

The Current State Of Suicide Prevention in Older Adult: What is and What is Needed

Agenda

- ▶ Preliminary Remarks
- ▶ Data
- ▶ Santa Clara county: Older Adult Suicide Prevention
- ▶ Older Adult Suicide Prevention: Risk and Protective Factors, Warning Signs and More
- ▶ Assessment
- ▶ Older Adults Suicide Prevention Toolkits
- ▶ Older Adults Suicide Prevention Interventions and Projects
- ▶ Older Adult Suicide Prevention Programs
- ▶ Older Adults Cultural Sensitive Suicide Prevention Programs
- ▶ The Final Question
- ▶ Questions and Answers

Preliminary Remarks

Why Give This Talk?

- ▶ The reasons:
 - The 65+ suicide prevention data and information though increasing is often overlooked
 - Suicide prevention cannot be age exclusive, but must be across the age span
 - My personal objective:
 - Understand suicide prevention in this often ignored age group
 - Prevent individuals from seriously harming themselves or taking their lives
 - One way to get to the above goals: through reduced stigma, awareness, and training

What is in a definition or label?

- ▶ The literature for over 65+ years olds may use any one of these terms:
 - Older Adults
 - Senior/Senior Citizen
 - Elderly
 - Later Life

What can be learned from Spokane's Older Adult Demographics?

- ▶ Characteristics of older adult population:
 - Between 12% to 15% older adult population needed assistance to remain in their home and community
 - Nearly 40% have no family help
 - 66% live alone
 - More than 40% have depression
 - 10% abuse alcohol
 - 10% have suicidal ideation
 - Most older adults have a health condition, averaging six prescription medications daily.
 - Many elders are reluctant to seek out assistance, distrusting strangers, and fearing being forced into an institution
- ▶ Action: use of a Gatekeeper Program (QPR)
 - Train service workers to identify at-risk individuals, including mail carriers, meter readers, police officers, bank tellers, fire fighters, pharmacists, apartment managers, supermarket employees, cable TV installers, billing clerks, building inspectors, ambulance workers, and fuel company clerks.
 - Trained to detect warning signs
 - Worked with Elderly Services staff, who in some cases performed home visits
 - Where assistance needed, an interdisciplinary team (clinical case managers, nurses, psychiatrists, and physicians) were used
 - This team provided in-home evaluation, treatment, care planning and ongoing clinical case management.

Source: Spokane County's Elderly Services Project (1992)

What Do You Know?

What are some facts or information you can state about older adult suicides and suicide prevention?

What Do You Think:

How do Older Adult suicides differ from adolescent and youth suicides?

Data

What Does the Data Show?

Nationally

- ▶ Age group with the highest rate of suicide: +65 years old
- ▶ Older adults 13% of the population and 18% of the suicides (1998)
- ▶ 7,215 older adults died by suicide in 2013, the most recent annual data
- ▶ The older adults rate of suicide was 16.1 per 100,000, compared to the general population rate of 12.6 per 100,000 (CDC, 2013)
- ▶ Gender emphasis: men (as high as 84% of all suicides)
- ▶ The suicide rate among men ages 65 or older was 30.9 per 100,000—more than six times the rate among women of the same age (4.6 per 100,000) (CDC, 2013)
- ▶ Suicide attempts:
 - slightly more by women vs. men
 - More lethal means, so less attempts before completed suicides
- ▶ The most common means of suicide: firearms (over 70%)
- ▶ Suicide rate: increases from older adults (65+) to much older adults (80+)
- ▶ Older adults less likely to report suicide ideation or attempts.

Source: *Centers for Disease Control and Prevention* (2001 study) and *PROMOTING EMOTIONAL HEALTH AND PREVENTING SUICIDE A Toolkit for Senior Centers* (2015, pg. 30)

Is There a Key Factor Prior to Older Adult Suicides?

- ▶ Primary Care Service visitation for 65+ years old:
 - ▶ Suicided within 24 hours of a physician visit: 20% of the time
 - ▶ Suicided within one week of a physician visit: 41% of the time
 - ▶ Suicided within one month of a physician visit: 75% of the time

How Does This Data Compare With Youth Suicides?

