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Coping with Suicidal Ideation During Depressive Episodes

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ABSTRACT

Background: The detrimental effects of suicidal ideation can be worsened when a person cannot effectively regulate their mood or emotions. While some people can positively deal with their symptoms of depression, others adopt maladaptive coping mechanisms that increase the chances of attempting suicide. It is believed that depression is one of the main causes of disability worldwide. **Purpose:** The purpose of this review was to identify ways that people deal/cope with suicidal thoughts during a depressive episode. **Method:** To better understand the mental health effects of the strategies used to cope with suicidal ideation during a depressive episode, a case study and several peer-reviewed journals were thoroughly examined. **Findings:** Based on the findings contained within the literature, evidence-based nursing interventions that can be implemented are discussed along with outcome evaluation criteria. Decreasing stigma, talking to someone who will listen, medications, distraction activities, and participation in support groups are some helpful interventions. **Conclusion:** Addressing the factors that contribute to thoughts of suicide is the first step in suicide prevention because it can help to decrease associated feelings of loneliness, sadness, and emptiness as well as behaviors that inflict bodily harm.

INTRODUCTION

Depression is a group of conditions known as affective disorders that share symptoms of sadness, emptiness, irritability, body concerns, and impairment of thinking [1]. A common disorder affecting this mental process is depression, and it is one of the leading causes of disability worldwide [2]. Henry et al. [3] stated that a client with depression has a potential risk for suicide, especially if he/she has a family or personal history of suicide attempts, comorbid anxiety disorder, panic attacks, poor self-esteem, a lack of social support, or a chronic medical condition. The Centers for Disease Control and Prevention [4] propagated that if you are having thoughts of suicide, reach out to a 24-hour crisis center, or call your mental health provider/primary care provider, reach out to a close friend/loved one, or contact someone in your faith community. The purpose of this review was to identify ways that people deal/cope with suicidal thoughts during a depressive episode. It is also to bring awareness to the health care community about the importance of recognizing depression in patients, signs of suicide, and therapeutic interventions that can be implemented to prevent one from acting on suicidal urges. The research question was how do people living with depression deal/cope with suicidal urges, and what is its impact on mental health?

Background

Suicide is a major public health concern among all age groups in the United States, ranking as the tenth leading cause of death [5]. Unfortunately, between 30 to 70% of the people who die by suicide suffer from major depression or bipolar disorder [6]. The first step to reducing the incidence of suicidal attempts, which is often premeditated, is recognizing thoughts, feelings, and behaviors that signal a need for help. Warning signs that a person is contemplating suicide may be hard to detect due to the stigma associated with seeking treatment for certain mental illnesses, such as depression. Such stigmatization hinders many people from expressing their emotional concerns, allowing for feelings of shame, guilt, and worthlessness to manifest. Overall, it is important for healthcare providers to explore the factors that may trigger an individual to have suicidal ideations because this will help address their unique treatment needs.

CASE STUDY

A 27-year-old male observed in the inpatient psychiatric setting had been involuntarily admitted following an emotional crisis within his family. This crisis was his breaking point and led him to attack his mother and aunt with the intent to kill them. Considering that the patient recently discontinued his medications for bipolar disorder, this incidence was likely due to an exacerbation of mania, which in his case was characterized by increased aggression, irritability, and impulsiveness. After having to move in with his mother and aunt at the age of 19 following the passing of his beloved grandmother, the patient began making suicidal threats. A few months prior to being admitted to the hospital, he reported overdosing on his medications to kill himself. However, this attempt was unsuccessful after throwing up his medications not too long after taking them. He did not disclose this information to his mother and aunt, so they assumed he was sick. He then proceeded with a different plan by intentionally starving himself in preparation for running away from home, explaining why his weight had significantly decreased from his baseline value.

