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FILES

FILES

Judges-Prosecutors-GULFSHORES2019

1 in 25 adults
in US live with



a serious mental illness

One half of all chronic mental illness
begins
by age 14,
three-quarters by age 24.



SCHIZOPHRENIA

1 in 100

BIPOLAR/MANIC-DEPRESSIVE DISORDER

2.5 in 1000

MAJOR DEPRESSION

7 in 100

STATE PRISONERS

24% CURRENT OR
RECENT SERIOUS MENTAL DISORDER

JUVENILE DETENTION

70% CURRENT OR
RECENT MENTAL DISORDER

Depression & Bipolar Illness



Depression

Enormous public health problem.

Large number of important variants.

Multifactorial: Biology, Psychology, Family, Environment, Culture.

Life threatening due to risk of suicide and other causes.

- Complications: Occupational, family functioning, child-rearing, cost to society.
POTENTIALLY DISABLING
- Genetic contributions
- Medication treatments & cognitive-behavioral therapy. Some new developments.

Major Depression: Prevalence

Leading cause of disability in USA for those over age 5.

Worldwide, 2nd only to heart disease for total “**disease burden.**”
(Premature death plus healthy life-years lost to disability.)

I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would not be one cheerful face on the earth. Whether I shall ever be better I cannot tell; I awfully forebode I shall not. To remain as I am is impossible; I must die or be better, it appears to me.



**MAJOR DEPRESSIVE
EPISODES** in Bipolar illness

Often quite severe.

**MAJOR DEPRESSIVE
DISORDER** in “unipolar”

Occurs in episodes but often recurring & associated with substance abuse, etc.

POSTPARTUM DEPRESSION

Often quite severe,
sometimes psychotic.

SYMPTOMS OF MAJOR DEPRESSION

1. HOPELESSNESS
2. LOSS OF INTEREST
3. FATIGUE/LOW ENERGY/SLEEP PROBLEMS
4. ANXIETY
5. IRRITABILITY, ESPECIALLY IN MALES & TEENS
6. CHANGE IN APPETITE / WEIGHT
7. UNCONTROLLABLE EMOTION, INCLUDING ANGER
8. THOUGHTS OF DYING/DEATH

DEPRESSION...

- Severe: Robs victim of reason, hope, appreciation of life, felt presence of God, even perceived love & caring of others
- Men notoriously unable to recognize it in themselves & reluctant to get treated

DEPRESSION and CRIME

- Clinically depressed 3x more likely to commit a violent crime (Swedish study)
- But vast majority of depressed (and all mentally ill) never engage in serious violence crime
- Vast majority of psychotic individuals not violent.

DEPRESSION and CRIME

- Role of stigma & chronic adjustment problems
- Role of poor treatment or no treatment
- Role of substance abuse

DEPRESSION and CRIME

A take-home

We tend NOT to think that a violent defendant might be depressed. But, they absolutely could be.



Bipolar Disorder

“Manic-Depressive” Illness

Bipolar I disorder (most severe) is defined by presence of at least one manic episode

Manic episode is an emergency.

Manic & Hypomanic Episodes

- Grandiosity (often religious in content)
- Reduced need for sleep (not always present)
- Pressured speech
- Flight of ideas
- Distractible

Manic & Hypomanic Episodes

- Dramatic increase in activity (social, work, creative, sex)
- Excessive involvement in pleasurable activities with painful consequences
- It is MANIA if causes marked impairment in functioning or requires hospital or other emergency treatment.



Depression & Substance Abuse

- Relationship extremely well-established
- The classic clinical “chicken and egg problem”

- *The National Bureau of Economic Research reports that people who have been diagnosed with a mental illness at some point in life consume 69 percent of the nation's alcohol and 84 percent of the national's cocaine.*

Substance abuse?

- Do you use drugs or alcohol for longer or in larger amounts than you anticipated?
- Have you tried to cut back your use unsuccessfully?
- Do you spend a lot of time using, obtaining, or recovering from drugs or alcohol?
- Do you experience cravings to use or drink?

Substance abuse?

