

Suicide Among Our Elders: How Many and Who Are They?

Communities Taking Steps

**Suicide Awareness and Prevention Conference
Workshop 3—Older Adults**

Presented by Yolo County
Department of Alcohol, Drug and Mental Health

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Background Data and Principles of Evaluation and Treatment

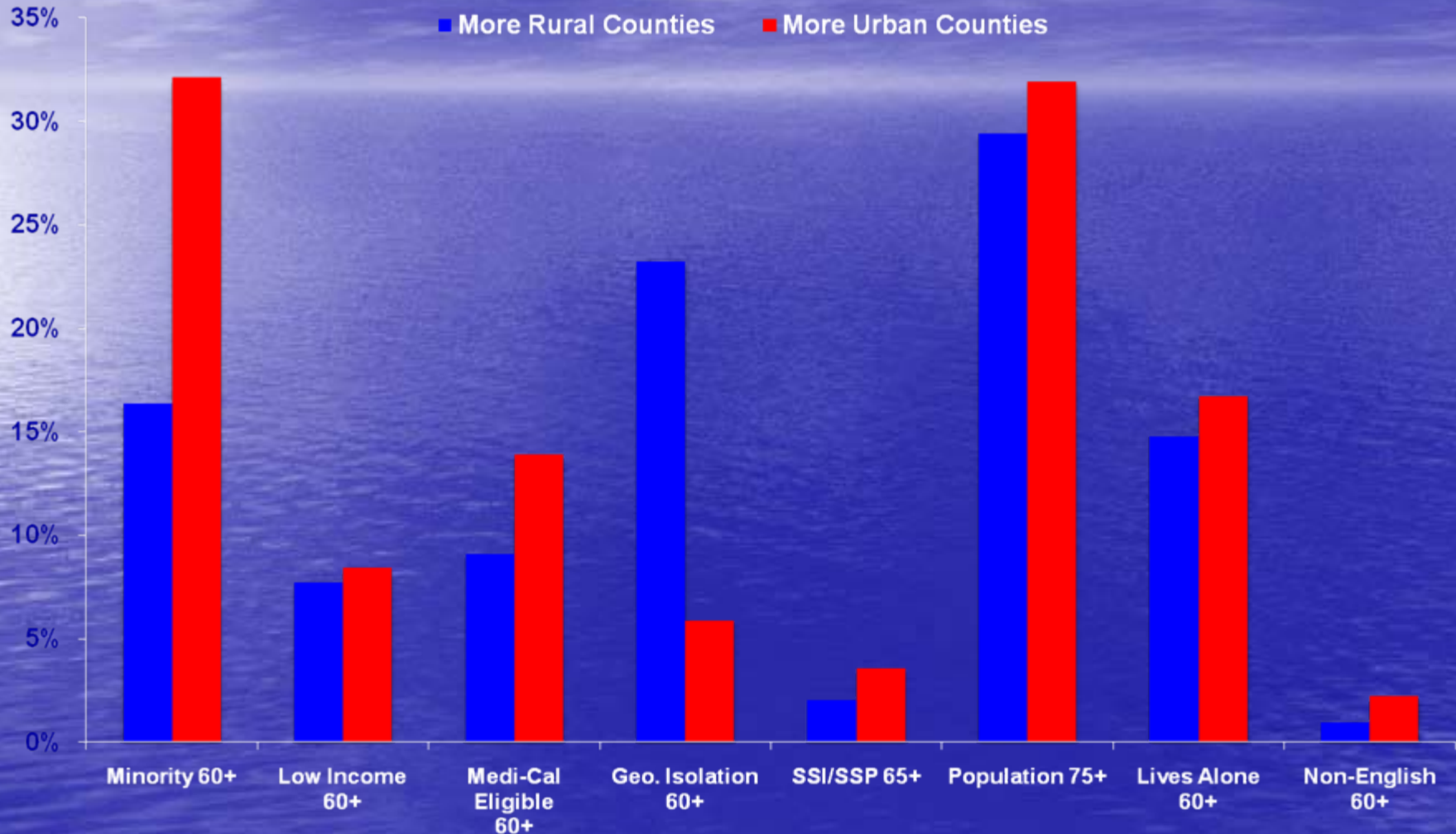
Robert Canning, PhD

A Brief Journey into Numbers

- Who are we talking about
- National data on elder suicide
- California data on elder suicide
- County/Regional data on elder suicide

