

Mental Health and Suicide Prevention Issues in Alabama

**Satellite Conference and Live Webcast
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**Produced by the Alabama Department of Public Health
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Faculty

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The Alabama Department of Mental Health

- **ADMH is the state agency responsible for**
 - **Serving Alabama citizens with mental illnesses, intellectual disabilities, and substance use disorders**

The Alabama Department of Mental Health

- **Annually, we serve over 230,000 people through a broad network of state mental illness and intellectual disability facilities and community-based services**
- **Services include residential, outpatient, and prevention programs with respect to substance abuse addiction**

State Facilities

- **Currently, we operate one developmental center for individuals with intellectual disabilities and six facilities for individuals with mental illnesses**
 - **Bryce Hospital**
 - **Searcy Hospital**
 - **Greil Hospital**

State Facilities

- **North Alabama Regional Hospital**
- **Taylor Hardin Secure Medical Facility**
- **Harper Center**

Community Facilities

- Through community-based services the department contracts with hundreds of local service providers in all 67 counties
- 26 community providers with satellite offices that cover all 67 counties in the state

MI Served by Gender

- January 1, 2009 – December 31, 2009

Facility	Female	Male	Total
Bryce	355	565	920
Searcy	410	647	1,057
Hardin	211	211	422
Greil	174	227	401
NARH	311	378	689
Kidd	20	15	35
Harper	206	207	413
Total	1,476	2,250	3,726

1999 U.S. Surgeon General's Report

- 1 in 5 Americans will experience a mental illness in their lifetime
- The Alabama Division of Mental Illness Services serves over 200,000 people per year
 - 95% of these consumers receive services through our certified community providers

1999 U.S. Surgeon General's Report

- Approximately 5% receive services through state operated facilities

Mental Illnesses

- Biologically based brain disorders that can profoundly disrupt a person's thinking, feeling, moods, ability to relate to others, and capacity for coping with the demands of life

Mental Illnesses

- Mental illnesses include
 - Schizophrenia
 - Major depressive disorder
 - Bi-polar disorder

Schizophrenia

- A biological brain disease that interferes with a person's ability to think clearly, manage emotions, make decisions, and relate to others
- Many people with schizophrenia have hallucinations and delusions
 - They hear and see things that are not there and believe things that are not real to be true

Schizophrenia

- Is not “split personality”
- Currently, one to two percent of the world's population, including one to two million American adults, has schizophrenia
- Men and women are at equal risk
 - Most males become ill between the ages of 16 and 25

Schizophrenia

- Females develop symptoms between ages 25 and 30
- Treatment success rates for schizophrenia are significantly higher than those for other physical illnesses such as heart disease

Symptoms of Schizophrenia

- Divided into three categories
 - Positive
 - Negative
 - Cognitive

Symptoms of Schizophrenia

- Positive (“psychotic”) symptoms
 - “Positive” refers to having overt symptoms that should not be there
 - Delusions and hallucinations
 - Patient has lost touch with reality in certain important ways

Symptoms of Schizophrenia

- Delusions cause individuals to believe that people are reading their thoughts or plotting against them, that others are secretly monitoring and threatening them, or that they can control other people's minds
- Hallucinations cause people to hear or see things that are not present

Symptoms of Schizophrenia

- **Negative symptoms**
 - Emotional flatness or lack of expression, an inability to start and follow through with activities, speech that is brief and devoid of content, and a lack of pleasure or interest in life

Symptoms of Schizophrenia

- "Negative" does not refer to a person's attitude but to a lack of certain characteristics that should be there

Symptoms of Schizophrenia

- **Cognitive symptoms**
 - Pertain to thinking processes
 - For example, people may have difficulty with prioritizing tasks, certain kinds of memory functions, and organizing their thoughts

Symptoms of Schizophrenia

- A common problem associated with schizophrenia is the lack of insight into the condition itself
 - This is not a willful denial but rather a part of the mental illness itself

Symptoms of Schizophrenia

- Such a lack of understanding poses many challenges for loved ones seeking better care for the person with schizophrenia

Schizophrenia

- There is a 10 percent lifetime risk of suicide in patients with schizophrenia

Bipolar Disorder or Manic Depression

- A medical illness that causes extreme shifts in mood, energy, and functioning
 - These changes may be subtle or dramatic and typically vary greatly over the course of a person's life as well as among individuals

Bipolar Disorder or Manic Depression

- Over 10 million people in America have bipolar disorder
- The illness affects men and women equally
- A chronic and generally life-long condition with recurring episodes of mania and depression

Bipolar Disorder or Manic Depression

- Can last from days to months
- Often begins in adolescence or early adulthood, and occasionally even in children
- Most people generally require some sort of life-long treatment

Bipolar Disorder or Manic Depression

- While medication is one key element in successful treatment of bipolar disorder, psychotherapy, support, and education about the illness are also essential components of the treatment process

Symptoms of Mania

- Elated, happy mood or an irritable, angry, unpleasant mood
- Increased physical and mental activity and energy
- Racing thoughts and flight of ideas
- Increased talking
- More rapid speech than normal

Symptoms of Mania

- Ambitious, often grandiose plans
- Risk-taking, impulsive activity
 - Spending sprees
 - Sexual indiscretion
 - Alcohol abuse
- Decreased sleep without experiencing fatigue

Symptoms of Depression

- Loss of energy
- Prolonged sadness
- Decreased activity and energy
- Restlessness and irritability
- Inability to concentrate or make decisions
- Increased feelings of worry and anxiety

