

Stress and Young People

Stress damages virtually every kind of cognition that exists, including memory and executive function, motor skills, immune response and ability to sleep.⁶⁰

Children are frequent victims of stress because they are often unable to communicate their feelings accurately. Certain physical symptoms, notably repeated abdominal pain without a known cause, may be indicators of stress in children.⁶¹

A field study and laboratory tests support the notion that excessive stress is harmful to students' performance.⁶²

According to the American Psychological Association (APA), typical schoolchildren today report more anxiety than did child psychiatric patients in the 1950's.⁶³

9-13 year olds said they were more stressed by academics than any other stressor—even bullying or family problems.⁶⁴

A study of children who grew up in poverty showed a link between the amount of stress children experienced and impaired cognitive development.⁶⁵

Sleep Deprivation

Children between the ages of five and twelve need 10-11 hours of sleep each night.⁶⁶

Teens need an average of 9.25 hours of sleep each night.⁶⁷

A majority of adolescents get an average of seven hours of sleep per night, and one-quarter get six hours or less.⁶⁸

Insufficient sleep has been shown to cause difficulties in school, including disciplinary problems, sleepiness in class and poor concentration.⁶⁹

Approximately 80 percent of teens don't get the recommended amount of sleep; at least 15 percent fall asleep in school.⁷⁰

Sleep deprivation impacts cognitive functioning and increases the risk of depression, obesity and suicide.⁷¹

Early morning sleepiness in teens may be due to their circadian rhythms. Students who attend schools with later start times report less depression, their teachers report that the students are more alert and their parents report that their teens have improved moods.⁷²

Depression and Suicide

The number of 7 to 17 year olds who visited the doctor for depression more than doubled from 1995 to 2002, when 3.22 million children were treated.⁷³

Over 25% of adolescents have felt sad or depressed every day for 2 or more weeks at least once during a year's time.⁷⁴

Depression in adolescence comes at a time of great personal change-when boys and girls are forming an identity distinct from their parents, grappling with gender issues and emerging sexuality, and making decisions for the first time in their lives. Depression in adolescence frequently co-occurs with other disorders such as anxiety, disruptive behavior, eating disorders or substance abuse. It can also lead to increased risk for suicide.⁷⁵

Before puberty, boys and girls are equally likely to develop depressive disorders. By age 15, however, girls are twice as likely as boys to have experienced a major depressive episode.⁷⁶ Girls from suburban, wealthier communities are three times as likely to suffer from depression as compared with other adolescent girls.⁷⁷

A nationwide survey of youth in grades 9-12 in public and private schools in the United States (U.S.) found that 15% of students reported seriously considering suicide, 11% reported creating a plan, and 7% reported trying to take their own life in the 12 months preceding the survey.⁷⁸

Suicide is the third leading cause of death for 15-24 year olds.⁷⁹

Latino youth⁸⁰ and lesbian, gay, bisexual and transgender youth⁸¹ are more likely than their peers to attempt suicide.

Symptoms of Depression

This chart helps clarify some of the common symptoms of depression.⁸²

Category	Symptoms
Affective	Anxiety, depressed mood, irritable, morning depression worse than later in the day
Motivational	Loss of interest in activities, hopeless, helpless, suicidal thoughts or acts
Cognitive	Difficulty concentrating, worthlessness, guilt, low self-esteem, memory problems, difficulty with problem-solving
Behavioral	Isolated, easily angered or agitated, oppositional, risk-taking
Vegetative	Sleep problems, appetite change, weight change, energy loss, motor agitation
Somatic	Physical complaints, frequent stomachaches and headaches, body pains

The following chart shows risk and protective factors related to suicide and youth.⁸³

