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GENERAL HOSPITAL

PSYCHIATRY ACADEMY

# Juvenile Depression & Suicide

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# Disclosures

Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.



# Diagnosis of Depression

The individual must be experiencing five or more symptoms during the same 2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.

- Depressed mood most of the day, nearly every day.
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.



# Diagnosis of Depression

- Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
- A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
- Fatigue or loss of energy nearly every day.



# Diagnosis of Depression

- Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
- Diminished ability to think or concentrate, or indecisiveness, nearly every day.
- Recurrent thoughts of death, [recurrent suicidal ideation](#) without a specific plan, or a suicide attempt or a specific plan for committing suicide.



# Etiology

## Biochemistry

- Neurochemistry
- Hormones
- Immune system activity

## Genetics

- 50% of the variance in the transmission of mood disorders is genetic

## Environment

- Having one depressed parent doubles the risk for child (both parents depressed quadruples the risk)
- Family conflict or divorce, continual exposure to abuse, neglect, violence or poverty, more rejection, less support, communication problems, recent stressor or loss



# What's Different about Juvenile Depression?

## Children

- somatic complaints, anxiety, withdrawn and sad appearance, poor self-esteem, mood-congruent auditory hallucinations
- behavioral problems, psychomotor agitation
- may have irritable mood instead of depressed mood

## Adolescents

- anhedonia, psychomotor retardation, delusions, hopelessness
- negativistic, restlessness, aggression, social isolation, school difficulties, substance abuse
- melancholia, suicide attempts (and lethality), impairment of functioning increase with age



# Phenomenology

- Not necessarily a life long illness with one episode
- Melancholic – decreased sleep, decreased appetite, diurnal variation
- Atypical–increased sleep, increased appetite, carbohydrate cravings, sensitivity to criticism
- Pseudo-dementia





# Phenomenology

- Reality testing intact or improved
- Depressive episodes are remembered
- Mistook for “tumult of adolescence”
- In young children, more often demoralization



# Epidemiology

Prevalence increases with increasing age

**Children:** point prevalence 1-2%

- Females=males

**Adolescents:** cumulative prevalence 14-25%

- Rate in females twice that in males



# Consequences of Depression

Increased risks for later adolescence and adulthood:

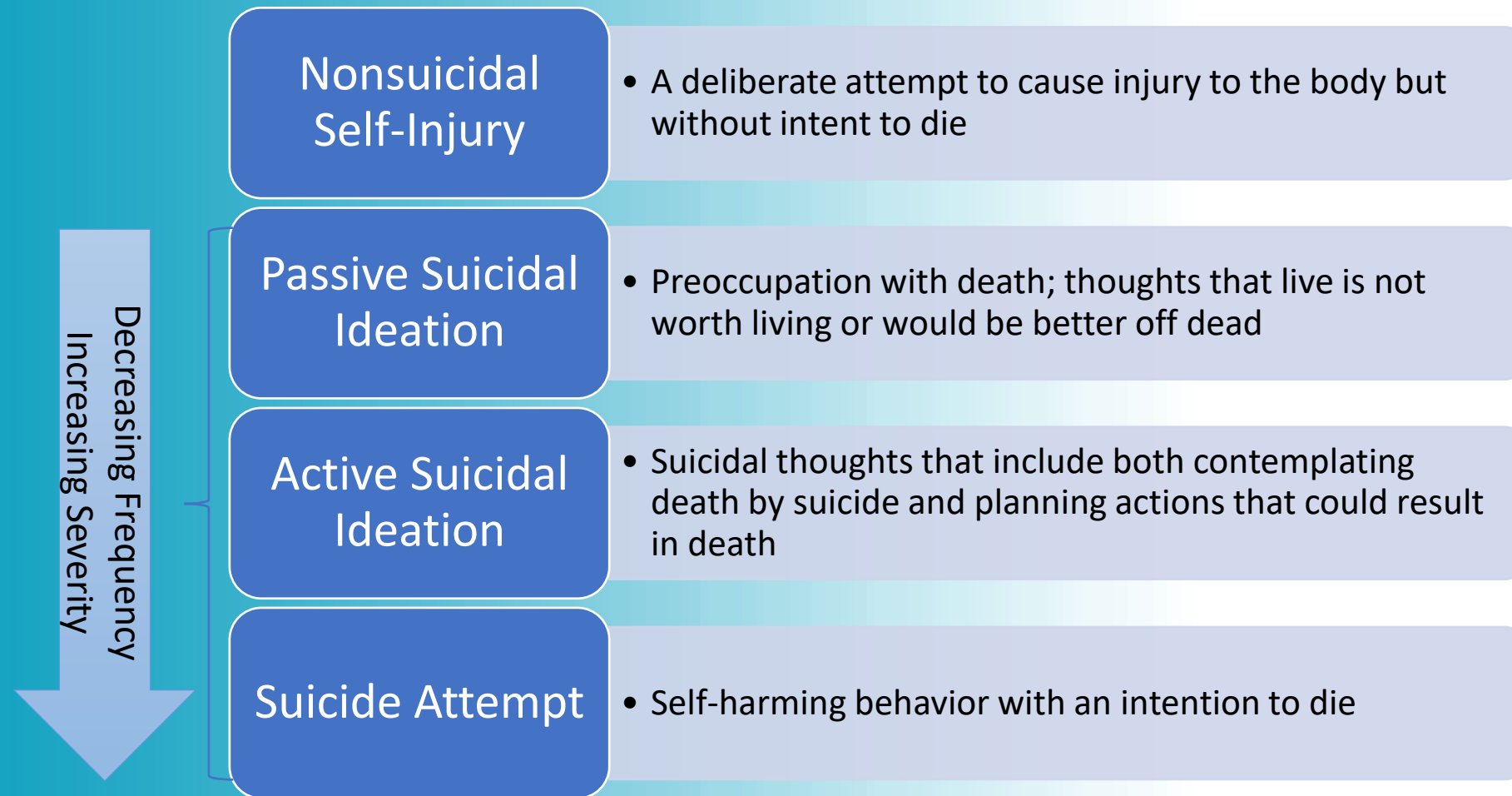
- Bipolar disorder
- Suicidal behavior
- Homicidal behavior
- Tobacco use
- Alcohol and drug use
- Impaired interpersonal relationships
- School problems
- Increased physical problems
- Early pregnancy
- Impairment in global functioning