- ▶ Older adults have a higher rate of completed suicides
- ▶ Youth attempt suicides more frequently with less completed suicides (Between 100 to 200 youth suicide attempts for every death compared to 4/5 attempts per every older adult suicide)
- ▶ Far more young female than young male suicide attempt. For older adults, females have only slightly more suicide attempts than males
- ▶ There are far more youth suicide prevention programs and interventions than for older adults
- ▶ Suicide clusters and suicide contagion are usually only associated with youth
- ▶ One author/researcher emphasizes the external factor most associated with youth suicide is humiliation and with older adult suicides is loss

What Does the Data Show?

- ▶ **Santa Clara County** older adult suicide/suicide attempts -- 2006 to 2013 (8 years):
 - Suicide deaths -- +65: 271 suicides, or 34 per year
 - The older adult suicide rate was 12.14 per 100,000 (2010)
 - Twenty-three percent (23%) of county suicides are by older adults, who are sixteen percent (16%) of the population
 - More men kill themselves than women. It is about three to one, or seventy-three percent (73%) of the suicides are by men
 - Older adults' suicide occur in atypical months to the overall population, like December and February
 - Racially and ethnically, the majority of suicides are by Whites (73%), followed by Asians/Pacific Islanders (21%), Hispanics (5%), African Americans (1%) and, finally, unknown (2%)
 - About one third of older adults suicides are by military veterans

Source: extracted from the State of California Epicenter database, 2016

What Does the Data Show?

- ▶ **Santa Clara County** older adult suicide and suicide attempts -- 2006 to 2013 (8 years):
 - Suicide attempts: 728 attempts, or 91 per year
 - Most recent year (2013) data available had the highest attempt total, 112
 - About three (3) suicide attempts per every suicide, slightly less than the literature stated ratio of 4/5 attempts per every one suicide
 - More females (57%) attempt suicide than males (43%). This ratio is less than the often stated female to male suicide attempt ratio of 3 to 1
 - Racially and ethnically, the majority of suicides attempts are by Whites (65%), followed by Asians/Pacific Islanders (17%), Hispanics (10%), African Americans (2%) and, finally, unknown (6%)
 - Older adults' suicide attempts are most frequent in the typical spring and summer months and lowest in the winter months with February and March being exceptions.

Source: extracted from the State of California Epicenter database, 2016

Santa Clara County: Older Adult Suicide Prevention

What Actions Have Your County Taken To Reduce Suicides?

- ▶ In Santa Clara County these actions occur/occurred:
 - A Santa Clara County Suicide Prevention Advisory Committee (SPAC) formed and transformed into the Suicide Prevention Oversight Committee:
 - Produced Suicide Prevention Strategic Plan (2010)
 - A Needs Analysis, including section on +65
 - An annual data analysis report about all county suicides is issued
 - An annual report on yearly actions to reduce county resident suicides

Source: Santa Clara County Suicide Prevention Strategic Plan

<https://www.sccgov.org/sites/mhd/Providers/SuicidePrevention/Documents/Suicide%20Prevention%20Strategic%20Plan%20Final-2011%20Rev.pdf>

What Are The Three Ways The SCC Plan Considers Older Adult Suicide?

▶ **Identified Needs and Concerns**

- Inadequate identification of mental health issues by self and others (caregivers, medical providers, etc.)
- Paucity of service resources and difficulty accessing available services (inadequate referrals, poor connections, barriers to qualify, difficult to afford, lack of transportation)
- Loss or diminishment of independence, role, and physical health; loss of loved ones; physical difficulty in getting to services
- Stigma associated with mental health and substance abuse services and suicide prevention
- Cultural perspectives on death and dying; differing definitions of a life of value; and cultural taboos against discussing end of life
- Psycho-social stressors can lead to increased risk not only of suicide but of homicide-suicides

Source: Santa Clara County Suicide Prevention Strategic Plan (2010)

<https://www.sccgov.org/sites/mhd/Providers/SuicidePrevention/Documents/Suicide%20Prevention%20Strategic%20Plan%20Final-2011%20Rev.pdf> page 53

What Are The Three Ways The SCC Plan Considers Older Adult Suicide ?

- ▶ **Older Adults who are priority populations:**
 - Caucasian males
 - Over 75
 - Isolated or grieving (widows/widowers), experiencing a loss in relationships or other significant change
 - Experiencing a loss of sustainable income and/or personal resources
 - Functioning poorly, have disabilities or poor health
 - Experiencing immigration concerns; refugee experience; acculturation stress; linguistic and /or cultural differences
 - Coping with trauma (sexual, physical, emotional, exposure to violence, veteran)
 - Mentally ill; abusing medication, drugs, or alcohol

Source: Santa Clara County Suicide Prevention Strategic Plan (2010)

<https://www.sccgov.org/sites/mhd/Providers/SuicidePrevention/Documents/Suicide%20Prevention%20Strategic%20Plan%20Final-2011%20Rev.pdf> page 53

What Are The Three Ways The SCC Plan Considers Older Adult Suicide ?

