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## Suicidal Urges in Depression



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### ABSTRACT

**Background:** Many people have thoughts about suicide because they feel sad, depressed, hopeless, and do not want to live like that anymore. The purpose of this literature review was to explore the relationship between receiving treatment for depression and suicidal thoughts and what the effect of receiving treatment is on suicidal thoughts and attempts.

**Method:** A case study and scholarly articles and peer-reviewed journals were examined to gather information on this topic. **Results:** This review found that those diagnosed with depression are at greater risk for suicide attempts and thoughts than those who are not diagnosed with depression. Identifying those with depression, reducing the severity of depression and receiving treatment for depression to reduce suicidal ideations is supported by the literature. **Conclusion:** Recognizing and treating severe depression may be effective in reducing suicide attempts and thoughts for those at risk.

## INTRODUCTION

Mental health disorders such as depression have a significant impact on a patient's life. For years, there has been a stigma surrounding these disorders, especially depression. As people try to break the stigma surrounding mental health disorders, the recognition and number of diagnoses have increased. With people trying to break the stigma surrounding mental health disorders, there is a hope that people are more willing to seek treatment for their diagnosis.

Depression is one of the most common mental health disorders in the United States and the number of diagnoses is increasing. The National Institute of Mental Health (NIMH) [1] propagated that depression causes people to lose interest in things they once enjoyed, feelings of sadness, loss of energy, and feelings of hopelessness for the future. Feelings of hopelessness and emptiness often contribute to people thinking about suicide. NIMH [1] has highlighted the prevalence of major depressive disorder and treatments that people with this diagnosis sought. From data gathered in 2017, nearly 35% of adults who experienced a major depressive episode did not seek any treatment [1].

The U.S. Department of Health and Human Services [2] found that those with major depression have a higher risk of suicide compared to those who do not have major depression (see Figure 1). About 7% of men with a lifetime history of depression die by suicide, and about 1% of women with a lifetime history of depression die by suicide [2]. The literature review was conducted to explore the association between depression, suicidal ideation, and treatment of those with the diagnosis of depression and major depressive disorder. Research question: What is the effect/impact of seeking treatment for depression on suicidal thoughts and attempts?



**Figure No. 1: People with major depression have a higher risk of suicide compared to those who do not have depression.**

### **Background**

Depression is defined as a serious medical illness that negatively affects how one feels, thinks and acts [3]. When someone has depression, it can affect them emotionally and psychically that the person cannot function properly during daily activities. A few of the symptoms that someone can experience when they are depressed can range from feeling sad about having suicidal thoughts or attempts. Some of the major risk factors that can be associated with depression are genetics, certain brain chemicals, someone who has low self-esteem or gets easily stressed out, or other factors such as abuse, neglect, violence or low economic status [3]. Someone who has had depression for a long time or is struggling may consider suicide. Suicide is when someone inflicts direct harm to oneself to intent to end their life [4].

### **CASE STUDY**

Patient A is a female who is in her mid-twenties suffering from major depressive disorder (MDD). She remembers in her sophomore year, beginning to feel hopeless, lonely, and unmotivated and was not able to shake those feelings. Things took a turn for what she states as the *worst* when her parents got divorced. This certainly disrupted her home life, especially when her mom remarried a verbally, emotionally and physically abusive man. Between the constant arguments with her dad and an abusive stepfather at her mom's house, she felt unsafe and dejected. Her current boyfriend invited her to live with him and that is where she has been since she was sixteen.

During her sophomore year when her life was abruptly altered, and she was feeling *extremely low*, she tried to take her own life by overdosing on pills. Luckily, her boyfriend found her and was able to get her transferred to the hospital and after, into an acute rehab facility. From

there, she was officially diagnosed with major depressive disorder and put on antidepressants. For the days that were worse than others, her boyfriend was always there to support her, motivate her and encourage her. She was and continues to be fairly dependent on him to get her through life.

Now, patient A is in her mid-twenties dealing daily with MDD and recently voluntarily admitted herself to an acute psychiatric unit. While interacting with her, she discussed how she got to this point and what the last week has been like for her. Before admitting herself, patient A took a trip to Florida and met someone else. When she got back from Florida, she continued to text this guy and was caught sending provocative pictures to this individual. The shame and guilt she experienced when her fiancé discovered this, led to a week of unstable arguments and profound hopelessness. After revealing that she felt like a burden to everyone and had a suicide plan, her fiancé urged her to get treatment. Although she did not want to, she ended up coming in.

