

*The What & How
Warning Signs List
For Bullying,
Depression and
Suicide*

Compiled by Brenda High

Founder, Co-Director, Bully Police USA Inc.

www.BullyPolice.org

2007 - All material in this PDF file is free of copyright restrictions and may be copied, reproduced, or duplicated without permission; citation of the source is appreciated.

CONTENTS

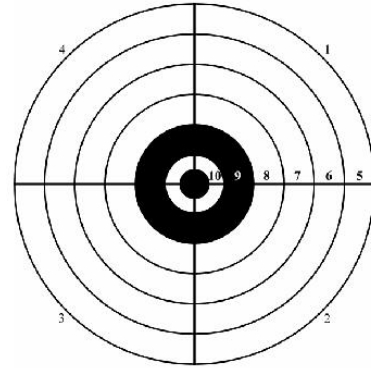
Part I -Targets, Victims, Bullies, Survivors	3
Targets	
WHAT makes your child a target?	
Victims	
Teachers - HOW to Spot a Victim of a Bully	
Parents - HOW to determine if your child is being bullied	
HOW victims might react to being bullied	
Bullies	
Bullies have problems too - WHAT to watch for	
Survivors	
WHAT might be the future attributes of a wounded child?	
Part II - Depression	8
WHAT Is Depression?	
WHAT Causes Depression?	
WHAT are some examples of TRIGGERS?	
WHAT are the symptoms of depression?	
WHAT is Bipolar Disorder?	
Getting Help	
Part III - Suicide	19
WHAT are the danger signs?	
Talk!	
Some Facts and Fables about Suicide	
Resources	23

Part I -Targets, Victims, Bullies, Survivors

Targets

WHAT makes your child a target?

- Special Education Students
- Religious students
- The minority race within that school
- Students who have cleanliness issues
- Popular students - unpopular students
- Teens open about their sexuality or suspected of being gay
- Shy and unconfident Students
- Small or skinny students
- Large or overweight students
- Friendless students
- Smart students - Not so smart students
- Talented students
- Students from poorer families
- ...Anyone the bully decides to target



We are ALL Walking Targets

Victims

For Teachers

HOW to Spot a Victim of a Bully

Look for the lone child on the playground

Look for the student who has no friends

Look for the student who doesn't care

Look for the student who has issues

Look for the student who is different

Look for the student who's grades are falling.

Look for the student who may be on drugs or medication



For Parents

HOW to determine if your child is being bullied

(Also, a depression trigger)

Signs of possible bullying - children may...

- Refuse to talk about what's wrong
- Be frightened of walking to and from school - Change their usual route
- Not want to go on the school bus or may beg someone to drive them to school
- Be unwilling to go to school (or be 'school phobic') - Truancy
- Feel ill in the mornings
- Do poorly in their school work
- Come home regularly with clothes or books destroyed
- Come home seemingly starving (bully is taking or extorting lunch money)
- Continually 'lose' their pocket or lunch money
- Have their possessions go missing

- Ask for money or start stealing (to pay the bully) - Shoplifting
- Become withdrawn, start stammering, lack confidence, become distressed and anxious
- Stop eating - Eat too much
- Cry themselves to sleep
- Have nightmares
- Have unexplained bruises, cuts, scratches
- Begin to bully other children or siblings
- Become aggressive and unreasonable - out of character
- Attempt or threaten suicide
- Give improbable excuses for any of the above

(A full 11-page report, "Is your child being bullied?" can be found at www.bullycide.org/17waystofindout.html)

HOW victims might react to being bullied

- Most will not retaliate or make assertive responsive
- Can have physical effects - illnesses, stress-related disorders, attempted and completed suicide
- Can have emotional effects - feelings of isolation, increased fear, anxiety, depression
- Can have academic effects - truancy, absence due to illness, decreased class participation, poor concentration
- Don't report bullying because 1) fear of retaliation 2) think they are at fault and 3) don't think adults will listen, won't do anything or can't do anything
- Temperament more likely to be quiet and/or shy

Bullies

Bullies have problems too - **WHAT** to watch for

- They can't take responsibility for themselves, even when caught in the act
- Sneaky, a very convincing liar and a blamer
- Are threatening and controlling and will frequently use their parents, their parent's wealth or social status as a method of controlling their victims or targets - threaten lawsuits when caught
- Frequently out of control or angry at small things
- Verbally and physically abusive (at school, at home and at play) - a student with bad language
- Jealous and possessive (sharing is a concept that isn't understood)
- May not care or isn't bothered by the pain of others
- The bully may have personal issues (trying to "prove themselves")
- May be on drugs and alcohol
- Frequently members in a gang - defiant towards authority
- Feels they need to be popular at any cost



Survivors

WHAT might be the future attributes of a wounded child?