Further interaction with this patient revealed the factors triggering his depressive and manic episodes. The main reason being feeling alienated from his family and not trusting them enough to express this. Over the years, he noticed that his mother and aunt would act like strangers because they barely talked to him and never participated in family activities, such as eating together. He insisted that he would rather live with strangers that act like family than the family who acts like strangers. Given that the patient also has Asperger's syndrome, his ability to socialize with others is markedly impaired, which further contributes to a sense of isolation and loneliness. He explained that if he had a sibling or someone he could confide himself in, life would not be so depressing. Overall, a lack of satisfying relationships contributed to why he turned to maladaptive strategies to cope with the symptoms he was experiencing. A positive coping mechanism that he did not have access to at the time he reached his breaking point was talking to his therapist.

LITERATURE REVIEW

The following databases were used in conducting this literature review: Cambridge Core, Elsevier Science Direct Journals, National Library of Medicine, PubMed Central, ProQuest

Central, Wiley, and Taylor and Francis Medical Library. Access to these databases was provided through the university library. Keywords such as depression, suicidal ideation, coping, mental illness, and health promotion were used to find sources that could help answer the research question previously stated. The sources included were published between the years 2018 and 2020. The literature review discusses personality traits found in depressed patients, community support groups, comorbidities, ways to cope with suicidal urges, and awareness material found in the media. Populations at higher risk for depression, such as veterans, the elderly, and adolescents, are also identified and thoroughly analyzed within the literature.

Personality Traits

In a study about depressed patients, Velasco et al. [7] stated that major depressive disorder (MDD) is the psychiatric disorder with the highest prevalence amongst individuals with suicidal behaviors, increasing the risk of suicide by 20-fold. This study looks at many personality traits that have been identified as relevant characteristics that potentially conclude the patient is at risk for suicide. Some of these personality traits include impulsivity and aggressiveness. This study was cross-sectional with 77 patients diagnosed with major depressive disorder (MDD) as listed in the DSM-5 criteria, looking at the socio-demographic and clinical data; Hamilton Depression Scale (HDRS), Brown-Goodwin Lifetime History of Aggression (BGHLA), Barratt Impulsiveness Scale (BIS-11), Childhood Trauma Questionnaire (CTQ-SF), Suicide Intent Scale (SIS), and Medical Damage Scale (MDS). BGHLA scores were extremely higher in patients who had previously attempted suicide. Patients who had high BGHLA scores (great history of aggressiveness) also had high BIS scores (high incidents of impulsiveness); CTQ-SF scores were high in both emotional neglect and emotional abuse. Patients with MDD who had a history of suicidal attempts had higher BGHLA scores (incidence of aggressiveness). In conclusion, as illustrated in Figure 1, suicide risk could be identified by personality traits, aggressiveness, and impulsivity; this provides a foundation for developing preventive and therapeutic interventions for this population to reduce suicide overall [7].

Figure No. 1: Patients with MDD and personality traits of impulsiveness and aggressiveness have a high risk for suicide

Psychosis vs. Depression

In another study of psychosis and depression, Overholser et al. [8] examined the differential impact of major depression versus psychotic thinking on suicide risk in adults. Through interviews of family members, this study evaluated 104 adults who had successfully completed suicide. Amongst the adults who committed suicide were diagnosed with MDD, psychotic disorder, and some had both depression and psychosis. To obtain information about the suicidal adults, structured clinical interviews for DSM-Disorders, and the suicidal actions checklist were used. Interviews were conducted with the family members of the deceased patient two months after their death; this allowed gathering of information about the duration and severity of their mental illnesses. The suicidal checklist provided details about the stressors being experienced, the number of suicidal attempts, and past psychiatric hospitalizations. As illustrated in Figure 2, based on this study, the psychotic completers were younger, unmarried, unemployed at the time of their deaths, and more likely to abuse cannabis; they also were more likely to have a chronic course to their symptoms (history of prior psychiatric hospitalizations). At the same time, the nonpsychotic depression completers were more likely to meet the criteria for a comorbid diagnosis of alcohol abuse, which was in their system at the time of their death. The depressed, psychotic completers were more likely to have attempted suicide prior to the successful attempt. Overall, it was concluded that patients might allow their psychotic thinking to guide their behavior, and when combined with depression, it can result in self-destructive actions, in this case, suicide [8].

