



The Loud Silence Of Suicide Part 1



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Suicide has many causes and causes many tears. It's been said it is the "terminal disease of psychiatry."

In recent years there have been several analyses of the causes of suicide in order to

better understand its various aspects and what specific interventions would help to prevent the upward trends observed in earlier studies. Suicide has long been an interest of the professional and public sectors. This article will explore, in two phases, several areas of suicide and why it is a persistent phenomenon. First, we discuss the current concerns regarding increases in suicides among youth, the possible contributing factors, risk elements and emotional aspects. Second we explore how to recognize suicidal signs, potential therapies and preventive strategies.

The actual number of young Americans who completed suicide was 4,599. A thirteen year period ranging from 1990 to 2003 found that combined suicide rates for Americans aged 10 to 24 years old actually declined 28.5% per 100,000 persons. The very next year, in an alarming fashion, the rate jumped by 8%. That single year rise was the largest single rise for fourteen

years. By 2004, suicide was the third leading cause of death for U.S. youth aged 10-24 years old. There were almost 30,000 deaths by suicide between 2003 and 2004 (the most current year of analyzed data). The measure of these deaths in aggregate is astronomical but sadly, many aspects of it are not so readily measurable. As a result of the rise in the number of deaths by suicide, further analyses revealed:

- During the record year of 2003-2004, the rates of three gender and age groups were significantly higher compared to those that were actually declining.
- The three groups were: females from 10-14 years old, females from 15-19 years old, and males from 15-19 years old.
- The most common method for female suicides between 2003-2004 was hanging/suffocation. It represents an almost 120% increase in this method for females aged 10-19 years.
- The largest increase in overall suicide rates during the same period were females from 10-19 years old.
- Clinical, preventive and educational interventions need to focus on these susceptible age groups.

As noted, suicide is the third highest cause of death among teenagers' ages 15-24 years old. The significant increase in deaths from youth suicide from 2003-2004 and 2005 suggests it was not a single year anomaly. Studies should focus on understanding whether the increase in youth suicide rates after years of decline reflects an emerging public health crisis. Conversely, suicide rates have doubled for children 5-14 years old in the past generation. The statistics indicate there is a need to learn, give attention, treat and prevent these tragic deaths with assertive strategies. Everyday opportunities are lost and sorrow grows. The losses from suicide are measured in many ways- human life, family grief, lost everything- future, financial realities of lost

revenue, insurance, treatment of the survivors, legal costs, productivity- even funeral costs all make up some part of the sad grand total.

What to do about it now?

The focus on suicide as a public health concern should address several key reasons for youth both in and out of this country because suicide has reached pandemic rates. Any reason or accumulation of reasons may be causative for an individual; a single reason or a number of reasons can contribute to a completed suicide. Factors may include but are not limited to: depression, the number one cause; also pre and peri-natal stress factors related to traumatic injuries, neglect, abuse (all kinds), medical/surgical events; drug and alcohol abuse/dependence, multiple psychiatric/psychological issues or illnesses, anxiety/fear, financial stressors, spouse/child/partner, parent demise, relationship break-ups, sudden physical ailments; Post traumatic stress that is intense or chronic, loneliness/isolation, advancing age; lack of purpose or "fit"; very low self worth/esteem; unbridled anger; use of, or reluctance to use antidepressants, hopeless-helpless states; religious and cultural beliefs; "getting even"; escape; intense and persistent pain, fatigue; and powerlessness.

Other influences *may* include elements of the internet, social networks, certain types of video games, violence made playful until fatal (i.e. choking game, etc), lack of family cohesiveness, absent parents, spiritual beliefs, patterns of mistrust, devaluation of self and despair that needs a trump card to be silenced.

The younger victims are somewhat more susceptible, even vulnerable to the latter powerful influences. The gender- race- age elements of suicide have different influences and prevalences. Those 65 years and older tend to trend upwards like the youth. Their risk factors are included in the prior section.



There are far more suicides annually than there are homicides; a sobering comparison. This symptom of suicide and the culmination of issues and illnesses that "feed" it is a national public health issue. In 1999 the Surgeon General created a systemized call to action because of suicide. Remedies have to be feasible; screening the masses isn't realistic but increased awareness, focused, broad-based effective interventions and comprehensive methodologies aimed at early recognition, prevention and treatment are needed. Some steps have been taken, but clearly much more is required.

In our next article we will attempt to describe the various methods for recognition, prevention and intervention.


Mental illnesses and co-occurring substance abuse/dependence disorders are the foremost reasons for suicide. Heightened awareness and referral in a timely fashion to appropriate mental health professionals, primary care or area crisis centers/ER's is very essential to attempt to save precious lives and not create suicide survivors who often struggle intensely.

Please feel free to call our office for any further questions or if we may be of service for this extreme need. 609-484-0770.

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