Here are some consequences a child might have after “taking too many arrows to the heart.”

- Long-term bitterness and resentment
- Lower grades – failure to get into college – dropping out of school
- Depression and self loathing
- Lack of trust – bad relationships or problems keeping a job
- The desire to “get even” – Columbine
- Suicidal thoughts, attempts or completion

I would like to add a few thoughts for parents...If your child has been a victim of bullying, please work hard to move them out of victimization and into survivorship with counseling, therapy or self-concept building activities. (Self-defense classes, Art Therapy, Drama classes, talent building activities, for example.)

There are many stories of children who *were* bullied, got help, and/or joined programs and activities and their lives changed for the better. Many of these children have become respected leaders in their community, growing into confident, responsible and happy individuals with no lasting emotional effects. It really is about finding the resources to help the bullied child take a different, positive and proactive path as part of their healing process. ...This process can start AFTER the bullying has stopped.

Part II - Warning Signs for Depression

WHAT Is Depression?

What depression is not - Depression is not simply "the blues" or a "bad hair day".

What depression is - Depression is a mental cloud over the brain, a Chemical Imbalance, "messing up" the logic it (the brain) receives and disperses. Depression can cause indecision and dysfunction within every balance of life, spiritual, mental, physical, financial, family relationships and in society.

Technical/Physical - The Pituitary Gland, which controls all the other glands in your body, also controls the adrenals. The Adrenal Glands sit on the back of your kidneys and puts out a stimulant / adrenaline, which is the fight or flight mechanism. It is the thing that gets you tensed up and excited, it makes all your muscles ready to respond quickly to you. It speeds up your heart rate so that it will supply blood (prepares quickly). **The problem is** that if you build up too much adrenaline it begins to attack your body. It's a very powerful hormone and it uses up energy quickly. If you are under stress and you get tense, **you get tired**. You are using up blood sugar to keep your muscles tense and to keep the heart beating.

Having a balance (mind, body, spirit) is essential to every human being. Take one of these balances out of you life and you'll be traveling on a broken wheel. As an example: Healthy body - What would happen if you were in a car accident, injured and required long-term recuperation? Your lack of physical capacities might depress your mind and spirit as well as your body. You may

begin to have, what I call "stinkin thinkin," which may cause depression to sink in as well as possible thoughts of suicide.

Interesting notes and statistics on depression:

- People with depression are 20X more likely to have an accident on the road because of the characteristics of depression, can't concentrate, can't focus, and the mind wanders.
- Road Rage is a Stress incident related to the Pituitary gland which kicks up the adrenals, then your body goes to "ready" and tensed up mode.
- An Experimental treatment is being researched at B.Y.U., and in Europe, using a "**transcranial magnetic stimulator**" for treating serious clinical depression.
- The difference between a Psychologist and a Psychiatrist - A Psychologist is a "talk/listen" Therapist and a Psychiatrist is a Medical Doctor.
- The number one cause of suicide is UNTREATED DEPRESSION.

WHAT Causes Depression?

Triggers cause depression! - Definition: Depression Triggers - "*Anything that happens physically or emotionally, such as an injury or bad learning experience, that can cause an imbalance within the normal brain function.*" Cardell Smith

Watch for events in the child's or adults life that might trigger depression.

Depression triggers are more likely to be, 'sudden' triggers, or the unexpected events of life. When the event happens most people do not think of the long term effects of the trigger. It may be as soon as a day to several months before depression can be diagnosed because of the trigger event.

WHAT are some examples of **TRIGGERS**?

- A death of a family member or close friend.
- An assault, car accident or painful physical event - which could include physical bullying
- A painful mental, or emotional event - which could include non-physical bullying
- Marriage breakup, or love lost suddenly - which could include "breaking up" with a girlfriend or boyfriend
- Constant physical, mental, or emotional pain that goes on for a length of time - which includes constant bullying that is not intervened, resolved or stopped entirely
- Developing a disease or illness that will not get better.
- Major Financial setback - which includes a teenager who may have lost a job
- Something "embarrassing" happens.
- Failing an important exam at school (not normally a trigger unless the exam was life changing and the individual taking the test was under a lot of stress).
- A best friend moves out of town - especially true for teenagers who are being bullied and have very few friends as it is
- Consistently bad eating habits (carbonation, white flour & sugar)
- Substance abuse.
- A Rape, or sexual attack, by a known or unknown person.
- Consistent lack of exercise which can cause weight gain.
- Weight gain.

