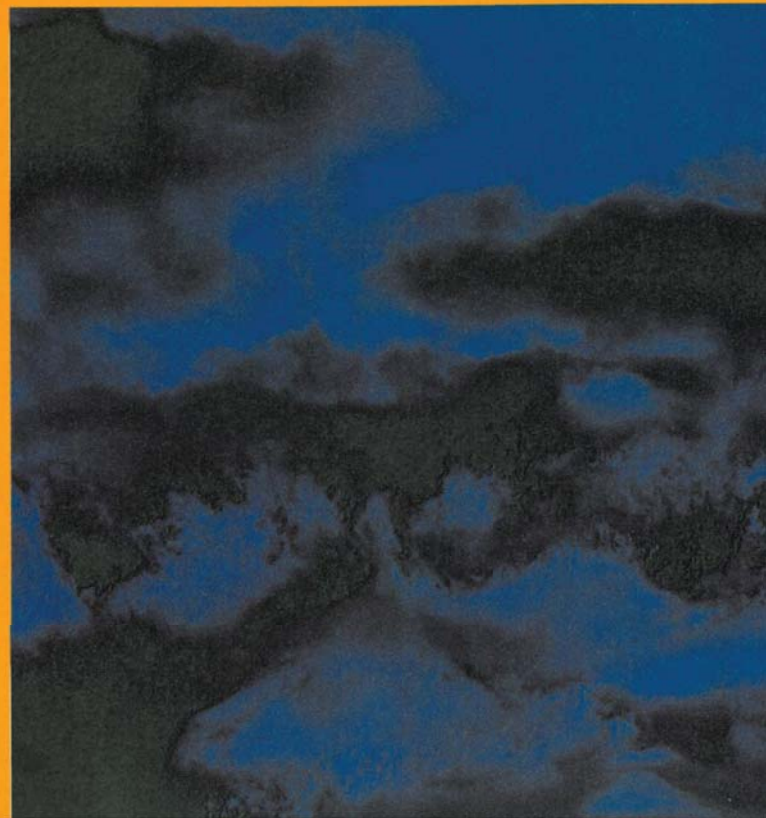
**Risky Behaviors.** Depressed teens often look for ways of escape—everything from an adrenaline rush (e.g., driving fast, unprotected sexual activity, or shoplifting or other illegal activities) to take their minds off the depression to inflicting some form of physical pain (e.g., cutting, burning, pulling out hair, etc.) to overpower the depression to anesthetizing the pain of depression (e.g., experimenting with, using, and abusing alcohol and other drugs.)

