Addressing the Elephant in the Room: Talking About Mental Illness and Suicide

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Wellness Lecture
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What is Mental Illness?

- A mental illness is a condition that impacts a person's thinking, feeling or mood and may affect his or her ability to relate to others and function on a daily basis.

- 1 in 5 adults experiences a mental health condition every year. 1 in 20 lives with a serious mental illness such as schizophrenia or bipolar disorder.

- 50% of mental health conditions begin by age 14 and 75% of mental health conditions develop by age 24. The normal personality and behavior changes of adolescence may mimic or mask symptoms of a mental health condition.
Mental Illness is a Reality for Many Individuals
College Students and Mental Health Issues

1 in 3 students reported prolonged periods of depression

1 in 4 students reported having suicidal thoughts or feelings

50% of students rated their mental health below average or poor

1 in 7 students reported engaging in abnormally reckless behavior

30% reported problems with school work due to a mental health issue

Only 7% of parents reported their college students as experiencing mental health issues

50% received no education on mental health issues prior to college

All data gathered from the National Alliance on Mental Illness, www.nami.org
Graphics by Andres Garcia
Why is it so hard to talk about mental illness?
Some Celebrities Who’ve Discussed Their Battles with Mental Illness

Cameron Diaz
Demi Lovato
Jon Hamm
Leonardo DiCaprio
Jim Carrey
Catherine Zeta-Jones
Brooke Shields
David Beckham
Megan Fox

Rene Russo
Mel Gibson
Halle Berry
Carrie Fisher
Emma Thompson
Paula Deen
Sheryl Crow
Bryce Dallas Howard
Linda Hamilton
The Elephant in the Room…

- Would you feel comfortable telling people if you had a mental health problem?
- Do you talk with others in your life about your own mental health? Their mental health?
- Would you know if others around you are struggling with mental illness?
- How do you bring up mental health concerns in conversation?
The Symptoms of Depression

- Changes in sleep/sleep disturbances
- Changes in appetite or weight
- Lack of concentration or difficulty making decisions
- Loss of energy/fatigue
- Feeling agitated or slowed down
- Lack of interest/loss of pleasure in activities
- Low self-worth, guilt, shortcomings
- Hopelessness
- Suicidal thoughts or intentions
Suicide:
A Nationwide and Worldwide Problem

Each year, more people die by their own hands than at the hands of another.
Suicide Statistics at a Glance

- In the world, a suicide death occurs on average once every 40 seconds (13th leading cause of death for all ages).

- In the U.S., over 100 suicides occur each day (10th leading cause of death for all ages).

- 90% of those who die by suicide suffer from mental illness.
## 10 Leading Causes of Death by Age Group, United States - 2013

