

Suicide Among Our Elders

Communities Taking Steps

Suicide Awareness and Prevention Conference

Workshop 3—Older Adults

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

Lin Benjamin, MSW, MHA

Robert Canning, PhD

Nancy Edgar, LCSW

With Assistance From
Diane Sommers, Suicide Prevention of Yolo County

Elder Suicide: A Clinical Perspective

Nancy Edgar, L.C.S.W.

Yolo County Department of Alcohol,
Drug, and Mental Health

Isolation

- Isolation is a key factor in suicide among older adults.
- Isolation is treatable; there are services to decrease isolation.
- The hallmark of a civilized society is the value it places on its most vulnerable populations, such as older adults. Value translates to services.

Elder Orphans*

- 60% of persons residing in nursing homes **never** have a visitor.

*From *Comprehensive Assessment of Older Minds: Beyond the Usual Scales and Tests*, Presentation by William Matteson, Ph.D.
<http://www.health-ed.com/seminarDetails.php?semID=104621>

Mary

- Age 89
- Isolated
- Multiple Losses
- Poor Health
- Means for Suicide Readily Available

Reasons for Masking Suicide

- Stigma and Shame
- Financial Consequences
- Desire to Protect Loved Ones
- Avoidance of Legal Issues

Undetermined Intent

- If half of **undetermined intent** poisonings were self-inflicted, *suicide attempts* in the U.S. would be 9% higher.
- If half of **undetermined intent** poisonings were self-inflicted, *suicides* in the U.S. would be 5% higher.

Source: Suicide Prevention Resource Center, *United States Suicide Prevention Fact Sheet*, www.sprc.org

SENIORS CARING FOR SENIORS

- A phenomenon of our time is YOUNGER SENIORS taking care of OLDER SENIORS.
 - The 72-year-old son may not understand the level of care needed by his 95-year-old parent (especially when they are geographically separated).
 - There is a need for professional staff such as social workers to identify needs and then work with families to help them make informed choices.

