THE SUICIDE, PROBLEMS AND REMEDIES pdf

1: About Teen Suicide

Get this from a library! The suicide, problems and remedies. [Shamim Aleem] -- A study with reference to the Union Territory of Pondicherry, India, conducted during Sept. May

Parents, siblings, classmates, coaches, and neighbors might be left wondering if they could have done something to prevent that young person from turning to suicide. Although suicide is relatively rare among children, the rate of suicides and suicide attempts increases greatly during adolescence. Suicide is the third-leading cause of death for to year-olds, according to the Centers for Disease Control and Prevention CDC , after accidents and homicide. Overdose using over-the-counter, prescription, and non-prescription medicine is also a very common method for both attempting and completing suicide. Also be aware that teens will "trade" different prescription medications at school and carry them or store them in their locker or backpack. Suicide rates differ between boys and girls. Girls think about and attempt suicide about twice as often as boys, and tend to attempt suicide by overdosing on drugs or cutting themselves. Yet boys die by suicide about four times as often girls, perhaps because they tend to use more lethal methods, such as firearms, hanging, or jumping from heights. Which Teens Are at Risk for Suicide? It can be hard to remember how it felt to be a teen, caught in that gray area between childhood and adulthood. Adolescence is also a time of sexual identity and relationships and a need for independence that often conflicts with the rules and expectations set by others. Factors that increase the risk of suicide among teens include: Teens who are thinking about suicide might: Many teens who commit or attempt suicide have given some type of warning to loved ones ahead of time. Some adults feel that kids who say they are going to hurt or kill themselves are "just doing it for attention. Watch and Listen Keep a close eye on a teen who is depressed and withdrawn. Understanding depression in teens is very important since it can look different from commonly held beliefs about depression. For example, it may take the form of problems with friends, grades, sleep, or being cranky and irritable rather than chronic sadness or crying. If your teen confides in you, show that you take those concerns seriously. A fight with a friend might not seem like a big deal to you in the larger scheme of things, but for a teen it can feel immense and consuming. Ask Questions Some parents are reluctant to ask teens if they have been thinking about suicide or hurting themselves. For instance, you might say: Have you been having thoughts about trying to kill yourself? Your local mental health association or county medical society can also provide references. If your teen is in a crisis situation, your local emergency room can conduct a comprehensive psychiatric evaluation and refer you to the appropriate resources. Suicidal thoughts do tend to come and go; however, it is important that your teen get help developing the skills needed to decrease the likelihood that suicidal thoughts and behaviors will emerge again if a crisis arises. If your teen refuses to go to the appointment, discuss this with the mental health professional â€” and consider attending the session and working with the clinician to make sure your teen has access to the help needed. Remember that ongoing conflicts between a parent and child can fuel the fire for a teen who is feeling isolated, misunderstood, devalued, or suicidal. Get help to air family problems and resolve them in a constructive way. Also let the mental health professional know if there is a history of depression, substance abuse, family violence, or other stresses at home, such as an ongoing environment of criticism. Helping Teens Cope With Loss What should you do if someone your teen knows, perhaps a family member, friend, or a classmate, has attempted or committed suicide? Others say they feel angry with the person who committed or attempted suicide for having done something so selfish. When someone attempts suicide and survives, people might be afraid of or uncomfortable talking with him or her about it. Tell your teen to resist this urge; this is a time when a person absolutely needs to feel connected to others. Although these feelings may never completely go away, survivors of suicide can take steps to begin the healing process: Maintain contact with others. Seek out supportive people to talk with about your child and your feelings. If those around you seem uncomfortable about reaching out, initiate the conversation and ask for their help. Remember that your other family members are grieving, too, and that everyone expresses grief in their own way. Your other children, in particular, may try to deal with their pain alone so as not to burden you with additional worries. Be there for each other through the tears,

anger, and silences â€” and, if necessary, seek help and support together. Expect that anniversaries, birthdays, and holidays may be difficult. Important days and holidays often reawaken a sense of loss and anxiety. The healing that takes place over time comes from reaching a point of forgiveness â€” for both your child and yourself. Counseling and support groups can play a tremendous role in helping you to realize you are not alone. Some bereaved family members become part of the suicide prevention network that helps parents, teenagers, and schools learn how to help prevent future tragedies.

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2: Suicide - Wikipedia

Suicide among the Elderly: A Review of Issues with Case Studies, Journal of Gerontological Social Work 4, No. 1. Mishara, Brian L., and Robert Kastenbaum,