- Does substance use interfere with work, school, or home life?
- Do you continue using even though substance use causes problems in relationships?
- Do you use drugs or alcohol in situations where it is physically hazardous to do so?
- Over time, do you need more of the substance to create the desired effect?

A national crisis:

Rising suicide

rates



Per 100,000 people



Chart: Jamie Ducharme for TIME • Source: [U.S. Centers for Disease Control and Prevention](#)



1-800-273-8255

[1-800-273-8255](tel:1-800-273-8255)



Is DESPAIR the epidemic?

Surging death rates from suicide, drug overdoses and alcoholism...."deaths of despair", ...largely responsible for a consecutive 3-year decline of life expectancy in the U.S. This is the first 3-year drop in life expectancy in U.S. since the years 1915-1918.

Suicide

- More than 47,000 lives lost to suicide in 2017.
- 1999 - 2017, suicide rate increased 33%.
- 21% for males, 50% for females
- More than half of people who died by suicide were not *known* to have a mental health condition.

- In 2016, suicide became the second leading cause of death for ages 10–34 and the fourth leading cause for ages 35–54
- Then, sharp increases in many demographics, including youth, in 2017

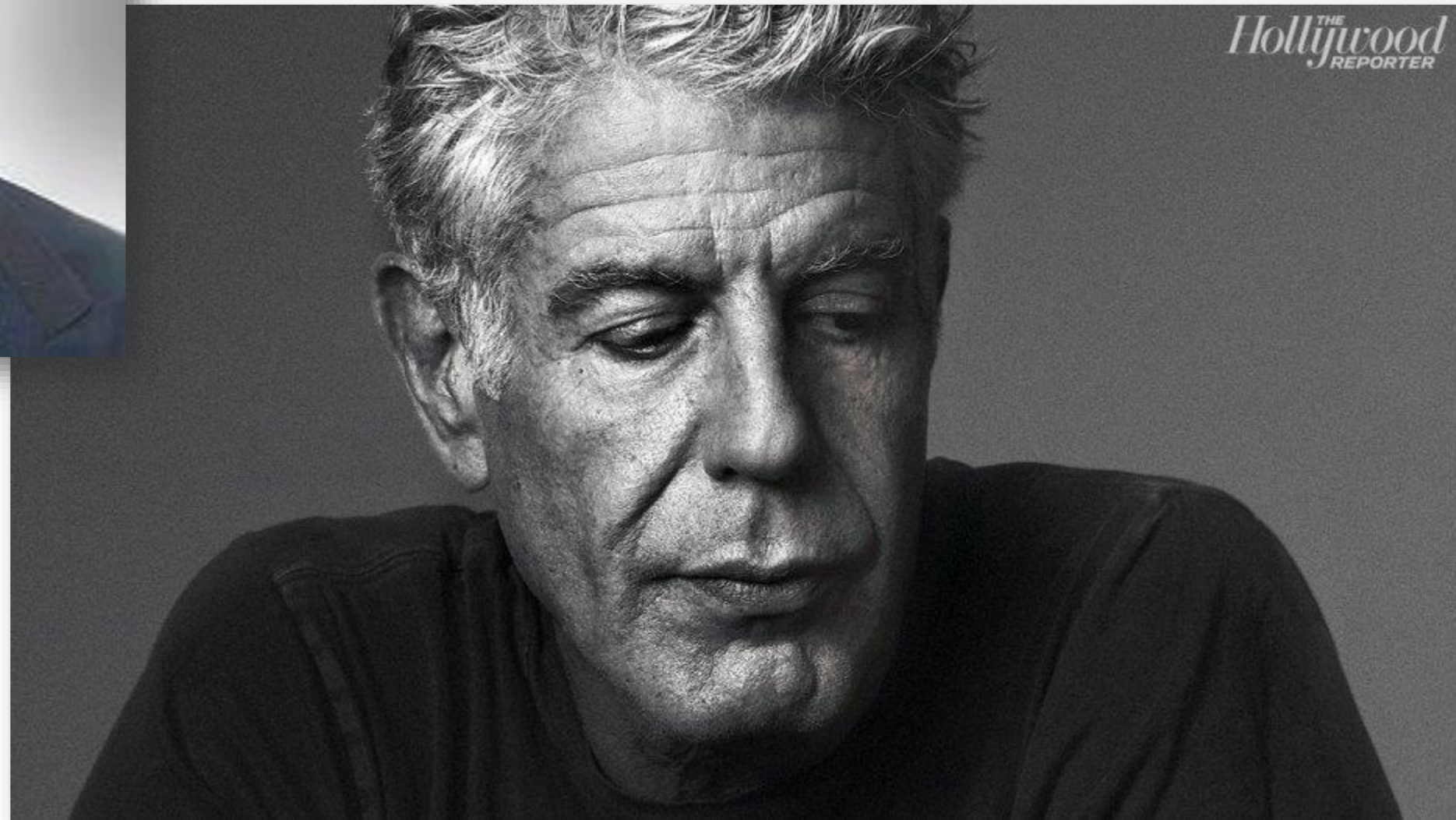
Jails & Prisons

- Overall national suicide rate is 14 per 100,000 people per year (2017)
- In prisons, 15 (2015)
- In jails 46 (2015)

People who enter a jail often face a first-time “shock of confinement”...Many die by suicide before conviction. According to the BJS report, those rates are seven times higher than for convicted inmates.



