

Warning Signs for Depression/Suicide

Signs	What You May See	Additional Notes
Quiet, withdrawn, few friends	Often not recognized as significant because the person is not in obvious trouble Withdrawal = invisible	Especially concerning if the child/teen was social at first and there has been a change in behavior.
Changes in behavior (including physical habits and appearance)	Personality changes (from being friendly to withdrawn or from being quiet to disruptive) Self-harm behavior Giving away items	With adolescents, it may be hard to distinguish a “typical” adolescent behavior (life stage) from a risk factor. Self-harm occurs among children as young as elementary school-age: <ul style="list-style-type: none"> • Common self-destructive behaviors include running into traffic, jumping from heights, and scratching/cutting/markings the body. Changes in physical habits and appearance: <ul style="list-style-type: none"> • Could include inability to sleep or sleeping all the time, sudden weight gain or loss, disinterest in appearance, hygiene, etc. Sudden changes in personality, friends, and behaviors: <ul style="list-style-type: none"> • Parents, teachers, and peers are often the best observers of sudden changes in suicidal students. • Changes can include withdrawing from normal relationships, increased absences from school, loss of involvement in regular interests or activities, and social withdrawal and isolation.
Increased failure or role conflict	Role conflict means difficulty feeling able to do all that is expected of them at school, work, home, with friends, and with loved ones. You may see grades begin to drop.	Role conflict is often seen at school, an example may be wanting to do well academically, but having friends who don’t care as much about this. Another example may be your child being involved in multiple extracurricular activities, and not able to manage their time, which leads to low academic performance. Time management can be a discussion to have with your child. Role strains are often due to lack of a coping skills regarding stressors. Have open communication and show support; look for needs and how you can help.
Reaction to recent family changes	Reacting to illness, job loss, increased consumption of alcohol, poor health, financial changes	Concern about these things can affect other areas of their life, be aware of them to better understand a current crisis.
Reaction to recent loss of a family member	Reacting to death, divorce, end of a relationship, separation, someone leaving home	Look at what meaning the loss has for your child.

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Reaction to a crisis	Physical or sexual abuse (family and friends) Family Violence Financial Crisis Loss of a loved one	Provide open, non-judgmental, and empathetic communication/support Let them express the situation in their own terms and provide reassurance Do not force communication
Despair, hopelessness	Hopelessness can be seen in many forms - behavior, written, verbal. It's the feeling that things are never going to get better, seeing no way to improve the current situation.	Hopelessness is even more closely associated with suicide than depression.
Risky behavior	Taking unnecessary risk, drinking and drugging, inappropriate aggression or submission, giving things away.	Specifically examine the change in behavior. Note if this is an unhealthy coping skill or an abrupt/impulsive and significant change, such as giving away possessions suddenly –this could signal a serious issue.
Indirect statements	“Life is not worth living” “I’m finished” or “I want to end it all” “No one would care if I was gone”	Any statements like these are NOT attention-seeking but actually help-seeking. Treat very seriously and have open communication/conversation Listen empathetically
Direct suicidal threats	“I am going to kill myself” Posting direct comments online or writing suicidal notes	Any statements like these are NOT attention-seeking but rather help-seeking. Treat very seriously Ask your child specifically about suicide even if it may be hard to hear the answers. These questions will not “put ideas in their head” or increase their risk, but will help you get a better understanding of what your child is thinking. Ask about ideation (suicidal thoughts), such as how frequently or intensely they are thinking about suicide. Discuss specifics of their plan such as when, where, and how. How available is this plan to them and have they done anything to prepare? Ask if they have been rehearsing, such as practicing loading a gun, or harming themselves in other ways. Have there been previous suicide attempts? Do they actually want to carry out the plan, and do they believe it will end in death or just cause self-harm? Explore mixed feelings with them, talk about reasons there are to die and reasons there are to live.

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Presence of a plan	Storing up medication, buying a gun, etc. (take into account environmental risks such as having firearms in the home)	The presence of a plan/means/method or recent attempts to obtain means A suicidal child or adolescent may show an increased focus on guns and other weapons, increased access to guns, pills, etc., and/or may talk about or suggest a suicide plan. The greater the planning = the greater the potential.
Negative or fearful thoughts	“I must be crazy” “It’s the end of the road” “What’s the point” “Life will be better without me” “I don’t belong”	Statements like these typically suggest something more. Listen empathetically. Ask questions that help someone talk through their problems. Rather than saying yes or no, open up with: <ul style="list-style-type: none"> • When – “When do you feel this way?” • Where – “Where do you feel like you belong?” • What – “What else happened?” • How – “How did that feel?” • Why – Be careful with this one as it can make your child defensive. “What makes you feel crazy?” or “What were you thinking about when you said life will be better without me?” These are more effective.
Mental health-related diagnosis	Mental illness including: depression, conduct disorders, bipolar, substance abuse, etc.	Current/past psychiatric disorders can increase risk for suicide, especially mood disorders, psychotic disorders, alcohol/substance abuse, ADHD, TBI, PTSD, personality disorders, and conduct disorders (antisocial, aggression, impulsivity)
Prior suicidal behavior	This is not the first time they have felt this way History of inpatient hospitalization	Previous attempts increase the likelihood of actually committing suicide