

Mental Health and Suicide Prevention Issues in Alabama

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The Alabama Department of Mental Health

- 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. Annually, we serve over 230,000
- people through a broad network of state mental
- illness and intellectual disability facilities and
- community-based services. These 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
- North Alabama Region 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 Communities Providers with satellite offices that cover all 67 counties in the State.

STATE OF ALABAMA
 DEPARTMENT OF MENTAL HEALTH / MENTAL RETARDATION
 MI SERVED BY GENDER

- 01/01/2009 - 12/31/2009
- FACILITY FEMALE MALE TOTAL
- BRYCE 355 565 920
- SEARCY 410 647 1,057
- HARDIN 211 211
- GREIL 174 227 401
- NARH 311 378 689
- KIDD 20 15 35
- HARPER 206 207 413
- TOTAL 1,476 2,250 3,726

- According to the U. S. Surgeon General's Report published in 1999, 1 in 5 Americans will experience a mental illness in their lifetime. In Alabama the Division of Mental Illness Services serves over 200,000 people per year. **Ninety-five percent of these consumers receive services through our certified community providers.** Approximately five percent receive services through state operated facilities.

Mental illnesses are 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 include disorders such as *schizophrenia*, *major depressive disorder*, and *bi-polar disorder*.

schizophrenia

Schizophrenia is 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, meaning they hear and see things that are not there and believe things that are not real to be true. Contrary to popular belief, 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; however, most males become ill between the ages of 16 and 25, while 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.

The symptoms of schizophrenia are generally divided into three categories -- Positive, Negative, and Cognitive

- **Positive Symptoms;**
- or "psychotic" symptoms, include delusions and hallucinations because the patient has lost touch with reality in certain important ways. "Positive"
- refers to having overt symptoms that should not be there. 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.

Negative Symptoms

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

Cognitive Symptoms

- pertain to thinking processes. For example,
- people may have difficulty with prioritizing tasks, certain kinds of memory functions, and organizing their thoughts. (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. Such a lack of understanding, of course, 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

- is 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. Over 10 million people in America have bipolar disorder, and the illness affects men and women equally. Bipolar disorder is a chronic and generally life-long condition with recurring episodes of mania and depression that can last from days to months that often begin in adolescence or early adulthood, and occasionally even in children. Most people generally require some sort of lifelong treatment. 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

- *The symptoms of mania may include:*
- either an 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
- ambitious, often grandiose plans
- risk taking
- impulsive activity such as spending sprees, sexual indiscretion, and alcohol abuse
- decreased sleep without experiencing fatigue

symptoms of depression

- *The symptoms of depression may include:*
- loss of energy
- prolonged sadness
- decreased activity and energy
- restlessness and irritability
- inability to concentrate or make decisions
- increased feelings of worry and anxiety
- less interest or participation in, and less enjoyment of activities normally enjoyed
- feelings of guilt and hopelessness
- thoughts of suicide
- change in appetite (either eating more or eating less)
- 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%.
- About 2/3 of people who complete suicide are depressed at time of their deaths.
- About 7 out of every hundred men and 1 out every hundred women who have been diagnosed with depression in their lifetime will go on to complete suicide.

Suicidal Ideation

- Suicidal ideation is more common than completed suicide. Most persons who commit suicide have a psychiatric disorder at the time of death. Because many patients with psychiatric disorders are seen by family physicians and other primary care practitioners rather than by psychiatrists, it is important that these practitioners recognize the signs and symptoms of the psychiatric disorders (particularly alcohol abuse and major depression) that are associated with suicide. 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.

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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.

Risk Factors and Symptoms Associated with Completed Suicide

- **Epidemiologic factors**
 - Male, white, age greater than 65 years
 - Widowed or divorced
 - Living alone; no children under the age of 18 in the household
 - Presence of stressful life events
 - Access to firearms
- **Psychiatric disorders**
 - Major depression
 - Substance abuse (particularly alcohol)
 - Schizophrenia
 - Panic disorder
 - Borderline personality disorder
 - Additionally, in adolescents: impulsive, aggressive and antisocial behavior; presence of family violence and disruption

- **Past history**
 - History of previous suicide attempt
 - Family history of suicide attempt
- **Symptoms associated with suicide**
 - Hopelessness
 - Anhedonia
 - 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.
 - 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**
 - Ask about suicidal ideation and furtherance of plans (including access to lethal means).
 - Identify symptoms associated with suicide (Table 1).
 - Review risk factors associated with suicide (Table 1).
 - 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 as if you're a burden? Or that life isn't worth living?
 - 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?
 - 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)?

• **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 how people will react to your death?
- 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 and poor judgment
and
Cannot make a contract for safety
 - Hospital
- Patient does not does access to lethal means, has good social support and good judgment
and
Is able to make a contract for safety
- Evaluate for psychiatric D/O or stressors
- Treatment with antidepressants, refer for alcohol rehabilitation, and individual &/or family therapy
- Patient does not respond optimally
- Refer to psychiatric consultant