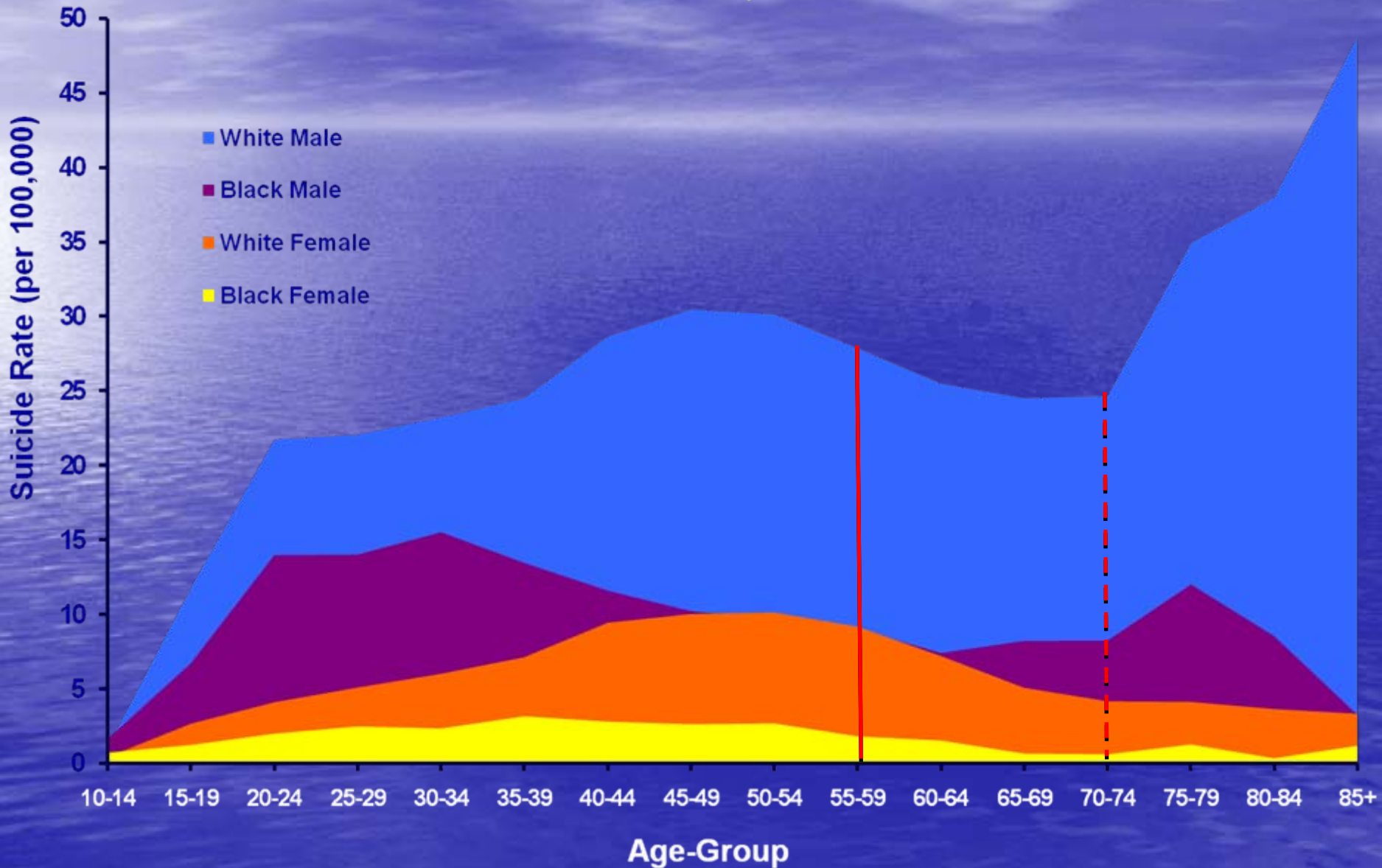
Who are the elderly in our region?

