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

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?

    More women than men attempt suicide, but men succeed more often. This rate reflects the lethality of the means. Women are more likely to than men to seek and accept help from friends or professionals. Adolescents and the elderly have been identified as the high-risk group but recently an increase in 45-54 age group has been increasing meaning that nurses should screen everyone for suicide risk. The CDC reports that the highest rates across the life span are occurring among non-hispanic American Indian/Alaska native and non-hispanic white. These 3 factors affect suicide risk by acknowledging that these have been statistically identified as factors suggesting a more immediate concern.

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?

    Some suggestions that one might give him would be to acknowledge how the patient may be feeling at this time. One can offer therapeutic communication by using silence sometimes not saying anything but just being present may help. Let the patient know how much you care for them and if you couldn't express your feelings before then now would be the time to do so. Offer assistance to seek further professional help. One must be open to the patients feelings and have empathy for what they may be feeling.

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 respond by asking Johns wife if they are displaying any warning signs such as feelings of hopelessness?, Rage, anger, dramatic changes in mood, social isolation?, acting recklessly? One should tell Mary that they do hit one of the warning signs of having a prior

traumatic life events. One should recommend John to come in to get screened. One should see if John is under a lot of stress and ask about they are unemployed or any recent financial difficulties as well.

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 would alert the nurse of a potential problem of a increased risk of suicide. Before with depression they did not have the motivation or energy to commit the act but now that they have energy they have a potential for committing the act. One must assess their mood thoroughly and if they might be at risk for stopping their medication and that could cause serious side effects.

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

Disturbances in serotonin and nor-epinephrine have been closely associated with depression.

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?

The best clue for determining a problem with depression in adolescence would be a visible manifestations of behavioral change that lasts for several weeks is the best clue for a mood disorder.

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.

For moderate depression anorexia or overeating, insomnia or hypersomnia; sleep disturbances; ammenorhea, decreased libido, headaches, backaches, chest pain, abdominal pain, low energy levels, fatigue and listlessness, they feel best in the morning and continually worse as the day progresses. (related to the diurnal variation in the level of neurotransmitters)

For severe depression it would a general slow down of the entire body, reflected in sluggish digestion, constipation, and urinary retention, amenorrhea, impotence, diminished libido,

anorexia, weight loss, difficulty falling asleep and awakening early in the morning and somewhat better as the day progresses. (related to the diurnal variation in the level of neurotransmitters)

8. All antidepressants carry a black box warning. What is it?

All of them carry a black box warning for risk of sudden death in elderly patients with neurocognitive disorders and recent population-based cohort found out that there is a similar increased risk of mortality in middle-aged adults.