

Older Adults and Suicide Risk: Under- Reported and Under- Detected

Heather Hughes LMSW Older Adult Behavioral Health PASRR
Specialist

Case Scenario- John Smith

- ❖ 84-year-old man residing in his home
 - ❖ House is near railroad tracks
- ❖ History of Dementia
 - ❖ Significant decline in cognitive status
- ❖ Recently lost brother
- ❖ Verbally stated he would “shoot himself”
 - ❖ No access to lethal weapons

What would you do???



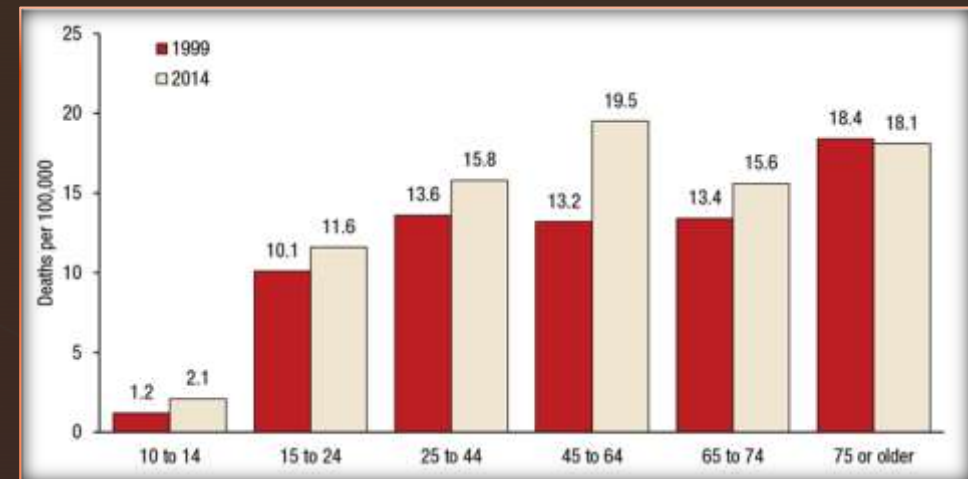
A storm is brewing....

- ❖ **A rapidly growing Geriatric population**
 - ❖ 10,000 adults will turn 65 daily from 2011-2030
 - ❖ By 2030, Older Adults will account for 18% of the world's population
- ❖ **Geriatric population is changing**
 - ❖ More Older Adults are living with Behavioral Health Disorders
- ❖ **Lack of finances and placement options**
 - ❖ Leading to more Older Adults at risk for homelessness
- ❖ **Lack of services**
 - ❖ Underserved population with limited resources available



Suicide Statistics


- ❖ Nationally, the suicide rate is highest for Non-Hispanic white males over the age 85
- ❖ Suicide is the 18th leading cause of death for ages 65 and older
- ❖ Over three times as many people died by suicide in Maryland in 2017 than in alcohol related motor vehicle accidents.



(SAMHSA, 2017) (CDC, 2017)

Suicide In Older Adults

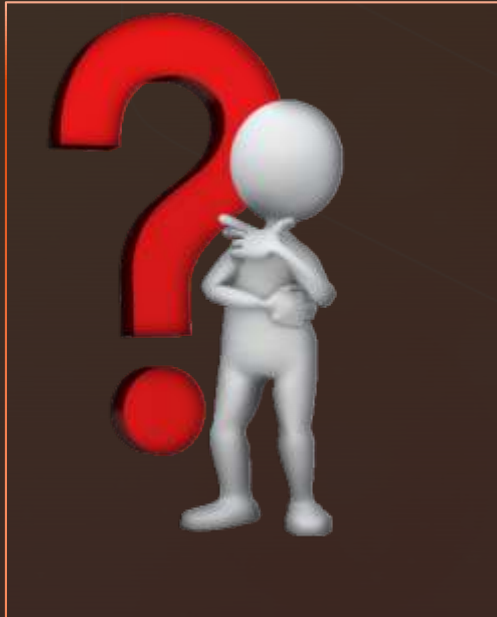
- ❖ Suicide Rate has increased by more than 30% since 1999 (CDC)
- ❖ Older Adults account for 12% of US population but account for 18% of suicide deaths (AAFMT)
- ❖ Statistics from the National Council on Aging state that those 85 years and older have the highest suicide rate of any age group. It is over four times higher than the nation's overall rate of suicide



Why is Older Adult Suicide Under-Reported

- When Older Adults visit the doctor, many will describe physical ailments as a result of Depression
- Also, older adults receive treatment for diseases, such as heart disease, diabetes, Parkinson's disease, respiratory disease and arthritis, each of which can be accompanied by depression. If depression is untreated, it can delay or prevent full recovery.