# Treatment

- Treat the parents
- Treat co-morbidity
- Psychopharmacology
- CBT: 5 positive and 1 negative trial to date in children and 6 positive and 1 negative in adolescents
- Encourage increased physical activity (Psychosomatic Medicine, 2004)

# The Continuum of Suicide



# Youth Risk Behavior Survey



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- 16% of high school students reported hurting themselves without wanting to die, such as by cutting or burning on purpose, in the past 12 months.
  - Female students are nearly three times as likely as male students to self-harm during the past year
  - Self-harming behaviors do not differ by race
  - LGBT students are four times as likely as heterosexual/cisgender students to hurt themselves on purpose during the past year (48% of high school students)

# Youth Risk Behavior Survey



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- A quarter of students felt so sad or hopeless almost every day for at least two weeks during the past 12 months that they stopped doing some usual activities.
  - Female students are more than twice as likely as male students to report feeling so sad or hopeless that they stopped doing some activities.
  - Students of color are significantly more likely than white, non-Hispanic students to feel sad or hopeless.
  - LGBT students are nearly three times as likely as heterosexual/cisgender students to feel sad or hopeless (58%).

# Youth Risk Behavior Survey



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- Just over one in ten students made a plan about how they would attempt suicide during the past 12 months
  - Female students are more than twice as likely as male students to make a suicide plan during the past year.
  - Students of color are significantly more likely than white, non-Hispanic students to make a suicide plan.
  - LGBT students are more than four times as likely as heterosexual/cisgender students to make a suicide plan during the past year (33%).



# Youth Risk Behavior Survey



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- During the past 12 months, 5% of students attempted suicide.
  - Female students are nearly two times as likely as male students to attempt suicide during the past 12 months.
  - Students of color are significantly more likely than white, non-Hispanic students to attempt suicide.
  - LGBT students are more than four times as likely as heterosexual/cisgender students to attempt suicide during the past year (18%).

# Identify Warning Signs



- Strongest Warning Signs
  - Threatening to hurt or kill him/herself, or talking of wanting to hurt or kill him/herself
  - Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means
  - Talking about feeling hopeless or having no reason to live
- Other signs
  - Anxiety
  - Agitation, aggression
  - Insomnia or sleep disturbance
  - Increased alcohol or drug use
  - Withdrawing or feeling isolated
  - Rage or seeking revenge
  - Dramatic mood swings
  - Feeling trapped – like there's no way out

# Risk Factors

- Prior suicide attempt(s)
- History of depression or other mental illness
- Alcohol or drug abuse
- Family history of suicide or violence
- Exposure to suicide in community, social circles, or the media
- Physical illness or recent serious diagnosis
- Feeling alone
- Irritability, agitation, aggression
- Other mental health or emotional problems
- Chronic pain
- Insomnia
- Post-Traumatic Stress Disorder (PTSD)
- Traumatic Brain Injury (TBI)
- Events or recent losses leading to humiliation, shame or despair



# Protective Factors



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- Internal: ability to cope with stress, religious beliefs, frustration tolerance
- External: responsibility to family or beloved pets, positive therapeutic relationships, social supports



# Means Matter

The Harvard Means Matter Campaign and website asserts: “Means reduction” (reducing a suicidal person’s access to highly lethal means) is an important part of a comprehensive approach to suicide prevention. It is based on the following understandings:

- Many suicide attempts occur with little planning during a short-term crisis.
- Intent isn’t all that determines whether someone who attempts suicide lives or dies; means also matter.
- 90% of attempters who survive do NOT go on to die by suicide later.
- Access to firearms is a risk factor for suicide.
- Firearms used in youth suicide usually belong to a parent.
- Reducing access to lethal means saves lives.



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Thank you!