▶ Recommended Strategies:

- Education, informing materials, and consultation support to primary care providers
- Depression screening, referral, linkage and follow-up services through primary care providers
- Accessible, age-appropriate counseling and treatment services
- Accessible senior-focused crisis line; and single, countywide access point/telephone number
- Home visitation follow-up services and linkage of homebound seniors to services
- Senior-focused intervention for depression, death and dying issues
- Public recognition of individuals who connect people at-risk of suicide to resources
- Post-incident care for individuals and families after a 5150 episode (forced admission for psychiatric observation)

Source: Santa Clara County Suicide Prevention Strategic Plan (2010)

<https://www.sccgov.org/sites/mhd/Providers/SuicidePrevention/Documents/Suicide%20Prevention%20Strategic%20Plan%20Final-2011%20Rev.pdf> page 53

Older Adult Suicide Prevention:

1. Risk Factors
2. Warning Signs
3. Protective Factors
4. What Older Adult Californians Think About Suicide

Are There Key Characteristics About Older Adult That Could Lead To Suicides?

- ▶ They are called Risk Factors:
 - ▶ Males more susceptible than females
 - ▶ High prevalence of depression
 - ▶ Social isolation
 - ▶ Significant losses: divorcee/widowed, loss of driver's license, place of residence
 - ▶ Availability of highly lethal means
 - ▶ Prior suicide attempts
 - ▶ Marked feelings of hopelessness
 - ▶ Significant physical illness
 - ▶ Co-morbid general medical conditions that significantly limit functioning or life expectancy

Are There Key Characteristics About Older Adult That Could Lead To Suicides?

- ▶ They are called Risk Factors:
 - ▶ Pain and declining role function (e.g., loss of independence or sense of purpose)
 - ▶ Family discord or losses (e.g., recent death of a loved one)
 - ▶ Inflexible personality or marked difficulty adapting to change
 - ▶ Alcohol or medication misuse or abuse
 - ▶ Impulsivity in the context of cognitive impairment

Sources: Older Americans Behavioral Health Issue Brief 4: Preventing suicide in older adults

http://www.sprc.org/sites/sprc.org/files/library/OABH_IssueBrief4PreventingSuicide.pdf

SAMHSA Webinar: Suicide and Older Adults:

<file:///C:/Mental%20Health/Older%20Adults%20and%20suicide/Suicide%20Prevention%20Webinar%20Suicide%20and%20Older%20Adult%20SAMHSA%202015.pdf> slide 30-31

NATIONAL GUIDELINES FOR SENIORS' MENTAL HEALTH The Assessment of Suicide Risk and Prevention of Suicide

<http://www.olderpa.org/Resources/Documents/Assessment%20Suicide%20Risk%20Seniors.pdf>

Are There Warnings A Suicide Might Happen?

- ▶ They are called Warning Signs:
 - Talking about wanting to die or kill oneself
 - Looking for a way to kill oneself
 - Talking about feeling hopeless or having no reason to live
 - Talking about feeling trapped or being in unbearable pain
 - Talking about being a burden to others
 - Increasing the use of alcohol or drugs
 - Acting anxious or agitated; behaving recklessly
 - Sleeping too little or too much
 - Withdrawing or feeling isolated
 - Showing rage or talking about seeking revenge
 - Displaying extreme mood swings

Source: SAMHSA Suicide Prevention <http://www.samhsa.gov/suicide-prevention>

Are There Key Characteristics About Older Adult That Could Prevent Suicides?

- ▶ They are called Protective Factors:
 - ▶ Receiving care for mental and physical health problems
 - ▶ Social connectedness
 - ▶ A sense of purpose or meaning
 - ▶ Skills in coping and adapting to change
 - ▶ Cultural or religious beliefs that discourage suicide

Source: PROMOTING EMOTIONAL HEALTH AND PREVENTING SUICIDE A Toolkit for Senior Centers
<http://store.samhsa.gov/shin/content//SMA15-4416/SMA15-4416.pdf> page 10

What Do Older Adults Say About Suicides?

