Distinguishing Between Depression and Suicidal Ideation
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Our Roadmap for Today

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Who am I?
- Assistant Professor
- The Pennsylvania State University
- Licensed Mental Health Counselor
- Professional School Counselor
- Taught workshops in diagnosis and treatment
- Taught courses in diagnosis and treatment
- Taught courses on the transition from the DSM-IV-TR to DSM-5
It Takes A Village…

Suicide is a form of murder - premeditated murder. It isn’t something you do the first time you think of doing it. It takes getting used to. And you need the means, the opportunity, the motive. A successful suicide demands good organization and a cool head, both of which are usually incompatible with the suicidal state of mind.” - Susanna Kaysen

• Each year about 750,000 people attempt suicide
• About 36,000 people are successful
• Greater than car accidents
• Greater than homicides

Bullying, Depression, and Suicide

Distinguishing Between Suicide and Depression

What are some of the most common issues you encounter?

What are some of your most pressing questions?

What tools do you currently use to assess for suicide ideation?
Debunking the Myths

What is the relationship between mental illness and suicide?

More than 90% of people who take their own life have at least one and often more than one treatable mental illness such as depression, anxiety, bipolar disorder, schizophrenia and/or alcohol and substance abuse. With better recognition and treatment many suicides can be prevented.

Which group is the most likely to commit suicide?

• Suicide risk increases with age. Currently, the age group with the highest suicide rate is the U.S. middle-aged men and women between the ages of 45 and 64. The suicide rate is still highest among white men over the age of 65. - American Foundation for Suicide Prevention
• 28% rise in suicide between 1999 - 2010
• Internationally, however, suicide risk increases in younger populations

Important Facts About Suicide

Suicidal Ideation is one of the criteria of Major Depressive Episode, however, it is important to remember that depression is not the only indicator or cause of suicidal ideation.

Suicidal Ideation has been correlated with Mood Disorders, however risk factors of suicide are numerous.

Risk Factors for Suicide

Across all countries, 60% of transitions from ideation to plan and attempt occur within the first year after ideation onset. Consistent cross-national risk factors of transition include being:

- Female
- Educational level
- Single
- Having a mental disorder.
- Mood disorders

Risk Factors for Suicide

Developed vs. Developing

Risk Factors (Developed)
- Mood Disorders
- Substance Abuse Disorders
- Increased or underestimated usage of dangerous drugs
- Mixing drugs with alcohol

Risk Factors (Developing)
- Impulse Control Disorders
- Depressive, anxiety, and bipolar disorders
- Culture and social factors
- Gender, death, wars, and violence

Increases risk of making an attempt:
- Substance Abuse Disorders
- Increased or underestimated usage of dangerous drugs
- Mixing drugs with alcohol

(Nock et al. 2008)
Risk Factors for Suicide

- Impulse Control disorders
- Substance Abuse Disorders
- Anxiety Disorders
- Personality Disorders
- Access to Firearms
- Experiencing personal humiliation
- Survival Guilt

Developed vs. Developing Risk Factors (Developed)

Mood Disorders

Risk Factors (Developing)

Impulse Control Disorders

Classified by the World Bank as less developed or developing: China, Colombia, Lebanon, Mexico, Nigeria, South Africa, and Ukraine

Risk Factors for Suicide

- Impulse Control disorders
- Substance Abuse Disorders
- Anxiety Disorders
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Personality Traits

- Impulsivity
- Dichotomous Thinking
- Cognitive Rigidity
- Problem Solving
- Autobiographical Memory

When an individual suffering from depression have these personality traits, likelihood of attempted suicide increases. BUT these personality traits are also correlated with other disorders.

Who is at risk?

60% of suicides are committed by individuals who suffer from a mood disorder

30% of suicides are committed by individuals suffering from other disorders

90%
Then and Now

### Mood Disorders
- Bipolar Disorder I & II
- Cyclothymic Disorder
- Depressive Disorder

### Anxiety Disorders
- Included OCD, PTSD

### Impulse Control
- Manias, Intermittent Explosive

### Now
- Depressive Disorders
- Anxiety Disorders
- Bipolar and Related Disorders
- Trauma and Stressor Related
- Obsessive Compulsive
- Disruptive, Impulse Control, and Conduct

What do these changes mean?

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### Depression

Criteria for Major Depressive Disorder

- Depressed mood or a loss of interest or pleasure in daily activities for more than two weeks.
- Mood represents a change from the person's baseline.
- Impaired function: social, occupational, educational.
- Specific symptoms, at least 5 of these 9, present nearly every day:
  1. Depressed mood or irritable most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).
  2. Decreased interest or pleasure in most activities, most of each day
  3. Significant weight change (5%) or change in appetite
  4. Change in sleep: Insomnia or hypersomnia
  5. Change in activity: Psychomotor agitation or retardation
  6. Fatigue or loss of energy
  7. Guilt/worthlessness: Feelings of worthlessness or excessive or inappropriate guilt
  8. Concentration: diminished ability to think or concentrate, or more indecisiveness
  9. Suicidality: Thoughts of death or suicide, or has suicide plan

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Major Depression cont'd

2. Decreased interest or pleasure in most activities, most of each day
3. Significant weight change (5%) or change in appetite
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9. Suicidality: Thoughts of death or suicide, or has suicide plan
Pay Attention to...
- Male gender
- Family history of psychiatric disorder
- Previous attempted suicide
- More severe depression
- Hopelessness
- Comorbid disorders, including anxiety
- Misuse of alcohol and drugs

Constant assessment is key! BDI, BAI, Suicidal Assessment

Be careful of...
- Be aware of periods when clients are coming out of depression, increase in energy without significant shift in hopefulness...

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Bipolar and Related Disorders
- Major Depressive Episode
- Hypomanic/Manic Episode
- DSM-5 Changes
- Correlates to Suicidal Ideation

Common factors? Inadequate control of aggressive impulses.
- Less likely to think carefully
- Reward centered
- Lack of concern regarding punishment or consequences
- Anger

Bipolar and Related Disorders
- Major Depressive Episode
- Hypomanic/Manic Episode
- DSM-5 Changes
- Correlates to Suicidal Ideation
Factors that may increase risk

- Higher lethality when co-morbid with depression
- Childhood Abuse
- Military Sexual Trauma
- PTSD highlighted – when analyzed alone
  - Intrusive Memories
  - Anger and Impulsiveness
  - Suppressed Stress

(Sareen, Houlahan, Cox, & Asmundson, 2005)

Connections

Suicidality is one of the possible criteria for major depressive disorder
- Mood Disorders are among the risk factors of suicidality.
- Clinicians must be aware of other risk factors
- Although approximately 90% of individuals who commit suicide have a mental disorder.
- Only 60% suffer from mood disorders.
- DSM-5 Suicide Assessment

Case Vignette:
A 37-year-old white female, self-referred. Precipitant seems to be verbal abuse by her boss. After talking to her nightly for hours, he suddenly refused to talk to her. As a result, patient feels angry and hurt. She is also angry at her mother, who will not let patient smoke or bring men to their home. Current alcohol level is .15; patient is confused, repetitive, and ataxic. History reveals a previous suicide attempt (overdose) 7 years ago, which resulted in hospitalization. After spending the night at CIC and sobering, patient denies further suicidal intent. – Suicide Risk Vignette (Syracuse University)