Background Data and Principles of Evaluation and Treatment

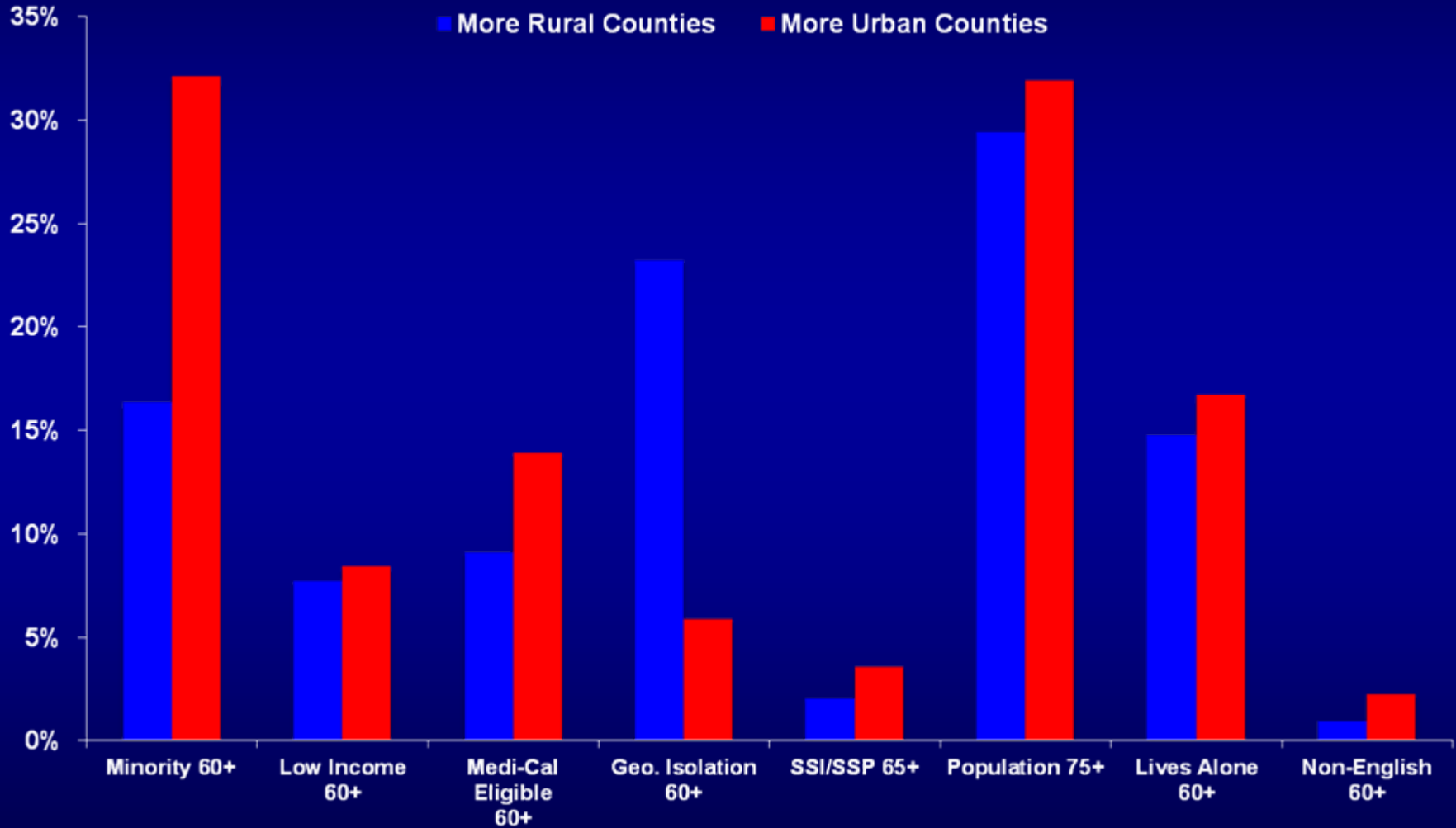
Robert Canning, PhD

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

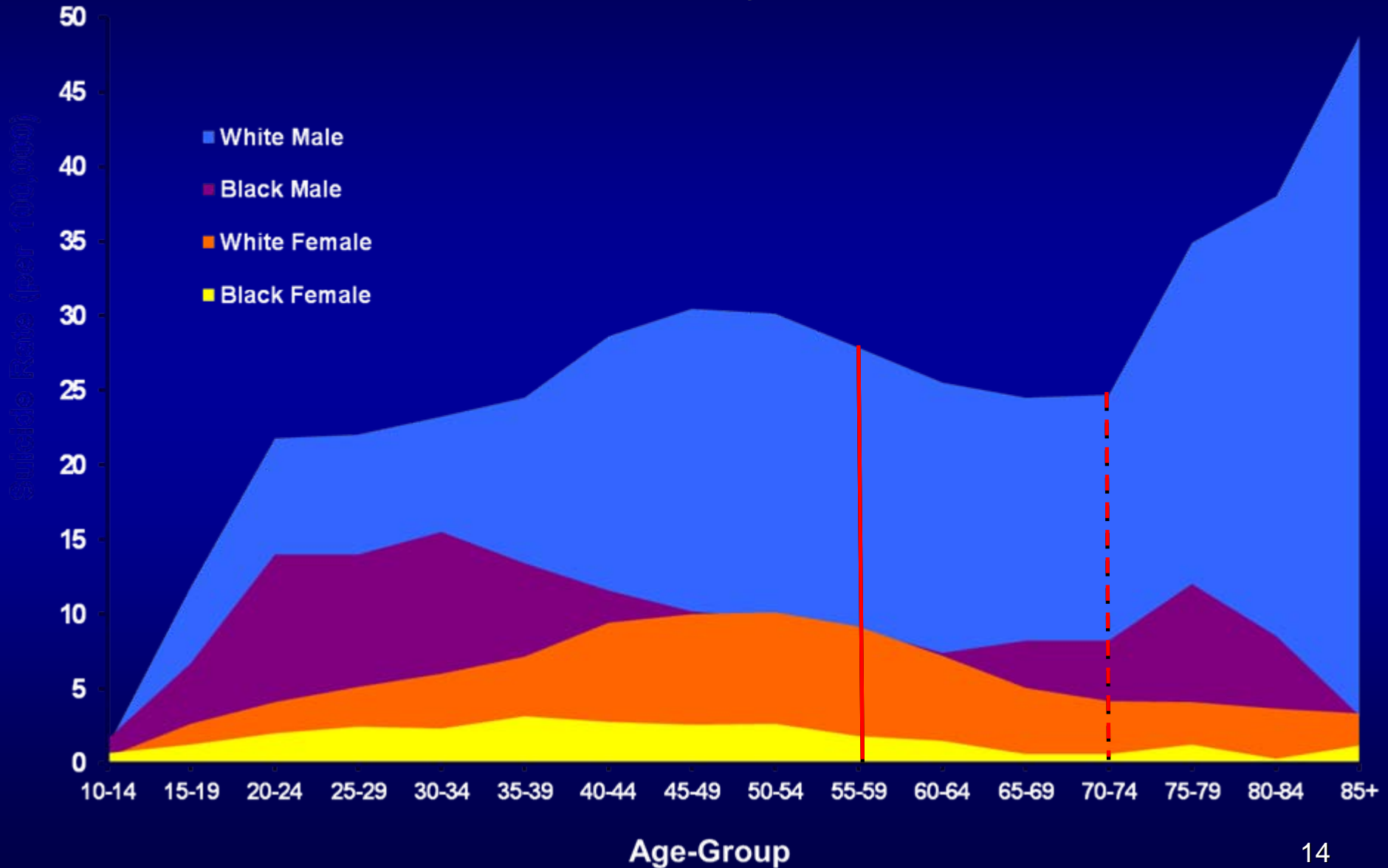
Who are the elderly in our region?

