

Unit 3: Suicide and Depression Worksheet
Online Assignment (1H)
Due 6/10/2024 by 0800

Directions: Use Chapters 11 and 16 in the textbook to answer the questions below. Place your completed assignment in the “Unit 3: Suicide Prevention Online Assignment” Dropbox by **0800 on 6/10/2024**.

In order to receive full credit (1H 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 by the due date and time will result in missed class time and must be completed by the end of the semester to pass the course.

1. How do age, race, and gender affect suicide risk?
The age group with the highest rate of suicide is the 45–60-year-old age group and the second highest being elderly of 85 and older. The race with the highest suicide rate is whites followed by, native American and Alaskan. More women than men attempt, but more men succeed. The percentage being 30% of women succeed and 70% of men.

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?
You could tell your neighbor that you are there to listen and encourage him to tell you about his feelings. You can actively listen to him and say things such as “I am here for you.”

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?
The nurse should start by gathering a full family history. She should ask John if he feels depressed, is aggressive, or has a sense of hopelessness or shame. She should ask him if he is employed or unemployed. She should also refer him to a therapist to talk about his 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?
This statement should alert the nurse of a potential problem because if this patient is on medications for their mental health, they might stop taking their medications if they feel better and this could result in them having worse symptoms and needing to be admitted to the hospital until their medications are back in line. Just because this patient feels better right now, doesn’t mean they still don’t have a risk for suicide.

5. Alterations in which of the neurotransmitters are most closely associated with depression?

Serotonin

6. Depression in adolescence is very hard to differentiate from the normal stormy behavior associated with adolescence. What is the best clue for determining a problem with depression in adolescence?
A visible manifestation of behavioral change that lasts for several weeks

7. Behaviors of depression often change with the diurnal variation in the level of neurotransmitters. Describe the difference in this phenomenon between moderate and severe depression.
In severe depression the symptoms are more intense. Patients with severe depression will have a flat affect whereas those with moderate depression will maintain a pessimistic outlook. Those with moderate depression may not feel like doing any of their usual activities, those with severe depression have a complete inability to do/make most movements or maintain personal hygiene habits. Those with moderate depression have a slowed thinking process. Those with severe depression have a lot of confused thinking and/or delusions. Those with moderate depression usually feel best early in the morning and feel progressively worse as the day moves on; the opposite is true in severe depression.

8. All antidepressants carry a black box warning. What is it?
A warning that the drug may increase suicidal thoughts/ideation in patients diagnosed with MDD. As antidepressants take effect and mood begins to lift, the individual may have increased energy with which to implement a suicide plan. Suicide potential often increases as level of depression decreases. The nurse should be alert to sudden lifts in mood.