

Bipolar Disorder and Suicide: Various Treatment Options for Young Adults

Student's Name

Institutional Affiliation

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Introduction

Background of the Problem

National Institute of Mental Health (2013) defines bipolar disorder as "...a brain disorder that causes unusual shifts in mood, energy, activity levels and the ability to carry out day-to-day tasks" (n. p.). The signs of bipolar disorder are acute and can range from normal downs and ups within different time period. Despite the emerged complication, the disease can undergo treatment and people with this problem can lead productive lives.

The research studies reveal possible causes of the illness, such as genetics, brain functioning and structure that contribute to the disease development. Furthermore, genetics is among the leading factors causing bipolar disorders development. Children with parents who are predisposed to bipolar disorder are much likely to develop the disease, as compared with children who do not have the history of bipolar disorder. While investigating the origins and underpinnings of the disease, scientists have resorted to the analysis of such related diseases as depression and schizophrenia. Specifically, the analysis of these related illnesses have defined that genetics is not the only reason for bipolar disease development. Rather, there are a great number of environmental factors that influences the emergence of the disease signs.

Individuals with bipolar disorder face extremely intense emotional starts that appear systematically. Each episode delivers a tangible deviation from person's usual behavior. A mood episode involves both mania and depression. The latter symptom correlates with the symptoms of individuals who are inclined to commit suicide. All the symptoms and signs of bipolar disorder enumerated above are typical of young adults before age 25. What is more important is that symptoms of depression involve behavioral changes, such as thinking of lethal outcomes, death, or suicide. Although the evidence of suicidal thinking is not always

the sign of the disease, the correlation between two psychological states is still to be proved positive.

Problem Statement

Although technological advances and educational factors have a positive impact on the development of treatment options for people with bipolar disorder, the rates of suicides and suicide attempts are still increasing. Specifically, Baldessarini, Pompili and Tondo (2006) have presented statistical information on the suicide rates and the attempts. Therefore, according to the study “the risk of attempts among bipolar disorder patients equals to about 3.9 %, which is three times higher than the percentage of completed suicides” (Baldessarini et al., 2006, p. 465). Risk of suicide is intensified in terms of bipolar disorder, including the first year of illness, whereas mood-stabilizing therapy is delayed by about 5-10 years since the disease development. Such delays are longer in women. The delay emphasizes the urgent need for earlier diagnosing, particularly among young adults.

Breznoscakova (n. d.) assumes, “bipolar disorder is associated with a high frequency of both completed suicide and suicide attempts” (p. 122). Therefore, although multiple research studies have been dedicated to the analysis of the connection between lethal outcomes and the mental disabilities among individuals, little research is done on the availability of treatment options that can reduce this rate and develop new opportunities for enhancing bipolar disorders.

Research Question

With regard to the above presented background and the existing treatment options, it is necessary to explore the following research questions:

1. What are the best treatment options for bipolar patients who are predisposed to suicide?

2. How can treatment approaches reduce the suicidal attempts among young adults with bipolar disorders?

Hypothesis: Lithium along with psychological monitoring should become an optimal variant for treating bipolar disorder and minimizing the frequency of suicidal attempts.

The questions will shed light on the pitfalls in existing treatment options, as well as how these gaps could be eliminated to reduce the suicidal rate among young adults with bipolar disorder. Furthermore, the hypothesis will be tested by means of the answers received from the participants, as well as from the review of existing research studies on the issue.

Significance of the Study

Although the study of suicide and its connection to bipolar disorder is evident, few research studies have been dedicated to the analysis of effectiveness and availability of treatment options for young adults suffering from bipolar disorder. In this respect, the research under analysis will help define whether the current trends in treating mental disorders are closely associated with the rate of suicide cases. In addition, the study will provide a fresh insight into the reasons of the increased rates, as well as why these rates are difficult to reduce despite the availability of equipment, practices, and advances in healthcare management.

The chosen topic of the research is justified in terms of originality, although multiple research studies have been conducted on the relation between of suicide and bipolar disorder. In particular, it has been proved that the relation between suicidal attempts and manic depression is evident. However, there are view studies that explore how various treatment options of bipolar disorder can reduce the mortal rates among patients. Therefore, the research can provide a new stance of examination and analysis.

Overview of the Research Design

In order to understand how various treatment options contribute to the suicide rate reduction, the emphasis should be placed on the overview of existing research studies on bipolar disorders, suicide prevention, and healthcare programs for bipolar patients. In particular, analysis of symptoms and their correlation with the psychological and emotional signs of depression might lead to suicide must be explored. The majority of the studies dedicated to the research question are premised on a qualitative study. Most of these studies provide a greater insight into the recent trends in estimating disease. The quantitative data could be taken from observations, interviews, and surveys of problematic young adults. Within this context, the research will be based on a mixed research incorporating qualitative results with numerical data.