Axe content is medically reviewed or fact checked to ensure factually accurate information. With strict editorial sourcing guidelines, we only link to academic research institutions, reputable media sites and, when research is available, medically peer-reviewed studies. Note that the numbers in parentheses 1, 2, etc. The information in our articles is NOT intended to replace a one-on-one relationship with a qualified health care professional and is not intended as medical advice. Our team includes licensed nutritionists and dietitians, certified health education specialists, as well as certified strength and conditioning specialists, personal trainers and corrective exercise specialists. Our team aims to be not only thorough with its research, but also objective and unbiased. November 8, Dr. Axe on Facebook Dr. Axe on Twitter 27 Dr. Axe on Instagram Dr. Axe on Google Plus Dr. Axe on Youtube Dr. Axe on Pintrest Share on Email Print Article Social isolation and feeling very lonely, trapped and hopeless are some of the most common warning signs that someone could be heading toward having suicidal thoughts. Every year, in the U. Some reports show that hundreds of thousands of people attempt suicide each year, most of which suffer from major depression beforehand, but might never have been diagnosed. Because a high percentage of people who attempt suicide and also might be depressed and commonly display other behavioral problems such as having high amounts of anxiety or issues with substance abuse , certain warning signs are usually apparent prior to a suicide. What Are Suicidal Thoughts? For many who have suicidal thoughts, depression results as a reaction to trauma or a series of tragic life events. One large study involving more than 43, people in the U. Another surprising finding is that a high percentage of people with severe depression who might be at risk for suicide also display symptoms of other illnesses that might seem unrelated to mood changes. These include having stomach ulcers , IBS , speech disorders, arthritis and skin problems â€” which are actually rooted in high amounts of stress and inflammation. Sometimes having a serious illness, like a cognitive disorder or cancer, for example or even very old age , can lead to depression and possibly suicidal behavior. Feeling depressed or extremely hopeless and sad. Feeling very isolated and alone. Withdrawing from family, friends, community, co-workers, society in general and normal activities. Feeling very anxious, neurotic, agitated and uneasy. This can cause an increase in anxiety symptoms like rapid heartbeats, sweating, twitching or pacing, reduced appetite and trouble sleeping. Having mood swings and dramatic changes in demeanor. Feeling very fatigued, uninterested in things that normally are enjoyable and unmotivated. Some patients with depression also have muscle aches, weakness and pains. Increasing use of alcohol, drugs or prescription pills, sometimes to the point of displaying signs of addiction or withdrawal. Suddenly abusing alcohol, drugs or prescription pills. Actively showing signs of seeking revenge against someone else. Acting out of character, such as making reckless, sudden and risky decisions. Looking for ways to hurt or kill oneself, such as seeking access to things like prescription pills, a firearm or another weapon. Writing about, making art about, singing about or showing other ways of expressing thoughts about death. Connecting over the Internet with others who have had suicidal thoughts, such as joining blog discussions or engaging in suicidal talk over social media platforms. Risk Factors for Suicide and Underlying Causes of Depression What types of circumstances and lifestyle factors might put someone at an increased risk for having suicidal thoughts or major depression? According to the Centers for Disease Control and Prevention, some other risk factors for having suicidal thoughts are: A family history of depression, especially if depression was severe and resulted in suicide attempts. Abusing drugs, prescriptions or alcohol. Experiencing a very stressful event or trauma. This can include loss of a loved one, abuse, witnessing a death, military service, breakup or having serious financial or legal problems. Conventional Treatment for Suicidal Thoughts and Major Depression Severe depression and suicide attempts are usually treated with a combination of prescription medications and therapy. While not every patient requires the use of medications to help overcome their symptoms tied to mood changes â€” which often include selective serotonin reuptake inhibitors â€” many do. Experts believe that many suicidal patients stand a better chance of

recovering from their mental health problems if they at least initially use medication while undergoing therapy. The Texas Suicide Prevention Organization states that CBT works by teaching patients more effective, less risky ways of coping with stressors that precipitate suicidal crises or suicidal thoughts. Consider telling a friend, spouse or family member you know cares about your well-being. Confide in a local minister, spiritual leader, teacher or someone in your faith community you trust and know has good intentions. Make an appointment with a mental health provider who is available at your school, office, community center, etc. The hotline can also be used by family members, friends, teachers or therapists who are looking for resources to prevent, treat and refer someone they know. Very importantly, they can also provide mental health referral information in order to get depressed patients the help they need. Listen with concern, acceptance and attention. If you feel that the question is inappropriate or likely to make matters worse, contact a professional who can intervene. Changes to your diet that support mental health include: Healthy fats in your diet help support hormone production, are tied to more stable blood sugar, support positive moods and have anti-inflammatory effects that support cognitive health as you age. Avoiding too much sugar, processed foods , caffeine and alcohol â€" All of these are tied to higher levels of inflammation, blood sugar swings that can lead to worsened moodiness, and sometimes sleep trouble or anxiety. Exercising outside seems to be especially beneficial for those with mood-related problems, sometimes outperforming commonly prescribed antidepressants. When feeling very down or anxious, try to calm the body naturally with essential oils for depression. These include lavender, chamomile, lemongrass, bergamot, ylang ylang and orange oil. Change your brain with yoga. Some studies have also found yoga is associated with mental well-being. Regularly try guided meditation , or join a spiritual group to feel the healing power of prayer. Practice deep breathing exercises to learn to relax the body when anxious. Better manage stress with the help of herbs, supplements and other natural stress relievers. A number of adaptogen herbs , fatty acids, vitamins and minerals can help support hormone production, lower inflammation and stabilize moods. Some supplements shown to have benefits for those with depression and mood disturbances include omega-3s, vitamin D, SAMe , curcumin from turmeric , rhodiola, ashwagandha and inositol. Acts of kindness, teaching others, community service and volunteering are all powerful ways to feel more connected to those around us and enrich our sense of purpose. Ask yourself what gifts or talents you possess? What are you passionate about? What have you learned that you could share with others to help them become happier? Suicide Statistics and Facts Suicide is currently the 10th leading cause of death in the U. On average, about 42, Americans die due to suicide each year. Although women suffer from depression more often than men and attempt more suicides, men die due to suicide 3. About 70 percent of successful suicides are among white men or white male teenagers. Successful suicides are most common during middle-age. Suicide is the second leading cause of death among those between the ages of 10 and However, fewer teenagers die each year from suicide than middle-aged or older adults. According to the Jason Foundation, more teenagers and young adults die from suicide each year than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza and chronic lung disease combined. Four out of five of these high school aged students who attempt suicide show some warning signs beforehand. Suicide in the U. Precautions Regarding Suicidal Thoughts It goes without saying that suicidal thoughts should be taken very seriously. The information in this article is NOT intended to replace a one-on-one relationship with a qualified health care professional and is not intended as medical advice. Initializing the process of getting treatment for major depression can be one of the hardest steps that an at-risk patient takes. Because hopelessness is so closely tied to depression and suicide, for someone who is suicidal, approaching a therapist, family member or close friend to talk about difficult feelings can seem overwhelming or even pointless. Ways to help prevent and naturally treat suicidal thoughts include alerting a therapist, teacher, parent or suicidal hotline; consuming an anti-depression diet; supplementing to support cognitive health; and exercise and mind-body practices.

3: Treating Adolescent Suicide at ABCT

Treatment of any underlying emotional problem using a combination of psychotherapy, safety planning, medication, lifestyle improvement, and increasing social support remains the mainstay of suicide prevention.