Profile of Three + Six Counties Represented Here*

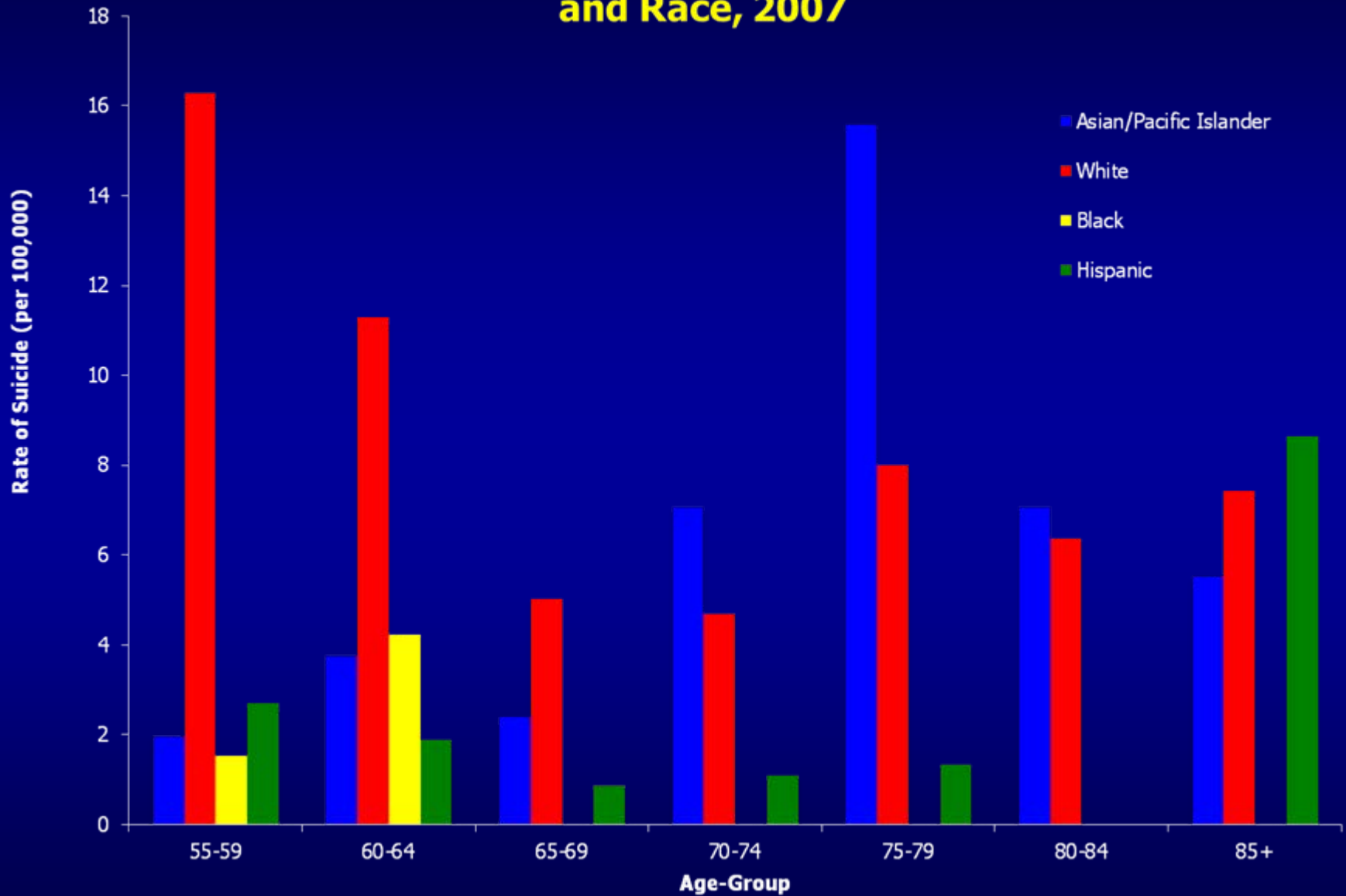


* Population Data from DOF 2011 Demographic Projections

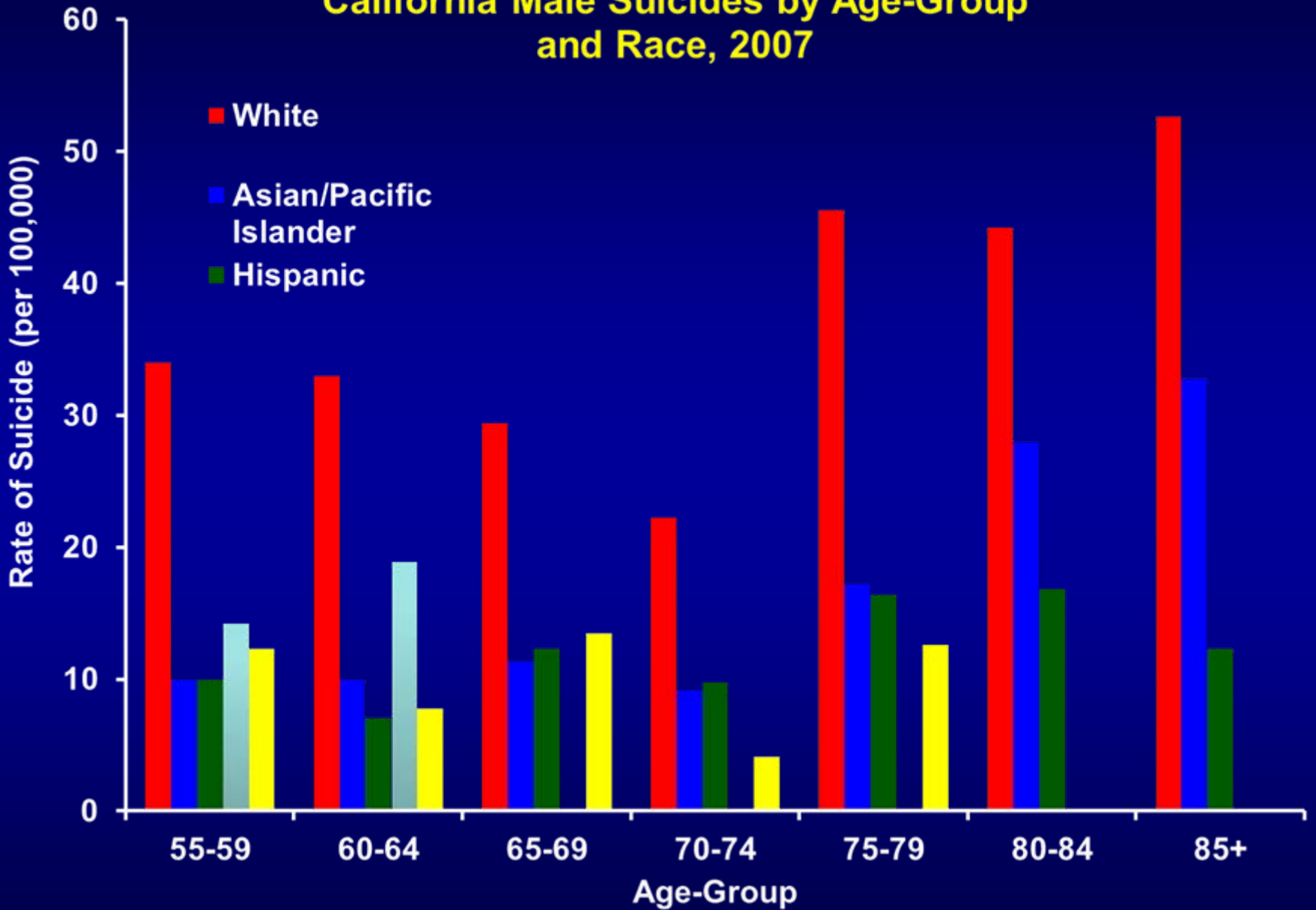
U.S. Suicide Rates by Age-Group, Race, and Gender, 2007