Robin Williams



Anthony Bourdain



Kelly Catlin

cycling world champion suffered concussion in months before suicide. Father said depression and burden of work contributed to death.

UAB employee jumps to death from parking deck near the School of Medicine

Updated 5:33 PM; Today 5:15 PM



6 questions to ask to screen for suicide

1. Have you wished you were dead or wished you could go to sleep and not wake up?
2. Have you actually had any thoughts about killing yourself? *If the loved one answers “yes” to question 2, ask questions 3, 4, 5 and 6. If the person answers “no” to question 2, go directly to question 6.*
3. Have you thought about how you might do this?

6 questions to ask to screen for suicide

4. Have you had any intention of acting on these thoughts of killing yourself, as opposed to having the thoughts but you definitely would not act on them?
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?
6. *Always ask question 6:* In the past three months, have you done anything, started to do anything, or prepared to do anything to end your life?

Demographic differences

GENDER

ETHNICITY

AGE

GENDER:

- Men die by suicide 4 times more often than do women.
- Women attempt suicide much more often than do men.

ETHNICITY

- White people are much more likely to die by suicide than black people.
- Native Americans have higher suicide rates than whites.

AGE

- Suicide rates climb with age. Elderly have highest rates.
- Lowest rates: Children, then teens.
- However, in last few years, rates among 10- to 19-year-olds are climbing faster than most other age groups.