Diagnosing and assessing people who are at risk for suicide Your health care provider may be able to determine whether you are at a high risk for suicide based on your symptoms, personal history, and family history. Your health care provider will want to know when your symptoms started and how often you experience them. They will also ask you about any past or current medical problems and about certain conditions that may run in your family. This can help them determine possible explanations for your symptoms and which tests will be needed to make a diagnosis. In many cases, thoughts of suicide are caused by an underlying mental health disorder. If your health care provider suspects that a mental health disorder is contributing to suicidal thoughts, they will refer you to a mental health professional. This person can provide an accurate diagnosis and determine an effective treatment plan for your particular condition. Alcohol or drug abuse can often contribute to suicidal thinking and acts of suicide. If substance abuse is causing you to have suicidal thoughts, then you will likely need to enroll in an alcohol or rehabilitation program. The use of certain prescription or over-the-counter drugs can also trigger thoughts of suicide and suicidal behavior. Treatment will depend on the underlying cause of your suicidal thoughts and behavior. In most cases, however, treatment consists of talk therapy and medication. Talk Therapy Talk therapy, also known as psychotherapy, is one possible treatment method for lowering your risk of committing suicide. It teaches you how to work through stressful life events and emotions that may be contributing to your suicidal thoughts and behavior. CBT can also help you replace negative beliefs with positive ones and regain a sense of satisfaction and control in your life. Treating the underlying cause of symptoms can help reduce the frequency of suicidal thoughts. You be prescribed one or more of the following types of medication: Avoiding alcohol and drugs: Abstaining from using alcohol and drugs is critical, as these substances can increase the frequency of suicidal thoughts. Exercising at least three times per week, especially outdoors and in moderate sunlight, can also help. Physical activity stimulates the production of certain brain chemicals that make you feel happier and more relaxed. How to prevent suicide To help prevent suicidal thoughts, you should: You should never try to manage suicidal feelings entirely on your own. Getting professional help and support from loved ones can make it easier to overcome any challenges that are causing suicidal thoughts or behavior. The National Suicide Prevention Lifeline is another great resource. They have trained staff available to speak to you 24 hours a day, seven days a week. Take medications as directed. You should never change your dosage or stop taking your medications unless your health care provider tells you to do so. Your suicidal feelings may return and you may develop withdrawal symptoms if you suddenly stop taking your medications. Never skip an appointment. Sticking with your treatment plan is the best way to overcome suicidal thoughts and behavior. Pay attention to warning signs. Work with your health care provider or therapist to learn about the possible triggers for your suicidal feelings. This will help you recognize the signs of danger early on and decide what steps to take ahead of time. It can also be beneficial to tell family members and friends about the warning signs so they can know when you may need help. Eliminate access to lethal methods of suicide. Get rid of any firearms, knives, or dangerous medications if you worry that you might act on suicidal thoughts. If you suspect that a family member or friend may be considering suicide, you should talk to them about your concerns. You can begin the conversation by asking questions in a non-judgmental and non-confrontational way. You may ask them: Have you ever thought about committing suicide? Have you ever taken steps to commit suicide? Have ever attempted to commit suicide in the past? Calling or going to a hospital emergency room are good ways to prevent a suicide attempt. You can also get help from a crisis or suicide prevention hotline. Befrienders Worldwide and the International Association for Suicide Prevention are two organizations that provide contact information for crisis centers outside of the United States. During the conversation, make sure you: Listening to them and showing your support is the best way to help them. You can also try encouraging them to seek professional care. Offer to help them find a health care provider or mental health professional, make a phone

call, or go with them to their first appointment. Starting a conversation and risking your feelings to help save a life is a risk worth taking. If you think someone is at immediate risk of self-harm or hurting another person: Call or your local emergency number. Stay with the person until help arrives. Remove any guns, knives, medications, or other things that may cause harm. If you think someone is considering suicide, get help from a crisis or suicide prevention hotline. Try the National Suicide Prevention Lifeline at Medically reviewed by Timothy J.

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4: Suicide and suicidal behavior: MedlinePlus Medical Encyclopedia

Treatment for people who are at risk for suicide Treatment will depend on the underlying cause of your suicidal thoughts and behavior. In most cases, however, treatment consists of talk therapy.

This chapter describes the constellation of barriers deterring use of mental health treatment by people who are either suicidal or who have major risk factors for suicidality: A close examination of barriers to treatment is warranted by several striking findings: Nearly 20 percent make contact with primary care providers in the week before suicide, nearly 40 percent make contact within the month before suicide Pirkis and Burgess, , and nearly 75 percent see a medical professional within their last year Miller and Druss, Among older people, the rates are higher, with about 70 percent making contact within the month before 1 Page Share Cite Suggested Citation: The National Academies Press. However, suicide victims are three times more likely to have difficulties accessing health care than people who died from other causes Miller and Druss, These findings underscore the importance of sifting through reasons why people escape detection or fail to receive adequate diagnosis and treatment for risk factors and suicidality. They also underscore the importance of taking a broad view of barriersâ€"focusing on suicidality, as well as on risk factorsâ€"because their treatment is so intertwined. The barriers discussed in this chapter collectively weigh against treatment. Each barrier is unlikely to act in isolation, but likely interacts with and reinforces the others. The complex relationship of various precipitative, exacerbative, and maintenance effects of barriers is unique in each clinical case. Deeper and more nuanced understanding of the multiple barriers to treatment is essential for design, development, and implementation of preventive interventions. Prospective longitudinal studies can help to elucidate relationships among barriers as they change across the life-span and across the development of suicidality. The chapter works its way from general to more specific barriers. It first looks broadly at barriers to treatmentâ€"such as stigma, cost, and the fragmented organization of mental health services. It then covers barriers raised within a range of therapeutic settingsâ€"by both clinician and patient. Finally, the chapter focuses on barriers for groups at greatest risk for suicide: About two-thirds of people with diagnosable mental disorders do not receive treatment Kessler et al. Stigma toward mental illness is pervasive in the United States and many other nations Bhugra, ; Brockington et al. Stigma refers to stereotypes and prejudicial attitudes held by the public. These pejorative attitudes induce them to fear, reject, and distance themselves from people with mental illness Corrigan and Penn, ; Hinshaw and Cicchetti, ; Penn and Martin, The stigma of mental illness is distinct from the stigma surrounding the act of suicide itself. The stigma of mental illness deters people from seeking treatment for mental illness, and thereby creates greater risk for suicide. The stigma surrounding suicide is thought to act in the opposite directionâ€"to deter Page Share Cite Suggested Citation: In some situations, however, the stigma of suicide acts to increase suicide risk because it may prevent people from disclosing to clinicians their suicidal thoughts or plans. Studies cited later in this chapter clearly indicate that patients often do not discuss their suicidal plans with their clinician. This, in turn, leads to their under-treatment and thus increases their likelihood of suicide. The existence of stigma surrounding mental illness is best supported by nationally representative studies of public attitudes. Studies find that about 45â€"60 percent of Americans want to distance themselves from people with depression and schizophrenia. The figures are even greater for substance use disorders Link et al. Stigma leads the public to discriminate against people with mental illness in housing and employment Corrigan and Penn, It also discourages the public from paying for treatment through health insurance premiums Hanson, Public attitudes toward mental health treatment are somewhat contradictory: For people with mental illness, the consequences of societal stigma can be severe: The National Comorbidity Survey, one of the only nationally representative studies to investigate why individuals with mental illnesses do not seek treatment, found that almost 1 in 4 males and 1 in 5 females with Posttraumatic Stress Disorder cite stigma as their reason Kessler, While the majority with mental illness do not seek treatment, there is wide demographic variability: If they make contact with primary care providers, stigma inhibits them from bringing up their mental health concern. Patients may instead report more somatic symptoms of 2 Both stigmas can feed into the emotional burden in the wake of a suicide attempt

