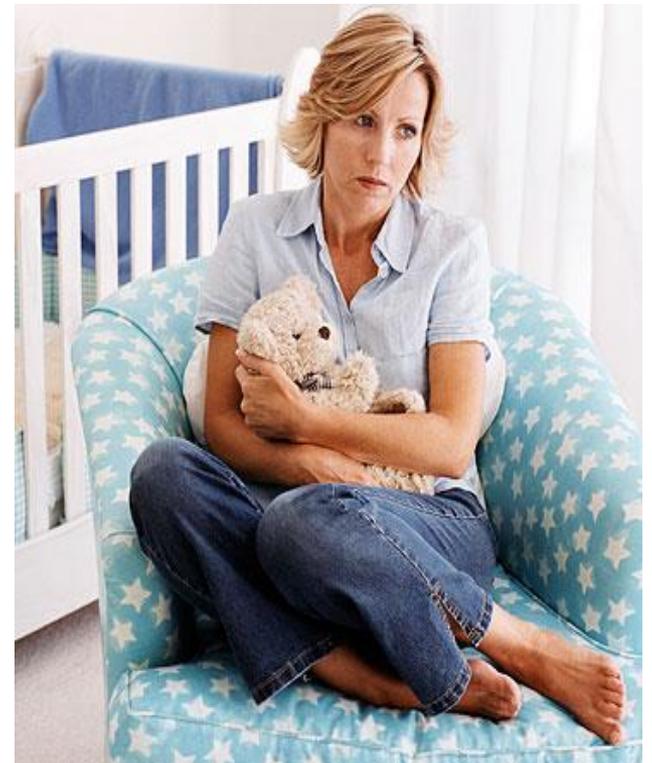


Mental Disorder: Depression and Suicide

Dr. Phillip Lowe
Clinical Psychologist, Psy.D



Mental Health (MH) Facts

- Depression: Most common MH issue
- Women vs. Men: 2:1x prevalence
- Older Adults: depression, paranoid, dementia are most common

What is clinical depression?

- “I am a little depressed!!”
- DSM-V Criteria Symptoms:
 - 5+ Symptoms, lasted > 2 weeks
 - Depressed, sad/teary, fatigue, sleep disturbances, appetite change, feeling guilty, focus/memory/concentration, isolation/withdrawn

The symptoms of depression

- Already discussed symptoms:
 - Anhedonia, sadness or numbness, lack of interest in previously favored activities,
 - weight changes, eating/sleeping disruption. social isolation, unmotivated for basic hygiene
 - Irritability, bleak outlook on life, self-criticism
- Tendency toward self-absorption.
- Severe depression: suicidal ideation.

Reasons?

- Family issues,
 - Ex: financial problems, emotionally unavailable parents, and discord within the family.
- Genetic/Environmental
 - Having depressed parent increase risk
- Other risk factors.
 - loss of loved one, no good friend,
 - experience of rejection (Santrock, '06; Feldman, '06)
- Similar to other mental disorders
 - likely due to combination of risk factors
 - Interact: biological, psychological, social-systems variables.

Postpartum depression

- new mothers
 - 50-80% will experience a mild form of "postpartum blues" or "baby blues" after giving birth.
- > 50 percent of women
 - Relapse: will develop Postpartum Depression in subsequent births.

Depression Severity

- Mild: still functional
- Moderate: daily functioning
- Severe: suicidal thoughts

Dysthymic Disorder

experience combinations of disturbances in appetite (poor/ overeat), sleep disturbances, low energy levels, low self-esteem, difficulty concentrating or make decisions, and feelings of hopelessness

Most common symptoms of Dysthymic Disorder include general anhedonia, a sense of inadequacy, feelings of guilt about past events, and decreased activity and productivity.

Within five years of onset

- ~75% individuals with Dysthymic Disorder will develop Major Depressive Disorder.

Women

- 2-3x more likely exhibit Dysthymic Disorder
- boy-to-girl ratio approximately 1:1s

Major Depression Disorder (MDD)

Lifetime prevalence

- 10-25% women, 5-12% men.
- Women are 2x likely to develop MDD.

Vulnerable groups

- Married women, women 3+ children under 14 y/o
- Average onset: ~mid-20s
- Adolescence is a time of high risk
- MDD may appear at any stage in the life cycle.

神經傳遞素

Neurotransmitter

- Serotoni 血液復合胺
- Norepinephrine 正腎上腺素

Another Tragic Incident

- Lashandra Armstrong died along with three of her children , 25, had 4 children in the vehicle, 10 y/o Lashaun, 5 y/o Landon, 2 y/o Lance, and 11-month-old daughter.
- After conflicts/depression, she drove minivan into the Hudson River (north of NYC).
- The lone survivor, oldest son Lashaun, swam to shore and a passerby took him to the nearest fire station.