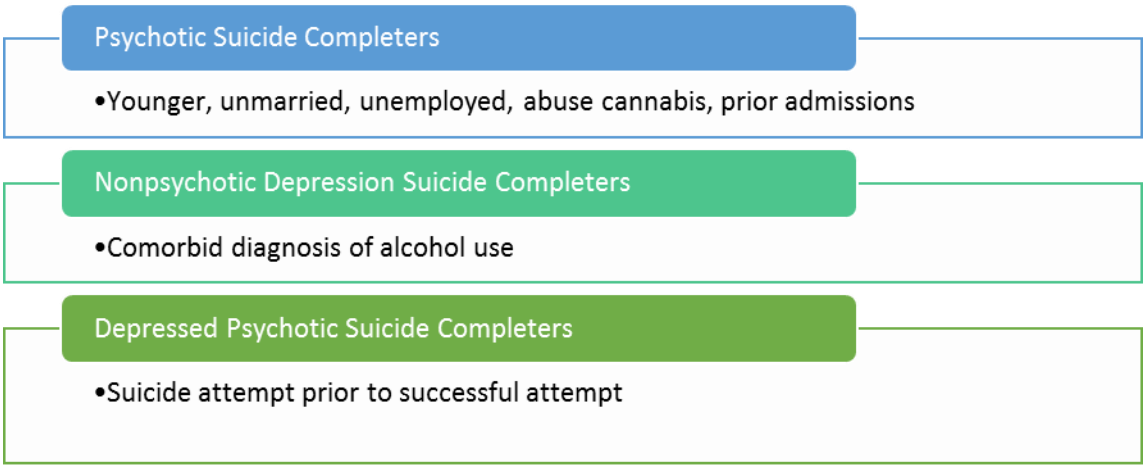

Figure No. 2: Adults with MDD, psychotic disorder, and a combination of both who completed suicide

Online Support System

In another article, data was collected via an online patient community platform, *Patients Like Me* (PLM), to discuss and compare experiences with other patients with MDD to patients who have suicidal ideations with MDD (MDSI) [9]. Considering the benefits of group activities on the psychiatric unit, this study was beneficial in showing the benefits of listening to and being in an environment with others going through similar problems. Online communities are considered a "safe place" for people who might not have the social support needed; it also gives patients a sense of control. The study included adult patients who were 18 years of age or old who were registered to PLM and had other mental illness diagnosis, patients who have a current or history of substance abuse was not included. Assessments were collected strictly by what the patient said, and no validated instruments were employed for data collection. The data collected included demographics, symptoms, and the medications currently used to treat MDD, and medications used for treatment in the past [9].

Borentain et al. [9] found that of the 12,229 PLM users with MDD, 266 reported symptoms related to suicidality in the MDSI cohort, and the 11,963 patients with MDD reported none. Most participants were white and had obtained at least a high school diploma, patients with MDSI were younger than the patients with MDD (< 20 years old), male-gendered, with no report of family history of MDD, they had more comorbidities and higher symptoms severity, treatment is

less effective for them, and they have higher side effects. The stress-diathesis model acknowledges that suicidal ideation and behavior are the consequence of a complex pattern of biological and psychological factors joint with individual encounters and stressors. Considering how MDSI patients experience more comorbidities and higher symptoms makes them at higher risk for committing suicide. This study showed that younger age, feelings of hopelessness, loneliness, anhedonia, and social anxiety are specifically associated with suicidal ideations in patients with MDD [9].

Late-Life Depression

Late-life depression and suicide are intricately linked together in elderly patients [10]. The debate at hand now is, do suicidal ideations and thoughts of death affect the course of depression. Bogers et al. [10] studied 378 depressed older people using questions from the Composite International Diagnostic Interview after 2 years and the Inventory of Depressive Symptomatology every 6 months until 3-years follow-up. Results show thoughts of death, as well as thoughts of suicide can double depression compared to patients without those thoughts at baseline and follow-up. Suicide ideation and thoughts of death are important indicators in predicting the course of depression. Evidence from this study has shown that these two thoughts affect the outcomes and the course of late-life depression in the elderly [10]. Considering the increase in the elderly community, it is extremely important to notice signs that could be leading to depression, let alone suicide in this population.

