

**Unit 3 Part 1: Suicide and Depression Worksheet**  
**Online Assignment (1H)**  
**Due 6/20/2022 by 0800**

**Directions: Use Chapters 11 and 16 in the textbook to answer the questions below. Place your completed assignment in the “Unit 3 Part 1: Suicide and Depression Worksheet” Dropbox by **0800 on 6/12/2023.****

***In order to receive full credit (1-hour class time) for this assignment, it must be completed in its entirety by the due date/time assigned. Any assignment not completed in its entirety will result in missed class time.***

1. How do age, race, and gender affect suicide risk?  
Men have a higher completion rate for suicide, but women are more likely to attempt suicide. Adolescents and the elderly are labeled as high-risk population. While statistics show that the highest numbers within the age group of 45- 54-year-olds along with increasing numbers in children. Along with these factors the highest rates are seen within the non- Hispanic American Indian/ Alaska native, and the non-Hispanic white population.
2. Your neighbor tells you he is going to visit his sister-in-law in the hospital. The sister-in-law has been hospitalized after attempting suicide. Your neighbor asks, “What should I say when I go to visit Jane?” What suggestions might you give him?  
I would tell them to be supportive. Don’t act like they are ill, accept and be upfront with the fact that they tried to harm themselves. Do not make the situation about you. There is nothing you can do to change the situation. You need to make the patient feel safe, let them know that they can always come to you for any reason without judgement.
3. John’s father committed suicide when John was a teenager. John’s wife, Mary, tells the mental health nurse that she is afraid John “inherited” that predisposition from his father. How should the nurse respond to Mary?  
While there is research showing a connection there is a potential for genetic predisposition, there is no concrete evidence to support this. If you feel that your husband is having mental health problems seek help for him, talk to him and show him support. Do not sweep things under the rug or wait until they get to a point of no return. Men especially feel that they have to hide their feelings.
4. The nurse notes that the mood of a patient being treated for depression and suicidal ideation suddenly brightens and the patient states, “I feel fine now. I don’t feel depressed anymore.” Why would this statement alert the nurse of a potential problem?  
They are feeling a burst of energy, which means they are more likely to commit suicide and should be closely monitored.
5. Alterations in which of the neurotransmitters are most closely associated with depression? What are the functions of each? (Refer to chapter 2 page 19-24)  
Acetylcholine: sleep, arousal, pain perception, motor control, learning, and memory.  
Norepinephrine: regulation of mood, cognition, perception, attention, vigilance, memory, cardiovascular functioning, and sleep-wake cycle.  
Dopamine: movement and coordination, emotions, voluntary judgement, release of prolactin.

Serotonin: Sleep and arousal, libido, appetite, mood, aggression, pain perception, coordination, judgement.

Histamine: Wakefulness, pain sensation and inflammatory response.

GABA: slowdown of body activities, reduces the activity of neurons to which it binds.

Glycine: Recurrent inhibition of motor neurons.

Glutamate and aspartate: relay of sensory information and in the regulation of various motor and spinal reflexes.

D-serine: binds at NMDA receptors and with glutamate is a co-agonist whose functions include mediating NMDA receptor transmission, synaptic plasticity, neurotoxicity.

Endorphins and Enkephalins: modulation of pain and reduces peristalsis.

Substance P: regulation of pain.

Somatostatin: Depending on part of the brain being affected, stimulates release of dopamine, serotonin, norepinephrine, and acetylcholine, and inhibits release of norepinephrine, histamine, and glutamate. Also acts as a neuromodulator for serotonin in the hypothalamus.

6. Behaviors of depression often change with the diurnal (of or during the day) variation in the level of neurotransmitters. Describe the difference in this phenomenon between moderate and severe depression.

Moderate depression is feeling of sadness, hopelessness. Behaviors are slowed motor response, including speech. Isolation from social environments. Decreased personal hygiene efforts. Patient may be gaining or losing weight. Sleeping too much or too little. Physical pain.

Severe depression is feelings of emptiness, completely hopeless or worthless. No feelings of pleasure. Motor functioning is slowed to the point of no movement completely. No communication whatsoever. Absolutely no personal hygiene. Complete social isolation.

Delusions are occurring, mostly somatic delusions. Patient is confused and indecisive. Can't concentrate. Thoughts of suicide.

7. All antidepressants carry a black box warning. What is it?  
Increased risk of suicidal ideations.