Mental Or Substance Abuse Disorder Essay, Research Paper

Most everyone at some time in his or her life will experience periods of anxiety,

sadness, and despair. These are normal reactions to the pain of loss, rejection, or

disappointment. Those with serious mental illnesses, however, often experience

much more extreme reactions, reactions that can leave them mired in hopelessness.

And when all hope is lost, some feel that suicide is the only solution. It isn?t.

According to the National Institute of Mental Health, scientific evidence has shown

that almost all people who take their own lives have a diagnosable mental or

substance abuse disorder, and the majority have more than one disorder. In other

words, the feelings that often lead to suicide are highly treatable. That?s why it is

imperative that we better understand the symptoms of the disorders and the

behaviors that often accompany thoughts of suicide. With more knowledge, we can

often prevent the devastation of losing a loved one.

Now the eighth-leading cause of death overall in the U.S. and the third-leading

cause of death for young people between the ages of 15 and 24 years, suicide has

become the subject of much recent focus. U.S. Surgeon General David Satcher,

for instance, recently announced his Call to Action to Prevent Suicide, 1999, an

initiative intended to increase public awareness, promote intervention strategies, and

enhance research. The media, too, has been paying very close attention to the

subject of suicide, writing articles and books and running news stories. Suicide

among our nation?s youth, a population very vulnerable to self-destructive

emotions, has perhaps received the most discussion of late. Maybe this is because

teenage suicide seems the most tragic?lives lost before they?ve even started. Yet,

while all of this recent focus is good, it?s only the beginning. We cannot continue to

lose so many lives unnecessarily.

Some Basic Facts

In 1996, more teenagers and young adults died of suicide than from cancer,

heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and

chronic lung disease combined.

In 1996, suicide was the second-leading cause of death among college

students, the third-leading cause of death among those aged 15 to 24 years,

and the fourth- leading cause of death among those aged 10 to 14 years.

From 1980 to 1996, the rate of suicide among African-American males

aged 15 to 19 years increased by 105 percent.

It is a hopeful sign that while the incidence of suicide among adolescents and young

adults nearly tripled from 1965 to 1987, teen suicide rates in the past ten years

have actually been declining, possibly due to increased recognition and treatment.

(1996 is the most recent year for which suicide statistics are available.)

Suicide “Signs”

There are many behavioral indicators that can help parents or friends recognize the

threat of suicide in a loved one. Since mental and substance-related disorders so

frequently accompany suicidal behavior, many of the cues to be looked for are

symptoms associated with such disorders as depression, bipolar disorder (manic

depression), anxiety disorders, alcohol and drug use, disruptive behavior disorders,

borderline personality disorder, and schizophrenia.

Some common symptoms of these disorders include:

Extreme personality changes

Loss of interest in activities that used to be enjoyable

Significant loss or gain in appetite

Difficulty falling asleep or wanting to sleep all day

Fatigue or loss of energy

Feelings of worthlessness or guilt

Withdrawal from family and friends

Neglect of personal appearance or hygiene

Sadness, irritability, or indifference

Having trouble concentrating

Extreme anxiety or panic

Drug or alcohol use or abuse

Aggressive, destructive, or defiant behavior

Poor school performance

Hallucinations or unusual beliefs

Tragically, many of these signs go unrecognized. And while suffering from one of

these symptoms certainly does not necessarily mean that one is suicidal, it?s always

best to communicate openly with a loved one who has one or more of these

behaviors, especially if they are unusual for that person.

There are also some more obvious signs of the potential for committing suicide.

Putting one?s affairs in order, such as giving or throwing away favorite belongings, is

a strong clue. And it can?t be stressed more strongly that any talk of death or

suicide should be taken seriously and paid close attention to. It is a sad fact that

while many of those who commit suicide talked about it beforehand, only 33

percent to 50 percent were identified by their doctors as having a mental illness at

the time of their death and only 15 percent of suicide victims were in treatment at

the time of their death. Any history of previous suicide attempts is also reason for

concern and watchfulness. Approximately one-third of teens who die by suicide

have made a previous suicide attempt. It should be noted as well that while more

females attempt suicide, more males are successful in completing suicide.

Causes

While the reasons that teens commit suicide vary widely, there are some common

situations and circumstances that seem to lead to such extreme measures. These

include major disappointment, rejection, failure, or loss such as breaking up with a

girlfriend or boyfriend, failing a big exam, or witnessing family turmoil. Since the

overwhelming majority of those who commit suicide have a mental or

substance-related disorder, they often have difficulty coping with such crippling

stressors. They are unable to see that their life can turn around, unable to recognize

that suicide is a permanent solution to a temporary problem. Usually, the common

reasons for suicide listed above are actually not the “causes” of the suicide, but

rather triggers for suicide in a person suffering from a mental illness or

substance-related disorder.

More recently, scientists have focused on the biology of suicide. Suicide is thought

by some to have a genetic component, to run in families. And research has shown

strong evidence that mental and substance-related disorders, which commonly

affect those who end up committing suicide, do run in families. While the suicide of

a relative is obviously not a direct “cause” of suicide, it does, perhaps, put certain

individuals at more risk than others. Certainly, the suicide of one?s parent or other

close family member could lead to thoughts of such behavior in a teen with a mental

or substance-related disorder.

Research has also explored the specific brain chemistry of those who take their

own lives. Recent studies indicate that those who have attempted suicide may also

have low levels of the brain chemical serotonin. Serotonin helps control impulsivity,

and low levels of the brain chemical are thought to cause more impulsive behavior.

Suicides are often committed out of impulse. Antidepressant drugs affecting

serotonin are used to treat depression, impulsivity, and suicidal thoughts. However,

much more research is needed to confirm these hypotheses and, hopefully,

eventually lead to more definite indicators of and treatment for those prone to

suicide.

How to Help

Since people who are contemplating suicide feel so alone and helpless, the most

important thing to do if you think a friend or loved one is suicidal is to communicate

with him or her openly and frequently. Make it clear that you care; stress your

willingness to listen. Also, be sure to take all talk of suicide seriously. Don?t assume

that people who talk about killing themselves won?t really do it. An estimated 80

percent of all those who commit suicide give some warning of their intentions or

mention their feelings to a friend or family member. And don?t ignore what may

seem like casual threats or remarks. Statements like “You?ll be sorry when I?m

dead” and “I can?t see any way out,” no matter how off-the-cuff or jokingly said,

may indicate serious suicidal feelings.

One of the most common misconceptions about talking with someone who might

be contemplating suicide is that bringing up the subject may make things worse.

This is not true. There is no danger of “giving someone the idea.” Rather, the

opposite is correct. Bringing up the question of suicide and discussing it without

showing shock or disapproval is one of the most helpful things you can do. This

openness shows that you are taking the individual seriously and responding to the

severity of his or her distress.

Bibliography

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