Literature Review

In order to understand whether the current treatment opportunities contribute positively to suicide rate reduction, the emphasis should be placed on the analysis of the associated disorders related to the disease. Specifically, the risk factors of suicide and suicidal attempts must also be investigated to define whether the symptoms and causes of bipolar disorder coincide with the list of dysfunctions related to suicide, including the presence of hopelessness, outcomes of intervention programs, and the connection of suicide to bipolar disorders (Acosta et al., 2012; Newman, 2005; Pompilli et al., 2009). Many other approaches to treating these disorders could also be investigated, including suicide prevention (Fountoulakis et al., 2009; Manchia et al., 2013; Saunders, & Hawton, 2013). The prevention mechanisms have discovered that suicide is the most severe consequence of bipolar disorder. Finally, it is also important to consider treatment options for individuals with bipolar disorder (Geddes & Miklowitz, 2013; Miklowitz & Talor, 2006; Yerevanian & Choi, 2013). The latter

enlarges on cultural, social, and healthcare factors contributing the suicidal attempts and suicide among young adults with bipolar disorder.

Suicide Risk Factors with Bipolar Disorder

Despite the fact that the risk factors of suicidal threats have been defined, these factors are underexplored because it is impossible to define specific character traits and psychological states that highlight the presence of hopelessness. At this point, Acosta et al. (2012) and Newman (2005) discuss the point of hopelessness among the patients. In order to enlarge on this issue, Acosta et al. (2009) report, "...patients with bipolar disorder and suicidal history are characterized by the presence of hopelessness, which probably confers greater vulnerability for suicidal behavior in the presence of stress factors" (p. 1103). In addition, Newman (2005) supports the idea that "...clinicians can gain extremely useful information by assessing patients' maladaptive beliefs about suicide and misconceptions about medication...which can heighten hopelessness and concomitant risk for self-harm" (p. 77). More importantly, the use of medication is also under the question because treating patient who have a distorted attitude to medications is a serious challenge for physicians.

Hales, Frances, and Pasnau (1987) assume that the suicide prevention among patients with bipolar manic depressive disorder is closely linked to the prevention of affective episodes. In their research studies, the researchers emphasize that preventive techniques must be adopted along with other treatment approaches to managing bipolar illness. Therefore, in order to reduce the risks of suicidal attempts, better approaches to managing the disorder itself should be implemented. For instance, aggressive and sophisticated identification of bipolar patients is essential for understanding the probability of suicide. Similarly, the identification of bipolar patients with the corresponding personal and family history is also beneficial. Besides, generally information about suicide among manic-depressive disorders is represented to understand how genetics and family history are introduced. In addition, Hales

et al. (1987) report the majority of healthcare professionals have recognized the significance of a history of suicidal attempts in predicting the threat of suicide risk. Apparently, suicidal thinking is perceived to be a more general phenomenon in depressed patients and, as a result, it is difficult to predict suicide.

Further, understanding psychological circumstances is essential for defining the root of the problem, as well as investigating the nature of the disease, as well as the extent to which individuals are predisposed to the risk of suicide. At this point, Pompili et al. (2009) insist, “completed suicide and suicide attempts are major issues in the management of bipolar disorder” (p. 109). In order to consider risk factors in the most effective way, the implementation of psychological activities and therapy for such patients is an inherent condition for ensuring recovery from the disease.

Aside from internal factors affecting suicide attempts among young adults with bipolar disorder, the influence of external factors is not less important. As such, Stack (2003) has conducted the study on the influence of media coverage, including newspapers and televisions, on the percentage of suicidal attempts. However, the current review of cases of suicide prevention indicates that the programs on suicide rate reduction can successfully contribute to the shifts in frequency of suicide for the purpose of reducing the effects of media.

Overall, the above-presented review of literature has provided a fresh insight in the causes and underpinnings of suicide risk factors. In particular, both internal and external factors influence the frequency of suicide cases. Moreover, internal factors involve the presence of hopelessness, psychological state, genetics, and family history. External factors involve cultural affiliation, media coverage, and a social environment. All these dimensions must be considered to understand how people suffering from bipolar disorder can minimize the risk of a lethal outcome.

Suicide Prevention

As it has been mentioned above, suicide is based on biological and psychological factors that place a strong emphasis on cultural and social environment. Therefore, the connection between psychological state of a young adult and its reference to real-life situations relate to higher prevalence of suicide attempts. At this point, Fountoulakis et al. (2009) discuss the importance of considering suicide rate among patients with bipolar disorder through the correlation of symptoms. In particular, such features as depressive mixed states, higher rate of depressive episodes and attempts, alcohol dependence, and family history of suicide must be taken into consideration. Additionally, Fountoulakis et al. (2009) insist, “psychotherapy may be effective as adjunctive option” (p. 23). In addition, the researchers have suggested that cognitive, interpersonal, and cognitive may become significant to take control of automatic changes in mood, in assisting with active treatment combined with medication. The role of psychological treatment is specifically important for patients with bipolar disorders. Encouraging the integration of psychotherapy for patients with bipolar disorder is also essential to define the connection between suicide and depression.

