

One Hand On The Door

(Answers to questions patients like to ask as they are leaving, with one hand on the door!)

When should I refer to a Mental Health Professional?

If any of the following persists longer than two weeks:

- Restlessness and agitation
- Feelings of worthlessness and guilt
- Lack of enthusiasm and motivation
- Fatigue or lack of energy
- Difficulty concentrating
- Thoughts of death or suicide
- Sadness or hopelessness
- Irritability, anger, or hostility
- Tearfulness or frequent crying
- Withdrawal from friends and family
- Loss of interest in activities
- Changes in eating or sleeping habits

Immediate referral is warranted if someone is aggressive, suicidal, is abusing drugs or alcohol, or there has been an extreme change in behavior.

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Teens and Suicide Risk

A recent study published in *Pediatrics* suggests that parents and teens may underestimate the risk of suicidality in their community. In my own practice, parents are often surprised when I disclose to them that their child has had suicidal thoughts. Many parents still seem willing to overlook problematic behavior and excuse it as adolescent angst or identity issues. Failure to adequately recognize teen depression and suicidality is a serious issue. According to one study suicide is the third leading cause of death among teens.

Risk Factors

Risk factors for teen suicide are well known. They include use of illegal drugs and alcohol, relationship issues, and depression. Adolescents struggling with sexual orientation issues are at especially high risk. One survey found that 28% of gay and bisexual males and 20% of gay and bisexual females had made suicide attempts. One should not underestimate familial factors. A family history of depression or bipolar disorder should always be treated as a red flag, especially when accompanied by other warning signs.

Screening for Suicide Risk

Dramatic changes are clearly the most obvious indicators that something is amiss. This may include changes in personality, aggression (both verbal and physical), break up with a romantic partner, school avoidance, or withdrawal from groups and activities. Sometimes changes are more gradual, like changes in peer affiliation, decline in grades, and reducing participation in extracurricular activities. Other warning signs include changes in sleep or appetite, trouble concentrating, disorganized and confused thinking, writing notes, songs, or poems about death or suicide, talking about and joking about suicide, and reduced quality of homework.

Actions to Take

Talk about it! Do not be afraid to use the word suicide. Making an empathic connection is reassuring to teens. Ask if the individual has made a plan. Alert the parents. They must maintain close proximity to their child and remove all dangerous items from the household, including medication. Obviously, don't minimize the adolescent's distress. Remind the teen that their behaviors and decisions will have a life long impact on their family. Refer the adolescent to a mental health professional right away.

Is My Child's Anxiety Normal?

Parents often ask "Is my child's anxiety normal?" Because all children have worries from time to time this can be a difficult question to answer. In fact, Anxiety Disorders in children can go undetected by parents for quite some time. One in eight children experiences an anxiety disorder that necessitates treatment. Normal anxiety is often associated with a specific event. Perhaps the child has seen a scary movie, is concerned about a peer conflict, or is afraid that they have failed a test. When the child cannot control their worry, or their fears interfere with normal childhood activities, they need to be evaluated for an anxiety disorder. Typically "giving in" to the anxiety leads to an increasing spiral of anxiety and avoidant behavior.

Symptoms and behaviors that indicate anxiety may include restlessness or feeling keyed up or on edge, being easily fatigued, difficulty concentrating, irritability, muscle tension, and sleep disturbance. The child may exhibit behavioral difficulties such as school refusal, resistance to new activities, separation difficulties, difficulty playing alone, difficulty sleeping alone, or emergence of specific fears.

Fortunately psychological treatment of anxiety in children has been proven to be quite successful. Many children can benefit from psychotherapy and do not require medication, a significant concern for many parents. Simply educating parents and children about the nature of anxiety and then teaching ways to identify, assess, and change anxious thinking can help the parent and child immensely. Teaching a child to recognize the physiological symptoms of anxiety and to combat them with relaxation techniques is quite helpful. Children can easily learn how to use positive self-talk to deal with recurring worry and stress. Parents may also need to be educated in the best ways to aid their child with these anxiety disorders.

Self-Help Books for Children and Adolescents

- Jenny Is Scared! When Sad Things Happen in The World
- Sometimes I Get Sad (But Now I Know What Makes Me Happy)
- When Nothing Matters Anymore: A Survival Guide for Depressed Teens
- When Fuzzy Was Afraid of Big and Loud Things
- What To Do When You Worry Too Much: A Kid's Guide To Overcoming Anxiety
- The Power to Prevent Suicide (for teens)