

# ➔ Suicide Primer

Not all people with depression will show all symptoms or have them to the same degree. If a person has four or more symptoms, for more than two weeks, consult a doctor or mental health professional right away. While the symptoms specified for all groups below generally characterize major depression, there are other disorders with similar characteristics including: bipolar illness, anxiety disorder, or attention deficit disorder with or without hyperactivity.<sup>1</sup>

## Depression is treatable and suicide can be prevented!

Nearly 90 percent of people with clinical depression can be treated successfully with medications and psychotherapy done together. Some depressions among the elderly may respond better to electroconvulsive therapy (ECT). ECT is an effective treatment that is used in extremely severe cases of major depression when very rapid improvement is necessary, or when medications cannot be used or have not worked. Improved procedures make this treatment much safer than in previous years.

## Where to get help

- **Family physicians, clinics and health maintenance organizations** can provide treatment or make referrals to mental health specialists.
- **Mental health specialists** like psychiatrists, psychologists, family therapists and social workers. Psychiatrists can prescribe antidepressant drugs because they are physicians. Other mental health specialists, however, often work with physicians to ensure that their patients receive the medications they need.
- **Community mental health centers** often provide treatment based on the patient's ability to pay, and usually have a variety of mental health specialists.
- **Hospitals and university medical schools** may have research centers that study and treat depression.

## What to do

Stigma associated with depressive illnesses can prevent people from getting help. Your willingness to talk about depression and suicide with your family members can be the first step in getting help and preventing suicide.

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<sup>1</sup> Portions taken from the National Institute of Mental Health booklet, *If You're Over 65 and Feeling Depressed... Treatment Brings New Hope*

## **WARNING SIGNS OF POTENTIAL SUICIDE**

**In Addition to the standard warning signs of depression (repeated above from the Depression Section) watch for the following behaviors:**

- Preoccupation with death themes in literature, music, drawings, speaking of death repeatedly, fascination with guns/knives.
- Thoughts of suicide; suicide plans or attempts
- Ideation (thinking about suicide)
- Talking about suicide.
- Grandiose ideas, increased creativity.
- Overly excited, euphoric, giddy, exhilarated.
- Mood disturbance (dramatic changes in mood)
- Persistent sad or "empty" mood -- Dramatic mood changes
- Statements about hopelessness, helplessness, or worthlessness.
- Substance use or abuse (increased or change in substance)
- Fatigue or loss of interest in ordinary activities, including sex.
- Disturbances in eating and sleeping patterns.
- Irritability increased crying, anxiety or panic attacks.
- Difficulty concentrating, remembering or making decisions. .
- Persistent physical symptoms or pains that do not respond to treatment.
- Purposelessness (no sense of purpose or belonging)
- Anger and/or Rage, uncontrolled anger, seeking revenge
- Anxiety, agitation, unable to sleep or sleeping all the time
- Trapped (feeling like there is no way out)
- Hopelessness--Feeling hopeless, helpless, worthless, pessimistic and/or guilty --there is nothing to live for, no hope or optimism
- No reason for living; no sense of purpose in life
- Withdrawal (from family, friends, work, school, activities, hobbies)
- Anxiety (restlessness, irritability)
- Recklessness (high risk-taking behavior)
- Preoccupation with death.
- Suddenly happier, calmer.
- Loss of interest in things one cares about.
- Visiting or calling people one cares about.
- Making arrangements; setting one's affairs in order.
- Giving things away, such as prized possessions.
- Acting reckless or engaging in risky activities, seemingly without thinking

It's normal to feel some of these from time to time, but experiencing several or more for more than two or three weeks may indicate the presence of depression or another depressive illness. Remember, the service member must seek a professional for an accurate diagnosis of depression. This checklist is provided only as a tool to help them talk with a doctor or treatment provider about their concerns and develop an action plan for successful recovery.

## ***CHECKLIST FOR MENTOR or CAREGIVER:***

**Please note:** Other illnesses and certain medications can cause symptoms that mimic the symptoms of depression. A complete medical examination should be performed to rule out the presence of other medical conditions potentially causing depressive symptoms. **For the MENTOR or CAREGIVER, watch for these statements by the Wounded Warrior—this is a “Checklist” of some of the thoughts they may express or things they may say, do, or feel to you or other close family member or friends:**