Along with Fountoulakis et al. (2009), Saunders and Hawton (2013) have acknowledged the fact that suicide is considered to be the most severe consequence of bipolar disorder. In response to the problem, the researchers have outlined the crisis management strategies that could accomplish pharmaceutical interventions. In short, the plan includes the decrease in risk of suicidal act improving individual’s mental state. The suicide rate education often presupposes practical steps, such as restricting access to the prohibited medications, increasing the level of the community support, and greater possibility to address hospital services once the community is not available. In addition, Manchia et al. (2013) acknowledge that suicide prevention is a mandatory condition because of the increased mortality rates

among patients with depression and bipolar disorder. Although the researchers have proved that suicide is among the leading outcomes of the illness, there is no sufficient evidence supporting the genetic predisposition of individuals.

Treatment Options for Individuals with Bipolar Disorder

Sachs et al. (2003) have investigated the effectiveness of the Systematic Treatment Enhancement Program for Bipolar Disorder in response to the recommendations and concerns provided by the National Institution of Mental Health Initiative that is aimed at developing an effective public health intervention model that could create valid answers to the effectiveness of treating bipolar disorder. In addition, Chen et al. (2004) have made efforts at investigating bipolar patient to understand the peculiarities of the brain activities, including gray matter, temporal lobe, and hippocampus. Therefore, the results have revealed that bipolar disorders could be detected through the evidence of abnormal developmental activities. Symptoms and signs of bipolar disorders are the first aspect to be discovered because it reflects on such symptoms as mania and depression. According to Kowatch et al. (2005), the irritable and unstable mood is the first sign of deviations in mental processes. Thus, specifically, "it is crucial that the clinician obtain a detailed history, with many examples that include context" (Kowatch et al., 2005, p. 215). Therefore, contextual setting can allow the physicians to define whether bipolar disorder leads to increased cases of suicide.

The depressive disorder is closely associated with mortality rate caused by severe psychological deviations. As a result, Muller-Oerlinghausen, Berghofer, and Bayer (2002) have provided the statistics of the mortality rate among patients with bipolar disorder to find out that nearly 10-20 % of people suffering from it are more inclined to commit suicide. The clinical research of the disease, however, is completely opposite. In particular, these

assumptions range from insignificant depression and mild hypomania to strict forms of depression followed by acute psychosis.

The differences in treating bipolar disorders and the influence of therapy on suicide reduction are closely associated with the collective versus individual treatment options proposed at the hospital. To enlarge on this issue, Rea et al. (2003) have conducted a research study on the influence of individual and family-focused treatment to prove that patients in a family setting encounter slight mood disorders relapses in the course of 2 years, but they did not differ much from individuals subjected to an isolated treatment. Therefore, it has also been reported that family psychological treatment is a beneficial addition to medication because it reduces the risk of relapse related to bipolar disorder. Further, Goodwin (2003) assumes that the effectiveness of treatment is also connected with the way physicians and health care practitioners deliver information to their patients. At this point, the task of the health care workers is to serve as a powerful source of information of all possible risks and opportunities that a patient can take advantage of. In addition, the recommendations for treatment involve consensus meetings that would involve specialists in treating bipolar disorders. Further, reviewing past practices and cases of treating bipolar disorders are also beneficial for understanding how the existing gaps could be eliminated. The guidelines also cover diagnosing and managing the disease in a clinical setting.

Similar to Rea et al. (2003), Frank, Swatz, and Kupfer (2000) support the idea of approaching each patient individually. However, individual treatment does not imply treating in isolation; rather, the treatment should be accomplished with regard to the context in which a patient is situated. Indeed, the importance of a social and cultural environment has a direct relation to the frequency of suicide attempts among young adults. To be more exact, as soon as the patient starts feeling support and respect on the part of the surrounding people, there will be a lesser probability of suicidal relapses. Most of these relapses could be stopped or

suppressed for a while. However, proper medication should not be ignored either. As a result, an ideal treatment should involve the combination of both psychotherapy and medication for patients suffering from bipolar disorder.

Treatment of bipolar patients does not rely solely on the individuality of cases and lack of correlation between depression and disorder. In fact, lack of information on the diseases becomes the leading reason for considering the case. In this respect, Sachs et al. (2000) have proved that scarcity of available data and restrictions in expect assumptions and findings can reduce the understanding of how healthcare professionals can advance their practices and work with existing theories and frameworks. Development of surveys and results must be a true opportunity for the researcher to understand how suicidal attempts could be reduced among young adults. Therefore, reliance on precedent cases and assessment of other groups of population is of great importance for the research. For instance, Lichtenstein et al. (2009) have chosen a Swedish family for defining whether schizophrenia and bipolar disorder share similar symptoms. The approach is special importance because it cal also allow to define the correlation between suicidal attempts and mania-depressive disorder. The nature of suicide could be determined in the light of the current research on the qualities, treats and behavior of individuals. Therefore, the theoretical grounds and case study analysis must be included.