WHAT are the symptoms of depression?

It can be very hard to diagnose depression. There are many different kinds of depression. Within the Depression family there are many disorders, some unpronounceable, and some not, as yet researched. Some of the more well known related depression disorders are; Anxiety, Post Traumatic Stress Disorder (PTSD) and Bi-Polar Depression.

And not all people will have the same symptoms of depression, or have them to the same degree. But, here are some symptoms to watch for:

- Persistent sad or "empty" mood
- Feeling hopeless, helpless, worthless
- Pessimistic and or guilty attitude
- Substance abuse
- Fatigued or loss of interest in ordinary activities
- Persistent boredom, difficulty concentrating, or a decline in the quality of schoolwork
- Disturbances in eating and sleeping patterns
- Irritability, increased crying, anxiety, PTSD, and panic attacks
- Nervous behavior, heavy breathing or stomach aches appear when stressed
- Difficulty concentrating, remembering or making decisions
- Thoughts of suicide; suicide plans or attempts
- Persistent physical symptoms or pains that do not respond to treatment
- Violent actions, rebellious behavior, running away
- Change in eating / sleeping habits
- Withdrawal from friends, family, regular activities
- Unusual neglect of personal appearance

- Marked personality change
- Frequent complaints of stomachaches, headaches, fatigue
- Loss of interest in pleasurable activities
- Not tolerating praise or rewards
- May complain of being a "bad" person or feeling rotten inside
- Become suddenly cheerful after a period of depression
- Actually verbalize the desire to kill themselves
- Persistent sad or "empty" mood
- Feeling hopeless, helpless, worthless
- pessimistic and or guilty
- Substance, drug and/or alcohol abuse
- Irritability, increased crying, anxiety and panic attacks, (Post Traumatic Stress Disorder)
- Difficulty concentrating, remembering or making decisions
- Thoughts of suicide; suicide plans or attempts
- Persistent physical symptoms or pains that do not respond to treatment

If any of these symptoms last more than a few weeks, especially after a known trigger event, a doctor or psychiatrist should be consulted. Sometimes, just being diagnosed with a depressive disorder will awaken the individual enough to get the help they need and get on the road to recovery.

WHAT is Bipolar Disorder?

Bipolar disorder, which is also known as manic-depressive illness is a mental illness involving episodes of serious mania and depression. The person's mood usually swings from overly "high" and irritable to sad and hopeless and then back again, with periods of normal mood in between.

Bipolar disorder typically begins in adolescence or early adulthood and continues throughout life. It is often not recognized as an illness, and people who have it may suffer needlessly for years or even decades.

Effective treatments are available that greatly alleviate the suffering caused by bipolar disorder and can usually prevent its devastating complications. These include marital break-ups, job loss, alcohol and drug abuse, and suicide.

AWARENESS - Manic-Depressive Illness Has a Devastating Impact on Many People.

- At least 2 million Americans suffer from manic-depressive illness. For those afflicted with the illness, it is extremely distressing and disruptive.
- Like other serious illnesses, bipolar disorder is also hard on spouses, family members, friends, and employers.
- Family members of people with bipolar disorder often have to cope with serious behavioral problems (such as wild spending sprees) and the lasting consequences of these behaviors.
- Despite vigorous research efforts, a specific genetic defect associated with bipolar disorder disease has not yet been detected.
- Bipolar illness has been diagnosed in children under age 12, although it is not common in this age bracket. It can be confused with attention-deficit/hyperactivity disorder, so careful diagnosis is necessary.

RECOGNITION - Bipolar disorder involves cycles of mania and depression.

Signs and symptoms of mania include discrete periods of:

- Increased energy, activity, restlessness, racing thoughts, and rapid talking
- Excessive "high" or euphoric feelings
- Extreme irritability and distractibility
- Decreased need for sleep
- Unrealistic beliefs in one's abilities and powers
- Uncharacteristically poor judgment
- A sustained period of behavior that is different from usual
- Abuse of drugs, particularly cocaine, alcohol, and sleeping medications
- Provocative, intrusive, or aggressive behavior
- Denial that anything is wrong

Signs and symptoms of depression include discrete periods of:

- Persistent sad, anxious, or empty mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in ordinary activities
- Decreased energy, a feeling of fatigue or of being "slowed down"
- Difficulty concentrating, remembering, making decisions
- Restlessness or irritability
- Sleep disturbances
- Loss of appetite and weight, or weight gain
- Chronic pain or other persistent bodily symptoms that are not caused by physical disease
- Thoughts of death or suicide; suicide attempts

It may be helpful to think of the various mood states in manic-depressive illness as a spectrum or continuous range. At one end is severe depression, which shades into moderate depression; then come mild and brief mood disturbances, then normal mood, then hypomania (a mild form of mania), and then mania.