- ▶ Suicide Prevention Situation Overview Survey: A survey of Californians (2011) through CalMHSA program
- ▶ Survey sample included sixteen.three percent (16.3%) or 326 individuals +65. In comparison to other age groups, older adults stated:
 - ▶ Less likely to feel suicide is preventable
 - ▶ Less likely to feel they could help someone they cared about
 - ▶ Less like to discuss suicide with family or community members. Thirty-six percent (36%) agreed
 - ▶ Less confident to intervene
 - ▶ Concerned about discussing suicide with family or friends
 - ▶ More difficult to ask someone if they are thinking of ending their life
 - ▶ More like to believe a friend's thoughts of suicide were not their business
 - ▶ More likely to know that more Californians die by suicide than homicide
 - ▶ Less likely to know a single suicide warning sign
 - ▶ Like younger respondents, likely to recall media/internet messages about suicides

Source: Suicide Prevention Situational Overview (CalMHSA) page 46

Assessment

Can We Count on Suicide Prevention Assessments?

- ▶ Very few studies on the efficacies of suicide prevention assessments for older adults
- ▶ One researcher's thoughts:

*In summary, there are a **wide-variety of suicide assessment measures** that are currently available to assess the effectiveness of neurobiological and psychosocial interventions for individuals at risk for suicide. Most of the measures in this review have been found to be **reliable and possess adequate concurrent validity**. More studies examining predictive validity of these measures, however, **are necessary** to identify patients at risk for suicide so that appropriate interventions can be provided. The **lack of intervention studies employing standardized suicide measures is a major problem** in the field and in order to improve the comparability of findings across studies, a move toward a narrower set of measures to be used in research is suggested. The use of **empirically-supported suicide measures in clinical trials is strongly recommended** and is believed to be vital for the successful implementation of the National Strategy for Suicide Prevention (U.S. Department of Health and Human Services, 2001).*

A Review of Suicide Assessment Measures for Intervention Research with Adults and Older Adults by Gregory K. Brown, Ph.D.
University of Pennsylvania

<http://www.sprc.org/sites/sprc.org/files/library/BrownReviewAssessmentMeasuresAdultsOlderAdults.pdf>

Can We Count on Suicide Prevention Assessments?

- ▶ The three novel measures listed below have been designed to assess suicidal features among older adults (Heisel & Duberstein, 2005).IV
 - **The Harmful Behaviors Scale (HBS)** is an internally consistent 20-item observational measure with good interrater reliability that assesses self-harm in nursing home residents (Draper et al., 2002)
 - **The Reasons for Living Scale-Older Adult version(RFL-OA)** is an unpublished 69-item self-report measure of reasons for not taking one's life despite having thoughts of suicide (Edelstein et al., 2000)
 - **The Geriatric Suicide Ideation Scale (GSIS)** is a 31-item self-report measure of suicide risk (Suicide Ideation, Death Ideation, and Loss of Personal and Social Worth) and resiliency (Perceived Meaning in Life) developed among Canadians 65 years of age or older (Heisel & Flett, in press a)

A Review of Suicide Assessment Measures for Intervention Research with Adults and Older Adults by Gregory K. Brown, Ph.D.
University of Pennsylvania page 18

<http://www.sprc.org/sites/sprc.org/files/library/BrownReviewAssessmentMeasuresAdultsOlderAdults.pdf>

Can We Count on Suicide Prevention Assessments?

- ▶ The current state of older adult assessments:
 - Interventions need to be more aggressive
 - Primary and secondary preventions are needed

SAMHSA Webinar: Suicide and Older Adults:

<file:///C:/Mental%20Health/Older%20Adults%20and%20suicide/Suicide%20Prevention%20Webinar%20Suicide%20and%20Older%20Adult%20SAMHSA%202015.pdf> slide 14

- ▶ For an assessment tool, see the Tool 2: Assessment Checklist in the *Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Centers* (page 33)
<http://store.samhsa.gov/shin/content/SMA15-4416/SMA15-4416.pdf>

Older Adults Suicide Prevention Toolkits

Are There Available Toolkits That Could Reduce Older Adults Suicide?

- ▶ **Promoting emotional health and preventing suicide: A toolkit for senior centers (SAMHSA 2015)**

<http://store.samhsa.gov/shin/content//SMA15-4416/SMA15-4416.pdf>

A toolkit that integrates suicide prevention into senior center work. Staff and volunteers provided information on three strategies (promotion, intervention and postvention), nine tools, and three educational fact sheets. One approach is to promote health and wellness, instead of less acceptable talk about mental health and suicide prevention. A key point person should be designated and collaborating with key community providers (mental health professionals, pharmacists, etc.) is recommended.