Fast forward to week one of being in the acute care facility with plans of discharge for the following Monday (three days away). During the conversation, patient A did not withhold any information on the questions that were asked and expressed gratitude for the company. Her mood and behavior remained flat during conversation and she kept forgetting where she was during the talk due to her rambling. After being in the facility for one week, she was able to determine what negative thoughts were in her mind, why they were wrong and continuing to work on accepting the truth (that she is loved and not a burden). Daily, she battles with her negative thoughts and some days are worse than others with occasional suicidal thoughts. This incident happened to be triggered by arguing with her fiancé and coming to the realization at the facility that maybe this relationship is coming to an end. Those thoughts were putting her over the edge causing her to threaten to overdose on her insulin pump or drive her car into a tree. Alternatively, she decided to get help because then her antidepressants were not enough. She also goes to therapy but hadn't in a couple of weeks because she did not feel up to it.

For patient A, she was going through a tough time but ignored her weekly therapy appointments that she has been going to for two years. It is hard to say what initially produced her suicidal thoughts, but she reported that when she takes her medications and goes to therapy she can stay afloat.

It is important to seek help when suicidal thoughts and urges appear. In addition to this, it is just as important to take the medications prescribed to you and follow through on therapy appointments. This can be lifesaving and crucial for those struggling with mental illnesses.

## **REVIEW OF THE LITERATURE**

Databases such as PubMed, Clinical Key, Google Scholar, and Western Michigan University's online library journal database were used to conduct this literature review using sources that were published between the years 2017-2020. Keywords such as suicide, depression, major depressive disorder, mental health, and women were used to find sources related to the topic. This literature review was conducted to explore the relationship between treating depression and suicidal thoughts and attempts. The literature helped identify who is at an increased risk for suicide attempts, treatments for depression, how depression can influence suicidal thoughts, and how to assess and determine which patients diagnosed with depression are at risk for suicidal thoughts and attempts. The literature also discusses what treatments may be effective in reducing suicidal thoughts.

### **PTSD v/s Depression**

Many types of diseases could cause someone to have suicidal thoughts. One study was based on Vietnam veterans to determine whether having post-traumatic stress disorder (PTSD) or depression leads to a higher risk of suicide [5]. The main purpose of their study was to determine who was more likely to have suicidal thoughts: Was it someone who fought in the Vietnam war and diagnosed with depression or PTSD? For the study, they chose about 10,000 veterans from a veteran's administration (VA) agency who served in the Vietnam war from any branch such as the army, navy, or the air force. This study was also looking to determine if suicidal thoughts were relevant with more than one diagnosis of a disorder, in this case, PTSD and depression. It was found that when the veteran had just depression and no PTSD they had a higher risk for suicide than when it was compared to a veteran of just having PTSD [5].

### **Depression and Anxiety**

Being diagnosed with depression by itself can take a major hit to someone's life mentally and physically but when you add in other diseases it can have a major effect on someone. Another study focused on the relationship between depression and anxiety affecting suicide [6].

Throughout the study, they were talking to family members and friends on someone who had already committed suicide and someone living among the community, who were the control group. When talking to family members and friends, the researchers looked at the family history of suicide, marital status, employment status, religious belief, physical health, and social support. It was found that when someone has high depression and high anxiety they are at 54.7 times more likely of committing suicide than someone who just has high anxiety or high depression [6].

### **Moral Injury in Combat Veterans**

When someone serves in a war they go through a lot physically and mentally and sometimes these can affect them for a lifetime. This study discussed the moral injury of someone and whether or not they have suicidal ideation. The study included 191 combat veterans and they used a moral injury event scale that allowed the veterans to answer questions based on their experience during combat [7]. When these veterans went into combat they went through something that they will never be able to forget and going through those events caused some of them to want to kill themselves to forget those events. It was found that the higher the veteran scored on the moral injury event scale the greater the risk they had for having suicidal ideation [7].