Major risk factors for suicide

Family conflict

Mental disorders

Previous attempts

Physical illness

Social isolation

Unemployment

Others



Youth suicide

LEADING CAUSES OF DEATH

15-24 years old

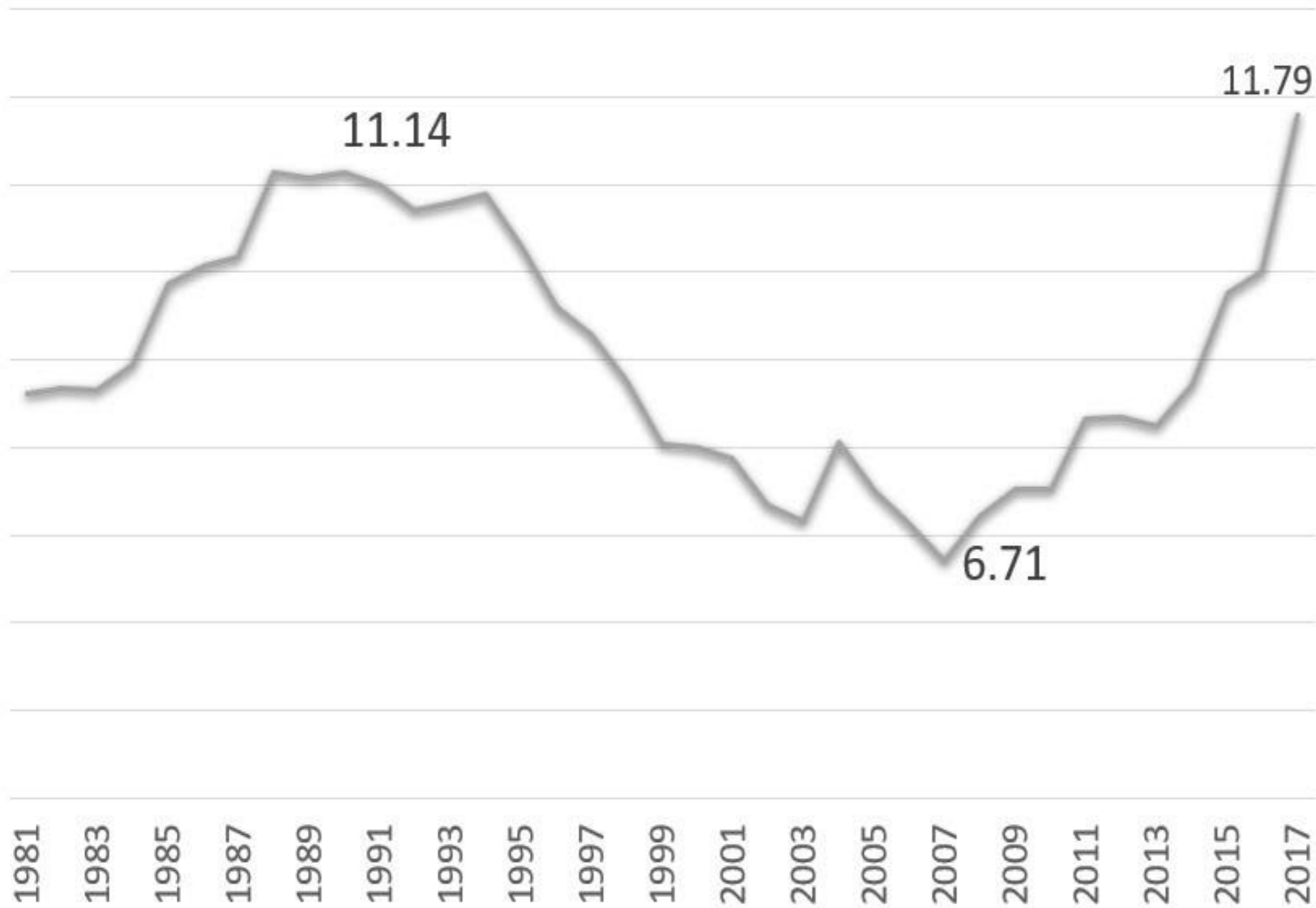
Unintentional Injuries (13,440)

Suicide (6,250)

Homicide (4,900)

Cancer (1,370)

Heart Disease (910)