- ▶ **Promoting emotional health and preventing suicide: A toolkit for senior living communities (2010)**

<http://store.samhsa.gov/product/SMA10-4515> This toolkit provides information and resources to help senior living communities (residential facility for older adults) staff (particularly administrators and managers) and residents promote emotional health and prevent suicide among their residents. The belief is that many residential community living residents experience suicidal risk factors, but get little attention or intervening care. This toolkit is frame worked to address the Whole Population, At-Risk, and Crisis Response situations. Provided are worksheets, fact sheets, and program descriptions to create and implement many action steps. Also, there is a training manual with detailed workshops, including a workshop for family members and residents.

- ▶ **Get Connected! Linking Older Adults with Medication, Alcohol, and Mental Health Resources** (revised 2013)

<http://store.samhsa.gov/product/Linking-Older-Adults-With-Medication-Alcohol-and-Mental-HealthResources/SMA03-3824> This toolkit provides step-by-step information and resources on how to establish a program to link older adults with resources on alcohol and medication misuse and mental health problems. Tools provided include a program coordinator's guide, fact sheets, screening tools, sample forms, and suggested curricula for program staff and for older adults.

Footnote: Toolkits are available free in electronic versions

Older Adults Suicide Prevention: Interventions and Projects

How Effective Are Older Adult Suicide Prevention Programs?

- ▶ A systemic review of existing older adult suicide prevention programs stated:
 - Suicide in old age is much neglected
 - There is a lack of basic knowledge and training by clinicians about elderly suicide
 - Psychiatric disorders are considered to be present in up to 90% of all elderly suicides
 - Only 38% of older adults who died by suicide had received a diagnosis indicating a mood disorder
 - Five part approach for older adults suicide prevention:
 1. Awareness and education (including physician education and gatekeeper training)
 2. Screening
 3. Treatment interventions
 4. Means restriction
 5. Codes of conduct for media coverage

Source: A Systematic Review of Elderly Suicide Prevention Programs

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3728773/>

How Effective Are Older Adult Suicide Prevention Programs, Cont.?

- ▶ A systemic review of existing older adult suicide prevention programs stated:
 - Most studies centered on the reduction of risk factors (depression screening and treatment, and decreasing isolation)
 - 6 of 9 interventions were associated with a reduction in the level of patients' suicidal ideation or in the suicide rate of the participating communities and had positive results
 - Protective factor programs are rare
 - Scope limited to emphasized social interaction and communication through activation programs or the realization of meaningful personal goals
 - Most programs are not gender-specific and tend to benefit females, not males
 - Further research needed on interventions that might have a positive influence on older men

Source: A Systematic Review of Elderly Suicide Prevention Programs

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3728773/>

How Effective Are Older Adult Suicide Prevention Programs, Cont.?

A systemic review of existing older adult suicide prevention programs stated -- **future programs:**

- ▶ Primary focus: continue to improvement in the detection, treatment, and management of mood disorders

- ▶ Involve relatives, friends, and care givers since they may have valuable information regarding life context and suicidal risk that health professionals lack

- ▶ Face-to-face contact may not be required for successful mental health care interventions
 - Many elderly patients find medical centers intimidating and their services difficult to negotiate or inconvenient.
 - A round the clock access to the therapist could also be helpful, creating a lifeline that could increase feelings of security

- ▶ Valuable strategies in primary care settings should include seeing patients frequently and regular monitoring of prescribed regimen and responding to treatment, and offering support to address sources of distress

Source: A Systematic Review of Elderly Suicide Prevention Programs <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3728773/>

How Effective Are Older Adult Suicide Prevention Programs, Cont.?

A systemic review of existing older adult suicide prevention programs stated -- **future programs:**

- ▶ Improve outcomes through depression care managers (nurses, psychologist, or social workers) services

- ▶ There are no means restriction programs focused exclusively on the elderly
 - A significant reduction in firearm suicide among persons 55 years or older in the American states that implemented the Brady Handgun Violence Prevention Act

- ▶ Another neglected area of study: suicide prevention and intervention in nursing homes patients

- ▶ No media reporting guidelines or internet programs exist especially designed to prevent elderly suicide

Source: A Systematic Review of Elderly Suicide Prevention Programs <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3728773/>

Do Older Adults Interventions Exist In The Primary Care Setting?