Some people with untreated bipolar disorder have repeated depressions and only an occasional episode of hypomania (bipolar II). In the other extreme, mania may be the main problem and depression may occur only infrequently. In fact, symptoms of mania and depression may be mixed together in a single "mixed" bipolar state.

Descriptions provided by patients themselves offer valuable insights into the various mood states associated with bipolar disorder:

Depression:

I doubt completely my ability to do anything well. It seems as though my mind has slowed down and burned out to the point of being virtually useless....[I am] haunt[ed]...with the total, the desperate hopelessness of it all... Others say, "It's only temporary, it will pass, you will get over it," but of course they haven't any idea of how I feel, although they are certain they do. If I can't feel, move, think, or care, then what on earth is the point?

Hypomania:

At first when I'm high, it's tremendous...ideas are fast...like shooting stars you follow until brighter ones appear...all shyness disappears, the right words and gestures are suddenly there...uninteresting people, things, become intensely interesting. Sensuality is pervasive, the desire to seduce and be seduced is irresistible. Your marrow is infused with

unbelievable feelings of ease, power, well-being, omnipotence, euphoria...you can do anything...but, somewhere this changes.

Mania:

The fast ideas become too fast and there are far too many...overwhelming confusion replaces clarity...you stop keeping up with it--memory goes. Infectious humor ceases to amuse. Your friends become frightened...everything is now against the grain...you are irritable, angry, frightened, uncontrollable, and trapped.

Recognition of the various mood states is essential so that the person who has manic-depressive illness can obtain effective treatment and avoid the harmful consequences of the disease, which include destruction of personal relationships, loss of employment, and suicide.

Manic-depressive illness is often not recognized by the patient, relatives, friends, or even physicians.

- An early sign of manic-depressive illness may be hypomania--a state in which the person shows a high level of energy, excessive moodiness or irritability, and impulsive or reckless behavior.
- Hypomania may feel good to the person who experiences it. Thus, even when family and friends learn to recognize the mood swings, the individual often will deny that anything is wrong.
- In its early stages, bipolar disorder may masquerade as a problem other than mental illness. For example, it may first appear as alcohol or drug abuse, or poor school or work performance.
- If left untreated, bipolar disorder tends to worsen, and the person experiences episodes of full-fledged mania and clinical depression.

Getting Help

Anyone with bipolar disorder should be under the care of a psychiatrist skilled in the diagnosis and treatment of this disease.

Other mental health professionals, such as psychologists and psychiatric social workers, can assist in providing the patient and his or her family with additional approaches to treatment.

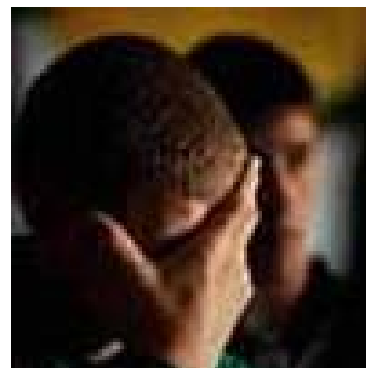
Help can be found at:

- University- or medical school-affiliated programs
- Hospital departments of psychiatry
- Private psychiatric offices and clinics
- Health maintenance organizations
- Offices of family physicians, internists, and pediatricians
- Websites that specialize in depression information and resources

People With Manic-Depressive Illness Often Need Help To Get Help.

- Often people with bipolar disorder do not recognize how impaired they are or blame their problems on some cause other than mental illness.
- People with bipolar disorder need strong encouragement from family and friends to seek treatment. Family physicians can play an important role for such referral.
- If this does not work, loved ones must take the patient for proper mental health evaluation and treatment.

- If the person is in the midst of a severe episode, he or she may have to be committed to a hospital for his or her own protection and for much needed treatment.
- Anyone who is considering suicide needs immediate attention, preferably from a mental health professional or a physician; school counselors and members of the clergy can also assist in detecting suicidal tendencies and/or making a referral for more definitive assessment or treatment. With appropriate help and treatment, it is possible to overcome suicidal tendencies.
- It is important for patients to understand that bipolar disorder will not go away, and that continued compliance with treatment is needed to keep the disease under control.
- Ongoing encouragement and support are needed after the person obtains treatment, because it may take a while to discover what therapeutic regimen is best for that particular patient.
- Many people receiving treatment also benefit from joining mutual support groups such as those sponsored by the National Depressive and Manic Depressive Association (NDMDA), the National Alliance for the Mentally Ill (NAMI), and the National Mental Health Association.
- Families and friends of people with bipolar disorder can also benefit from mutual support groups such as those sponsored by NDMDA and NAMI.



