Despite numerous efforts and interventions, depression and suicide continue to afflict a sizeable percentage of youth each year. In the past year, 28.5% of teens were depressed and 15.8% had seriously considered attempting suicide (Centers for Disease Control and Prevention [CDC], 2012). Depression and suicide are intricately intertwined among teens, with untreated depression being a leading cause of teen suicide. Teens experiencing depression are 12 times more likely to attempt suicide than teens not experiencing depression and greater than half who complete suicide had major depression (Miller & Eckert, 2009). Because of such alarming statistics, increased attention has been devoted toward youth depression and suicide (Costello, Erkanli & Angold, 2006). The main purpose of this article is to address the extent of adolescent depression and suicide and the connection between the two. In addition, emphasis is placed on the importance of identifying warning signs and risk factors for depression and suicide among teens. Information is provided to assist professionals in educating individuals about effective prevention and intervention strategies.

**WARNING SIGNS AND RISK FACTORS**

Research indicates that most teens who are depressed or suicidal show warning signs and possess specific risk factors (King, 2006). The American Foundation for Suicide Prevention (2010) estimates that approximately 3 in 4 suicidal individuals show warning signs to a family member or friend. Among teens, approximately 9 in 10 teens who are suicidal display clues or warning signs to others (Hicks, 1990). Therefore, a key component to preventing teen depression and suicide is for professionals, parents/guardians, teachers, other supportive adults (e.g., coaches, religious youth group advisors, afterschool program leaders), and youth to remain aware of such warning signs and risk factors and to appropriately intervene when necessary. Table 4.1 highlights the common warning signs of teen depression. It is important to note that many of these warning signs are also shared signs of teen suicide.

Therefore, early detection and intervention is critical to preventing suicidal or self-harmful behaviors. Teen suicidal warning signs encompass three specific categories: 1) behavioral warning signs, 2) verbal warning signs, and 3) stressful life events (King, 2006). Behavioral warning signs include specific actions that teens may display when contemplating suicide. Verbal warning signs include specific statements or phrases that teens may provide when suicidal. Stressful life events include specific occurrences in teens’ lives that result in a traumatic or upsetting experience and can lead to suicidal ideation (see Table 4.2).

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**Teens experiencing depression are 12 times more likely to attempt suicide than teens not experiencing depression.**

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**TEEN DEPRESSION AND SUICIDE PREVENTION**

A key component to effectively prevent teen depression and suicide is to build multiple protective factors. Feeling socially connected to others is one such protective factor that is directly associated with positive emotional health (Turner & Lloyd, 1999). Social connectedness among teens is primarily divided into three main components: 1) family connectedness, 2) school connectedness, and 3) community connectedness. The National Longitudinal Study on Adolescent Health found family connectedness to be the leading protective factor against teen depression and suicide, and school connectedness was the leading school-based protective factor (Resnick et al., 1997).

Family connectedness refers to warm, open, and caring relationships between parents and youth. School connectedness is comprised of warm and caring relationships to adults at school including teachers, administrators, and other staff, as well as peers (Catalano et al., 2004). Community connectedness refers to positive relationships with members of one’s community and an overall feeling that one is an important and valued member of his/her community and groups within the community (e.g., faith-based groups, organized youth activities, 4-H clubs, scouts, sports, arts). In the prevention and intervention literature, most of the research attention is devoted toward building family and school connectedness.

Feeling cared about by family, at school, and by peers and generally feeling socially accepted by others is associated with lower rates of depression among youth. Teens who are highly connected to others are less than half as likely to suffer from depression than teens who are not as connected to others (Muris et al., 2001; Roelofs et al., 2006). Specifically regarding suicide, family connectedness protects against both teen suicidal ideation and suicide attempts (Halle-Lande et al., 2007). Research clearly indicates family connectedness helps to prevent suicide even if teens are socially isolated from peers. Such a finding is important to note since socially isolated youth are at increased risk for low self-esteem and depression (Guyer et al., 1998). Close relationships with family members may help to buffer peer isolation and therefore reduce the risk of suicidal thoughts and behaviors.