by someone with mental illness. They may experience the stigma of mental illness, as well as the stigma of having tried to die by suicide. Page Share Cite Suggested Citation: Even if patients begin treatment for mental illness, stigma can deter them from staying in treatment. These problems are especially relevant for older people Sirey et al. These groups are discussed later in the chapter because they are at high risk for suicide. Stigma also extends to family members. Family members of people with mental illness have lowered self-esteem and more troubled relationships with the affected family member Wahl and Harman, Families of suicidal people tend to conceal the suicidal behavior to avoid the shame or embarrassment, or to avoid the societal perception that they are to blame especially with a child or adolescent suicide. After suicide, family members suffer grief as well as pain and isolation from the community PHS, Financial Barriers The cost of care is among the most frequently cited barriers to mental health treatment. About 60â€”70 percent of respondents in large, community-based surveys say they are worried about cost Sturm and Sherbourne, ; Sussman et al. Economic analyses of patterns of use of mental health services clearly indicate that use is sensitive to price: Rises in co-payments of mental health services are associated with lower access Simon et al. The demand for mental health services is more responsive to price than is demand for other types of health services Taube et al. Having health insurance, through the private or public sector, is a major determinant of access to health services Newhouse, People without health coverage experience greater barriers to care, delay seeking care, and have greater unmet needs Ayanian et al. Overall, about 16 percent of Americans are uninsured, but rates are higher in racial and ethnic minorities Brown et al. Having health insurance, however, does not guarantee receipt of mental health services because insurance typically carries greater restrictions for mental illness than for other health conditions US DHHS, Over the past decade, during the growth of managed care, disparities in coverage have led to a 50 percent decrease in the mental health portion of total health care costs paid by employer-based insurance Hay Group, Not surprisingly, insured people with mental disorders in a large United States household survey in were twice as likely as those without disorders to have reported delays in seeking care and to have reported being unable to obtain needed care Druss and Rosenheck, The consequences of the disparities in insurance coverage for mental illness have led to legislative proposals at the state and federal level for parityâ€”coverage for mental illness equivalent to that for other health conditions US DHHS, While there do not appear to be any studies directly examining cost as a barrier to treatment for suicidal people, most researchers believe that cost does play a role. The vision, beginning in , of the community support reform movementâ€”an integrated, seamless service system that brings mental health services directly to the communityâ€”has not fully materialized. People with mental illness frequently report their frustrations and waiting times as they navigate through a maze of disorganized services Sturm and Sherbourne, ; Sussman et al. The disorganization is a product of historical reform movements, separate funding streams, varying eligibility rules, and disparate administrative sourcesâ€”all of which have created artificial boundaries between treatment settings and sectors Ridgely et al. Among the hardest hit are people with co-occurring substance abuse and mental health problems, a group at higher risk of suicidality. Co-occurring disorders are the rule rather than the exception in mental health and substance abuse treatment US DHHS, Linkages between different settings are critical for detection and treatment of mental disorders and suicidality Mechanic, They include linkages between primary care and specialty mental health care; emergency department care and mental health care; substance abuse and mental health care; and, for adolescents, school-based programs with mental health or substance abuse care. The transition from inpatient care to community-based care is an especially critical period for suicidality in light of studies finding that a large proportion of completed suicides come after recent inpatient discharge, often before the first outpatient appointment Appleby et al. In addition to improved linkages between different settings, many new programs strive to integrate mental health and primary care, through a variety of service configurations e. Its utility for suicidality is being studied through ongoing trials Mulsant et al. Services research has focused for the past decades in developing better models of care that bridge these different sectors of care to deliver more integrated mental health care. Several successful models have been developed, most notably wraparound services including multisystemic treatment, for children and adolescents with serious emotional problems and assertive community treatment, a form of intensive case management for people with serious mental illness,