Kowatch et al. (2005) have considered the necessity to introduce treatment guidelines for diagnosing bipolar disorders with great precision. The guidelines involve such aspects as acute treatment, maintenance treatment, and comorbidity. Thus, the main purpose of these interventions is to create a useful algorithm for treating patients with bipolar disorder rather than to develop an absolute standard for young adults. With the emergence of the evidence, the patterns of treating patients should change to adjust to new conditions, including suicide prevention. Poon et al. (2012) underlines the idea that clearer treatment mechanisms are

required to develop more effective treatment options. While exploring the methods and solutions for introducing changes bipolar treatment, the researchers have noted, “the disorder is associated with substantial cognitive deficits, frequent anxiety symptoms and substance abuse, and variable functional disability, as well as high rates of suicide in youth” (Poon et al., 2012, p. 573). In this respect, the incomplete response to the patients’ needs, along with unsatisfactory treatment feedback to BD leads to the necessity of introducing innovative therapeutic practices that can contribute to clinical values. Additionally, the major problem of inconsistent treatment approaches lies in the ability of physicians to define the reasons for patients to resist therapeutic interventions. At this point, Poon et al. (2012) have found out pure use of medications is not sufficient for supporting patients who resorted to suicidal attempts.

Aside from collaborative, patient-oriented approaches to treating individuals with bipolar disorders, treatment should involve medication interventions. Therefore, numerous studies have been dedicated to analyzing the effects of lithium on bipolar patients. As such, Zarate et al. (2005) have explored clinical evident regarding the role of glutamatergic system in pathophysiology of mental disorders. The research study is aimed at defining the safety and efficacy of rituzole in treating bipolar depression. Although this glutamate-modulating agent is considered to be the main medical intervention, the medicine is used in combination with lithium for patients encountering the acute form of bipolar depression. The results of the study have demonstrated a significant therapeutic effect. Moreover, the recursion of mania depression has not been observed either. Therefore, the application of riluzole has had a positive effect on treatment. Prior to this research, van Gent, Vida, and Zwart (1988) highlight the importance of lithium therapy in combination with group therapy among patients with bipolar disorders. Moreover, the scholars have conducted the analysis of the effectiveness of the proposed treatment for 34 patients. The findings have revealed that 20

patients have experienced improvement in terms of self-confidence, whereas 14 control patients that are on waiting list of group treatment. The most significant finding shows that the majority of patients do not experience unique conditions. They have also created an insight into the potential of the problem itself.

In the studies by Yucel et al. (2008), the emphasis has been placed on the use of lithium, which is considered the standard drug for bipolar patient treatment. The medication is considered to be an important agent in neurogenesis and protection. The researchers have compared the volume of similar hippocampus, body tail, and hippocampal head in three groups of patients who have no medication history prior to entering this study. It has been reported that similar hippocampus do not differ health and unmedicated group of patients. Nevertheless, a bilateral increase in volumes has been observed among hippocampal head and body/tail. What is more important is that the study proves that lithium can create structural impact on hippocampus, which is highlighted in vivo. The research attaches importance of the need to monitor even slight exposure to lithium in the studies of hippocampus.

There is a great necessity to discuss whether the use of lithium in a combination with group therapies and psychological treatments can be applied to reduce the frequency of suicidal attempts. Cipriani, Pretty, Hawton, and Geddes (2005) have revealed that patients who take lithium tend to be less focused on suicidal attempts. What is more important is that the scholars have found out that lithium is efficient in suicide prevention, deliberate self-harm and lethal outcomes among bipolar patients. Mann et al. (2005) assume that higher prescription rates of taking medications can contribute to the reduction of depression among patients. However, the analysis of these drugs has failed to detect any positive outcomes for suicide attempts in research of antidepressants due to the low rate of cases of suicide behavior, as well as insufficient systematic monitoring. In order to investigate the problem,

Mann et al. (2005) have resorted to randomized controlled trials to explore the effect of lithium in treating major mood disorders. It should be stressed, however, that lithium is employed in combination with psychotherapy that introduces psychological and cognitive interventions to reduce the outcomes of suicide attempts. Intermediate outcomes include depressive and hopelessness, but these symptoms could be improved by means of problem solving therapy, and suicidal ideation is lowered with the adoption of interpersonal therapy, dialectical behavioral therapy, and cognitive behavior therapy. Once again, the combination of medical interventions with socially and psychologically predetermined treatment is the best solution for the suicide prevention.