Profile of Three + Six Counties Represented Here*

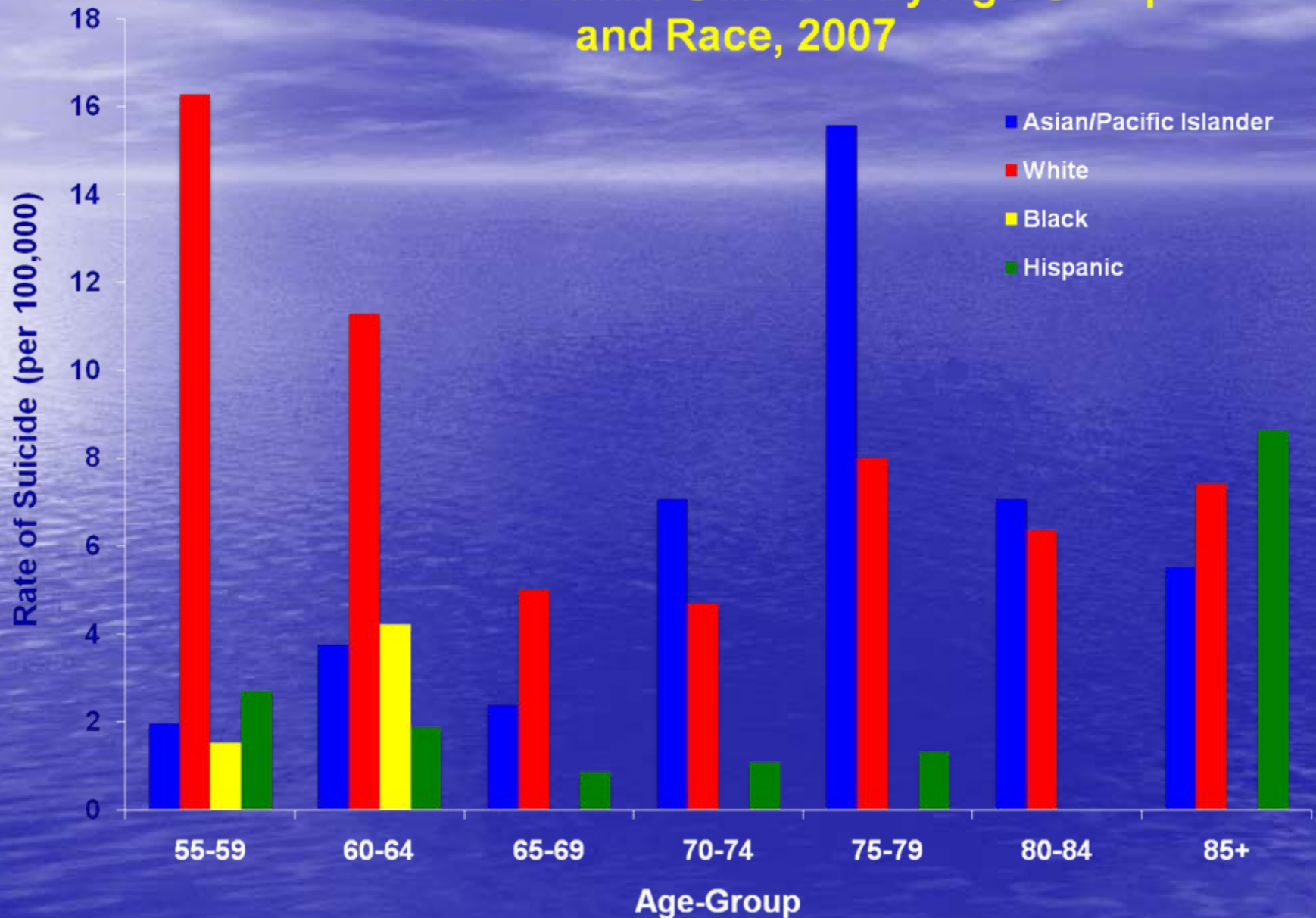


* Population Data from DOF 2011 