



# More Than Feeling Blue

## FINDINGS ON DEPRESSIVE SYMPTOMS AND SUICIDE ATTEMPTS

From the March 2007 Youth Risk Behavior Survey  
Arlington, Virginia

*The Youth Risk Behavior Survey (YRBS) asks young people about those behaviors and habits with the strongest link to their health.*

*This brochure looks at the results on persistent signs of depression and suicidal intentions from Arlington's March 2007 survey of middle and high school students.*

*It also suggests ways to get help if you (or a young person you know) show signs of depression.*

### WHAT ARE DEPRESSIVE SYMPTOMS?

“Depressive symptoms” refers to feelings of sadness and hopelessness that:

- Last for two weeks or more;
- Interfere with a young person's usual activities, such as school, sports, or hobbies.

*Depression is like all the happiness has drained out of you. Life is dull, grey, meaningless. You don't enjoy anything, even things you used to love.*

-Anonymous

### DEPRESSIVE SYMPTOMS ARE COMMON – AND A CONCERN

Nearly one-fourth of the young people in Arlington who took the 2007 Youth Risk Behavior Survey reported depressive symptoms. Among girls, the figure was higher – 25 percent compared to 18 percent of boys.

Children and youth with depressive symptoms may have depression – a serious, debilitating but treatable disease that can:

- Interfere with a young person's normal activities, friendships, and schooling;
- Put the young person at risk for substance abuse and suicide.

In 2007, about six percent of young people in Arlington reported that they had attempted suicide in the past year. And three percent had made more than one attempt.

### HOW WE DID THE SURVEY

These findings are based on a survey of about 2800 students enrolled in grades six, eight, ten and twelve in Arlington's public secondary schools. Participation was voluntary and anonymous. Parents had an opportunity to opt out their child. Only three percent did. Eighty-six percent of students in the classes chosen for the survey filled out a questionnaire. Most of those who did not were absent from school.

## **WHO'S AT RISK?**

While young people of all backgrounds report depressive symptoms and thoughts of suicide, some groups are more likely to experience them. In particular:

- ✓ Girls are more likely to report depressive symptoms and seriously considering suicide than boys. But boys and girls were equally likely to make a suicide attempt.
- ✓ Older youth (in 10<sup>th</sup> and 12<sup>th</sup> grade) are more likely to report depressive symptoms than those in 6<sup>th</sup> and 8<sup>th</sup> grade. However, young people in 8<sup>th</sup> and 10<sup>th</sup> grade were most likely to report attempting suicide.

## **FEWER AT-RISK SINCE 2001**

Since the 2001, the first year that the YRBS was administered in Arlington, there has been a significant reduction in the percent of youth reporting depressive symptoms and suicide attempts. Some statistics suggest that these behaviors are decreasing but the changes are too small to be certain. Nationwide, the percent high school youth who attempted suicide did not change from 2001 to 2005.

## **KEY FINDINGS**

In 2007, significantly fewer youth reported depressive symptoms and suicide attempts than did in 2001. Current data show that :

- ✓ Among youth in 6<sup>th</sup> grade, 15 percent reported depressive symptoms; 6 percent seriously considered suicide; and 6 percent attempted suicide.
- ✓ Among youth in 8<sup>th</sup> grade, 21 percent reported depressive symptoms; 11 percent seriously considered suicide; and 7 percent attempted suicide.
- ✓ Among youth in 10<sup>th</sup> grade, 21 percent reported depressive symptoms; 13 percent seriously considered suicide; and 9 percent attempted suicide.
- ✓ Among youth in 12<sup>th</sup> grade, 30 percent reported depressive symptoms; 13 percent seriously considered suicide; and 4 percent attempted suicide.
- ✓ Among youth in high school, 3 percent made more than one suicide attempt. Two percent of high school youth made a suicide attempt resulting in medical treatment.

## **DEPRESSIVE SYMPTOMS AND OTHER RISK BEHAVIORS**

Depressive symptoms seldom occur alone. Among Arlington youth who reported these symptoms, 85 to 90 percent reported at least one other risk behavior. Young people with these symptoms were more likely to struggle with school work. Only 60 percent reported getting mostly A's and B's compared to 72 percent of those without these symptoms.

## **DEPRESSION IS TREATABLE**

Depression is a serious medical illness but it can be treated. Families should seek professional help as soon as possible. Talk to a school counselor, doctor, or mental health professional. Usually, the earlier depression is treated, the better the chances of recovery and preventing its return.

## SIGNS OF DEPRESSION

Like adults, all children and teens feel “down,” have a bad day, or feel sad once in a while. But if these feelings last a long time or interfere with the child’s normal activities and friendships, they may be signs of clinical depression. Experts recommend that you talk with a doctor or mental health professional if your child or adolescent shows any of the following symptoms for more than two weeks:

- Frequent sadness, tearfulness, or crying
- Feelings of hopelessness
- Lack of energy, enthusiasm, motivation, or ability to concentrate
- Withdrawal from friends and activities such as sports or hobbies
- Major changes in eating or sleeping habits
- Increased irritability, agitation, or hostility to parents and friends
- Unexplained aches and pains, such as stomach aches or headaches
- Poor performance in school or a decrease in grades
- Recurring thoughts or talk of death, suicide, or self-destructive behavior

## HOW TO FIND SERVICES FOR YOUR CHILD

Look for help as soon as possible. If you are concerned about your child’s emotions or behavior, tell a doctor, teacher, counselor, social worker, religious advisor, friend or relative who understands child and adolescent development and mental health. Ask them for help in determining what the problem is and where to get services.

Explore all the available options to meet the needs of your child and family. To obtain information about mental health services for children, call (703) 228-1560. Experts from the Department of Human Services of Arlington will address your questions. There are also community organizations familiar with available services. To see a list of these organizations, go to [www.arlingtonva.us/departments/HumanServices/pdf/CitizensGuideIII12qxp.pdf](http://www.arlingtonva.us/departments/HumanServices/pdf/CitizensGuideIII12qxp.pdf)

In a crisis, call Emergency Mental Health Services at 703-228-5160 or 703 228-4256 (a 24-hour line). Or you can go directly with your child to Drewry Center at 1725 N. George Mason Drive until 9 PM.

**In a crisis**, contact Emergency Mental Health Services at (703) 228-5160 or (703) 228-2222 (24 hours per day). Or walk in with your child at Drewry Center, 1725 N. George Mason Drive, until 9 PM. They will be glad to help.

**For questions** about the data or the survey, contact Amy Graham, Data Coordinator, at 703-228-1668 or at [agraha@arlingtonva.us](mailto:agraha@arlingtonva.us).

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