In conclusion, the analysis of the literature focuses on such aspects as suicide risk factors among bipolar patients, suicide prevention strategies, and treatment options available for the identified group. While considering the major risk suicidal factors, it has been reported that such features as depression, feeling of hopelessness and weak resistance to vulnerability, as well as risk for self-harm are the leading precursors of suicide or suicidal attempts. They are also associated with patients suffering from bipolar disorder. Further, maladaptive assumptions about suicide, as well as distorted outlook on medical interventions are among the leading approaches to understanding how lethal outcomes could be eliminated. Finally, the treatment options analysis have provided to assumptions. First, medical intervention is essential, but it should be accompanied with psychological treatment, or group therapy. Second, lithium has turned out to be efficient drug for reducing the risks of suicide among all patients irrespective of the type of mood disorder. Thus, the proposed findings allow researchers to believe that this medication could become a good option for treating bipolar patients.

Methodology

The main purpose of the research is to define whether lithium as one of the medications of treating bipolar disorder can have a positive influence on the patient's predisposition to suicide. The research questions will be as follows:

1. What are the best treatment options for bipolar patients who are predisposed to suicide?
2. How can treatment approaches reduce the suicidal attempts among young adults with bipolar disorders?

Hypothesis: Lithium along with psychological monitoring should become an optimal variant for treating bipolar disorder and minimizing the frequency of suicidal attempts.

The proposed statement can reduce the existing literature gap because the use of lithium will be considered in different combinations and contexts.

Sampling

The population chosen for the research study refers to the group of young adults from 14 to 21 years-old from different regions located in the United States. The group will be composed of 20 people. The group will be split into two with 10 people for each group. The first focus group will present people that do not have bipolar disorder, whereas the second group will include participants with this disease. The rationale of the sample is explained by the fact that samples for qualitative research studies should not be large because they are premised on a thorough examination and observation of participants' attitude, behavior, and perceptions related to the availability of treatment options. Moreover, according to "an appropriate sample size for a qualitative study is one that adequately answers the research question" (Marshall, 1996, p. 523). In addition, judgment sample, being the most common technique for a qualitative design, seems to be the most relevant for the given research because it allows the researchers to develop the corresponding framework of the variables

that might affect individual contribution to the research. Moreover, this is an intellectually-oriented strategy rather than a mere demographic stratification of research explorations through gender, social class, and age (Marshall, 1996). In this respect, the independent variable will be treatment options introduced to the participants, whereas the dependent variables will be participants' responses and perceptions, along with the subsequent analysis of suicidal predisposition among the respondents suffering from bipolar disorder. Analysis of the sample through thematic nodes and samples is the best opportunity for defining the main qualitative features of the research.

In order to introduce a quantitative aspect to the study, surveys will be developed for the participants to find out the tendency in perceiving suicide, as well as the main treatment options employed to treating bipolar patients. The survey will be premised on multiple choice questions (Appendix 1). Therefore, as soon as the participants answer the survey questions, they will have to participate in the interview, where 10 questions will be presented.

The questions for the interview will look as the following:

1. Do you think lithium can reduce the possibility of suicidal attempt? In what way?
2. What do you know about your disorder?
3. How often do you have depressions and psychologically uncontrollable situations?
4. Have you ever thought about suicide? What were these thoughts associated with?
5. What is your attitude to psychological support on the part of family and counselors?
6. Would you agree to participate in an innovative program on preventing the consequences of bipolar disorder? Why? Why not?
7. What psychological interventions do you know to prevent suicide?
8. How do you fight with the depression and outbreaks of emotional instability?
9. Does your family have the history of suicidal attempts?
10. How would you estimate the episodes of mania?

There should be additional questions for the bipolar population:

1. Do you have any instances of suicidal attempts in you family?
2. How would you fight with the depression?
3. Do you use medication or psychiatric assistance?
4. How often do you attend consultants?
5. What would you recommend for suicide prevention for patients with bipolar disorder?

Procedures

As it has been mentioned briefly, the research design will be premised on research interview and surveys. The research interview will be composed of 10 semi-structured questions and will be conducted with each participant separately to achieve the maximum objectivity in the study. Each interview session will be recorded and transcribed. In addition, the participants will be notified of the fact that the interviews are observed, recorded, and transcribed. The researchers will also follow ethical perspective and receive the official consent on the part of the participants concerning the possibility to conduct an interview. Prior to developing the research design, all the participants will receive the invitations letters with all details of the research, including the research question, the research procedures, and main purposes of the scientific exploration (Appendix 2).

As soon as all answers are transcribed, the next step will be classification of the received information into thematic nodes. In particular, the major subjects will involve frequency of suicidal attempts, relation between bipolar disorder and family history, and analysis of treatment options that are preferred among the participants. The obtained data will provide new information for a comparative analysis between the general population and the bipolar population.