Why is Older Adult Suicide Under-Reported



- ❖ Older adults are often misdiagnosed and undertreated.
- ❖ Healthcare providers may see the Depression as just a “natural reaction to illness or life changes
- ❖ Older Adults may not seek out help or may feel stigmatized to reach out
- ❖ ICD-10 codes

Suicide in Older Adults

- ❖ American Association for Marriage and Family Therapy reports that the rates of elderly suicide are estimated to be under reported by 40% or more due to “silent suicides”
 - ❖ Overdoses
 - ❖ Self-starvation
 - ❖ Self-dehydration
- ❖ More likely to die by suicide as Older Adults use more lethal means

Risk Factors

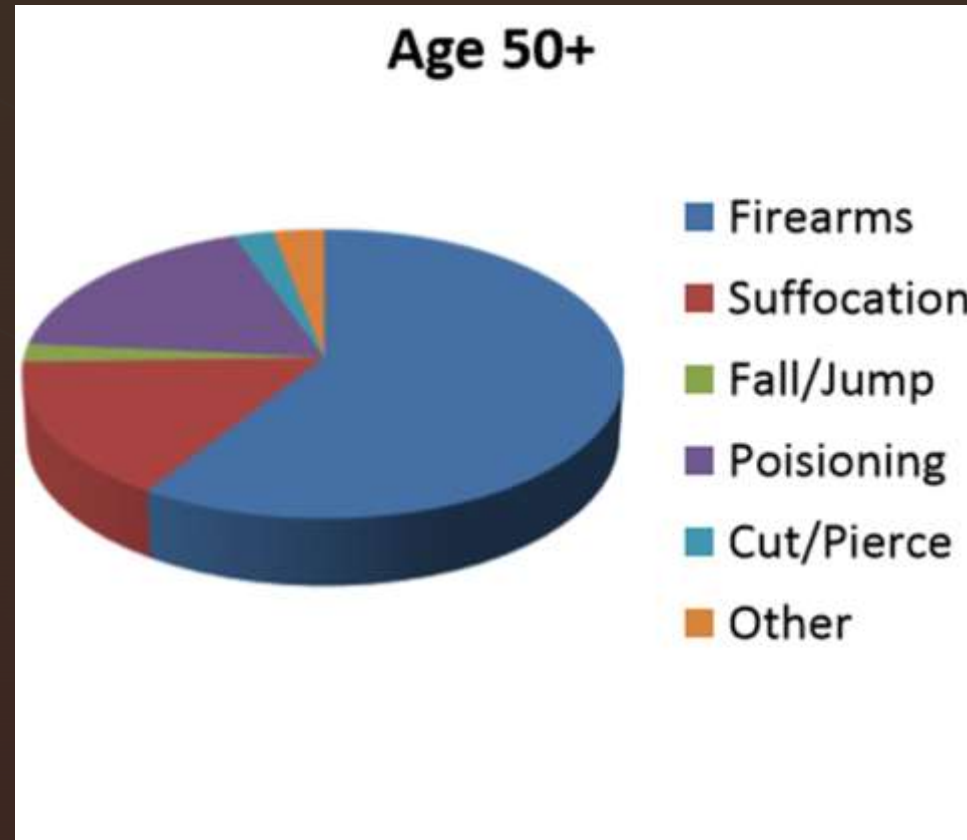
- ❖ Depression
- ❖ Prior Suicide Attempts
- ❖ Family discord or losses (e.g., recent death of a loved one)
- ❖ Alcohol or medication misuse or abuse
- ❖ Medical issues that limit functioning or life expectancy
- ❖ Chronic Pain
- ❖ Declining role function (e.g. loss of independence or sense of purpose)
- ❖ Social Exclusion
- ❖ Cognitive Impairment



