

evacuees sampled were at risks of developing PTSD that would still be present 2 years after the disaster. Furthermore whereas the onset of ASD often occurs immediately after the traumatic event, the symptoms of PTSD may not occur until 6 months or later after the event.

Researchers have found that women have almost twice the risk of developing PTSD than do men and that the likelihood increases if the traumatic experience took place before the woman was 15 years old. However, female and male veterans tend to have similar symptoms of PTSD, at least for military-related stressors. Children may also suffer different effects from stress than do adults. Severe PTSD has been linked to a decrease in the size of the hippocampus in children with the disorder. The hippocampus is important in the formation of new long term declarative memories, and this may have a detrimental effect on learning and the effectiveness of treatment for these children. One recent study of older veterans over a 7 year period found that those with PTSD were more likely to develop dementia when compared to those without PTSD. Some life experiences and themselves occurring traumatic events.

- Treatments include different types of psychotherapy as well as medications to manage symptoms.
- Cognitive Behavioural therapy.
 - Exposure and response prevention
 - Eye movement desensitization and reprocessing
 - SSRIs - eases symptoms of depressed mood and anxiety.

SUICIDE

Suicide (the word is derived from the latin word for "self-murder") is one of the top 10 causes of death in US.

Mental illness and suicide

Mental illness greatly increase the probability of a suicide attempt. Among the mood disorders, the lifetime risk of a suicide attempt is highest for bipolar II disorder, intermediate for Bipolar I and lowest for unipolar depression.

Parasuicide is a term used to describe suicidal behaviour that does not result in death.

Risk factors of suicide

Several risk factors in addition to mental health status predict the likelihood of suicide. These include ~~the~~ ^{age,} sex, marital status, ethnicity or race and recent occurrence of stressor like events, particularly those related to loss. Other factors such as personality characteristics, cognitive style, easy access to a means of suicide, and presence or absence of social support are also important. Drug and alcohol abuse also make suicide more likely. Because the factors that determine whether a person will attempt suicide are complex, a model that includes both personal vulnerabilities and resilience factors make sense.

Age

Two age groups are particularly at risk for suicide: ① adolescents and young adults and ② those over age 70.

Several groups of teenagers are at particularly high risk for suicidal attempts: ① gay, lesbian, and bisexual youth, ② those who are homeless, runaways and delinquents ③ those who have experienced incarceration or who were currently incarcerated ④ those who have been exposed to suicidal behaviour of others. Social withdrawal & isolation are characteristics of many teenagers who attempt suicide.

Sex.

Women make many more suicide attempts, men are much more likely to kill themselves. In the U.S. as well as worldwide women seem to choose a potentially less lethal means - drug overdose or poisons as preferred suicide method. Men are more likely to use firearms than women. This difference in choice of method also results in a difference of likelihood of suicide by men and women, depending on the availability of firearms and lethal poisons. In countries where firearms are less available, poisons more easily procured, and medical ^{help} ~~is~~ available, the rate of suicide ^{is} for women is higher than that for ~~men~~ men - the reverse of the pattern seen in the U.S.

Race and Ethnicity.

The rate of suicide consistently differs across race and ethnic groups.

Cultural Attitudes

Cultural factors may account for some difference in suicide rate, but this may be more true when comparing ~~national~~ national suicide rates than rates for those within a country.

Hoplessness.

Negative expectations and hopelessness are important themes for those who have suicidal preoccupations. These individuals may come to believe that suicide is their only possible strategy for dealing with insoluble problems.

Perfectionism.

Some people have a tendency to set unrealistically high standards for themselves and are likely to be overly critical in their self-evaluations. Perfectionism may

Life Events and Suicide.

Just as very stressful life events have been related to depression, they are also sometimes precipitating factors for suicide. Life events that involve loss are particularly devastating to many people. Of course, most people who experience these events do not try to kill themselves; nevertheless in a vulnerable person, a suicide may result.

- Factors - breakup of a romance or a marriage
 - Job loss
- Physicians, dentists and lawyers are among the highly trained professionals whose suicide rates are high.
- Unskilled labourers also has traditionally had a high rate of suicide.

Suicide Contagion.

Sometimes, when the suicide of a well known person makes headline, an ↑ in suicide occurs shortly thereafter. This has been called suicide by contagion or the copycat effect. This phenomena has been investigated scientifically, using time-series analysis of daily overall suicides and related the results to the suicides of prominent individuals that were widely publicized in the press.

Prevention of Suicide.

There are several approaches to suicide prevention: increasing awareness of possible suicidal thinking, providing crisis centers and other facilities, and changing cultural expectations about how people should deal with their problems.

Postvention programs, instituted after a suicide has taken place can be helpful in preventing further suicides. Postvention can help survivors deal with their grief and possible feeling of responsibility and guilt, and discourage them from seeing suicide as a way of dealing with personal difficulties.