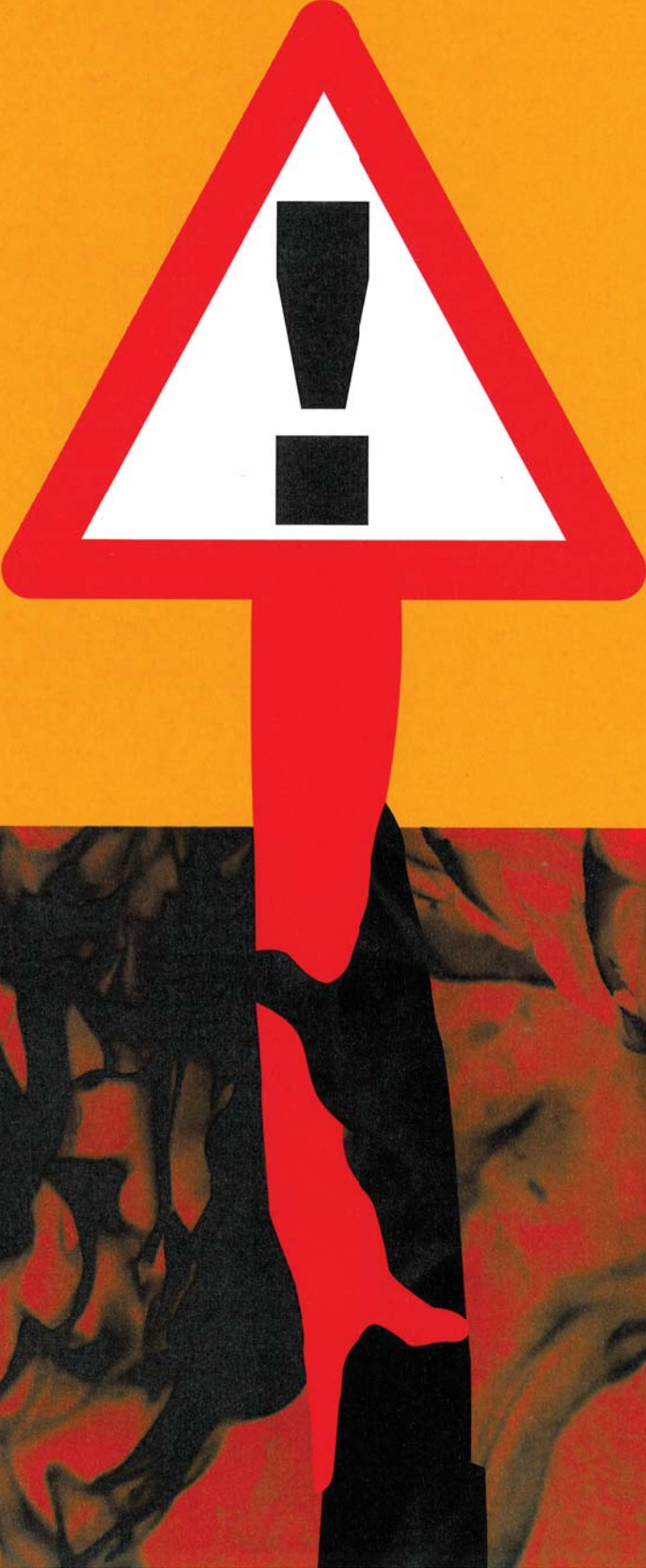
**Anhedonia.** The inability to gain any kind of pleasure from anything. Depressed teens may not find joy in the things they enjoyed in the past and appear passionless. Even things like food, music, video games, and friends are no longer interesting or satisfying. This tends to be more identifiable in depressed teenage guys than girls. The loss of pleasure may also have a backlash effect. As anhedonia sets in, teens may binge in pleasurable activities to keep pleasure alive and satiate depression. For example a teen may stay up all night playing video games, or listen to the same song over and over, or masturbate much more than usual.

**Suicide.** Depression often precedes suicide. The more severe the depression, the closer the teen may come to committing suicide. Depressed teens may show signs of suicide ideation, strategy, and even attempts.

There are always warning signs and symptoms present when teenagers are contemplating or attempting suicide. Often the signs are revealed forensically (after the fact by professionals) rather than remedially. People with teenagers in their lives must be made aware of the warning signs.

*This is an excerpt from What Do I Do When Teenagers are Depressed & Contemplate Suicide, which is a part of the brand-new "What Do I Do..." series from Youth Specialties. To get the entire book or series, go to [youthspecialties.com](http://youthspecialties.com) or wherever books are sold. All rights reserved. Used by permission.*





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Teenagers who commit suicide usually believe that their present lives are hopelessly painful and filled with the darkest despair, and that their futures won't bring any relief, being equally dark. Death becomes the only means of escape. Suicide is among the leading causes of death among adolescents in the United States and worldwide.

**Symptoms of depression.** These are often the primary and most prevalent signs. About 90 percent of all teenage suicides are accompanied by depression or grow out of prolonged depression. Depressed teens need to be monitored closely. Sometimes when teens appear to come out of depression, it may be that they've resolved to attempt suicide—in other words, the opportunity to escape the pain of depression may be a relief to them and paradoxically elevate their moods. Such a decision can feel empowering and can give them more energy. So if depressed teens' moods begin elevating, they need to be monitored more closely.

**Verbal Cues.** Teens contemplating suicide may speak about or ask questions about death and funerals. They may ask questions such as, "Does the Bible talk about suicide?" or "Do people who commit suicide go to hell?" They may make comments about being better off dead, wishing they'd never been born, or speak in terms of not having a future ("I may not be here for that"), or exclude themselves from life milestones they'd typically want to experience with their peers ("My friends will graduate this year").

Verbal cues will also accompany and explain some behavioral cues. They may talk about not needing their things anymore or ask people to take care of their pets. Verbal cues can also include teens coming right out and talking about feelings and thoughts of suicide.