### **Reducing Suicidal Ideations**

There is a need to identify effective treatments to reduce suicidal ideations to prevent suicide attempts. Kumpula et al. [8] took evidence-based psychotherapies used for treating depression to analyze the impact that they had on suicidal ideation. They used the Beck Depression Inventory-II to assess depression severity before, during, and after treatment. Item nine on this inventory assesses suicidal risk. Participation in evidence-based practice treatments such as cognitive behavior therapy for depression (CBT-D), interpersonal psychotherapy (IPT), and acceptance and commitment therapy for depression (ACT-D), reduced suicidal ideation in participants of both genders. When reassessed at the midpoint of treatment, reductions in suicidal ideation were already evident. In comparison to men, women displayed sharper declines in the severity of suicidal ideation with treatment. Kumpula et al. [8] suggested that using evidence-based practice treatments for depression may also be effective for decreasing suicidal ideations in women veterans.

In this study, the researchers examined what could be successful in the reduction of suicidal thoughts. They determined that instead of assuming neurovegetative states of depression are associated with suicidal ideations that subjective symptoms are a better indicator [9]. The treatment used was paroxetine and bupropion for the treatment of depression with suicidal thoughts or past attempts. Although the medication was not the main focus of the randomized clinical trial, their depression rating scores were. This eight-week trial gathered the symptoms on the Hamilton Depression Rating Scale and the Beck Depression Scale composite to analyze weekly assessment of the participants' feelings. The scales were an indication that their suicidal ideations lessened 35% by the end of the trial based on subjective symptoms compared to the clinician's objective neurovegetative symptoms. The medication could have played a role in increasingly better outcomes, but the researchers suggest using Beck Depression Scale over the Beck Scale for Suicidal Ideation to rate progression [9]. When treating depressed suicidal patients, they recommend solely comparing weekly subjective depression symptoms as the primary indicator of progression which will, in turn, reduce suicidal ideations.

Treatment for those struggling with depression and/or suicidal thoughts is tremendously important. At any given time, resistance to medications can occur because of tolerance and/or other reasons. When this happens, clinicians are obligated to seek other options for treatment that best suit the patient. This study investigated whether repetitive transcranial magnetic stimulation affects patients with treatment-resistant major depression. The measurement tool used to evaluate effectiveness was the 17-item Hamilton Depression Rating scale. The results demonstrated a 40% resolution in suicidal ideations for those who received multiple bilateral transcranial magnetic stimulations [10]. However, this treatment method did not show resolution in other symptoms of major depression and is believed to be non-effective for that aspect. With so many people reacting differently to medications, treatments, and therapies, it is gratifying to know they are available to those who stopped trying because one or two medications did not work for them. There is hope that there is something that can work for each individual.

### **Depression and Past Suicide Attempts**

Indu et al. [11] conducted a study to determine if depression and suicidal ideations are present in the primary care setting. The objective of this study was to determine how many patients in the primary care setting had depression and the determinants of past suicide attempts among



them. The prevalence of women participants diagnosed with depression was almost twice as high as male participants [11]. Having a lower education level, being divorced or widowed and financial stress showed a higher prevalence of a history of suicide attempts.

Participants with a current diagnosis of depressive disorder had a higher rate of suicide attempts compared to those who did not have a diagnosis of depressive disorder [11]. Having a history of a suicide attempt also increased the severity of depression, making the current level of depression the strongest indicator of a previous suicide attempt [11]. This study shows that it is important to evaluate patients in the primary care setting, evaluating risk factors identified above for an indicator of attempting suicide. It is important to identify the risk factors for suicide and depression so that interventions can take place.

### **Depression with and Without Suicidal Ideation**

Van Ballegooijen et al. [12] conducted a study to analyze the differences of symptoms in depressed suicidal patients and depressed non-suicidal patients. The Beck Scale for Suicidal Ideation, Inventory of Depressive Symptomatology (IDS), and a shortened version of the Mood and Anxiety Symptom Questionnaire (MASQ-D30) were used to assess anxiety and depression symptoms, the severity of depression symptoms, and presence of suicidal ideations in participants. Feelings of hopelessness and lack of optimism are important indications of depression among patients with suicidal ideation [12]. The findings suggest that it is important for healthcare providers to recognize that when a patient's feelings of hopelessness and anhedonia, this may be an indicator of suicidal ideations. Depressed patients without suicidal ideation may display dissatisfaction and not feeling lively. Treatment of depression should be focused on the feelings of hopelessness. The findings of the study suggest that there is a difference in symptom structure between suicidal depressed patients and non-suicidal depressed patients [12].