- ✓ I feel sad.
- ✓ I feel like crying a lot.
- ✓ I'm bored.
- ✓ I feel alone.
- ✓ I don't really feel sad, just "empty".
- ✓ I don't have confidence in myself.
- ✓ I don't like myself.
- ✓ I often feel scared, but I don't know why.
- ✓ I feel mad, like I could just explode!
- ✓ I feel guilty.
- ✓ I can't concentrate.
- ✓ I have a hard time remembering things.
- ✓ I don't want to make decisions - it's too much work.
- ✓ I feel like I'm in a fog.
- ✓ I'm so tired, no matter how much I sleep.
- ✓ I'm frustrated with everything and everybody.
- ✓ I don't have fun anymore.
- ✓ I feel helpless.
- ✓ I'm always getting into trouble.
- ✓ I'm restless and jittery. I can't sit still.
- ✓ I feel nervous.
- ✓ I feel disorganized, like my head is spinning.
- ✓ I feel self-conscious.
- ✓ I can't think straight. My brain doesn't seem to work.
- ✓ I feel ugly.
- ✓ I don't feel like talking anymore - I just don't have anything to say.
- ✓ I feel my life has no direction.
- ✓ I feel life isn't worth living.
- ✓ I consume alcohol/take drugs regularly.
- ✓ My whole body feels slowed down - my speech, my walk, and my movements.
- ✓ I don't want to go out with friends anymore.
- ✓ I don't feel like taking care of my appearance.
- ✓ Occasionally, my heart pounds, I can't catch my breath, and I feel tingly.
- ✓ My vision feels strange and I feel I might pass out. The feeling passes in seconds, but I'm afraid it will happen again.
- ✓ Sometimes I feel like I'm losing it.
- ✓ I feel "different" from everyone else.

- ✓ I smile, but inside I'm miserable.
- ✓ I have difficulty falling asleep or I awaken between 1 A.M. and 5 A.M. and then I can't get back to sleep.
- ✓ My appetite has diminished - food tastes so bland.
- ✓ My appetite has increased - I feel I could eat all the time.
- ✓ My weight has increased/decreased.
- ✓ I have headaches.
- ✓ I have stomachaches.
- ✓ My arms and legs hurt.
- ✓ I feel nauseous.
- ✓ I'm dizzy.
- ✓ Sometimes my vision seems blurred or slow.
- ✓ I'm clumsy.
- ✓ My neck hurts.

Here is an easy mnemonic to remember these warning signs:

## IS PATH WARM?

**I** Ideation  
**S** Substance Abuse  
**P** Purposelessness  
**A** Anxiety  
**T** Trapped  
**H** Hopelessness  
**W** Withdrawal  
**A** Anger  
**R** Recklessness  
**M** Mood Changes

## IF YOU SEE THE WARNING SIGNS OF SUICIDE...

If you see or suspect any of these symptoms, get the wounded warrior and/or their families to mental health care/psychological treatment ASAP! Please note that the stigma associated with depressive illnesses (*in the military this "personal shame" stigma is a strong social norm*) will probably discourage or prevent the Wounded Warriors and their families from asking for and getting help—no soldier "...goes to the shrink...." Your willingness to talk about depression and suicide with the Wounded Warrior and/or their family members can be the first step in getting help and preventing suicide or suicide attempts.

**Begin a dialogue by asking questions.** Suicidal thoughts are common with depressive illnesses and your willingness to talk about it in a **nonjudgmental way** can be the push a person needs to get help. Questions to ask include:

- ➔ "Do you ever feel so badly that you think of hurting yourself?"
- ➔ "Have you thought of a plan?"

Asking these questions will allow you to determine if your friend is in immediate danger, and get help if needed. A suicidal person should see a doctor or mental health professional immediately. Try to get in touch with the **WRAMC Behavioral Health Clinic, Borden Pavilion (Building 6), 3rd Floor, (202) 782-6061**, during normal duty hours. During non-duty hours, mental health emergencies should report to the emergency room. Calling **911** or going to a hospital emergency room are also valid options. Always take thoughts of or plans for suicide seriously.

You can also call the **National Suicide Prevention Lifeline (800 273-8255)**: The National Suicide Prevention Lifeline has been enhanced to provide a new service for veterans in crisis. **Veterans will be connected immediately to VA suicide prevention and mental health service professionals by calling 1-800-273-TALK (8255) and pressing 1.**

- **Don't try to minimize problems or shame a person into changing their mind.** Your opinion of a person's situation is irrelevant. Trying to convince a person it's not that bad, or that they have everything to live for may only increase their feelings of guilt and hopelessness. Reassure them that help is available, that depression is treatable, and that suicidal feelings are temporary.
- **Get treatment.** If a person is suicidal due to a real or imagined life-threatening illness, treatment of depression/anxiety is critical. Once pain, both physical and emotional, is alleviated, the risk of suicide decreases dramatically. If you believe the person isn't in immediate danger, acknowledge the pain as legitimate and offer to work together to get help.
- **Follow through.** Help find a doctor or a mental health professional, participate in making the first phone call, be available for doctor appointments, explaining medications and offering general emotional support.
- **Remove any weapons.**

**➔ Don't try to handle the Wounded Warrior completely by yourself—you are only a "first line" defense – GET MEDICAL HELP as soon as possible but do not leave the Wounded Warrior alone!**

- ➔ **Try to get in touch with the WRAMC Behavioral Health Clinic, Borden Pavilion (Building 6), 3rd Floor, (202) 782-6061**
  
- ➔ **If that fails, take the Wounded Warrior to the EMERGENCY Room**
  
- ➔ **NOTIFY THE NURSE CASE MANAGER IMMEDIATELY!**

### Common Misconceptions

Here are some common misconceptions about suicide:

**"People who talk about suicide won't really do it."**

**Not True.** Almost everyone who commits or attempts suicide has given some clue or warning. Do not ignore suicide threats. Statements like "you'll be sorry when I'm dead," "I can't see any way out," -- no matter how casually or jokingly said, may indicate serious suicidal feelings.