<table>
<thead>
<tr>
<th>Rank</th>
<th>Age Groups</th>
<th>Cause 1</th>
<th>Cause 2</th>
<th>Cause 3</th>
<th>Cause 4</th>
<th>Cause 5</th>
<th>Cause 6</th>
<th>Cause 7</th>
<th>Cause 8</th>
<th>Cause 9</th>
<th>Cause 10</th>
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<tbody>
<tr>
<td>1</td>
<td>&lt;1</td>
<td>Congenital Anomalies</td>
<td>Unintentional Injury</td>
<td>Unintentional Injury</td>
<td>Unintentional Injury</td>
<td>Unintentional Injury</td>
<td>Malignant Neoplasms</td>
<td>Malignant Neoplasms</td>
<td>Malignant Neoplasms</td>
<td>Malignant Neoplasms</td>
<td>Heart Disease</td>
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<td>1-4</td>
<td>Short Gestation</td>
<td>Congenital Anomalies</td>
<td>Malignant Neoplasms</td>
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<td>Suicide</td>
<td>Suicide</td>
<td>Malignant Neoplasms</td>
<td>Malignant Neoplasms</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
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<tr>
<td>3</td>
<td>5-9</td>
<td>Maternal Pregnancy Complications</td>
<td>Homicide</td>
<td>Congenital Anomalies</td>
<td>Suicide</td>
<td>Homicide</td>
<td>Homicide</td>
<td>Heart Disease</td>
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<td>Chronic Low, Respiratory Disease</td>
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<td>SIDS</td>
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<td>Homicide</td>
<td>Congenital Anomalies</td>
<td>Malignant Neoplasms</td>
<td>Malignant Neoplasms</td>
<td>Suicide</td>
<td>Liver Disease</td>
<td>Chronic Low, Respiratory Disease</td>
<td>Cerbrovascular</td>
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<td>5</td>
<td>15-24</td>
<td>Unintentional Injury</td>
<td>Heart Disease</td>
<td>Chronic Low, Respiratory Disease</td>
<td>Homicide</td>
<td>Heart Disease</td>
<td>Homicide</td>
<td>Suicide</td>
<td>Diabetes Mellitus</td>
<td>Alzheimer’s Disease</td>
<td>Cerebrovascular</td>
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<tr>
<td>6</td>
<td>25-34</td>
<td>Placenta Cord, Membranes</td>
<td>Influenza &amp; Pneumonia</td>
<td>Heart Disease</td>
<td>Congenital Anomalies</td>
<td>Diabetes Mellitus</td>
<td>Liver Disease</td>
<td>Diabetes Mellitus</td>
<td>Liver Disease</td>
<td>Alzheimer’s Disease</td>
<td>Cerebrovascular</td>
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<td>Bacterial Sepsis</td>
<td>Influenza &amp; Pneumonia</td>
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<td>Influenza &amp; Pneumonia</td>
<td>Liver Disease</td>
<td>Diabetes Mellitus</td>
<td>Cerbrovascular</td>
<td>Influenza &amp; Pneumonia</td>
<td>Diabetes Mellitus</td>
<td>Cerebrovascular</td>
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<td>8</td>
<td>45-54</td>
<td>Respiratory Distress</td>
<td>Septicemia</td>
<td>Chronic Low, Respiratory Disease</td>
<td>Diabetes Mellitus</td>
<td>HIV</td>
<td>Chronic Low, Respiratory Disease</td>
<td>4,619</td>
<td>Septicemia</td>
<td>HIV</td>
<td>4,345</td>
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<td>55-64</td>
<td>Circulatory System Disease</td>
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<td>Chronic Low, Respiratory Disease</td>
<td>Septicemia</td>
<td>Chronic Low, Respiratory Disease</td>
<td>Septicemia</td>
<td>Nephritis</td>
<td>Nephritis</td>
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<td>65+</td>
<td>Neonatal Hemorrhage</td>
<td>Septicemia</td>
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<td>Septicemia</td>
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<td>Septicemia</td>
<td>Nephritis</td>
<td>Nephritis</td>
<td>4,140</td>
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</table>

Suicide During the Working Years

Worrying Trend
The rate of suicide for adults aged 45 to 64 has increased sharply while other age groups have remained flat, edged up slightly, or dropped. Overall, men are more likely to kill themselves than women.

Suicide rate per 100,000 people

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>1999</th>
<th>2001</th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>2009</th>
<th>2011</th>
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<tr>
<td>45-54</td>
<td>10</td>
<td>12</td>
<td>15</td>
<td>20</td>
<td>25</td>
<td>30</td>
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<tr>
<td>55-64</td>
<td>15</td>
<td>20</td>
<td>25</td>
<td>30</td>
<td>35</td>
<td>40</td>
<td></td>
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<tr>
<td>75-84</td>
<td>5</td>
<td>7</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>15-24</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>10</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention

The Wall Street Journal
Joiner’s Interpersonal Psychological Theory of Suicide (2005)

*Suicide Desirability:* wanting to die

*Suicide Capability:* being able to execute the act of suicide
Suicide Desirability: Two Constructs

- **Failed Belonging**: An individual’s belief that he is disconnected from the world.