Symptoms of Depression

- Less interest or participation in, and less enjoyment of activities normally enjoyed
- Feelings of guilt and hopelessness
- Thoughts of suicide
- Change in appetite
 - Eating more or eating less

Symptoms of Depression

- Change in sleep patterns
 - Either sleeping more or sleeping less

Link Between Mental Illness and Suicide

- Major depression is the psychiatric diagnosis most commonly associated with suicide
 - Lifetime risk of suicide among patient with untreated depressive disorder is nearly 20%

Link Between Mental Illness and Suicide

- About 2/3 of people who complete suicide are depressed at time of their deaths
- About seven out of every hundred men and one out every hundred women who have been diagnosed with depression in their lifetime will go on to complete suicide

Suicidal Ideation

- More common than completed suicide
- Most persons who commit suicide have a psychiatric disorder at the time of death

Suicidal Ideation

- Many patients with psychiatric disorders are seen by family physicians and other primary care practitioners rather than by psychiatrists
 - It is important practitioners recognize the signs and symptoms of the psychiatric disorders (particularly alcohol abuse and major depression) associated with suicide

Suicidal Ideation

- Although most patients with suicidal ideation do not ultimately commit suicide, the extent of suicidal ideation must be determined, including the presence of a suicide plan and the patient's means to commit suicide.

– The American Academy of Family Physicians

– Michael F. Gliatto, MD

– Anil K. Rai, MD

Bipolar Disorder

- The estimated lifetime risk of suicide in persons with bipolar disorder ranges from 8 to 20 percent
 - A rate that is 10 to 20 times the rate in the U.S. general population

Completed Suicide Risk Factors and Symptoms

- Epidemiologic factors
 - Male, white, age greater than 65
 - Widowed or divorced
 - Living alone
 - No children under 18 in household
 - Presence of stressful life events
 - Access to firearms

Completed Suicide Risk Factors and Symptoms

- Psychiatric disorders
 - Major depression
 - Substance abuse
 - Particularly alcohol
 - Schizophrenia
 - Panic disorder
 - Borderline personality disorder

Completed Suicide Risk Factors and Symptoms

- Additionally, in adolescents
 - Impulsive, aggressive and antisocial behavior
 - Presence of family violence and disruption

Completed Suicide Risk Factors and Symptoms

- **Past history**
 - History of previous suicide attempt
 - Family history of suicide attempt
- **Symptoms associated with suicide**
 - Hopelessness
 - Anhedonia

Completed Suicide Risk Factors and Symptoms

- Insomnia
- Severe anxiety
- Impaired concentration
- Psychomotor agitation
- Panic attacks

Evaluation of the Patient with Suicidal Ideation

- **New patients**
 - Ask about a history of psychiatric illness and substance abuse
 - If present, ask about a history of suicidal ideas and attempts
 - Using the CAGE questionnaire, screen for alcohol abuse

Evaluation of the Patient with Suicidal Ideation

- Perform a mental status examination, with emphasis on mood, affect, and judgment
- **New and established patients with evidence of major depression, substance abuse, anxiety disorder, or a recent stressor**

Evaluation of the Patient with Suicidal Ideation

- Ask about suicidal ideation and furtherance of plans
 - Including access to lethal means
- Identify symptoms associated with suicide
- Review risk factors associated with suicide

Evaluation of the Patient with Suicidal Ideation

- Interview family or significant other, if indicated
- Synthesize and formulate a treatment plan

Questions to Ask Patients with Suicidal Ideation

- Delineate extent of suicidal ideation
 - When did you begin to have suicidal thoughts?
 - Did any event (stressor) precipitate the suicidal thoughts?
 - How often do you think about suicide? Do you feel like a burden? Or that life isn't worth living?

Questions to Ask Patients with Suicidal Ideation

- What makes you feel better?
 - e.g., contact with family, use of substances
- What makes you feel worse?
 - e.g., being alone
- Do you have a plan to end your life?

Questions to Ask Patients with Suicidal Ideation

- How much control of your suicidal ideas do you have?
 - Can you suppress them or call someone for help?
- What stops you from killing yourself?
 - e.g., family, religious beliefs

Questions to Ask Patients with Suicidal Ideation

- Ascertain plans for furtherance and lethality
 - Do you own a gun or have access to firearms?
 - Do you have access to potentially harmful medications?
 - Have you imagined your funeral and reaction to your death?

Questions to Ask Patients with Suicidal Ideation

- Have you "practiced" your suicide?
 - e.g., put the gun to your head or held the medications in your hand?
- Have you changed your will or life insurance policy or given away your possessions?

Treatment

- Hospitalization
 - Commitment
 - Is secured through Probate Court
- Outpatient treatment
- No definite plan or intent

Patient Expresses Suicidal Ideation

- Patient has a suicide plan
 - Patient has access to lethal means, has poor social support, and poor judgment
 - Cannot make a contract for safety
 - Hospital

Patient Expresses Suicidal Ideation

- Patient does not have a suicide plan
 - Patient does not have access to lethal means, has good social support, and good judgment
 - Is able to make a contract for safety
 - Evaluate for psychiatric D/O or stressors

Patient Expresses Suicidal Ideation

- Treatment with antidepressants, refer for alcohol rehabilitation, and individual and/or family therapy
- Patient does not respond optimally
- Refer to psychiatric consultant