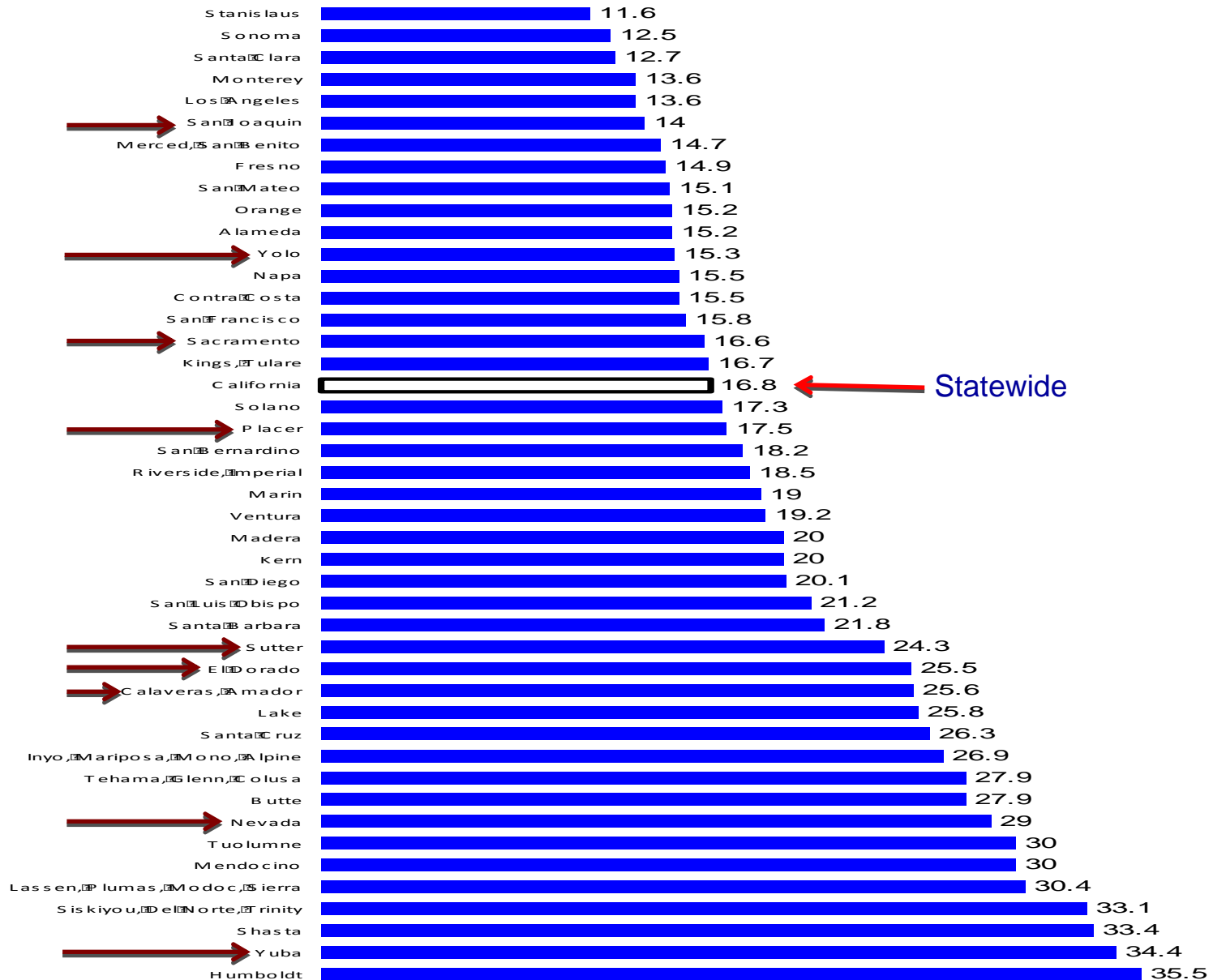
California Female Suicides by Age-Group and Race, 2007