Demographic Projections

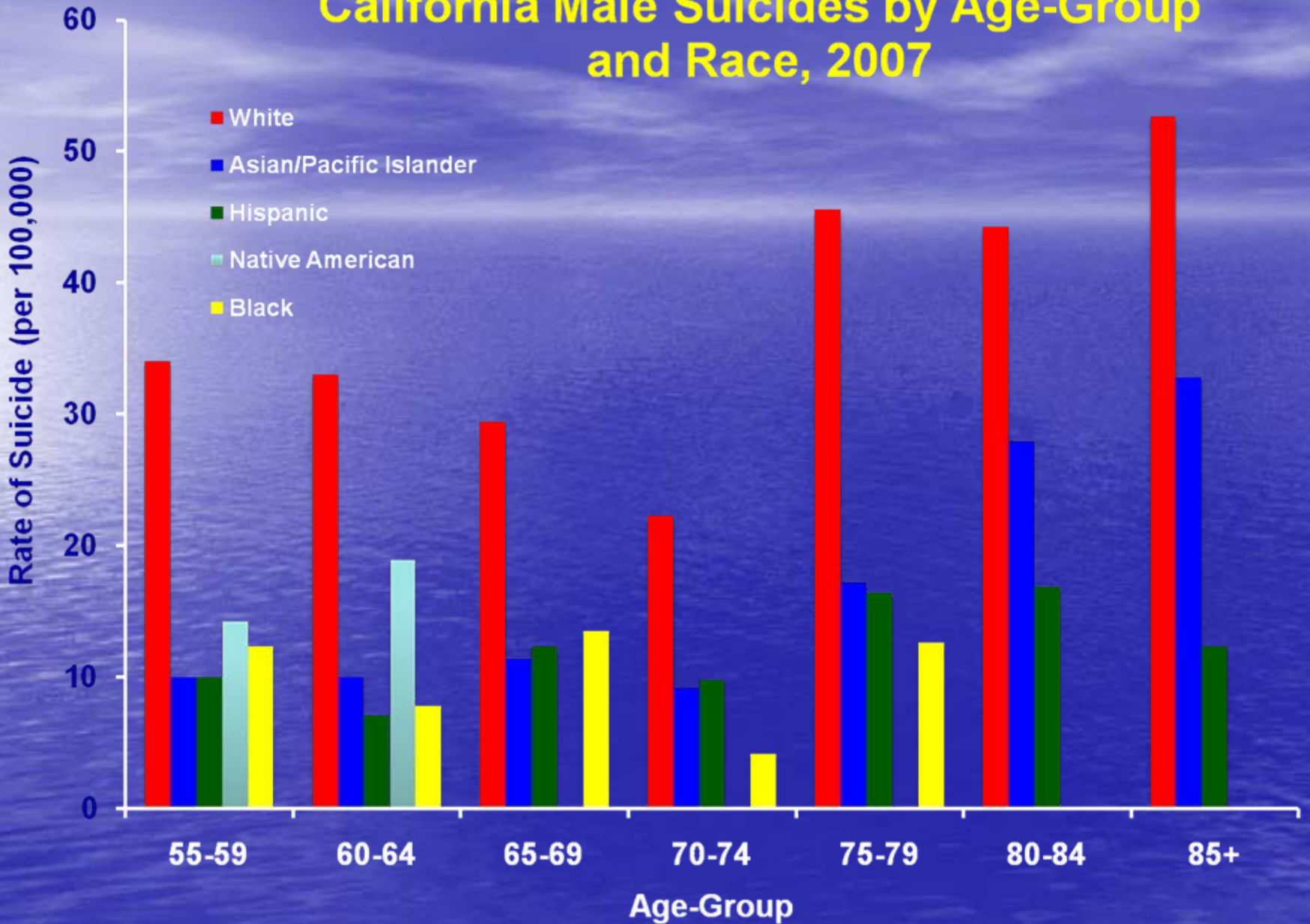
U.S. Suicide Rates by Age-Group, Race, and Gender, 2007