Okolie et al. [11] assessed the interventions to prevent suicidal ideation in older adults. The study conducted was a systematic review of MEDLINE, EMBASE, PsycINFO, Web of Science, and Cochrane Central Register of Controlled Trials (CENTRAL). The criteria for this study included the effectiveness of interventions to prevent suicidal thinking and ideation. Results indicated that multifaceted interventions directed at primary care physicians and populations and at-risk elderly individuals in the community might be effective at preventing suicidal behavior and reducing suicidal ideation in older adults [11].

The Portrayal of Suicide in the Media

Research has shown that the portrayal of suicide in the media contributes to how individual's cope with mental disorders and suicidality [12]. To raise awareness of suicide prevention, a randomized control trial was conducted using a media-related intervention for the purpose of determining its impact on a sample of people with current depressive symptoms and suicidal thoughts. Included in this study were 158 participants between the ages of 18 and 24 who were randomly assigned to a control or intervention group. Participants in the control group watched a short film unrelated to mental health. However, displayed at the end of this video was an on-screen box with the contact information of a suicide prevention organization. In the intervention group, the participants watched a short film of an individual sharing their experience of coping with depression and suicidal ideations. Baseline and post-intervention questionnaires were administered to collect data about suicidal ideation, depressed mood, and help-seeking intentions. Although both films had no effect on help-seeking intentions, a significant reduction in depressed mood was found in the intervention group. On the other hand, suicidal ideation was increased in control group participants that screened positive for moderately severe depression or higher. These findings suggest that individuals who suffer from some degree of depression and suicidal ideation can benefit from personal stories of how others cope with similar symptoms, creating what is known as the Papageno effect [12].

Human Immunodeficiency Virus

The incidence of depression is known to increase with comorbidity, especially for those who have a diagnosis of HIV. Compared to women who are seronegative, women living with HIV (WLWH) are more than four times likely to develop clinical depression [13]. They are even more likely than men with the same diagnosis to suffer from depressive symptoms, suggesting that these women are particularly vulnerable to the adverse effects of depression. In Vietnam, there is limited depression research within this population, so a qualitative study was conducted to find factors leading to the onset and persistence of depression in WLWH as well as strategies they use to cope. A total of 20 Vietnamese women were recruited from an antiretroviral treatment clinic and interviewed in-depth for analysis of key themes. In the six months following the participant’s diagnosis of HIV, all reported a sudden loss of social support, acute debilitating

depression due to initial shock, and recurrent suicidal ideation. Some of these women developed chronic depression because of internalized, perceived, and experienced HIV-related stigma. The most effective strategies these women reported using were reestablishing meaningful relationships with family and members of the community. As such, the authors highly recommend connecting WLWH to mental services immediately after diagnosis to address stigma and loss of supportive systems that may occur [13].

Coping in High-Risk Psychiatric Patients

In a study by Ambrus et al. [14], the possible relationship between self-reported suicide risk, suicidal ideation, and coping strategies in three psychiatric cohorts are examined. Three cohorts of psychiatric patients were involved in the study: recent suicide attempters ($n = 55$), suicide attempters at follow-up 12 years after a suicide attempt ($n = 38$), and patients with ongoing depression without attempted suicide ($n = 72$). There is a significant correlation between those who have reported suicidal ideation before they commit suicide. All patients filled in the self-rating version of the Suicide Assessment Scale (SUAS-S), which consisted of a 20-item self-reporting scale that indicated the probability of suicidal behavior. Coping Orientation of Problem Experience Inventory (COPE) was also used in the study; this indicates the coping behaviors an individual will use when they encounter a stressful situation [14]. The primary result states that for coping strategies in all three cohorts of psychiatric patients, avoidant coping was the only significant predictor of the total scores of SUAS-S.

In a study by Stanley et al. [15], the effectiveness of specific coping strategies for reducing suicidal thinking was tested using the ecological momentary assessment (EMA). The study contained 50 participants with suicidal ideations. Suicide research relies on retrospective assessment. This assessment is only a single-point measure; there is no variation to the suicidal ideation over time. Using EMA, research can target individual thoughts, behaviors, and emotions in real-time. The study used EMA to determine if distracting vs. mindfulness-oriented strategies is used naturally to cope with suicidal ideations. Findings suggest that distracting, activity-based coping strategies (i.e., keeping busy, socializing, positive thinking, and doing something good for self) effectively reduce suicidal ideation in everyday life, while mindfulness strategies (i.e.,

calming self, finding perspective, and sitting with feelings until they pass), employed without specific training, do not [15].