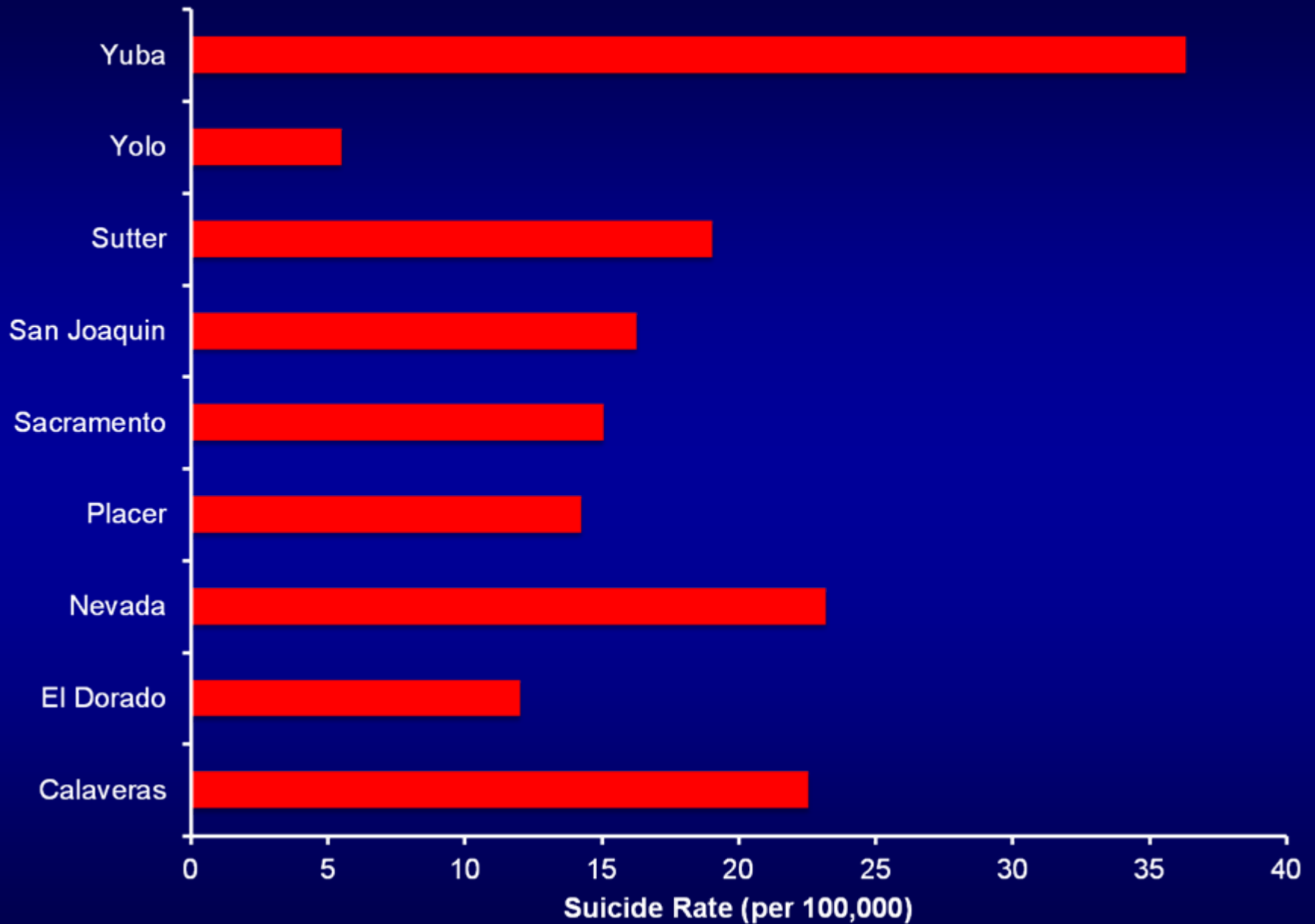
California Male Suicides by Age-Group and Race, 2007



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

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

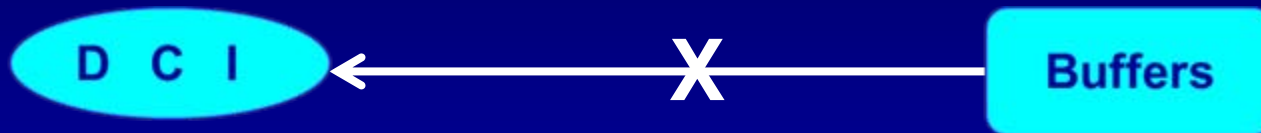
- Actual Lethality (continuum)
 - No damage -> moderate physical damage -> severe damage -> death
- Potential Lethality (if there is no actual damage)
 - No likely injury -> likely death
- Examples
 - Minor cuts to deep lacerations
 - Neck lacerations vs. wrists
 - Holding a noose vs. tying it to a fixture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