**"Anyone who tries to kill him/herself must be crazy."**

**Not True.** Most suicidal people are not psychotic or insane. They may be upset, grief-stricken, depressed, or despairing, but extreme distress and emotional pain are always signs of mental illness and are not signs of psychosis.

**"If a person is determined to kill him/herself, nothing is going to stop him/her."**

**Not True.** Even the most severely depressed person has mixed feelings about death, and most waver until the very last moment between wanting to live and wanting to die. Most suicidal people do not want to die; they want the pain to stop. The impulse to end it all, however overpowering does not last forever.

**"People who commit suicide are people who were unwilling to seek help."**

**Not True.** Studies of suicide victims have shown that more than half had sought medical help within six months before their deaths and a majority had seen a medical professional within 1 month of their death.

## "Talking about suicide may give someone the idea."

**Not True.** You do not give a suicidal person morbid ideas by talking about suicide. The opposite is true -- bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

Asking these questions will allow you to determine if your friend is in immediate danger, and get help if needed. A suicidal person should see a doctor or mental health professional immediately. Try to get in touch with the [WRAMC Behavioral Health Clinic, Borden Pavilion \(Building 6\), 3rd Floor, \(202\) 782-6061](#), during normal duty hours. During non-duty hours, mental health emergencies should report to the emergency room. Calling **911** or going to a hospital emergency room are also valid options. Always take thoughts of or plans for suicide seriously. You can also call the **National Suicide Prevention Lifeline (800 273-8255)**: The National Suicide Prevention Lifeline has been enhanced to provide a new service for veterans in crisis. **Veterans will be connected immediately to VA suicide prevention and mental health service professionals by calling 1-800-273-TALK (8255) and pressing 1.**

## During Treatment

### **What, if any, is your role and how can you assist the Wounded Warrior in this process?**

If the Wounded Warrior has questions or disagrees with any decisions at any time, it's very important that the Wounded Warrior discuss them with the doctor or the treatment team. You, as Mentor, may know the patient better than the doctor and staff, and may be able to shed light on important issues. Patients may not recognize behavior changes because they're ill; the doctor and staff may not recognize differences, especially if they're not familiar with the patient. You are the best person to observe and state anything you are concerned about. Don't be afraid to ask specific questions of the Nurse Care Manager or the Wounded Warrior patient about how the patient's treatment is progressing, i.e. is the patient participating in group or individual therapy, or both; are they interacting with students, interns, registered nurses, practical nurses, doctors, etc. This may determine the quality and value of care the patient is receiving.

Keep in mind that WRAMC may not be capable of meeting all the patient's needs. As the Mentor person close to the patient, you can advocate for appropriate services—seek assistance from the WRAMC Mental Health Clinic (***Department of Psychology & Department of Psychiatry Building 6, Borden Pavillion, 3rd Floor (Adult Clinic)***). The ultimate hope is that they'll be provided the best chance of becoming healthy, thereby regaining the ability to make decisions in their own best interest.<sup>2</sup>

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<sup>2</sup> Information taken from the SAVE (Suicide Awareness Voices of Education) website: <http://www.save.org>; APA Press Release August 17, 2007

## **WRAMC Behavioral Health Clinic (202) 782-6061**

The Behavioral Health Clinic is an integrated, multidisciplinary adult mental health service with providers in psychiatry, psychology, and social work. Through this multidisciplinary clinic military beneficiaries have access to a variety of behavioral and mental health services to include:

- Mental Health Assessments and Evaluations
- Consultative Services (Command, Medical)
- Individual and Group Psychotherapy
- Crisis Intervention
- Psychopharmacological Treatment
- Community Resource Location

Evaluation and treatment is provided for patients who have concerns with any number of behavioral or mental health issues. This would include depression, anxiety, eating disorders, adjustment problems, trauma issues, marital difficulties, work related problems, and much more.

Adult patients should call Sierra/Options, 1-888-999-5195, to schedule routine outpatient behavioral/mental health appointments. They can schedule a new appointment with a provider from any discipline (adult social work, adult psychology, or adult psychiatry), and through case treatment planning follow-up care will be provided by the appropriate behavioral health care professional.

Adults with an urgent mental health problem may be seen on a same-day basis at the Behavioral Health Clinic, Borden Pavilion (Building 6), 3rd Floor, during normal duty hours. During non-duty hours, mental health emergencies should report to the emergency room.