

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?

Age:

- Age and suicide risk are positively correlated.
- For women risk remains consistent throughout the life span.
- For men the risk increases with age.
- Adolescents and the elderly have been identified as the groups with the highest risk for suicide, generally, but recent studies have shown that ages 45-54 have the highest incidence as well as showing an increase in the incidences among children. This lets us know that suicide risks need to be assessed at all ages.

Race:

- White populations are shown to have the highest rate of suicide
- The second highest rate of suicide is among American Indians and Alaska Natives.
- Black, Pacific Islanders and Asian populations have much lower rates.

Gender:

- More women attempt suicide than men. However, men are more successful in suicide attempts than women.
- Men use more lethal means than women. Women tend to use drug overdoses as a form of suicide attempt while men tend to turn to firearms.
- Women are more likely to seek help than men are.

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?
- Listen to her. Let her know that you are there for her.
 - Tell her how important she is to you.
 - Asks questions and encourage her to talk to someone.
 - Let her know that you care, and she has your support.
 - Do not judge her.

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 telling Mary that suicide is an individual issue and although family history increases the risk of suicide, it is not hereditary and that it can be prevented.

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 is a potential problem because a sudden change in a mood is presenting symptom of suicide.

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

Serotonin, Dopamine, and Norepinephrine

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?

Behavioral changes that last several weeks are the best clue for determining a problem with depression in adolescence.

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.

Moderate:

- Affective: sadness, low self-esteem, hopelessness and a gloomy and pessimistic outlook.
- Behavioral: slumped posture, limited verbalizations, social isolation with focus on self, possible increased use of substances, and possible self-destructive behaviors
- Cognitive: slowed thinking process, difficulty concentrating and directing attention, verbalizations and behaviors reflecting suicidal ideation
- Physiological: anorexia or overeating, insomnia or hypersomnia, sleep disturbances, decreased libido, chest pain, low energy level

Severe:

- Affective: feelings of despair, prevalent feelings of nothingness, emptiness, loneliness and flat affect
- Behavioral: rapid, agitated, purposeless movements, sitting in curled up position, walking slowly and rigidly, virtually nonexistent communication
- Cognitive: prevalent delusional thinking with delusions of persecution and somatic delusions being most common, indecisiveness and inability to concentrate, hallucinations reflecting misinterpretations of environment, excessive self-deprecation, self-blame, and thoughts of suicide

- Physiological: general slowdown of the entire body, reflected in constipation, urinary retention, weight loss, difficulty falling asleep and waking very early in the morning, pain syndromes, feeling worse in the morning and getting better as the day progresses

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

All antidepressants carry a black box warning for increased risk of suicidality in children and adolescents.