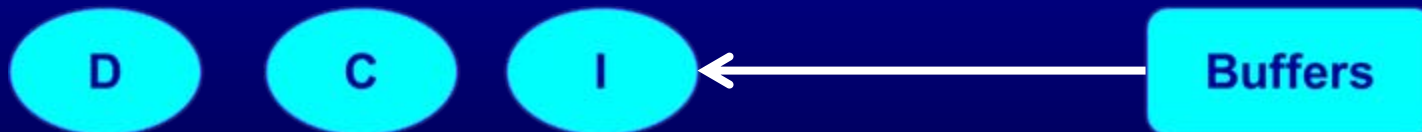
Moderate to High Risk

Desire paired with intent or capability



Moderate to Low Risk

Any core factors presenting alone



Key: D = Desire C = Capability I = Intent

Safety Planning

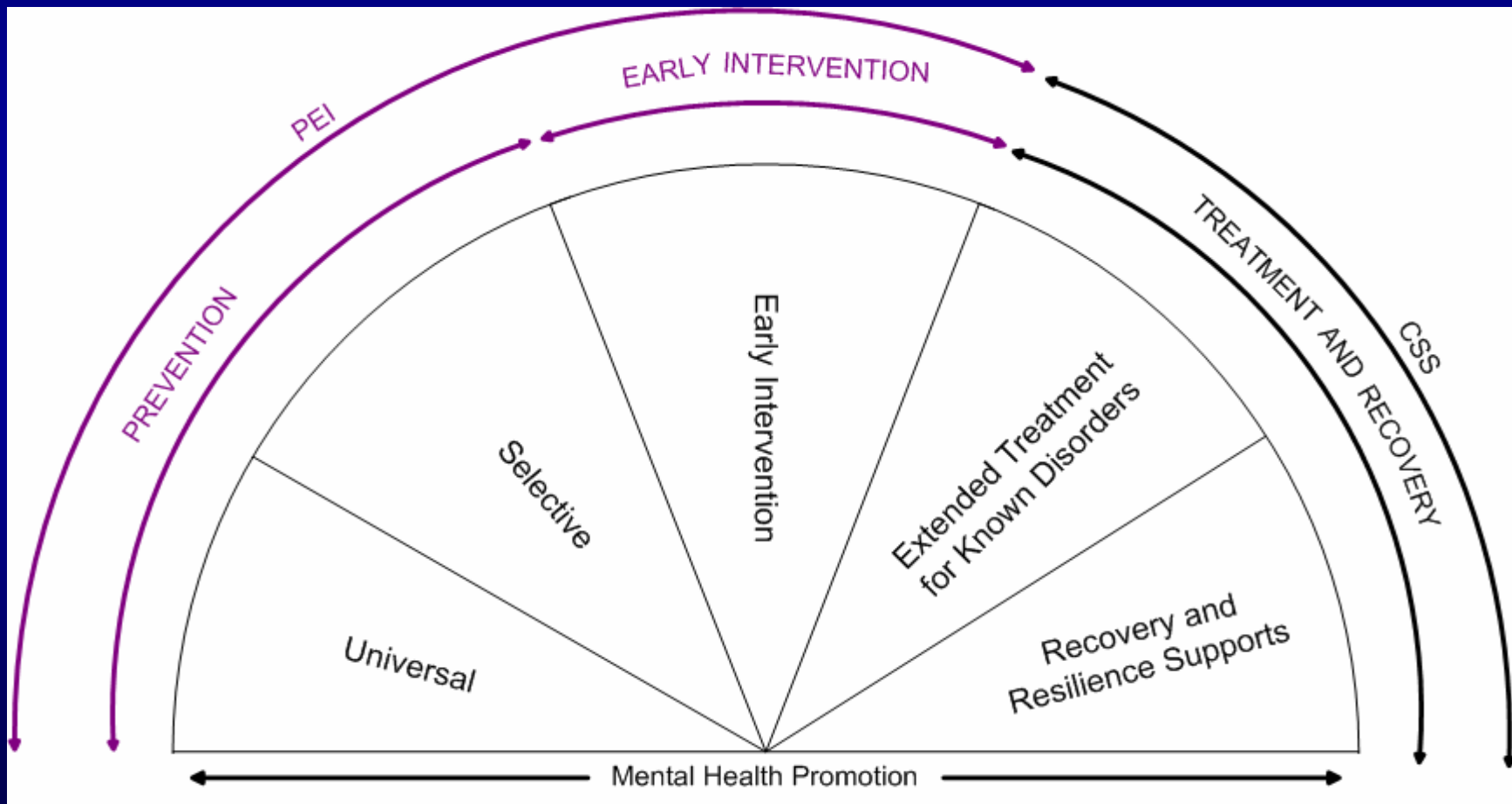
- How to decrease acute risk
- How to increase protective factors
- Changes in treatment plan (if any)
- Be concrete/behavioral
- Plan should include crisis management and short-term
- What resources are available to the patient (internal and external)?

