AMERICAN ASSOCIATION OF SUICIDOLOGY

Some Facts About Suicide and Depression

WHAT IS DEPRESSION?

Depression is the most prevalent mental health disorder. The lifetime risk for depression is 6 to 25%. According to the National Institute of Mental Health (NIMH), 9.5% or 18.8 million American adults suffer from a depressive illness in any given year.

There are two types of depression. In major depression, the symptoms listed below interfere with one's ability to function in all areas of life (work, family, sleep, etc). In dysthymia, the symptoms are not as severe but still impede one's ability to function at normal levels.

Common symptoms of depression, reoccurring almost every day:

- Depressed mood (e.g. feeling sad or empty)
- Lack of interest in previously enjoyable activities
- Significant weight loss or gain, or decrease or increase in appetite
- Insomnia or hypersomnia
- Agitation, restlessness, irritability
- Fatigue or loss of energy
- Feelings of worthlessness, hopelessness, guilt
- Inability to think or concentrate, or indecisiveness
- Recurrent thoughts of death, recurrent suicidal ideation, suicide attempt or plan for completing suicide

A family history of depression (i.e., a parent) increases the chances (by 11 times) than a child will also have depression.

The treatment of depression is effective 60 to 80% of the time. However, according the World Health Organization, less than 25% of individuals with depression receive adequate treatment.

If left untreated, depression can lead to co-morbid (occurring at the same time) mental disorders such as alcohol and substance abuse, higher rates of recurrent episodes and higher rates of suicide.

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FACTS ABOUT SUICIDE

In 2006, suicide was the eleventh leading cause of death in the U.S., claiming 33,300 lives per year. Suicide rates among youth (ages 15-24) have increased more than 200% in the last fifty years. The suicide rate is also very high for the elderly (age 85+).

Four times more men than women kill themselves; but three times more women than men attempt suicide.

Suicide occurs across ethnic, economic, social and age boundaries.

Suicide is preventable. Most suicidal people desperately want to live; they are just unable to see alternatives to their problems. Most suicidal people give definite warning signals of their suicidal intentions, but others are often unaware of the significance of these warnings or unsure what to do about them.

Talking about suicide does not cause someone to become suicidal.

Surviving family members not only suffer the loss of a loved one to suicide, but are also themselves at higher risk of suicide and emotional problems.

THE LINKS BETWEEN DEPRESSION AND SUICIDE

Major depression is the psychiatric diagnosis most commonly associated with suicide. Lifetime risk of suicide among patients with untreated depressive disorder is nearly 20% (Gotlib & Hammen, 2002). The suicide risk among treated patients is 141/100,000 (Isacsson et al, 2000).

About 2/3 of people who complete suicide are depressed at the time of their deaths.

About 7 out of every hundred men and 1 out of every hundred women who have been diagnosed with depression in their lifetime will go on to complete suicide.

The risk of suicide in people with major depression is about 20 times that of the general population.

Individuals who have had multiple episodes of depression are at greater risk for suicide than those who have had one episode.

People who have a dependence on alcohol or drugs in addition to being depressed are at greater risk for suicide.

Individuals who are depressed and exhibit the following symptoms are at particular risk for suicide:

- Extreme hopelessness
- A lack of interest in activities that were previously pleasurable
- Heightened anxiety and/or panic attacks
- Insomnia
- Talk about suicide or have a prior history of attempts
- Irritability and agitation

ANTIDEPRESSANTS

There is no evidence to date that the prescription of antidepressants for the treatment of depression increases suicidality in children, adolescents or adults.

BE AWARE OF THE WARNING SIGNS

A suicidal person may:

- Talk about suicide, death, and/or no reason to live.
- Be preoccupied with death and dying.
- Withdraw from friends and/or social activities.
- Have a recent severe loss (esp. relationship) or threat of a significant loss.
- Experience drastic changes in behavior.
- Lose interest in hobbies, work, school, etc.
- Prepare for death by making out a will (unexpectedly) and final arrangements.
- Give away prized possessions.
- Have attempted suicide before.
- Take unnecessary risks; be reckless, and/or impulsive.
- Lose interest in their personal appearance.
- Increase their use of alcohol or drugs.
- Express a sense of hopelessness.
- Be faced with a situation of humiliation or failure.
- Have a history of violence or hostility.
- Have been unwilling to "connect" with potential helpers.

BE AWARE OF FEELINGS, THOUGHTS, AND BEHAVIORS

Nearly everyone at some time in his or her life thinks about suicide. Most everyone decides to live because they come to realize that the crisis is temporary, but death in not. On the other hand, people in the midst of a crisis often perceive their dilemma as inescapable and feel an utter loss of control. Frequently, they:

- Can't stop the pain
- Can't think clearly
- Can't make decisions
- Can't see any way out
- Can't sleep eat or work
- Can't get out of the depression
- Can't make the sadness go away
- Can't see the possibility of change
- Can't see themselves as worthwhile
- Can't get someone's attention
- Can't seem to get control

If you experience any of these feelings, get help!

If you know someone who exhibits these feelings, offer help!

TALK TO SOMEONE -- YOU ARE NOT ALONE. CONTACT:

- A community mental health agency
- A school counselor or psychologist
- A suicide prevention/crisis intervention center
- A private therapist
- A family physician
- A religious/spiritual leader

American Association of Suicidology

AAS is a membership organization for all those involved in suicide prevention and intervention, or touched by suicide. AAS is a leader in the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services. For membership information, please contact:

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