Expression of Suicidal Ideation

Hubers et al. [16] aimed to answer whether the expression of suicidal ideation predicted subsequent completed suicide in various populations, including both psychiatric and non-psychiatric populations. The incident of completed suicide was higher in those who had expressed suicidal ideation in the past versus those who did not report having suicidal ideation. The suicide risk after expression of suicidal ideation in the first year of follow-up was higher in psychiatric patients (risk 1.40%, 95% CI 0.74–2.64) than in non-psychiatric participants (risk 0.23%, 95% CI 0.10–0.54). The study emphasized the need for a thorough assessment of suicidal ideation in psychiatric patients [16].

Trauma-Related Nightmares and Military Service

Military members and veterans often report sleep disturbances, such as insomnia, nightmares, and poor sleep quality [17]. Problems with sleep are a core symptom of many psychiatric illnesses, particularly posttraumatic stress disorder (PTSD), major depressive disorder (MDD), generalized anxiety disorder (GAD), and alcohol use disorder (AUD) within this population (Richardson et al., 2018). Research in the literature has also identified a relationship between sleep-related difficulties and suicidal ideation, suicidal attempts, and completed suicide in both military and civilian populations. Findings from such research are variable in military samples, suggesting that the presence of a psychiatric illness mediates this relationship or rather sleep disturbances function as an independent risk factor for suicidal behaviors. To further investigate the role of depression in sleep disturbances, trauma-related nightmares, and suicidal ideation, intake data were collected from a sample of 663 Canadian Armed Forces members and veterans that were seeking treatment for a military service-related psychiatric condition and evaluated using regression analyses. This study concluded that the severity of depression has a direct effect on suicidal ideation, making it the greatest risk factor to treat for reducing associated symptoms of sleep disturbances and trauma-related nightmares [17].

High Health Risk Behaviors in Adolescents

Behaviors that threaten one's health, such as smoking, drinking, using illegal drugs, and having unprotected sex, are commonly used among adolescents. The prevalence of engaging in these behaviors is higher when compared to other populations if an underlying psychological problem is present [18]. In Korea, a cross-sectional study was conducted using the 2016 Korea Youth Risk Behavior Web-based Survey to determine the association between poor mental health and the use of multiple health risk behaviors. Analysis of the sample data retrieved from the survey that was taken by 65,528 participants revealed that 28.6% and 13.9% of Korean adolescents were involved in one or more health risk behaviors. Those who engaged in a greater number of these behaviors were more likely to suffer from depression and suicidal ideation. Furthermore, they most frequently abused substances in combination with other health risk behaviors [18]. Taking into consideration the adolescents' mental health status and needs will help to implement more effective ways to promote one's health. Figure 3 illustrates some of the contributing factors for suicidal ideations in depression.