- **Perceived burdensomeness**: An individual’s belief that he fails to contribute to the world in a meaningful way and is a liability to those around him.
Acquired Capability:

Exposure to painful and provocative life events
- Physical and Sexual Abuse
- Medical procedures
- Non-Suicidal Self-Injury (NSSI)
- Risky behaviors (skydiving, bungee jumping)
- Exposure to war
- Exposure to blood, injury, and death

A history of painful and provocative life events lead to decreased fear of death and increased pain tolerance through habituation and opponent process theory.
Joiner’s Model of Suicide Risk

Figure 1: Thomas Joiner’s model of suicide risk, 2006
Risk Factors

- History of attempts (especially repeated), suicidal ideation, self-harm behavior, trauma or abuse, psychiatric hospitalization, impulsivity/recklessness
- Family history of suicidal behavior
- Psychiatric disorder
- Recent discharge from psychiatric hospitalization
- Exposure to another’s death by suicide
- Tolerant/accepting attitude toward suicide
- Firearm ownership or easy accessibility
- Increased or excessive use of substances
- Anger, rage, aggressive behavior
- Withdrawal
- Dramatic mood changes
Precipitating Events

- Any real or anticipate event causing or threatening
  - shame, guilt, despair
  - humiliation, unacceptable loss of face or status
  - legal problems
  - financial problems
  - feelings of rejection/abandonment
Increasing Awareness of Risk Factors and Warning Signs for Suicide

How to Spot Suicide Warning Signs

**ASK 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
Be Alert for...

- Verbal (direct or indirect) suicide threats
- Writing, notes, poetry, journal entries that are cause for concern
- Preoccupation with death and suicide themes
- Giving away possessions
- Visiting or calling people to say goodbye
- Increased interest in guns or other lethal methods and talk about how to gain access to methods
- Behavioral Messages
- Sudden Changes in Behavior, Friends, or Personality
- Changes in Physical Habits and Appearance
Increasing Awareness of Risk Factors for Suicide

**Question, Persuade, and Refer approach (QPR)**

- 1) promoting recognition of the warning signs of suicide
- 2) encouraging help-seeking behavior and offering hope to the suicidal individual
- 3) referring for help to appropriate resources.
The Do’s and Don’ts

Don’t

- Worry that you're going to plant thoughts in a person's head
- Judge
- Give false reassurance and platitudes/minimize their concerns
- Give ultimatums
- Be sworn to secrecy
- Lecture
- Act shocked
- Give advice

Do

- Be direct
- Calmly gather information
- Get details – explore if they have a plan, how specific it is, if they have access to means, if they’ve attempted before
- Reflect their concerns and let them know you care
- Take them seriously
- Communicate hope – Has anything helped before? Emphasize person’s worth and previous coping skills
- Emphasize alternatives to suicide
- Help get to resources/Create a specific action plan
- Follow up
- Take action
Be brave enough to start a conversation that matters.
Fostering Connections is Key
Useful Resources

Long Island Crisis Center 24/7
516-679-1111
National Suicide Prevention Lifeline
1-800-273-TALK (8255)
www.suicidepreventionlifeline.org
Adelphi’s Student Counseling Center
516-877-3646
Derner’s Center for Psychological Services
516-877-4820
American Association of Suicidology
www.suicidology.org
American Foundation for Suicide Prevention
www.afsp.org
Suicide Prevention Resource Center
www.sprc.org
Professional Organizations that Can Provide Information or a Referral

- **American Psychiatric Association**
  - [www.psych.org](http://www.psych.org)
  - [apa@psych.org](mailto:apa@psych.org)
  - 1-888-357-7924 and press 0

- **American Psychological Association**
  - [www.apa.org](http://www.apa.org)
  - 1-800-964-2000

- **National Association of Social Workers**
  - [www.naswdc.org](http://www.naswdc.org)
  - [www.helppro.com/nasw/BasicSearch.aspx](http://www.helppro.com/nasw/BasicSearch.aspx)

- **Department of Veterans Affairs**
  - [www.mentalhealth.va.gov/ghelp.asp](http://www.mentalhealth.va.gov/ghelp.asp)

- **U.S. Substance and Mental Health Services Administration (SAMHSA)**
Contact Information

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