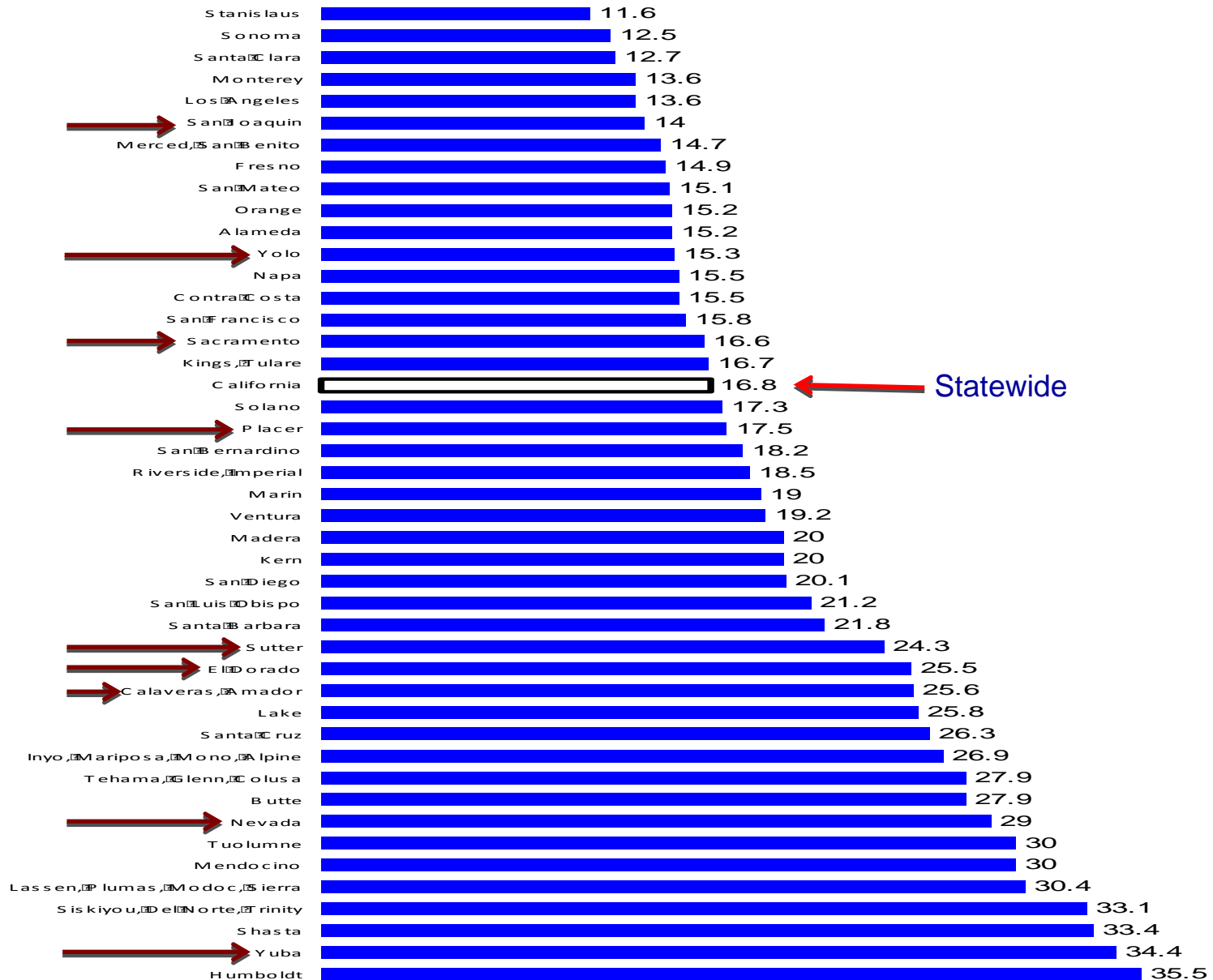
California Female Suicides by Age-Group and Race, 2007