Part III - Suicide

When Depression has spiraled out of control, **WHAT** are the danger signs that a person thinking of suicide?

- Talking about suicide, or killing oneself, even in a joking manner
- Give verbal hints such as "I won't be a problem for you much longer"
- Statements about hopelessness, helplessness, or worthlessness
- Preoccupation with death (may search the internet on methods of suicide)
- Suddenly happier, calmer, when there has been a history of depression – out of character
- Loss of interest in things one used to care about
- Visiting or calling people one cares about (seemingly to say “good-bye”)
- Making arrangements; setting one's affairs in order
- Clean up their room (which may be out of character) - Giving things away

The statistics show that that suicide is the 3rd leading cause of death among those 15 to 25 years of age and the 6th leading cause of death among those 5 to 14 years of age. Can you believe that 5 year olds are killing themselves! Are these isolated incidents? No, its estimated that 500,000 teenagers try to kill themselves every year, and about 5000 succeed. That's right up there with cancer and homicide.

Studies have shown that as many as fifty percent of the general public have seriously considered suicide as a solution to our problems. It's very likely then that at some time in everyone's life, everyone has had, at least, a passing thought of suicide. The danger is when a person thinks about suicide while they have depression - when thoughts have a hard time escaping the entrapment of a clouded brain.

T A L K about DEPRESSION TRIGGERS, DEPRESSION, & SUICIDE!

Some people think that by talking about suicide, the attention might encourage others to die by suicide. Actually, the opposite is true. Talking about suicide gives thought to the consequences and victims left behind. And with a little help and time, almost anyone can be helped with depression and suicidal feelings. But it has to be talked about first! It is communication that saves lives when it comes to the subject of suicide.

Some Facts and Fables about Suicide

FABLE: People who talk about suicide don't commit suicide.

FACT: Of any ten persons who kill themselves, eight have given a definite warning of their suicidal intentions.

FABLE: Suicide happens without warning.

FACT: Studies reveal that the suicidal person gives many clues and warnings regarding his suicidal intentions.

FABLE: Suicidal people are fully intent on dying.

FACT: Most suicidal people are undecided about living or dying, and they "gamble with death," leaving it to others to save them. Very few suicidal people die by suicide without letting others know how he/she is feeling.

FABLE: Once a person is suicidal, he is suicidal forever.

FACT: Individuals who wish to kill themselves are "suicidal" only for a limited period of time.

FABLE: Improvement following a suicidal crisis means that the suicidal risk is over.

FACT: Most suicides occur within about three months following the beginning of "improvement" when the individual has the energy to put his morbid thoughts and feelings into effect.

FABLE: Suicide strikes much more often among the rich.

FACT: Suicide is neither the rich man's disease nor the poor man's curse. Suicide is very "democratic" and is represented proportionately among all levels of society.

FABLE: Suicide is always inherited or "runs in the family".

FACT: Suicide does not always run in families. It is more likely to be an individual pattern based on depressive triggers.

FABLE: All suicidal individuals are mentally ill, and suicide always is the act of a psychotic person.

FACT: Studies of hundreds of genuine suicide notes indicate that although the suicidal person is extremely unhappy, he may not be mentally ill.

Resources

National Institute of Mental Health

Public Inquiries, Room 7C-02

5600 Fishers Lane

Rockville, MD 20857

National Depressive and Manic Depressive Association

730 Franklin Street, Suite 501

Chicago, IL 60610

(312) 642-0049; (312) 642-7243 FAX; 1-800-826-3632

National Alliance for the Mentally Ill

200 North Glebe Road, Suite 1015

Arlington, VA 22203-3754

(703) 524-7600; (703) 524-9094 FAX; 1-800-950-NAMI (6264)

National Foundation for Depressive Illness

P.O. Box 2257

New York, NY 10116

(212) 268-4260; (212) 268-4434 FAX; 1-800-248-4344

National Mental Health Association

1021 Prince Street

Alexandria, VA 22314-2971

(703) 684-7722; (703) 684-5968 FAX; 1-800-969-NMHA (6642)