In-depth interviews have been used while seeking data on personal and individual experiences and perceptions. Therefore, the main purpose of interviews consists in

identifying the way individuals make decisions, their beliefs and perceptions, motivations, people's emotions and feelings, in-depth data on sensitive issues, and context related to individuals' backgrounds (Hennink, Hutter, & Bailey, 2010). Therefore, the interview and narrative descriptions are primary methods for understanding the qualitative perspective of the research.

Once the information on the participants is gathered, and the research studies have been explored sufficiently, the next step will be synthesis of empirical and theoretical information. For instance, due to the fact that most of interview questions rely on the exploration of treatment options, particular, the implementation of lithium in combination with psychological treatment, the synthesis should include the analysis of existing treatment outcomes, as well as examination of suicide prevention schemes in comparison with treatment of bipolar patients. As soon as this information is analyzed, it will be possible to consider whether lithium along with psychological monitoring is the best option in the situation.

Theory, Individual Difference and Ethical Concerns

The problem of suicide prevention among patients with bipolar disorder is closely associated with socio-cognitive theories, including attachment theory, diversity issues, gender differences, and ethical concerns, such as IRB permissions. To begin with, Hoermann, Zupanick, and Dombeck (n. d.) have put forward the attachment theory that is connected with personality disorders. Moreover, the theoretical framework offers that individuals develop internal, long-term relationships and have a potent impact on social interaction tendencies, personality development, community expectations, and strategies for regulating emotions. The theory singles out two main categories of relationships – insecure and secure attachments that are distinguished in terms of safety and security of within individual interaction. In particular, the concept of insecure attachment is further split on the basis of individual's

reaction to others because of the existing working models: avoidant, disorganized, and ambivalent.

Apart from attachment, theory aspects recognize the connection between suicidal attempts and dynamics of relations within the community, there are also issues of diversity that affect individuals' behavior and responses to the environment. This is of particular concern to gender and racial behavioral patterns, which are among young adults. According to Joe, Canetto, and Romer (2008), "the gender gap in suicide mortality has been widening, especially in some U.S. ethnic minority groups" (p. 354). In addition, social class is another crucial factor that engages adolescents into nonfatal suicidal behavior. Indeed, social stratification has a potent impact on young adults who are predisposed to suicide. The researchers also refer to such risk factors, as physical disabilities and impairments, mental disorders, cultural permissibility, psychological access to lethal methods, and exposure to the respective behavior. At the same time, constantly increasing rates of suicidal attempts of particular ethnic minority groups have been insufficiently explored.

Gender factor belongs to the risk of adolescent suicidal behavior because of different perceptions that males and females have in regard to a social environment. In contrast to females, males are protected from nonfatal suicidal behavior and suicidal ideation, but seem to be less resistant to suicide morality. In addition, Joe, Canetto, and Romer (2008) assert "mental disorders, depression, alcohol and substance abuse, and conduct disorders are most commonly associated with the risk for suicidal ideation and behavior both fatal and nonfatal, among European American adolescents" (p. 356). All these findings are relevant to the given research studies because they shape the foundation for identifying the major variables. In addition, the theories allow the researchers to understand the influence of external factors in participants' responses and perceptions.

Prior to the research, permission must be received from the institutional review board. The primary goal of this board is to provide research subjects from physical, psychological and social harms that can be implied during the research process. While conducting IRB, the emphasis is placed on the analysis of risk versus benefits of the research. Further, the board is responsible for developing main ethical principles that shape the basics of the research in terms of human subjects and development of algorithms for conducting research.

Traditionally, IRB permissions are congruent with mandatory rules protecting scientific subjects (Crawford, 2007). However, there are cases when IRB should highlight specific agenda prohibiting the intrusion and intervention on the part of certain stakeholders.

With regard to the above, the informed, official consent for conducting the research should be received from the participants who have agreed to take part in the scientific observation. Moreover, the task of the researcher is to notify the respondent of all details of the interview process, including the recording, transcribing, and behavior assessment. Before, the interview is conducted, the participants must be aware of all the procedures. What is more important is that the scholars should be particularly concerned with the problem of objectivity in order not to make the participants feel discrimination in terms of gender, race, and nationality. At the same time, they should realize that this factor will also be taken as one of independent variables in the research.

Limitations to the Study

Although the information received from the interview questions can serve as a basic for the research, it is not valid enough in terms of generalizability and validity. Specifically, the sample for the research can be presented as a sample representing the population of a specific age, but still it does not ensure the absolute accuracy of responses that could be applied to other representatives of the same population. Due to the fact that the qualitative aspect of the research fails to provide objectivity, the statistical data could also be distorted.

Nonetheless, to avoid errors, the given research will be compared with other related studies in the field to make sure that the results do not deviate significantly from other valid and reliable studies. In addition, the use of credible resources and peer-reviewed studies can give a solid ground for further analysis and evaluation.