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**Table 4.1**

**Teen Depression Warning Signs**

- Experiencing sadness, unhappiness, and crying spells
- Feeling restless and agitated
- Having difficulty sleeping or sleeping excessively
- Feeling fatigued
- Showing irritability
- Possessing feelings of shame, guilt, or worthlessness
- Feeling bored most or all the time
- Having a loss of interest in once-pleasurable activities
- Having problems with concentration, memory, and decision making
- Moving and talking slowly
- Experiencing sudden weight loss or weight gain
- Having thoughts of death or suicide (morbid ideation)
intervention should seek to increase student and staff awareness of depression/suicide warning signs, risk factors, and intervention strategies. When school-based prevention programs teach students problem-solving skills and coping skills, promote protective factors, and address risky behaviors, teen suicide risk can be reduced (Miller, Eckert, & Mazza, 2009; Waldvogel, Reuter, & Oberg, 2008). Nevertheless, one study found that only one in ten teachers felt confident in their ability to recognize suicidal warning signs in a student and appropriately intervene (King et al., 1999). All teachers and school staff should be familiar with the warning signs, risk factors and appropriate intervention steps for depression and suicide. Schools are encouraged to adopt a comprehensive depression/suicide prevention/intervention program which includes three components: 1) Primary prevention, including education, skill building, and protective factor promotion; 2) Secondary prevention, including early detection of warning signs and appropriate intervention; and 3) Tertiary prevention, including postvention and appropriate follow-up to teen depression and suicide (King, 2006).

Early detection of depression and suicidal warning signs is critical to effective intervention. Students need to be encouraged to become more proactive in their personal mental health as well as that of their peers (King, 2006). In addition, teachers and parents should be encouraged to maintain open dialogue with their teens which can assist in early detection and subsequently early treatment. Adults and volunteers working with teens should use authoritative skills, offer support, be attentive and caring, set and enforce limits, and help teens to establish and achieve career/lifetime goals.

**EFFECTIVE PREVENTION AND INTERVENTION PROGRAMS**

Effective depression and suicide prevention programs should teach students safe and positive ways to cope with everyday stressors, how to recognize depression and suicidal behaviors in oneself and peers, and how to help troubled peers get the assistance they need. For instance, in the Surviving the Teens’ Suicide Prevention and Depression Awareness Program, students are taught to

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### Table 4.2  
**Teen Suicide Warning Signs**

<table>
<thead>
<tr>
<th>Behavioral Warning Signs</th>
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</thead>
<tbody>
<tr>
<td>• Being depressed</td>
<td></td>
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<tr>
<td>• Changes in appetite/weight</td>
<td></td>
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<tr>
<td>• Changes in behavior</td>
<td></td>
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<tr>
<td>• Changes in school performance</td>
<td></td>
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<tr>
<td>• Helplessness/hopelessness</td>
<td></td>
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<tr>
<td>• Loss of energy</td>
<td></td>
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<tr>
<td>• Loss of interest in once-pleasurable activities</td>
<td></td>
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<tr>
<td>• Giving away cherished possessions</td>
<td></td>
</tr>
<tr>
<td>• Morbid ideation</td>
<td></td>
</tr>
<tr>
<td>• Substance use</td>
<td></td>
</tr>
<tr>
<td>• Withdrawn/isolated</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Verbal Warning Signs</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• “I am going to kill myself.”</td>
<td></td>
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<tr>
<td>• “I want to die.”</td>
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<tr>
<td>• “I can’t stand living anymore.”</td>
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<tr>
<td>• “Don’t worry about me. I won’t be around much longer.”</td>
<td></td>
</tr>
<tr>
<td>• “I don’t want to be a burden anymore.”</td>
<td></td>
</tr>
<tr>
<td>• “I’ve had it. I don’t want to bother anyone with my troubles anymore.”</td>
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<tr>
<td>• “My family would be better off without me.”</td>
<td></td>
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<tr>
<td>• “I’ve had enough. I am ending it all.”</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Stressful Life Events</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Changes in close relationships</td>
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<tr>
<td>• Recent disappointments (e.g., receiving a poor grade or not making a sports team)</td>
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<tr>
<td>• Recent losses (e.g., death of a loved one)</td>
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<tr>
<td>• Serious illness or the belief that one is seriously ill</td>
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</tbody>
</table>