Suicide Prevention and Early Intervention Strategies and Resources for Older Adults

Lin Benjamin, MSW, MHA

Mental Health Intervention Spectrum

Source: Adapted from Mrazek and Haggerty (1994) and Commonwealth of Australia (2000)



Prevention

- Interventions to reduce risk factors and strengthen protective factors
 - Prior to onset of mental illness
 - Promote social connections/support, meaningful activity, coping skills, health (exercise, nutrition, medical care)

Prevention

- Universal
 - Targets general public/whole population group
- Selective
 - Targets individuals/subgroup whose risk of developing mental illness is higher than average

Early Intervention

- Identify mental illness early in manifestation
- Deliver services to prevent progression of mental illness and negative outcomes such as suicide
- Low intensity, short duration

Prevention and Early Intervention (PEI) Strategies

- Co-locating/Integrating mental health services in non-mental health settings (capacity-building)
- Education/Training
 - Increase awareness about depression, suicide, risk/protective factors, interventions, resources
- Screening
 - Routine (depression, suicide risk, substance use)
 - National Depression Screening Day
- Limiting access to lethal means

Target Audiences

- Older Adults and Families
 - Grandparents raising grandchildren
 - Caregivers of persons with dementia
- Providers
 - Aging Services, Alcohol/Drug, Social Services, Health/Hospitals, First Responders, Faith-based, Ethnic services, Veterans services, Mental Health
- General Public
 - Gatekeepers (trained to recognize signs/symptoms and to refer)

Mental Health Services Act (MHSA) PEI Programs (County)

Address Community Mental Health Needs:

- Psycho-Social Impact of Trauma (Older Adults)
- Stigma & Discrimination (Older Adults)
- Suicide Risk (Older Adults)
- At Risk Children, Youth and Young Adult Populations

Mental Health Services Act (MHSA) PEI Programs (County)

Target Priority Populations:

- Individuals Experiencing Onset of Serious Psychiatric Illness (Older Adults)
- Trauma-Exposed Individuals (Older Adults)
- Underserved Cultural Populations (Older Adults)
- Children & Youth in Stressed Families, At Risk for School Failure, At Risk/Experiencing Juvenile Justice Involvement

CA Department of Aging Review of County MHSA PEI Plans

Primary Objectives:

- Determine what PEI programs counties are funding to address older adult suicide, depression, trauma/abuse, disparities in access
- Utilize information to inform policy development, planning, evaluation, training, advocacy

*Refer to CDA Summary Report & Template**

CA Department of Aging

Review of County MHSA PEI Plans

- Older Adult-Specific and Multi-Age Programs
- Older Adult-Specific Program
 - Advances Older Adult System of Care development
 - Promotes geriatric-trained workforce
 - Serves more older adult clients

CA Department of Aging Review of County MHSA PEI Plans

- Community Needs and Priority Populations targeted by Older Adult-Specific Programs:
 - Disparities in Access (88 percent)
 - Stigma/Discrimination (85 percent)
 - Suicide Risk (81 percent)
 - Psycho-social Impact of Trauma (74 percent)
 - Trauma-Exposed Individuals (77 percent)
 - Individuals Experiencing Onset of Serious Psychiatric Illness (69 percent)
 - Underserved Cultural Populations (54 percent)

CA Department of Aging

Review of County MHSA PEI Plans

- MHSA PEI Plans with at least one Older Adult-Specific PEI Program:
 - Alameda, Amador*, Butte, Contra Costa, El Dorado*, Inyo*, Kern, Los Angeles, Lake*, Marin, Mendocino*, Napa*, Riverside, San Benito*, San Bernardino, San Diego (5), San Francisco, San Joaquin, Santa Cruz, Shasta*, Solano, Sonoma, Stanislaus, Yolo*
(*small counties)
- 11 Area Agencies on Aging received MHSA PEI Awards to implement Older Adult-Specific Programs

CA Department of Aging

Review of County MHSA PEI Plans

- MHSA PEI Plans with Suicide Prevention Multi-Age Programs (Elder Suicide Rate):
 - Calaveras* (25.6), Contra Costa (15.5), Humboldt* (35.5), Marin (19), Sacramento (16.6), San Benito (14.7), San Joaquin (14), Shasta* (33.4), Tulare (16.7), Tuolumne* (30) (*small counties)

CA Department of Aging

Review of County MHSA PEI Plans

- MHSA PEI Plans with Mental Health/Primary Care Integration Programs:
 - Alameda, Butte, Fresno, Kern, Los Angeles, Marin, Merced, Sacramento, San Diego, San Mateo, Santa Barbara, Santa Clara, Stanislaus, Sutter-Yuba*, Trinity*, Ventura (*small counties)

CA Department of Aging

Review of County MHSA PEI Plans

- IMPACT (*Improving Mood-Promoting Access to Collaborative Treatment*)
- PRISM-E (*Primary Care Research in Substance Abuse & Mental Health for the Elderly*)
- PROSPECT (*Prevention of Suicide in Primary Care Elderly Collaborative Trial*)
- Healthy IDEAS (*Identifying Depression, Empowering Activities for Seniors*)
- PEARLS (*Program to Encourage Active, Rewarding Lives*)
- Home Delivered Meals PEI Program

CA Department of Aging

Review of County MHSA PEI Plans

- Friendship Line Model (Institute on Aging Center for Elderly Suicide Prevention)
- Promotores de Salud (*Depression and Diabetes*)
- Gatekeeper Program
- QPR (*Question, Persuade, Refer*)
- ASIST (*Applied Suicide Intervention Skills Training*)
- Mental Health First Aid
- Senior Center Without Walls
- Senior Peer Counseling/Peer to Peer Program
- Stamp Out Stigma