Suicide and Older Adults

- ❖ Suicide attempts are often more lethal in Older Adults
- ❖ Older people who attempt suicide are often more frail, more isolated, more likely to have a plan, and are more determined than younger adults.
- ❖ These factors suggest that older adults are less likely to be rescued and are more likely to complete suicide
- ❖ Firearms are the most common means of suicide in older adults (67%), followed by poisoning (14%) and suffocation (12%).
- ❖ Older adults are nearly twice as likely to use firearms as a means of suicide than are people under age 60

Means of Suicide- Older Adults



(U.S. Centers for Disease Control and Prevention. Fatal Injury Data: Suicide (select causes). Accessed September 15th, 2016 from <http://www.cdc.gov/injury/wisqars/>.)

Warning Signs

- ❖ Loss of interest in things or activities that are usually found enjoyable
- ❖ Cutting back social interaction, self-care, and grooming
- ❖ Breaking medical regimens
 - ❖ Going off diets
 - ❖ Prescriptions
- ❖ Experiencing or expecting a significant personal loss (spouse or other)
- ❖ Feeling hopeless and/or worthless
- ❖ Putting affairs in order, giving things away, or making changes in wills
- ❖ Stock-piling medication or obtaining other lethal means
- ❖ Other clues are a preoccupation with death or a lack of concern about personal safety
- ❖ Expression of suicidal intent.



Over 70% of older patients who die by suicide visit their primary care physician within 1 month of their death (SAMHSA, 2017)



Older Adults and Long-Term Care

- ❖ 40% of adults aged 65 years and older will need skilled residential nursing care at some point in their lifetime.
- ❖ Indeed, the 1987 Nursing Home Reform Act mandated screening of LTC admissions to facilitate appropriate placement and increased psychiatric services
- ❖ Nearly 1.5 million adults reside in nursing homes
- ❖ 1 million reside in assisted living facilities.

(Mezuk et al., 2015, p. 1497)

Older Adult, Suicide & Long-Term Care

- ❖ University of Michigan Study:
 - ❖ Looked at nearly 50,000 suicides among people 55 and older in the National Violent Death Reporting System (NVDRS) from 2003 to 2015 in 27 states.
 - ❖ 2.2% of those suicides were related to long-term care.
 - ❖ The people who died were either people living in or transitioning to long-term care, or caregivers of people in those circumstances.



Older Adult, Suicide & Long-Term Care



- ❖ Lack of Studies regarding matter
- ❖ Based on a few studies the following conclusions were made:
 - ❖ Passive and Active Suicidal thoughts are common
 - ❖ Risk Factors are the same in Long-Term Care facilities
 - ❖ Only a handful of studies have examined Behavioral Health Interventions for Older Adults in LTC, so effectiveness is unknown

(Mezuk et al., 2014, p. 1207)

Older Adult, Suicide & Long-Term Care

- ❖ Depression is a more common diagnosis among new nursing home residents than dementia.
- ❖ Although it is not uncommon for residents to talk about dying, including expressing thoughts about suicide
- ❖ Staff struggle with engaging residents in these discussions
- ❖ Residents in LTC often express relatively little anxiety about death, but are concerned about becoming dependent

(Mezuk et al., 2015, p. 1501)

Dementia and Suicide Risk

- ❖ There is evidence that suggest individuals living with Dementia are at a higher risk for suicide
- ❖ Further studies need to be addressed to understand this complex relationship
- ❖ Few studies suggest the risk is higher with Dementia clients due to:
 - ❖ Awareness of cognitive decline and the feeling of burdensomeness toward significant others
 - ❖ Anticipation of autonomy loss
 - ❖ Still good cognitive functions at the early stage of disease that allow patients to plan and complete a suicidal act
 - ❖ Deficit of executive functions, decision-making and inhibition process.