combined services for people with mental and substance abuse disorders, and management programs for late life depression in primary care settings US DHHS, One major problem, however, is lack of availability to these state-of-the-art services. Many communities simply do not provide them, and, when they do, there are often waiting times for treatment US DHHS, Low availability of mental health services of any kind is a major problem in rural areas Beeson et al. People in rural areas report significantly more suicide attempts than their urban counterparts, partly as a result of lower access to mental health services Rost et al. Another major problem is adapting model services to the unique needs of different communities or populations. Programs found successful for some populations may not translate into other settings. For example, a new primary care program for veterans designed to expand access to specialty mental health failed to do so Rosenheck, , despite the success of similarly designed gateway programs for other populations. Tailoring programs to the needs of distinct populations, including minority groups, is essential, given that they are less likely to access mental health treatment than are whites US DHHS, Its promise has been to improve access to health care by lowering its cost, reducing inappropriate utilization, relying on clinical practice guidelines to standardize care, promoting organizational linkages, and by emphasizing prevention and primary care. The impact of managed care on mental health services has been profound in terms of costs: The study cited above by the Hay Group indicated that during the growth of managed care, there was a 50 percent reduction in the mental health portion of total health care costs paid by employer-based insurance. Whether these cost reductions have lowered access to, and quality of, mental health services for people who need them is a critical topic for research, but one for which answers have been elusive. Research has been stymied by the dramatic pace of change in the health care marketplace, the difficulty of obtaining proprietary claims data, and the lack of information systems tracking mental health quality or outcome measures Fraser, ; US DHHS, Most concerns center on potentially poorer quality and outcomes of care from limited access to mental health specialists, reduced length of inpatient care, and reductions in intensity of outpatient mental health services Mechanic, ; Mechanic, The impact of managed care expressly on detection or treatment of suicide has been largely unstudied. The limited body of relevant research has focused on depression treatment, spotlighting problems in quality of care and outcomes. The first major studies of prepaid managed care versus traditional fee-for-service care found generally no overall differences in outcome, but poorer outcomes for patients with the most severe mental illness Lurie et al. Later studies, focusing exclusively on primary care, found that less than 50 percent of depressed patients in staff-model health maintenance organizations received antidepressant medication that met practice guidelines Katon et al. One of few managed care studies to have addressed suicide, at least tangentially, was of outpatients with depression receiving care from seven managed care organizations of varying organizational structures Wells et al. Using patient questionnaires, the study found that about 48â€”60 percent of patients with depressive disorder received some sort of mental health care. Two findings of the study are particularly relevant to suicide prevention: A largely unstudied question is whether reductions in intensity of outpatient services, or in length of stay in inpatient care, contribute to suicide risk. Reduction in care was defined by the study as one or more of the following: While this study was not of managed care per se, it raises questions about cost containment strategies used by managed care to reduce intensity or frequency of services for people at risk of suicide. In related findings, initial results from a study of all hospital discharges in Pennsylvania found a 25 percent reduction in length of stay during a 3-year period for inpatient treatment of depression. Preliminary results suggest that the reduction in length of stay was accompanied by an increase in readmission rates, a finding that the study investigators interpreted as suggesting that caution should be used when implementing practice guidelines for length of stay personal communication, J. Quality improvement guidelines have been demonstrated to be successful at improving productivity and outcomes of depression in managed care, according to a randomized controlled trial Wells et al.

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5: Suicide: MedlinePlus

Problems that precipitate suicide are usually temporary ones-unfortunately, suicide is a permanent solution to these temporary troubles. Life's difficulties can be extremely painful and may appear to last forever; however, better times do happen.

Warning signs[edit] Being aware of the warning signs of suicide can allow individuals to direct people who may be considering suicide to get help. Surgeon General has suggested that screening to detect those at risk of suicide may be one of the most effective means of preventing suicide in children and adolescents. A number of these self-report questionnaires have been tested and found to be effective for use among adolescents and young adults. Approximately 33 to 41 percent of those who completed suicide had contact with mental health services in the prior year, including 20 percent within the prior month. These studies suggest an increased need for effective screening. The general methods include: The medication lithium may be useful in certain situations to reduce the risk of suicide. The WHO advises to not say everything will be all right nor make the problem seem trivial, nor give false assurances about serious issues. ICARE Identify the thought, Connect with it, Assess evidences for it, Restructure the thought in positive light, Express or provide room for expressing feelings from the restructured thought is a model of approach used here. Researchers and health policy planners have theorized and demonstrated that restricting lethal means can help reduce suicide rates, as delaying action until depression passes. Until the s, the most common means of suicide in the UK was poisoning by gas inhalation. As carbon monoxide in gas decreased, suicides also decreased. The decrease was driven entirely by dramatic decreases in the number of suicides by carbon monoxide poisoning. Developing groups led by professionally trained individuals for broad-based support for suicide prevention. Promoting community-based suicide prevention programs. Screening and reducing at-risk behavior through psychological resilience programs that promotes optimism and connectedness. Education about suicide, including risk factors , warning signs, stigma related issues and the availability of help through social campaigns. Increasing the proficiency of health and welfare services at responding to people in need. Reducing domestic violence and substance abuse through legal and empowerment means are long-term strategies. Reducing access to convenient means of suicide and methods of self-harm. Reducing the quantity of dosages supplied in packages of non-prescription medicines e. School-based competency promoting and skill enhancing programs. Interventions and usage of ethical surveillance systems targeted at high-risk groups. Improving reporting and portrayals of negative behavior, suicidal behavior, mental illness and substance abuse in the entertainment and news media. It has also been suggested by NSSP that media should prevent romanticising of negative emotions and coping strategies which can lead to vicarious traumatization. The Centers for Disease Control and Prevention from a workshop and the American Foundation for Suicide Prevention have suggested that TV shows and news media can help prevent suicide by linking suicide with negative outcomes such as pain for the suicide and their survivors, conveying that the majority of people choose something other than suicide in order to solve their problems, avoiding mentioning suicide epidemics , and avoiding presenting authorities or sympathetic, ordinary people as spokespersons for the reasonableness of suicide. Bereavement is ruled out and promoted for catharsis and supporting their adaptive capacities before intervening depression and any psychiatric disorders. Postvention is also provided to intervene to minimize the risk of imitative or copycat suicides, but there is a lack of evidence based standard protocol. But the general goal of the mental health practitioner is to decrease the likelihood of others identifying with the suicidal behavior of the deceased as a coping strategy in dealing with adversity. Benefits include a reduction in self-harm behaviours and suicidal ideations. Coping is normalized as a normal and universal human response to unpleasant emotions and interventions are considered a change continuum of low intensity e. By planning for coping, it supports people who are distressed and provides a sense of belongingness and resilience in treatment of illness. The programs are divided, with those in Section I listing evidence-based programs: Section III programs have been subjected to review. The first major factor is a desire for death and the second acquired capability. Desire for death occurs through ideations of thwarted belongingness. It is described as