### **Suicide Prevention**

There is not one mental illness over another that indicates one will have suicidal thoughts or will not have suicidal thoughts. Many factors play a role in suicidal ideations between depression with other comorbidities, alcoholism, adverse childhood experiences, and so forth [13]. The researchers suggest that prevention guidelines in place at mental healthcare facilities and disclosure of suicidal ideations can identify those at risk [13]. If one does not disclose to anyone the thoughts they are having, treatment cannot be put in place. Primary

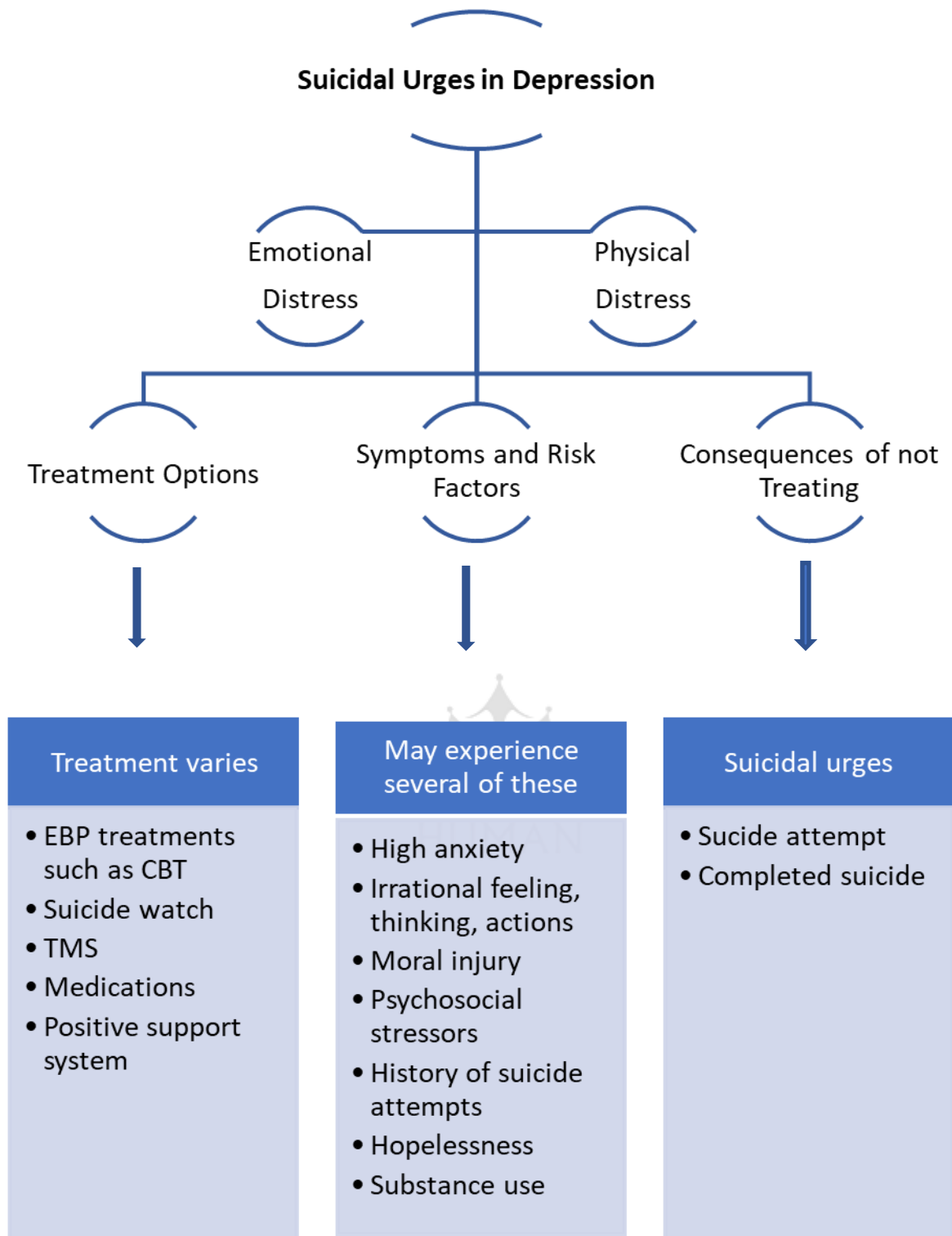


care physicians could be working to administer questionnaires or other ways to have people of all ages discuss comfortably their thoughts. Especially those with depression, as those suffering from depression were rated the highest group disorder to die by suicide. Although the above studies focus more on treatment, this study focuses on prevention and identifying risk factors. More effective preventative measures need to be implemented along with more research on depression and suicidal ideations to improve prediction rates.

### **Summary of Findings**

Through the review of the literature, it was identified that having the diagnosis of depression does increase the risk for that person to have suicide attempts and thoughts. Healthcare providers need to identify those with depression or other mental health disorders such as PTSD or anxiety disorder so that they can provide interventions to prevent suicide attempts and reduce suicidal thoughts if necessary. Effective treatments for depression vary from person to person but providing treatment to reduce the severity of depression may help to reduce suicidal thoughts and prevent suicide attempts in the future (see Figure 2).





**Figure No. 2: Suicidal urges in depression, symptoms, treatment options and consequences of not treating**

## DISCUSSION

The literature review has shown a link between depression and suicidal ideations. Patients with the diagnosis of depression, more specifically major depressive disorder, are at greater risk for suicide and this finding was consistent across multiple studies reviewed in the literature. Suicidal ideations are more prevalent in those who have a mental health diagnosis such as depression, PTSD, or anxiety compared to those who do not have a mental health diagnosis. Having multiple mental health diagnoses such as depression and anxiety increases the risk even more than just having one diagnosis.