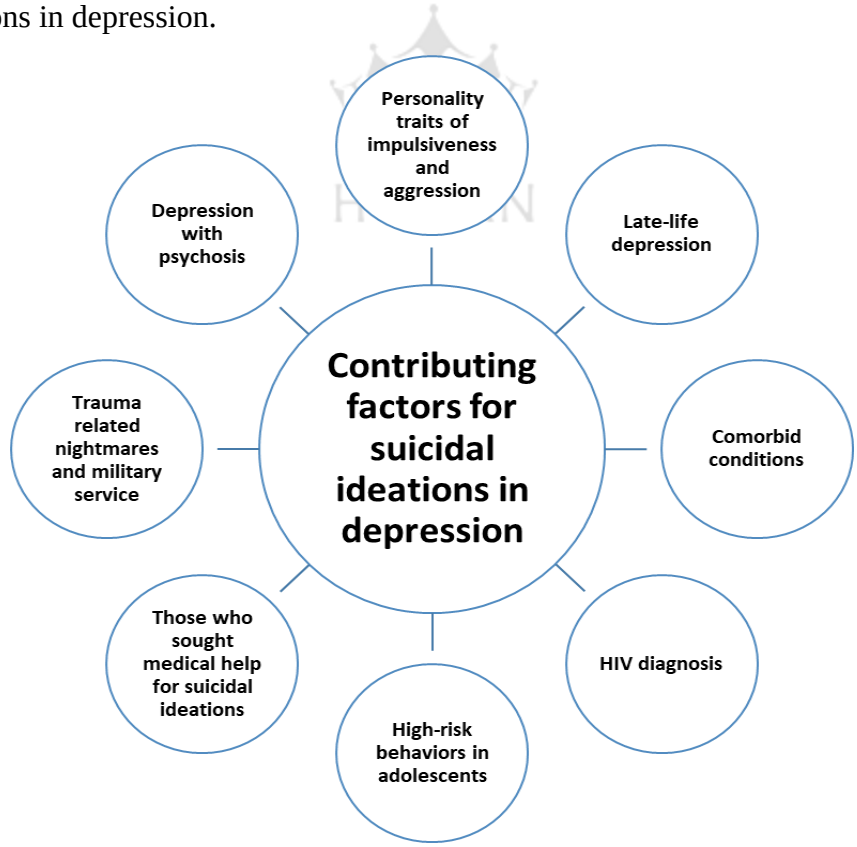

Figure No. 3: Contributing factors for suicidal ideations in depression

DISCUSSION

Common personality traits found in a patient that may be at risk for suicide are aggressiveness and impulsiveness. These are important markers that healthcare workers should recognize to implement therapeutic interventions to prevent suicide. Patients who experience psychosis are also at risk for attempting suicide. When a psychotic diagnosis is accompanied by a diagnosis of depression, patients are more likely to attempt suicide. There are numerous resources that depressed patients have access to, in-person and online. One specific online support system that is suggested for patients with depression is Patients Like Me. Depression is common in all age groups, but elderly patients are more at risk. Considering everything that comes with old age, family and friends passing, health declining, increase in the number and comorbid conditions, needing assistance with everyday activities, one can understand why they may become excessively depressed. Decreasing their thoughts of death can help reduce the severity of their depression.

It is recommended that healthcare workers prioritize suicidal behaviors and thoughts to determine the severity of depressive symptoms. There is a high occurrence of committing suicide in those who sought medical help for suicidal thoughts and ideations. It is important to understand the patient and assess their thoughts. This would be the first step in addressing a patient's suicidal ideation treatment and interventions. Addressing populations at higher risk for depression and suicidal thoughts such as the elderly, adolescents who engage in multiple health risk behaviors, and those with comorbid conditions are of great importance as their needs may be unique and more extensive in comparison to the general population. Figure 4 illustrates the coping strategies and interventions for a better outcome in depression.

Coping Strategies and Interventions	Decreasing stigma related to seeking treatment
	Talking to someone who will listen
	Listening to personal stories of coping
	Medications
	Distraction activities
	Participation in support groups

Figure No. 4: Coping strategies and interventions for a better outcome in depression

CONCLUSION

It is important to reiterate that depression can occur at any stage in one's life for various interacting reasons, requiring the need for detailed ongoing assessments. During a depressive episode, suicidal thought is a symptom that can recurrently surface if treatment is not initiated. In addition, this is the best indicator that predicts whether one will attempt suicide. Addressing the factors that contribute to thoughts of suicide is the first step in suicide prevention because it can help to decrease associated feelings of loneliness, sadness, and emptiness as well as behaviors that inflict bodily harm. As healthcare providers, it is our duty to promote the expression of these emotional concerns by breaking down the stigma associated with mental illness through patient education. We must also be able to recognize that patients experiencing such symptoms are a cry for help. Suicidal ideation must always be taken very seriously because learning to cope with these urges is critical to survival. There are abundant amounts of coping strategies that can be used to effectively deal with depression, with the simplest yet hardest one being talking to someone who is willing to listen. Keeping feelings bottled inside increases the severity of depression. Other measures include but are not limited to cognitive behavior therapy, medications, distraction activities, and participating in support groups with people who face similar problems.

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