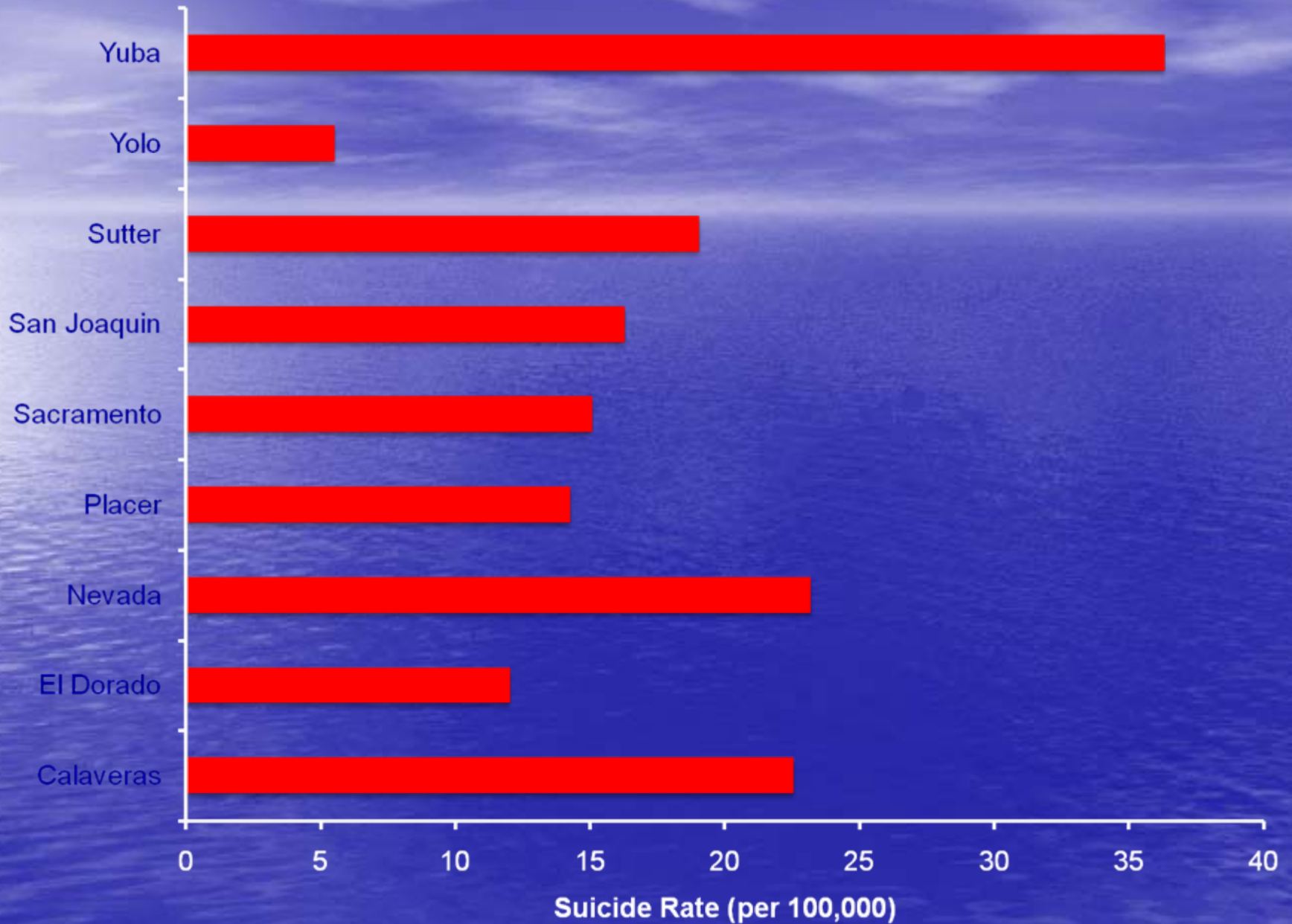
California Male Suicides by Age-Group and Race, 2007



Suicide rates per 100,000 population, age 65 years and older, by county or county cluster, California, 1999-2007



Nine County Suicide Rates, Ages 55+, 2007



Special Issues Among the Elderly

- Firearms
 - White males
 - Increased availability in rural areas
- Medical problems
 - Chronicity
 - Multiple problems
 - Functional impairment
 - Medical providers important link
 - Cognitive decline and dementia

Special Issues Among the Elderly

- Rurality
 - Isolation
 - Decreased social connectedness
- Alcohol/Drugs
 - High association with mood disorders among the elderly
 - Can increase the lethality of attempts

Myths about Suicidal People

- Talking about suicide puts ideas in people's heads
 - **REALITY**: Often it is great relief that someone is given permission to talk about it.
- People who talk about suicide are less likely to do it
 - **REALITY**: Suicidal individuals often communicate their intent to someone
- If someone really wants to commit suicide there is nothing to do
 - **REALITY**: Most suicides are associated with treatable condition
 - **REALITY**: Suicidal states wax and wane over time



Elderly Suicide Risk: Important Principles

First Principles

- As an evaluator, you will have incomplete information
- Always take the cultural context into account
- Think about the individual context of the person in front of you
- Take the time needed to complete a thorough interview
- Consult with colleagues

Warning Signs of Elevated Risk

- What is a warning sign?
 - Both observed and reported behaviors (signs & symptoms)
 - What is the person doing and/or saying NOW?
 - Common-sensical rather than expert
 - Applied as a collection – the “hackles” test

WARNING SIGNS OF ELEVATED SUICIDE RISK: *IS PATH WARM**

I	Ideation	Active or passive ideas; content?
S	Substances	Substances on board?
P	Purposeless	Psychic pain; reasons for living/dying
A	Anxiety	Anxiety/agitation
T	Trapped	Trapped - ineffective coping
H	Hopelessness	Hopelessness - important, research-based indicator
W	Withdrawn	Withdrawal - alienation
A	Agitation/anger	Anger - self-loathing; acting out
R	Recklessness	Recklessness - impulsiveness
M	Mood	Lability; sudden shifts

* Courtesy of the American Association of Suicidology

What is a risk factor?