**Behavioral Cues.** Some of these cues have already been mentioned but are worth repeating. Teens who are suicidal may engage in:

- Risky behaviors, because they believe they have nothing to live for and therefore nothing to lose. These behaviors can also include acts of recklessness that could be interpreted on the surface as acts of heroism, such as standing up to gang members at school.
- Self-harm. This may be a slow attempt at desensitizing oneself to pain and purging oneself of the fear of taking one's own life.
- Morbid obsession with death, including writing about it and artistically centering on death and dying, visiting funeral homes and cemeteries, attending wakes and funerals of people they don't know (i.e., funeral crashing).
- Drug and alcohol use and abuse. Some depressed teens plunge right into dangerous substance abuse. The mindset behind this is similar to the mindset that governs their ventures into risky behaviors—they'll do anything to eliminate the pain of depression.
- Past suicide attempts or "practice runs." This behavior is evidenced in their conversations. They may tell their friends they took five aspirins the night before "just to see what would happen." These "trial runs" are considered suicide attempts and may leave the teen disabled or permanently damaged.

**Getting their affairs in order.** These are also behavioral and verbal cues but they center more in the realm of death and dying. Teens who've determined to attempt suicide instinctually begin to tie up loose ends in life. Often these things are done secretly or with a low profile, so parents and adults must keep vigilant watch. Some of these cues include:

- Finishing projects, schoolwork, or favors they were asked to complete. They don't want to leave with anyone thinking badly of them or disliking them.
- Giving away their possessions. Friends and younger family members become the recipients. Teens need to understand that receiving gifts that are meaningful possessions of depressed friends is cause to contact adults.
- Canceling appointments. This is often noticed when the teen fails to make any plans past a certain date. It can also be discovered if there's an obses-

sion with a particular date. Many times teens will pick anniversary days for their suicide days. These dates often correspond to some memorable date—e.g., the day school's out for the summer, or the day a certain hero or pop idol died. This is done out of self-protection (e.g., they may believe they'll get in trouble for not finishing school) or the desire to attach their suicide dates with already-memorable dates so their suicides themselves become unforgettable.

- Writing wills and planning funerals. Some teens will go to elaborate lengths to write their last wills and testaments or plan the things they want said and done at their funerals. This grows out of the fantasy of idealizing death. In the recesses of their minds they "can't wait to see all this happen," so they go to great lengths to plan their suicide aftermaths.
- Finalizing affairs often involves acts of vengeance. This may happen moments before the suicide. Girls tend to enact vengeance with hateful phone calls before they swallow a bottle of pills. Guys on the other hand are more violent, often resulting in murder-suicides. The warning signs are elaborate plans to carry out the vengeful acts (e.g., she may tell her friends when and how she plans to get revenge, or he may start to acquire weapons or materials to build a weapon).

**Descriptive Cues.** Informed, personal assessments that grow out of your relationship with suicidal teens. How well you know them will determine how accurately you can judge their cues. Descriptive cues include:

- Teens' lack of problem-solving and coping skills. If teens are deficient, then they may reach a last resort sooner than other teens.
- Impulsive behaviors. If teens have proven patterns of acting impulsively or are prone to lose control, then they may be at a higher risk of suicide.
- Attention seeking. All suicide talk should be taken seriously. Some teens are attention seekers by nature, and depression will accentuate their dramatic natures. (Keep in mind a related disorder, Munchausen syndrome, in which teens pretend to be sick or injured or intentionally harm themselves to get attention. More common in guys than in girls, this kind of harm can include breaking bones or ingesting poisons or chemicals, etc. Teens with Munchausen syndrome thrive on the sympathetic, nurturing, and compassionate attention they'll likely receive when ill or injured. Teens with this disorder sometimes accidentally commit suicide while doing self-harm.)
- Strong-willed and withdrawn behavior. While this normally may be an admirable quality, it can be deadly if teens are determined to die. Add to this a propensity to withdraw, not seeking the help and support of others, and the isolation brought on by depression, and the combination can be lethal.

**Situational Cues.** Youth workers and parents need to be aware of the life events that shape teenagers' outlooks. Life situations that leave teens feeling helpless, trapped, or hopeless strongly factor into teenage depression and suicide. Situational cues might include loss, divorce and family dysfunction, chronic diseases, trauma, unplanned pregnancy or abortion, criminal conviction and/or incarceration, homelessness, committing immoral acts they believe are irreconcilable, etc.

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>> See page 23 for resources and more information on helping teens who may be at risk in your ministry.