CA Department of Aging

Review of County MHSA PEI Plans

- **Calaveras** (Multi-Age Suicide Prevention Project)
- **El Dorado** (OA Home Delivered Meals Wellness Outreach Program for Older Adults)
- **Nevada** (Multi-Age Access to Services Project; Outreach Project)
- **Placer** (Multi-Age Bridges to Wellness; Bye Bye Blues; Ready for Success)
- **Sacramento** (Multi-Age Suicide Prevention Project; Strengthening Families; Integrated Health & Wellness; Health Promotion)
- **San Joaquin** (OA Connections for Seniors & Adults; Multi-Age Suicide Prevention and Supports)
- **Sutter-Yuba** (Multi-Age First Onset)
- **Yolo** (OA Senior Peer Counselors Community Volunteer Program)

MHSA PEI Statewide Projects

- **Suicide Prevention**
 - California Strategic Plan on Suicide Prevention
- **Stigma/Discrimination Reduction**
 - California Strategic Plan on Reducing Mental Health Stigma and Discrimination
- **Student Mental Health Initiative**
- **Reducing Disparities Project**

California Strategic Plan on Suicide Prevention

- **Strategic Directions (County & State-level)**
 - Create System of Suicide Prevention
 - Workforce Training Enhancements
 - Educate Communities to Take Action to Prevent Suicide
 - Program Effectiveness and System Accountability

CalMHSA Statewide PEI Implementation Workplan

- **Suicide Prevention Program Areas**
 - Suicide Prevention Network Program
 - Regional Local Suicide Prevention Capacity-Building Program
 - Social Marketing Suicide Prevention Campaign
 - Suicide Prevention Training Workforce Enhancement Program
- **Suicide Prevention RFP Proposal Awardees ***

Resource Information: Crisis Services

- National Suicide Prevention Lifeline (1-800-273-TALK)
 - National Suicide Prevention Lifeline-Crisis Centers
 - California Crisis Centers
- California Local County Mental Health Crisis Intervention Numbers

Resource Information: MHSA

- California Department of Mental Health
 - Office of Suicide Prevention
 - Office of Multicultural Services
- California Mental Health Services Oversight and Accountability Commission
- California Mental Health Services Authority
- California Mental Health Directors Association
- California Mental Health Planning Council

Resource Information: Older Adult Mental Health

- California Association of Area Agencies on Aging
- California Department of Aging
 - CA State Plan on Aging (2009-2013)*
- California Elder Mental Health & Aging Coalition
- California Geriatric Education Center

Resource Information: Older Adult Mental Health

- California Mental Health Directors Association
Older Adult System of Care Committee
 - Older Adult System of Care Framework *
 - Mental Health and Aging Workforce
Education and Training (WET) Issue Paper
- Centers for Disease Control
- Geriatric Mental Health Alliance of NYC

Resource Information: Older Adult Mental Health

- Geriatric Mental Health Foundation
- Institute on Aging Center for Elderly Suicide Prevention and Grief Counseling (Friendship Line)
- Mental Health America
- National Coalition on Mental Health and Aging
- National Institute of Mental Health
- National Council on Aging

Resource Information: Older Adult Mental Health

- Substance Abuse Mental Health Services Administration (SAMHSA)
 - National Registry of Evidence-based Practices
- Suicide Prevention Resource Center
 - Best Practices Registry for Suicide Prevention
- US Department of Health and Human Services Office of the Surgeon General

Resource Information: Older Adult Evidence-based & Promising Practices

- Healthy Aging Programs
- Healthy IDEAS
- PEARLS
- IMPACT
- PROSPECT
- Home Delivered Meals Prevention and Early Intervention Program

Resource Information: Education/Training

- American Society on Aging (ASA) Alcohol and Other Drugs
- Boston University Institute of Geriatric Social Work (IGSW) Online Training
- California Association of Area Agencies on Aging Allied Meeting & Conference (November 14-16, 2011- Los Angeles)

Resource Information: Education/Training

- Mental Health Screening Inc.
 - National Depression Screening Day
- National Council on Aging Webinar Series on Healthy Aging and Depression
- SAMHSA Promoting Mental Health and Preventing Suicide: A Toolkit for Senior Living Facilities

Resource Information: Education/Training

- SAMHSA Get Connected Toolkit: Linking Older Adults with Medication, Alcohol, and Mental Health Resources
- SAMHSA Addressing Stigma and Discrimination toward Older Adults
- Stanford Geriatric Education Center
Ethnogeriatrics

Sam

- Age 89
- Affluent
- White Male
- Multiple Losses
- Poor Health
- Means for Suicide Readily Available

What is Senior Peer Counseling?

- Senior Peer Counselors are compassionate men and women over the age of 55 who are recruited from our community to work as volunteers with isolated seniors.
- Senior Peer Counselors are trained and supervised by mental health professionals to provide nonjudgmental emotional support.

Mental Health First Aid

What is Mental Health First Aid?
How does it benefit older adults?

Senior Peer Counselor Volunteers of Yolo County



Discussion

- QUESTIONS?
- CONCERNS:
 - Impact of budget cuts on older adult services.
 - Future of Prevention Services in the current economic climate.
 - Increased demand for Suicide Prevention services in the current economic climate.

If you would like electronic copies of this presentation...

- PowerPoint Presentation
- Links to Resources
- Yeates Conwell Article

Contact: Joan Beesley
MHSA Coordinator, Yolo County
Joan.Beesley@yolocounty.org

Thank you for attending!