Expected Results and Findings

An extensive review of literature on suicide prevention and bipolar sheds light on new approaches and methods in reducing the rates of suicide prevention. To be more exact, the study embraces cultural, social, psychological, physical, and emotional dimensions of managing suicidal attempts. From a social perspective, the attention should be given to a social environment in which a person is placed. This is of particular concern to family history, relationship dynamics, and individual peculiarities. The mixture of these factors can also provide viable conclusion contributing to the research analysis. From a cultural perspective, it is possible to refer to an ethnical background to discover the connection between racial distribution and suicidal rates among young adults with bipolar disorder. The proof of this hypothesis is determined by the existing studies in the sphere (Joe, Canetto, & Romer, 2008). In this respect, a set of research articles have been presented on the study to define which methods of suicide prevention fit the best.

The second important outcome of the research relates to the extent to which the participants are informed about the treatment options. In this respect, the interview results can widen a deep understanding of which therapeutic approaches could be used to define whether they depend on the personality type. The synthesis of theoretical perspectives relating to suicide prevention and bipolar disorder can lead to the discussion of psychological intervention combined with medications. This issue requires especial attention because it defines the perfect ratio of psychological interventions and medical approaches. While conducting the interviews, the participants are expected to provide a positive answer to the

question about the effect of lithium. Furthermore, these observations and hypotheses are supported in the studies by Cirpriani et al. (2005) who are concerned with the analysis of positive correlation between prescribing lithium and reducing the frequency of suicidal attempts.

Further exploration will be confined to understanding how the treatment options could be improved as soon as they develop the corresponding approaches to treating patients and providing them with diligent care. In this respect, a collaborative approach to treating bipolar patients should be worked out in accordance with the peculiarities of individual's character. The task of nurses and healthcare professionals is to find a unique approach to each patient based on the current evidence-based practices. They should also have a strong background and competence to understand the case when participants are depressed and are confined to suicidal attempts. Finally, the studies can also expand the outlook of nurses on new methods of social interaction with people who have a family history of suicidal attempts, or with those who suffer from bipolar disorder. The proposed intervention is supported in the research by Mann et al. (2005) who have discovered that medication can reduce the outcomes of depression.

Understanding which treatment options are popularized among the participants can provide prompts for the least researched methods, as well as reasons why these methods are not used by the physicians while treating mental disorders. The list of signs and symptoms could also be increased because of greater focus made on participants' feedback to interview questions and surveys. Thus, the task of the researchers is to observe behavioral patterns that healthcare professionals should study to make sure that they have chosen the relevant approach. The proposed studies also demonstrate a direct correlation between the frequency of suicidal thoughts and participants' mental and psychological state. In this respect, interviewees can discover better awareness of the symptoms of suicidal behavior and

depression can allow the patients to address the counselors and physicians in a timely manner. This is specifically supported in the findings presented by Acosta et al. (2012) who analyze the patterns of suicidal behavior.

Finally, the research on brain activities provided in literature review must correlate with practical implications developed in the methods section. At this point, the given research study can contribute to the development of the corresponding connections between brain activities and participants' reaction to specific actions, activities, and questions. For instance, the feedback can be explored in relation to gender and nationality to define whether there are any patterns of displaying, perceiving, and responding to information. While exploring the research topic, the researcher will have to look through books, articles, official websites, and blogs to have a better understanding of current pitfalls, gaps, and theories that relate to the problem of suicide prevention. Further, analysis of related observational researches is also of great value because they can contribute to the current scientific analysis of existing experiments.

Conclusion and Significance of the Study

The study under analysis refers to the consideration of effectiveness of treatment options for suicide prevention among patients suffering from bipolar disorder. The effectiveness of lithium in reducing the frequency of suicidal attempts requires special attention. Thus, the main practical value consists in the possibility to carry out a narrow-focused research study that premises on the connection between suicidal behavior and bipolar disorder. The analysis within this context can help single out the most common features uniting these two phenomena. In particular, it has been concluded that such aspects as hopelessness, psychological vulnerability, depression, maniac behavior, and despair are among the symptoms outlined by this behavior. Further, the research study under analysis will help physicians realize the best treatment options, which are confined to a sophisticated

combination of medical interventions, such as the use of lithium both as an accompanying agent and as the main drug, with psychological treatments, such as group therapy, cognitive therapy, or individual counseling.

The findings of the proposed research could be synthesized with the theories introduced in the methodology. This is of particular concern to socio-cognitive theories that play a pivotal role in managing bipolar patients and reducing suicide rates among the identified group. For instance, the responses received from the participants will help identify the clients' attitude and perception of medication treatment, involving lithium, as well as the effectiveness of psychological treatment. Attachment theory is another important element of successful recover from mental disorders. This theory has been considered in the context of conducting interviews for the researchers to learn the basic rules and principles of treating bipolar patients. Collaborative and individual-based approaches have also been described in the research for clinicians to have a better vision of intervention options.