(Seyfried, et al, 2011)

Protective factors

- ❖ Effective Behavioral Health care
- ❖ Connectedness to individuals, family, community, and social institutions
- ❖ Life skills (including problem solving skills and coping skills, ability to adapt to change)
- ❖ Self-esteem and a sense of purpose or meaning in life
- ❖ Cultural, religious, or personal beliefs that discourage suicide



Risk and Protective Factors with African American Population

Risk Factors

- ❖ Marital Status
- ❖ Family Conflict
- ❖ Acculturation
- ❖ Hopelessness
- ❖ Mental Health services access and use

Protective Factors

- ❖ Religion
- ❖ Social and Emotional Support
- ❖ Identity

Risk and Protective Factors with Hispanic Population

Risk Factors

- ❖ Alcohol
- ❖ Mental Health Services access and use
- ❖ Alienation
- ❖ Acculturation

Protective factors

- ❖ Familism
- ❖ Ethnic affiliation
- ❖ Religion
- ❖ Caring from teachers

Risk and Protective Factors with Asian, and Other Pacific Islander Population

Risk Factors

- ❖ Family Conflict
- ❖ Acculturation
- ❖ Discrimination
- ❖ Mental Health Services access and use

Protective Factors

- ❖ Cultural identity
- ❖ Family relationship
- ❖ Help seeking with native healers

➤ Geriatric Depression Scale (Short Form)

Geriatric Depression Scale (short form)

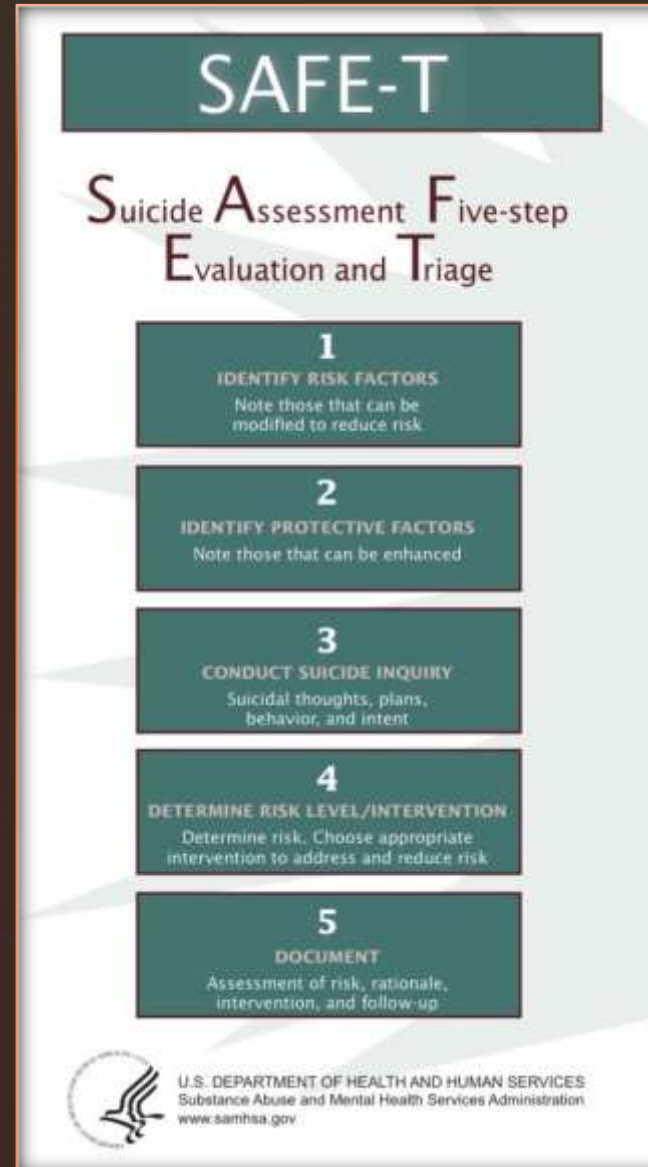
Instructions: Circle the answer that best describes how you felt over the past week.

1. Are you basically satisfied with your life? yes no
2. Have you dropped many of your activities and interests? yes no
3. Do you feel that your life is empty? yes no
4. Do you often get bored? yes no
5. Are you in good spirits most of the time? yes no
6. Are you afraid that something bad is going to happen to you? yes no
7. Do you feel happy most of the time? yes no
8. Do you often feel helpless? yes no
9. Do you prefer to stay at home, rather than going out and doing things? yes no
10. Do you feel that you have more problems with memory than most? yes no
11. Do you think it is wonderful to be alive now? yes no
12. Do you feel worthless the way you are now? yes no
13. Do you feel full of energy? yes no
14. Do you feel that your situation is hopeless? yes no
15. Do you think that most people are better off than you are? yes no