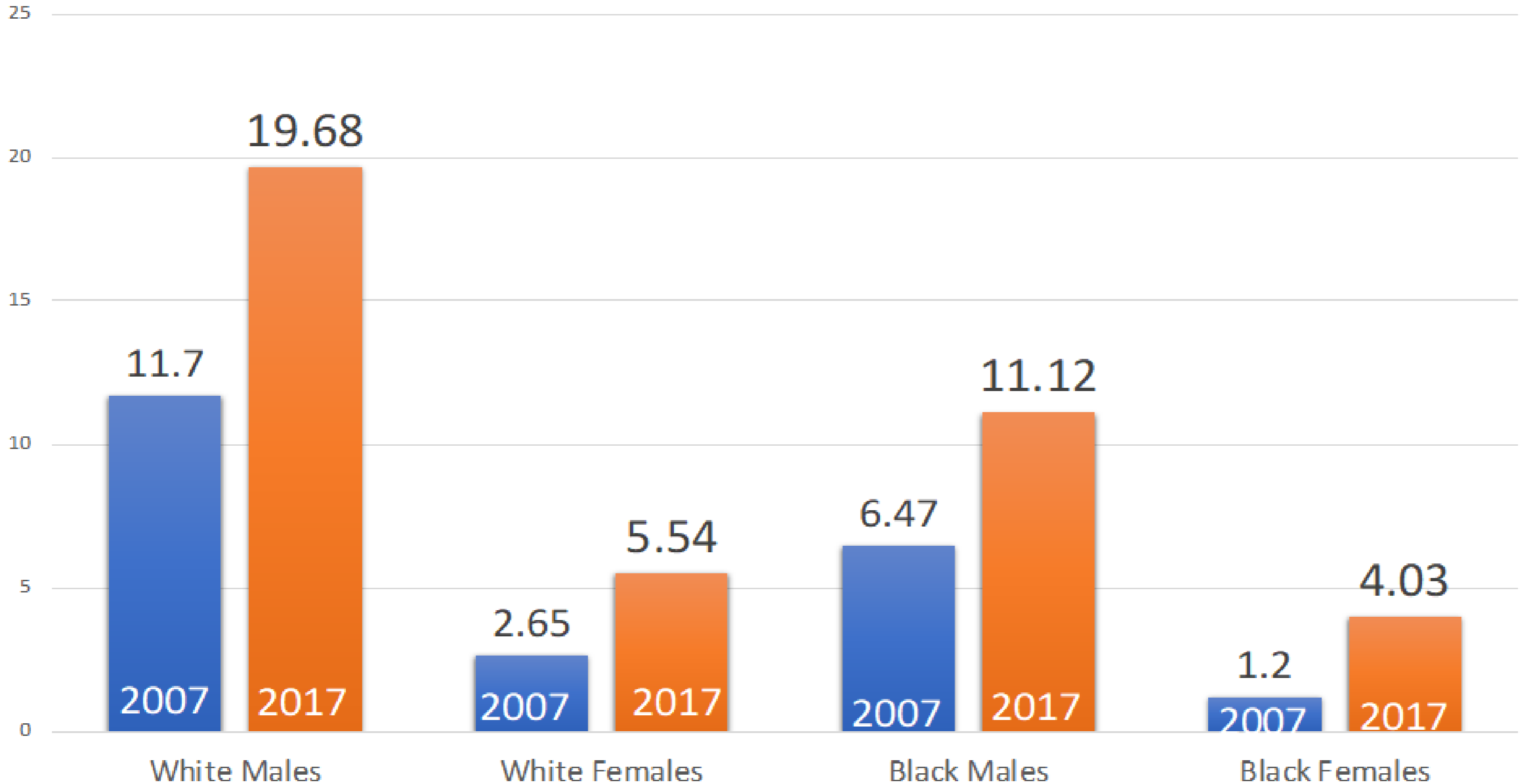
Suicide Rates, 15 to 19-year-olds, 1981-2017.

Peaked in early 1990s; Dropped to low point in 2008.

In 10 years, 2007-2017, suicide rates in teenagers

increased **76%**

10-year change in suicide rates, 15 to 19-years-old



Percent change in suicide rates, 2007 vs. 2017 15 to 19-year-olds

White males	Up 68%*
White females	Up 110%
Black males	Up 72%
Black females	Up 235%**

* Up 22% just from 2016 to 2017!

**But still the lowest rate of these 4 groups

MOST COMMON METHOD

Firearms 50%

RISK FACTORS



CLINICAL RISK FACTORS

- **Psychiatric disorders**
 - Depression / Bipolar
 - Alcohol / drug
 - Conduct disorders
 - PTSD
 - Others: Anxiety, eating disorder, schizophrenia)
- *Nonsuicidal Self-Injury*

CLINICAL RISK FACTORS

- Learning Disorders
- Sleep Disturbance
- Discharged from Treatment
- LGBTQ

IF YOU ARE WITH A PERSON
EXPERIENCING GREAT
PSYCHOLOGICAL PAIN, WHO FEELS
TRULY *HOPELESS*, YOU ARE IN THE
ROOM WITH A SUICIDAL PERSON.

PROTECTIVE FACTORS FOR YOUTH

Family connectedness

School connectedness/Safe schools

Mental health services

Reduced access to firearms

Academic Achievement

**THE PROTECTIVE FACTORS IN ONE
WORD**

belonging

OUR MENTAL
HEALTH SYSTEM
IS BROKEN



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