Diversity issue is another approach to managing patients with suicidal behavior patterns because they highlight the leading aspects of socio-cultural influence on the frequency of lethal outcomes among groups of various nationalities and ethnic affiliations. Further, social stratification and classification has a potent impact as well and, therefore, diversity issue is the leading characteristics that provide sufficient explanation for the frequency rate of suicidal attempts. Although diversity issue is important for justifying the practical value of the research, gender difference bears slight research value because few research studies prove the positive correlation between suicidal cases and gender characteristics. Finally, ethical concern must be taken into consideration while conducting the basic methodological procedures. Due to the fact that the research is premised on a mixed-method research, analysis of scientific observations and behavioral patterns should be analyzed to define how this information contributes to the reliability and validity of the

research. In addition, it should be stressed that the combination of qualitative and quantitative information provides a new stance for understanding the connection between suicide prevention strategies and treatment of bipolar patients. In the context of theories provided, the research question and hypothesis of the study seems to be approved by the research because they introduce the possibility of combining lithium medication with psychological monitoring as the best option for suicide prevention. The fact that greater educational opportunities should be introduced for the participants is undeniable because lack of information on the research creates a range of inconsistencies.

The effectiveness of lithium has also been proved because the majority of the participants approved of the positive role of the drug in reducing the feeling of hopelessness, despair, and depression. However, the medication should be taken in combination with the new psychiatric interventions. What is more important is that psychological intervention should be provided prior to the medical intervention to define the treatment session, scheduling, and the ability of the clients to understand the rationale for taking this drug. Specifically, interviewees will reveal that behavioral therapy should be the priority for nurses and physicians who strive to get the maximum benefit out of the treatment process. The possibility to explore other alternative solutions is also possible through the assessment of patients' reaction to this particular treatment options.

The research has managed to expand the outlook on the question of low educational level among bipolar patients with suicidal behavior. Therefore, the point is that the majority of cases relate to the social and economic status of the individuals. Indeed, considering the patients' cultural, economic, and social background should come to the fore to define further treatment options and medications. Further, not all individuals are able to ask for a medical aid. Finally, the problem of poor families and genetic analysis of suicide is also

underexplored. As a result of insufficient demographic statistics can lead to the impossibility to predict the groups that are under the greatest risk of suicidal behavior.

Despite the above-presented challenge, the given research can provide implications for further studies in the field. To begin with, it is possible to conduct the research study on the relation between unemployment rate and suicidal behavior, as well as how bipolar patients respond to social and economic instabilities in their region. This question is of great value because of the problem of educational myopia.

Finally, the emphasis should be placed on the feasibility and flexibility of the treatment options for a specific case of treating bipolar patients inclined to suicide. Although lithium has been chosen as the leading component of medical treatment, cognitive and psychological intervention can vary. The value of a purely psychological intervention can also be examined in more detail. For instance, it will be possible to conduct a randomized trial on the participants who can take part in group interventions where medical treatment is based on placebo medications. At this point, it can be proved that suicide is purely psychological problem that highlight the challenge of social and cultural dimensions.

Advances in psychology and psychiatry can make a great contribution to the analysis of suicide behavior, particularly among individuals suffering from mental disorders and depression. What is more threatening is that suicidal attempts among young adults refer to complicated phenomena that must be treated with greater intent and attention because of the greater rates of lethal outcomes observed within the identified group. Overall, although the research has a number of limitations, it can serve a powerful source of further examination and consideration in the field of behavioral psychology.

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Appendix 1: Survey Questions

1. What treatment procedures have you undergone?
 - a. Medication-based;
 - b. Purely psychological;
 - c. Medication treatment in combination with psychological.
2. What kind of treatment was the most effective?
 - a. Medication-based;
 - b. Purely psychological;
 - c. Medication treatment in combination with psychological;
3. Do you often have the suicidal thoughts?
 - a. Rare;
 - b. Sometimes;
 - c. Often;
4. What new practices of bipolar disorder treatment have you heard?
5. To what extent are you ready to undergo treatment?
 - a. Ready;
 - b. Not ready;
 - c. Need to consult.

Appendix 2: Invitation Letter

Dear interviewees,

We are glad to inform you about the possibility to take part in the research on the treatment options for patients with bipolar disorder and their influence on suicide rate prevention to define which therapeutic approaches are the most effective ones. The main aspects of the research design will involve the participation in private interviews and surveys that will allow the researchers to answer the research questions. The research will be based on

the answers that will be analyzed in accordance with thematic nodes and reviewed literature.

The results of the study will be used in practical treatment of mental disorders. The research should be of great importance, particularly for the age group chosen for the study. In case you agree to take part in the research, you send the content and respond to this invitation letter.

Thank you in advance.

Sincerely,

The Research Team