Total Score _____

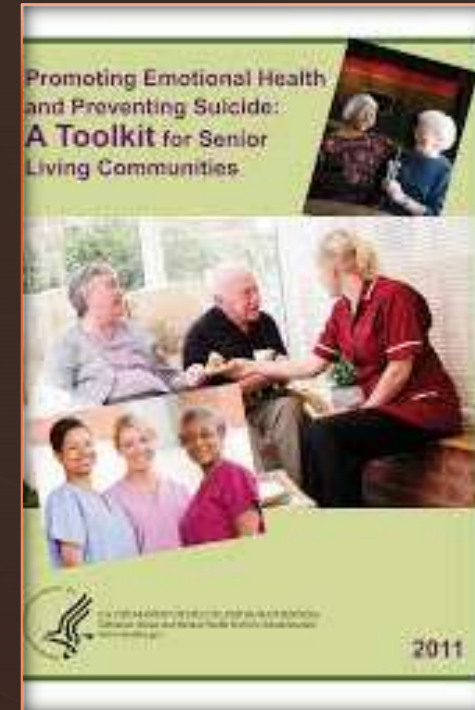
Suicide Assessment Five Step Evaluation and Triage (SAFE-T)

- ❖ Pocket card for Mental Health clinicians that provides
 - ❖ Protocols conducting comprehensive suicide assessment
 - ❖ Estimating suicide risk
 - ❖ Identifying protective factors
 - ❖ Developing treatment plans
 - ❖ Interventions based on risk level



Promoting Emotional Health & Preventing Suicide: A Toolkit for Senior Living Communities

- ❖ Designed by SAMHSA
- ❖ The toolkit is designed any type of senior living community, including nursing homes, assisted living facilities, independent living facilities and continuing care retirement communities.
- ❖ Toolkit Includes:
 - ❖ Specific goals and steps for staff members and residents at a facility can take
 - ❖ Information is targeted to professional and paraprofessional staff
 - ❖ Each component of the toolkit has a specific target audience and includes instructions on how these components should be used



Prevention Techniques

- ❖ Selective prevention targets people who are at increased-risk for suicide, but who may not display suicidal thoughts or behavior.
- ❖ Examples include older adults who experience life transitions or losses that make them vulnerable to depression and suicide. Selective prevention efforts try to reduce risk factors for suicide or improve resilience.
- ❖ Some examples:
 - ❖ Increase provider awareness of the losses that are important to older people, such as retirement, loss of drivers license, and loss of important body functions (e.g., vision, mobility).
 - ❖ Increase provider awareness of substance abuse and mental health problems in older adults.
 - ❖ Make systematic screening tools available to staff in medical and non-medical settings, and train staff to screen for suicide risk.
 - ❖ Address social isolation and lack of access to social support for at-risk older adults.

Improving Mood- Promoting Access to Collaborative Treatment for Depression (IMPACT)

❖ How does it work?

- ❖ An individual care plan is developed collaboratively by a team consisting of a trained primary care provider, the patient, a care manager, and an embedded consulting psychiatrist.
- ❖ Plans can include:
 - ❖ Patient education
 - ❖ Self-management support
 - ❖ Brief psychotherapy
 - ❖ If improvement does not occur, some patients may be referred to specialty mental health services.

PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial)

- ❖ Aims to prevent suicide among older primary care patients by reducing suicidal ideation and depression
- ❖ Key Components:
 - ❖ Patients are treated and monitored for 24 months
 - ❖ Treatment Plan needed
 - ❖ Recognition of depression and suicidal ideation by primary care physicians
 - ❖ Treatment management by multidisciplinary team



Friendship Line

- ❖ Institute on Aging's 24-hour toll-free Friendship Line is the only accredited crisis line in the country for people aged 60 years and older, and adults living with disabilities.
- ❖ Friendship Line provides round-the-clock crisis support services including:
 - ❖ Providing emotional support
 - ❖ Well-being checks
 - ❖ Grief support through assistance and reassurance
 - ❖ Active suicide intervention
 - ❖ Information and referrals for isolated older adults, and adults living with disabilities
- ❖ Phone: 415.750.4111





Any
Questions?



Heather Hughes

Older Adult Behavioral Health PASRR Specialist- Central Region

410-980-8315

hhughes@aamentalhealth.org

Resources

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Resources

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