feeling alienated from others emotionally and perceived burdensomeness which is described as feeling that one is incompetent and therefore a burden on others. The capability to carry out the suicide attempt is usually formed from emotional and physical pain and disrupted cognitive status and is acquired through previous suicide attempts self-directed violence , rehearsing suicide through behavior or imagery, and getting used to painful or dangerous experiences in other ways. Individuals who are suicidal often have tunnel vision about the situation and consider permanence of suicide as an easy way out of a difficult situation. Those who are hopeful, have future plans or events to look forward to, and have satisfaction in life are considered to have protective factors against suicide. The traditional approach has been to identify the risk factors that increase suicide or self-harm, though meta-analysis studies suggest that suicide risk assessment might not be useful and recommend immediate hospitalization of the person with suicidal feelings as the healthy choice. Department of Health and Human Services , under the direction of the Surgeon General, published the National Strategy for Suicide Prevention, establishing a framework for suicide prevention in the U. The document calls for a public health approach to suicide prevention, focusing on identifying patterns of suicide and suicidal ideation throughout a group or population as opposed to exploring the history and health conditions that could lead to suicide in a single individual. Risk and protective factors, unique to the individual can be assessed by a qualified mental health professional. Some of the specific strategies used to address are: Structured counseling and psychotherapy. Supportive therapy like substance abuse treatment, Psychotropic medication, Family psychoeducation and Access to emergency phone call care with emergency rooms , suicide prevention hotlines Restricting access to lethality of suicide means through policies and laws. Person-centered life skills training. Registering with support groups like Alcoholics Anonymous , Suicide Bereavement Support Group, a religious group with flow rituals, etc. Therapeutic recreational therapy that improves mood. Psychotherapies that have shown most successful or evidence based are Dialectical behavior therapy DBT , it has shown to be helpful in reducing suicide attempts and reducing hospitalizations for suicidal ideation [72] and Cognitive therapy CBT , it has shown to improve problem-solving and coping abilities. Money spending on appropriated interventions is estimated to result in a decrease in economic loses that are 2.

6: How to Help Prevent & Treat Suicidal Thoughts - Dr. Axe

When asked about suicidal thoughts and actions in the year , more than 8 million U.S. adults (% of the population) reported serious suicidal thoughts, million (1% of the population) reported making a suicide plan, and million (suicide attempt.

Almost the entire riseâ€”as both the new CDC and GBD numbers showâ€”is driven by changes in a single band of people, a demographic once living a happy life atop the human ziggurat: Among white, middle-aged men, the rate has jumped by more than 50 percent, according to a Newsweek analysis of the public data. If these guys were to create a breakaway territory, it would have the highest suicide rate in the world. In wealthy countries, suicide is the leading cause of death for men in their 40s, a top-five killer of men in their 50s, and the burden of suicide has increased by double digits in both groups since The situation is even more dramatic for white, middle-aged women, who experienced a 60 percent rise in suicide in that same period, a shift accompanied by a comparable increase in emergency-room visits for drug-related usually prescription-drug-related attempts to die. In a sad twist, they often make a bid for death using the same medicine that was supposed to turn them back toward life. And the picture is equally grim for women in high-income countries, where self-harm trails only breast cancer as a killer of women in their early 40sâ€”and has become the leading killer of women in their 30s. Baby boomers have the highest suicide rate right now, but everyone born after shows a higher rate than expected. In the United States, Julie Phillips, a sociologist at Rutgers University, was among the first researchers to frisk these middle-age suicides for deeper meaning. In she and a colleague declared the age range a new danger zone for self-harm. Many commentators took this as another fun fact about the boomers, not a cause for general alarm. But earlier this month, Phillips presented the results of a second paper, an attempt to settle the question of whether the boomers were especially suicidal. She sifted through eight decades of U. The question today is different, but just as unsettling. With people relinquishing life at its supposed peak, what does that say about the prize itself? In her next bundle of research, Phillips hopes to pinpoint the massive, steam-rolling social change that matters most for self-harm. She has a good list of suspects: Sociologists in general believe that when society robs people of self-control, individual dignity, or a connection to something larger than themselves, suicide rates rise. In worldwide deaths from suicide outnumbered deaths from war 17, , natural disasters , , and murder , Spring is the start of suicide season, the time when the average daily death toll begins its climb to a mid-summer peak, before tapering through fall and winter. One respected 19th-century French researcher actually calculated a boiling point for suicidal desire. What is it about cherry blossoms that crowds the throat with sorrow? In the first half of the 20th century, suicide research got Freudian. Suicide was attributed to murderous rage turned inward, a death wish topped with a dollop of autoerotic desire. Was Thomas Joiner Sr. By the time Joiner got his Ph. If four out of five suicide attempts are by women, why are four out of five suicides by men? If big cities and beautiful architecture are magnets for suicide, why are natural wonders and public parks as well? Prostitutes, athletes, and bulimics have an above-average risk for suicide, but what else do they have in common? Why are African-American people relatively safe? Joiner had no idea when he took his first job at the University of Texas Medical Branch at Galveston. Under Texas law he was allowed to lock people up if they were, but space in the ward was tight, and he needed a way to sort the imminent threats from the not so imminent. He needed something that let him sleep at night. But how could he tell one from another? Diane Arbus in She would kill herself four years later. Single people, gay people, the newly widowed, the suddenly unemployed, the terminally ill, and the lonely were all found to be at an increased risk for suicide. But which of these factors could help differentiate people who want to live from those who want to die, and then again from those who ultimately do kill themselves? This was a huge hole in the field. On the journey from suicidal thought to metal gurney, What is it about the other 0. After hundreds of hours of sitting with patients, poring over research, and pounding his own memory, Joiner got a shoulder touch of inspiration: Why do people die by suicide? Because they want to. Dozens of risk factors banged down to a formula he shared with me in his office: Van Orden et al. The conditions are tightly defined, and they overlap rarely enough to explain the