- A measurable characteristic, variable, or hazard that increases the likelihood of a bad outcome
- Risk factors precede the outcome in time
- Most often derived from research
- May be non-specific for bad outcomes of all sorts (alcoholism, child abuse, etc.)

Chronic vs. Acute risk

- Chronic
 - Distant suicide attempts
 - Family history
 - Old episode of depression
- Acute can (quickly) exacerbate chronic
 - Worsening of illness
 - Loss
 - Increasing depression or other psych symptoms
- May exist simultaneously

Chronic Risk Factors

- Perpetuating & persisting factors
- Vulnerability factors (e.g. chronic illness, alcohol)
- Demographics
- History of suicide attempts (room for details)

Acute Risk Factors

- 12 month timeframe
- Clinical variables & precipitant factors
- Environmental variables
- “Bad News”
- Medical issues
- Loss, loss, loss
- Drugs and alcohol

Protective Factors

- Interaction with community
- Family ties
- Interpersonal support (or the perception)
- Self-efficacy
- Involvement in treatment
- Spirituality

Ideation, Lethality and Intention

- Ask about the frequency, intensity, and duration of ideation
- Always ask about their intentions and expectations
- Could they die if not stopped/found?
- Does the person have a plan?
- Does he/she report a desire to die?

Sample Questions*

- Have you had thoughts of actually killing yourself?
- How many times have you had these thoughts? How long do they last? Can you stop thinking about it? Are there things you can do to stop them?
- Have you decided how you will do it? Have you made preparations?

* From the Columbia-Suicide Severity Rating Scale

Lethality

- Actual Lethality (continuum)
 - No damage -> moderate physical damage -> severe damage -> death
- Potential Lethality (if there is no actual damage)
 - No likely injury -> likely death
- Examples
 - Minor cuts to deep lacerations
 - Neck lacerations vs. wrists
 - Holding a noose vs. tying it to a fixture vs. placing it around the neck

Judgment of Risk

- How do you think about risk?
 - Timeframe (days/hours/weeks/months)
 - Acute vs. Chronic
 - How do “buffers” fit in?
- Conditional statements

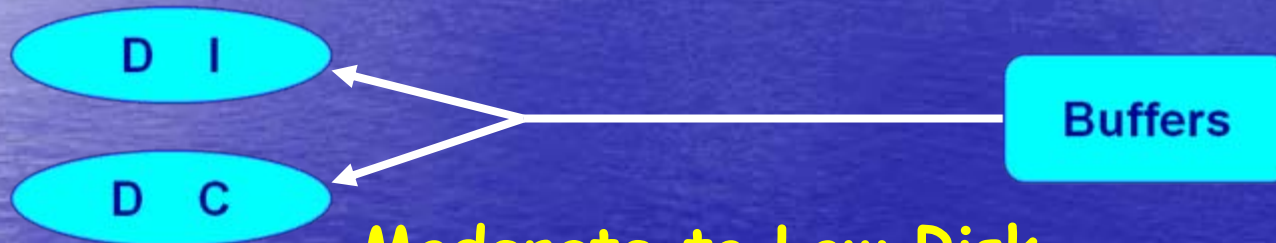
High Risk

All three core factors are present



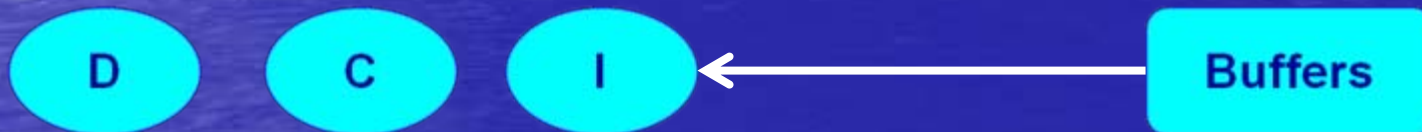
Moderate to High Risk

Desire paired with intent or capability



Moderate to Low Risk

Any core factors presenting alone



Key: D = Desire C = Capability I = Intent

Safety Planning

- How to decrease acute risk
- How to increase protective factors
- Changes in treatment plan (if any)
- Be concrete/behavioral
- Plan should include crisis management and short-term
- What resources are available to the patient (internal and external)?