Key Context	Predisposing Factors	Contributing Factors	Precipitating Factors	Protective Factors
Individual	Previous suicide attempt Depression or other mental disorder (e.g., substance use disorder, anxiety, bipolar disorder, conduct disorder) Hopelessness Current suicidal thoughts/wish to die History of childhood neglect, sexual or physical abuse	Rigid cognitive style Poor coping skills Substance misuse Gay, lesbian, bisexual or transgender sexual orientation Impulsivity Aggression Hypersensitivity/anxiety	Loss Personal failure Humiliation Individual trauma Health crisis	Individual coping and problem-solving skills Willingness to seek help Good physical & mental health Experience/feelings of competence Strong cultural identity and spiritual beliefs
Family	Family history of suicidal behavior/suicide Family history of mental disorder Family history of child maltreatment Early childhood loss/separation or deprivation	Family discord Punitive parenting Impaired parent-child relationships	Loss of significant family member Death of a family member, especially by suicide Recent conflict	Family cohesion & warmth Positive parent-child connection Adults modeling healthy adjustment Active parental supervision High & realistic expectations
Peer	Social isolation & alienation	Negative youth attitudes toward seeking adult assistance Poor peer relationships Peer modeling of suicidal behaviors	Teasing/cruelty/bullying Interpersonal loss of conflict Rejection Peer death, especially by suicide	Social competence Healthy peer modeling Peer acceptance & support
School	Long-standing history of negative school experience Lack of meaningful connection to school	Reluctance/uncertainty about how to help among school staff	Failure Expulsion Disciplinary crisis	Success at school Interpersonal connectedness/belonging
Community	Multiple suicides Community marginalization Political disenfranchisement Socioeconomic deprivation	Sensational media portrayal of suicide Access to firearms or other lethal methods Reluctance/uncertainty about how to help among key gatekeepers Inaccessible community resources	High profile/celebrity death, especially by suicide Conflict with the law/incarceration	Opportunities for youth participation Availability of resources Community control over local services Cultural/spiritual beliefs against suicide

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For Parents: If you think your child may be depressed or suicidal

There are many resources to support you and your child. Below are some tips for talking to a depressed teen from Helpguide.org. (http://helpguide.org/mental/depression_teen.html). The website includes information about recognizing and treating depression and other mental health issues. Consider the tips below for communicating with your child. Remember that even with your best efforts to communicate, your child may want to talk with another adult about his or her concerns. Consider a social worker or counselor at your school, a private therapist, and/or another trusted adult or family member.

TIPS FOR TALKING TO A DEPRESSED TEEN

Offer support	Let depressed teenagers know that you're there for them, fully and unconditionally. Hold back from asking a lot of questions (teenagers don't like to feel patronized or crowded), but make it clear that you're ready and willing to provide whatever support they need.
Be gentle but persistent	Don't give up if your adolescent shuts you out at first. Talking about depression can be very tough for teens. Be respectful of your child's comfort level while still emphasizing your concern and willingness to listen.
Listen without lecturing	Resist any urge to criticize or pass judgment once your teenager begins to talk. The important thing is that your child is communicating. Avoid offering unsolicited advice or ultimatums as well.
Validate feelings	Don't try to talk teens out of their depression, even if their feelings or concerns appear silly or irrational to you. Simply acknowledge the pain and sadness they are feeling. If you don't, they will feel like you don't take their emotions seriously.

There are also national and local hotlines including the 24-hour suicide prevention and support hotline: National Suicide Prevention Lifeline at 1-800-273-TALK.

The Inspire Foundation (<http://www.inspire.org>) combines technology with direct involvement of young people to deliver innovative and practical online programs that prevent youth suicide and improve young people's mental health and well-being. The mission is to help millions of young people lead happier lives. The organization's work is backed by research and evaluation. Reach Out (<http://us.reachout.com/>) is their web-based initiative that offers information, support and resources to help

young people improve their understanding of mental health issues, develop resilience, and increase their coping skills and help-seeking behavior. The services provided are anonymous and help is available 24 hours a day.

You may also ask your child if he or she would like to speak to a mental health care provider and remind your teen that these conversations are confidential.