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 Teens who self-identify as gay, lesbian, bisexual, or transgender are at elevated risk for negative mental health outcomes, including depression and suicide (Noell & Ochs, 2001). Gay and lesbian youth tend to experience depression at higher rates than heterosexual youth and also report contemplating and attempting suicide more frequently (Russell & Joyner, 2001). Approximately 17% of homosexual youth have seriously considered suicide or have made a suicide attempt (Teasdale & Bradley-Engen, 2010). Potential reasons as to why gay and lesbian youth are at higher risk for depression and suicide include increases in social stress, victimization, lack of perceived belongingness, and decreases in perceived social support and acceptance (Teasdale & Bradley-Engen, 2010). Gay and lesbian youth experience greater psychological distress than heterosexual youth (Meyer et al., 2007) as well as more victimization related to their sexual identity (such as derogatory comments, physical threats, and physical violence).

 Positive coping skills such as problem-solving skills, communication skills, conflict resolution skills and refusal skills, aid in lessening the likelihood that youth will engage in risky behaviors, such as suicide (King, Strunk, & Sorter, 2011). Open and ongoing communication helps to strengthen the bond between parents and children (King & Vidourek, 2011), thereby reducing teens’ engagement in risky behavior and increasing their engagement in pro-social behaviors.

**TEEN DEPRESSION AND SUICIDE INTERVENTION**

Since youth spend such a large amount of time in school, the school serves as an ideal site for effective prevention and intervention programs. At the school level, primary prevention and early
recognize depression and suicide signs through an array of educational activities including: real-life stories of teens who have experienced depression and attempted suicide, prevention materials, small group discussion, role plays, reading activities, and access to the program website (King, Strunk, & Sorter, 2011). A recent evaluation of the program revealed that students were significantly less likely at 3-month follow-up than at pretest to be currently considering suicide, to have made a suicidal plan or attempted suicide during the past 3 months, and to have stopped performing usual activities due to feeling sad or hopeless (King, Strunk, & Sorter, 2011). In addition, students’ self-efficacy in recognizing warning signs, appropriately intervening with at-risk peers, and plans to help others receive counseling assistance increased from pretest to posttest and 3-month follow-up. This is important to note since greater than half of teens report that they do not feel comfortable talking to a counselor about their problems (Armacost, 1990). These findings are also important because many teens first show warning signs to peers.

Depression and suicide are intricately intertwined among teens, with untreated depression being a leading cause of teen suicide.

With regards to intervention and treatment, some researchers have shown that programs employing interpersonal psychotherapy and Cognitive Behavioral Therapy can be effective in decreasing the incidence of teen depressive disorders (Horowitz et al., 2007). Cognitive Behavioral Therapy has particularly been shown to be cost-effective for the treatment and/or prevention of teen depression (Lynch & Clarke, 2006). Programs are needed to ensure that all youth become aware of the warning signs to look for in themselves and in their peers.

CONCLUSION

Despite numerous prevention and intervention efforts, teen depression and suicide continues to remain a major community health concern. Adults working with teens should ensure that their facility educates fellow colleagues and staff regarding teen depression and suicide. Youth showing warning signs of depression and/or suicide need to be detected early and then referred to appropriate mental health professionals. A key component to preventing adolescent depression is for professionals, parents/guardians, teachers, and youth to remain aware of such warning signs and risk factors and to appropriately intervene when necessary. In addition, efforts to promote positive mental health among teens are critical. The importance of building positive, protective factors in youth should be consistently sought. Strategies aimed at increasing protective factors among teens and fostering positive social connections should be a primary aim in positive youth development. As research indicates, the key component to effective depression/suicide prevention is the development of positive social and emotional connections among teens and supportive adults. Thus, getting teens positively connected to positive people and positive situations should remain the goal.

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