- **Susan Smith, 1994**
- The nation watched in horror as the case of Susan Smith unfolded in Union, S.C. [USA Today](#) reports Smith is serving life in prison for killing her two children, ages 3 and 14 months at the time. She drove her car off a boat ramp into John D. Long Lake in Union County on Oct. 25, 1994.
- Originally, Smith claimed she was the victim of a carjacking by an African American man. She eventually confessed to what she had done and was convicted in July 1995. Smith is up for parole in 2024.

Treatment

- Psychotherapy + Medication
 - Research shown Cognitive-Behavioral Therapy (CBT): as effective as antidepressant drugs
 - Antidepressant advised: severe depression
- Electroconvulsive therapy (ECT)
 - Especially effective: patients exhibit psychotic features of the illness (Kazdin, 2000).

Suicide

Suicide deaths in U.S. (2015)

- 44,193 deaths: ~1 suicide/12 minutes.
- 10th leading cause of death
- Suicide rates 28%++ (2000 to 2015)
- Highest rates:
 - American Indian/Alaska Native (AI/AN)
 - non-Hispanic White group

Suicide

- Risks
 - Talking about suicide (not increase risks)
 - Has mean, plan, and prior attempts
- Signs
 - Start cleaning out, giving away things
 - ask others to take care of remaining things/items/pets
 - Social isolation, depressed, hopeless

Contributing factors of Suicide

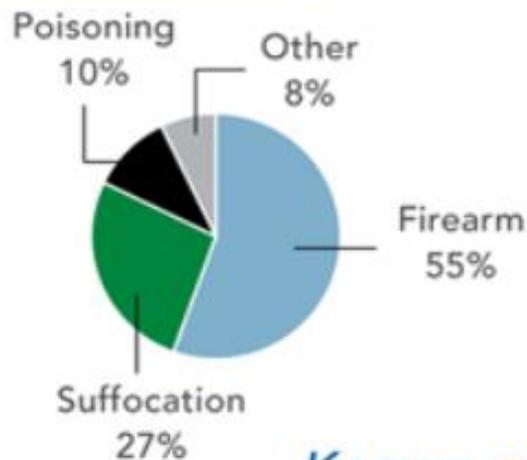
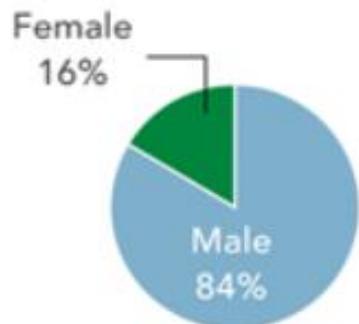
Many factors contribute to suicide among those with and without known mental health conditions.



No known mental health conditions

Sex

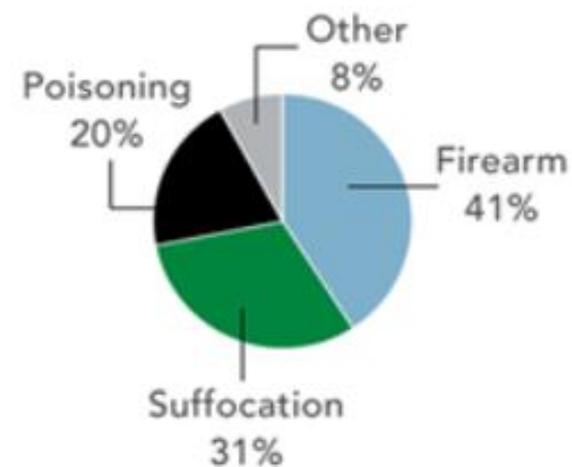
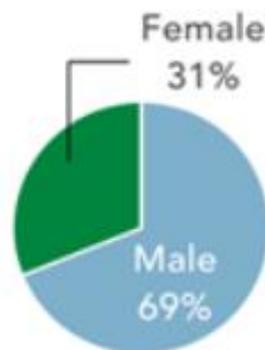
Method



Known mental health conditions

Sex

Method



Treatment

- Medication: traditional and newer medication
- Psychotherapy
- ECT and TMS

Protective factors

- Effective coping / problem-solving skills
- Moral objections to suicide
- Strong/supportive relationships
 - with partners, friends, and family;
- Connectedness to
 - school, community, other social institutions
- Physical and mental health care
- Reduced access to lethal means.

Suicide Prevention

- Local
 - 911, Mobile Psychiatric Assessment
 - County psychiatric hotline
- National
 - Hotline Lifeline (1-800-273-8255).

Depression Prevention

- Physical
 - Regular exercises, keeping body busy,
- Mental
 - Gratitude, contentment, meaningful activities
 - Hobbies,
- Social
 - Social interaction, meaningful & positive relationship
 - Avoid self-isolation, too much online activities

Helpful Summary

1. Recognize Sx of Depression/Suicide
2. Prevalence between men vs. women
3. What are some depression prevention tips?
 - Healthy lifestyle: exercises, meals, socialization
 - Relapse prevention
4. How to help people with suicidal risks?

References

- American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. (DSM-5)
- Mayo Clinic <https://www.mayoclinic.org/diseases-conditions>
- World Health Organization (WHO)