relatively rare act of suicide. Male Australian redbacks sacrifice their lives for sex. The females often devour the males after they mate. That explains why suicide rates rise by a third on the continuum from married to never been married. It also accords with the fact that divorced people suffer the greatest suicide risk, while twins have reduced risk and mothers of small children have close to the lowest risk. A mother of six has six times the protection of her childless counterpart, according to one study. She may die of work and worry, but not of self-harm. The need to belong is so strong, Joiner says, that it sometimes expresses itself even in death. He was alone, and so are more of the rest of us. Unattached is the new fancy-free, a strategy for success that translates to later marriages, easier divorces, fewer kids, and a tendency to keep running toward the next horizon, skipping family dinner in the process. Twelve years and a tech revolution after Robert Putnam wrote Bowling Alone, his treatise on the decline in American community, the institutions that used to bind America together have, if anything, crumbled even further. People tell surveyors that the world has become less helpful, trustworthy, and fair. The opposite is also true: But as you might expect, the trend lines in our relationships are all in one direction. The life-saving power of belonging may explain why, in America, Hispanics and African-Americans have lower suicide rates than whites. For her book, Alone Together, MIT psychologist Sherry Turkle interviewed more than people, most of them in their teens and 20s, about their lives online. And here you thought it was hard enough to live up to our current crop of battery-powered lovers: They are more likely to be lashed together by poverty, and more enduringly tied by the bonds of faith and family. In the last decade, as suicide rates have surged among middle-aged whites, the risk for blacks and Hispanics of the same age has increased less than a pointâ€”although they suffer worse health by almost every other measure. Adult males will charge into a battle against another lion pride, even if outnumbered, and expose their throats to attacking lions to give family members a chance to escape. When people see themselves as effectiveâ€”as providers for their families, resources for their friends, contributors to the worldâ€”they maintain the will to live. When they lose that view of themselves, when it curdles into a feeling of liability, the desire to die takes root. We need each other, but if we feel we are failing those we need, the choice is clear. This explains why suicides rise with unemployment, and also with the number of days a person has been on bed rest. Just the experience of needing and receiving help from friendsâ€”rather than doing for oneself and othersâ€”can make a person pine for death. If suicide has an evolutionary component, as Joiner believes it might, this is where it manifests itself. Humans are not the only animals that commit suicide. Bumblebees kill themselves as a defense against parasites, abandoning the nest to save it. Pea aphids do something similar. They use a kind of suicide bomb that maims ladybugs, their biggest predator, to save their own kind. Higher up in the animal kingdom, male lions sacrifice themselves on the savannas: A similar instinct may still linger in our DNA, colliding uncomfortably with the frailties and banalities of modern life. In what is literally sex to-die for, male honeybees perish after mating. Bumblebees, a close relative, will also abandon their nest if infested with a parasite. Whole neighborhoods are caught in federal catch nets, incarcerated or snared in a cycle of government benefits. Millions more are poor or near poor, most likely stuck that way. And never have Americans been heavier, or sicker. One in five people in middle age suffers multiple chronic diseases, double the rate of a decade earlier. If Joiner is right, all these developments are as hard on the mind as on the body. As one of the suicide notes Joiner quotes puts it: Only recently have economists begun to focus on the psychological impact of income inequality, tying the wealth and happiness of all to the risk of suicide for some. If you make 10 percent less than your neighbor, for example, you are 4. If Joiner is right about the suicidal peril of feeling useless, then long-term changes in the economy can also help explain the new demographics of suicide. In doing so, however, they seem to acquire some of the traditional male risk for suicide when their performance in those roles falters. That could be why the suicide shift is stark among middle-aged educated women, according to forthcoming research by Hyeyoung Woo, a sociologist at Portland State University. They are the rare group where more school is associated with more opportunityâ€”but also more self-harm. Among their middle-aged male counterparts, the opposite is true: The states with the highest suicide rates tend to be clustered in the South and the Mountain West, areas with a lot of white men and guns, a historically bad combination for self-harm. Give me honor, or give me death was a safer personal motto when honor could still be readily found. Aphids past the age of reproduction release a waxy substance on

predatory ladybugs approaching their habitats, harming the ladybugs and killing themselves in the process. Krysia Mossakowski, a sociologist at the University of Hawaii, has found that people unemployed for long stretches during their young years are far more likely to show signs of depression and alcoholism as they approach middle age. This finding held regardless of psychological history, and it was unshakable even among those young people who went on to flourish in the workforce. But then again so is everyone.

THE SUICIDE, PROBLEMS AND REMEDIES pdf

7: Suicide prevention - Wikipedia

Suicide is one of the top causes of death in the U.S., with rates rising across the country. Nearly 45, Americans died by suicide in , according to the CDC. Suicide is preventable. And that.

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals. Changes or goals might involve: A way of acting: Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well with ways of living that work, and giving people more control over their lives, are common goals of behavior and cognitive behavior therapy. If you are looking for help, either for yourself or someone else, you may be tempted to call someone who advertises in a local publication or who comes up from a search of the Internet. You may, or may not, find a competent therapist in this manner. It is wise to check on the credentials of a psychotherapist. It is expected that competent therapists hold advanced academic degrees. They should be listed as members of professional organizations, such as the Association for Behavioral and Cognitive Therapies or the American Psychological Association. Of course, they should be licensed to practice in your state. You can find competent specialists who are affiliated with local universities or mental health facilities or who are listed on the websites of professional organizations. You may, of course, visit our website www. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment. Suicide the third leading cause of death for adolescents. Out of every attempts, 1 adolescent will succeed in committing suicide. Suicide attempts are much more frequent in girls than boys, by approximately a 4-to-1 margin. The suicide rate for adolescents almost tripled between and It continued to rise in the 80s, although less dramatically, with the rate in equaling the all-time high. The most frequent method of completing suicide was by firearms. The most frequent method of attempting suicide is by drug overdose. Although, in general, overdoses tend to be less deadly than other types of suicide attempts, the fact that a suicide attempt is by overdose by no means minimizes the importance of the suicide attempt and should be dealt with in a serious manner by both family and professionals. Who Is at Risk for Completing Suicide? There is no typical scenario for adolescent suicide. More girls attempt suicide, but more boys complete suicide. There are other, individual characteristics, called risk factors, that are associated with an increased likelihood of suicide in adolescents and adults. Other risk factors include a family history of suicide, problems with alcohol or other drug abuse, and access to firearms. Some adolescents may also have biochemical factors that put them at risk for suicide. These same factors also increase the risk for suicide in adults. It is rare for an adolescent to complete suicide without having a psychological problem, although the problem is often unrecognized until after the suicide. Many adolescent suicide victims have problems with anger and a history of problem behaviors such as shoplifting, running away, fighting, and acting without thinking, often complicated by alcohol or other drug abuse. What Causes Teenagers to Attempt Suicide? They include situations such as family conflict, a breakup with a boyfriend or girlfriend, legal problems, or school difficulties. The underlying motives for a suicide attempt are often similar to the motives of adults who attempt suicide, but motives vary from one teenager to another. Possible motives include really wanting to die, expressing anger, getting relief from a terrible state of mind, escaping a difficult situation, or being disappointed by a trusted person. What Factors Increase Risk? Evidence supports the idea that suicides are sometimes imitated. In particular, exposure to the death of a peer by suicide or by another violent means may increase the likelihood of subsequent suicides among young people in a community. Warning Signs Adolescents who complete suicide often talk about it or give warning signals prior to the act. These signals may include: Showing concern and asking questions calmly is the first step when dealing with a suicidal adolescent. Asking teenagers how they feel and if they have thoughts of ending their life keeps open lines of communication and sets the stage for professional intervention. If the teen has a specific plan to act on a suicidal impulse, the risk is greater and there is a need for immediate intervention. School programs that