Nurses need to gather a lot of detail during their assessments of a patient who may be diagnosed with depression, who has suicidal ideations, or both. Gathering a medical health history, family history, trauma and military service history, physical assessment, information about past suicidal attempts or thoughts and the use of assessment tools such as the MASQ-D30 are important assessment criteria. Nurses also need to understand those who are at risk for depression and suicide. Those at greater risk include those who are women, divorced or widowed, low education level, have served in the military, other mental health diagnoses, have a history of suicide attempts and have a family history of suicide. Recognizing the signs and symptoms of severe depression and suicidal ideation are also important factors for the nurse to consider. A patient who feels hopeless and is experiencing anhedonia or is open about their suicidal thoughts would need to be on suicidal precautions and continually evaluated for suicidal ideations, hopefully reducing those ideations after interventions have been implemented.

Seeking treatment for depression may also help to reduce suicidal ideations. Not every person who has suicidal ideations is depressed, but having depression increases the risk of suicide. If a person is diagnosed with depression, it is important to evaluate them for suicidal ideations and to treat their depression. The nurse may want to recommend the patient for treatment of depression using evidence-based practice therapies such as cognitive behavioral therapy, pharmacological therapy, or any therapies that the patient has found helpful in the past. Outcomes of the interventions can be evaluated. Nurses should hope to see a reduction in the suicidal ideations the patient is having, such as a reduction in the severity of depression, and not reporting feelings of hopelessness and anhedonia. If the patient's severity of depression has improved, there would hopefully be a correlation in a reduction in the prevalence of suicidal ideations.





## CONCLUSION

Being diagnosed with depression can have a major effect on their life whether it is mentally or physically. Once someone is diagnosed with depression the best thing to do for them is to seek treatment whether it is talking with a therapist or receiving medication. With the stigma surrounding depression, many people may not want to seek treatment but seeking treatment is important because the people who got help for depression had fewer suicidal thoughts or attempts. When dealing with these thoughts of depression and suicide it is helpful to surround yourself with a positive support system. Although Patient A was sending pictures to another man and she had gotten into a fight with her fiancé, he still encouraged her to seek treatment when she talked about suicide and was there for her supporting her. Having a support system and getting treatment when you have depression may save your life.

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