educate adolescents about the problem of suicide and about what they can do if they or one of their friends has suicidal feelings may be helpful. Some of these programs help students improve their problem-solving skills so that they will be better able to handle stress that might lead to suicidal feelings. Whenever an adolescent has suicidal thoughts or makes a suicide attempt, professional help should be sought immediately to protect the adolescent from self-harm. Once the initial suicidal crisis is over, treatment with a mental health professional should continue. It often takes a number of sessions to help adolescents figure out what is happening in their lives that has led to suicidal behavior and to help them learn ways to better manage these stressors. Behavioral techniques such as problem solving may be particularly helpful for these adolescents. Family therapy is also indicated in most cases. Helping family members to communicate better and improve their ability to resolve conflict may be particularly useful. Medicines also may be helpful in certain cases, such as with an adolescent who has a depressive disorder. Treatment must also address the underlying problems that lead to suicidal feelings and behavior. These problems might include depression, aggressive behavior, alcohol and other drug abuse, or impulsive behavior. There are a number of cognitive behavioral treatments that hold promise in addressing these difficult problem behaviors. If these underlying problems are better controlled, there is a significant reduction in suicidal feelings and behavior. For more information or to find a therapist: Please feel free to photocopy or reproduce this fact sheet, noting that this fact sheet was writen and produced by ABCT.

8: Why Suicide Has Become an Epidemic--and What We Can Do to Help

What Problems Affect Treatment of Depression In the Elderly? The stigma attached to mental illness and psychiatric treatment is even more powerful among the elderly than among younger people.

History of physical, sexual, or emotional abuse Stressful life issues, such as serious financial or relationship problems People who try to take their own life are often trying to get away from a situation that seems impossible to deal with. Many who attempt suicide are seeking relief from: Feeling ashamed, guilty, or like a burden to others Feeling like a victim Feelings of rejection, loss, or loneliness Suicidal behaviors may occur when there is a situation or event that the person finds overwhelming, such as: Aging the older people have the highest rate of suicide Death of a loved one Drug or alcohol use Serious physical illness or pain Unemployment or money problems Risk factors for suicide in teenagers include: Access to guns Family member who completed suicide History of hurting themselves on purpose History of being neglected or abused Living in communities where there have been recent outbreaks of suicide in young people Romantic breakup While men are more likely than women to die by suicide, women are twice as likely to attempt suicide. Most suicide attempts do not result in death. Many of these attempts are done in a way that makes rescue possible. These attempts are often a cry for help. Some people attempt suicide in a way that is less likely to be fatal, such as poisoning or overdose. Men are more likely to choose violent methods, such as shooting themselves. As a result, suicide attempts by men are more likely to result in death. Relatives of people who attempt or complete suicide often blame themselves or become very angry. They may see the suicide attempt as selfish. However, people who attempt suicide often mistakenly believe that they are doing their friends and relatives a favor by taking themselves out of the world. Symptoms Often, but not always, a person may show certain signs and behaviors before a suicide attempt, such as: Having trouble concentrating or thinking clearly Giving away belongings Talking about going away or the need to "get my affairs in order" Suddenly changing behavior, especially calmness after a period of anxiety Losing interest in activities they used to enjoy Self-destructive behaviors, such as heavily drinking alcohol, using illegal drugs, or cutting their body Pulling away from friends or not wanting to go out Suddenly having trouble in school or work Talking about death or suicide, or even saying that they want to hurt themselves Talking about feeling hopeless or guilty Changing sleep or eating habits Arranging ways to take their own life such as buying a gun or many pills Treatment People who are at risk of suicidal behavior may not seek treatment for many reasons, including: They believe nothing will help They do not want to tell anyone they have problems They think asking for help is a sign of weakness They do not know where to go for help A person may need emergency treatment after a suicide attempt. They may need first aid, CPR , or more intensive treatments. Therapy is one of the most important parts of treatment. Any mental health disorder that may have led to the suicide attempt should be evaluated and treated.

THE SUICIDE, PROBLEMS AND REMEDIES pdf

Craig strickland autopsy report North American Auto Unions in Crisis National formulary of Unani medicine. Human Bullets a Soldiers Story of Port Author Computer networking Court Rolls of Ramsey, Hepmangrove and Bury, 1268-1600/Book and Micro Fiche (Subsidia Mediaevalia) A list of Biblical quotations and allusions found in the works of Tennsyson. Effectiveness training for women, E.T.W. 4th Neural Computation and Psychology Workshop On the relative intensity of the heat and light of the sun upon different latitudes of the earth The Raiders Bride Microeconomics 6th edition hubbard Live the Life You Were Created to Live How languages are learned fourth edition Quarter Race in Kentucky and Other Sketches Illustrative of Scenes Fictional dialogue Parasitology and Vector Biology, Second Edition The new Jacoby Meyers practical guide to everyday law Farm picture pops Black college students survival guide Social Limits to Growth (Twentieth Century Fund Study) Earning money through benefit events Experiments with sound and hearing The Clever Apple Pie Crit Assess Jung V 3 (Critical assessments of leading psychologists) Essentials of histology Personalities and paradigms The origin of earth and its moon Learn french in one month Missionary sentiment and mission board 4. How early can VPE be found? The mills of the gods Mental health team practice Shervert H. Frazier Greek city states worksheet Mental and moral philosophy Journey through suffering Effects of evaporative cooling on the postmolt performance of laying hens in Hawaii Simple get-togethers Users manual for the medical outcomes study (MOS core measures of health-related quality of life Exchange of notes concerning a loan by the Government of the United Kingdom of Great Britain and Northern