- ▶ **Prospect (Prevention of Suicide in Primary Care Elderly: Collaborative Trial)**

<https://clinicaltrials.gov/ct2/show/NCT00279682>

PROSPECT is a multi-faceted primary care intervention that has demonstrated reductions in suicidal ideation and depression in older adults. It is available Weill Medical College of Cornell University for a fee. (See the Maine Initiative page 26 for a more detailed summary of this program <http://www.sprc.org/sites/sprc.org/files/library/elderSPmaine.pdf>)

- ▶ **Project IMPACT (Improving Mood: Promoting Access to Collaborative Treatment)**

<http://impact-uw.org/>

The IMPACT model includes several key components (many offered at no cost through a grant from the John A. Hartford Foundation: collaborative care implemented by the primary care provider, a depression care manager, and a consulting psychiatrist; patient education; antidepressant medication; and counseling such as Problem Solving Therapy. In a IMPACT study involving 1,800 individuals, satisfaction with care increased, physical conditions improved, and the trial intervention had more than double the effectiveness of the usual care for depression. (See the Maine Initiative page 26 for a more detailed summary of this program

<http://www.sprc.org/sites/sprc.org/files/library/elderSPmaine.pdf>)

Do Suicide Prevention Interventions Exist for Older Adults?

- ▶ ElderVention <http://aaaphx.org/program-services/eldervention-program/>
A prevention education program for older adults who are at risk for depression and suicide. Workshops are held at multiple venues, such as senior centers and long-term care facilities. Individual home-based education is provided for isolated, at-risk older adults. Mental health treatment services are also provided. The program promotes effective coping and social networks through life transitions. It also provides suicide prevention education to community professionals who work with older adults. This program is currently being scientifically evaluated.
- ▶ PRISM-E Primary Care Research in Substance Abuse and Mental Health Services for the Elderly <http://bjp.repsych.org/content/181/3/226> A study of PRISM-E concluded that older adults were more open to receiving mental health and substance use treatment that was integrated within primary care (71%), versus those who engaged in treatment through a referral to a specialist (41%).
- ▶ The Brief Psychological Intervention after Deliberate Self-Poisoning <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC34723/>
- ▶ Treatment of Depression in Older Adults Evidence-Based Practices (EBP) KIT <http://store.samhsa.gov/product/Treatment-of-Depression-in-Older-Adults-Evidence-Based-Practices-EBP-KIT/SMA11-4631CD-DVD>

This There A Way For Older Adults to Call for Help?

- ▶ **TeleHelp-Telecheck:** <http://bjp.rcpsych.org/content/181/3/226>
An innovative program for persons at risk (either somatic or psychological) was implemented in northern Italy, initially in 1988. The government-sponsored and privately provided service is a broad public health intervention providing twice-weekly telephone support and emergency response for up to 20 000 persons. Elderly people were typically offered the service because of their disability or social isolation, their psychiatric problems, their poor compliance with hospital outpatient regimes, or their wait for admission to public or private social and health care institutions. An apparent benefit of the TeleHelp-TeleCheck service was prevention of suicide among elderly persons. A 4-year evaluation reported lower than expected suicide rates among TeleHelp-TeleCheck users than among comparable general community members, possibly because the service addresses suicide risk factors, giving older persons a sense of ‘connectedness’.
- ▶ **Friendship Line For The Elder in San Francisco, CA:** <http://www.ioaging.org/services/all-inclusive-health-care/friendship-line> Traditional suicide prevention Hot Lines state that they serve the needs of all community members across the life-span. However, we are the only one that specializes in the needs of those individual 60 years of age and older. Not only do we receive calls to our 24-hour Friendship Line, the only accredited crisis line in the country for seniors and adults with disabilities, but we also make on-going outreach calls to lonely older adults. Local: 415-752-3778.
- ▶ National Suicide Prevention Lifeline 1-800-273-TALK (8255) <http://www.suicidepreventionlifeline.org/>

Are There Gatekeeper Trains For Older Adults?

- ▶ Yes, there are:
 - Question, Persuade, and Refer (QPR) <http://qprinstitute.com/>
Provides information on warning signs and how to train individuals to ask about suicide, convince an individual to seek help, and then direct to the appropriate resource/service. QPR was initially used in Spokane Washington to identify and help older adults. The program was entitled Spokane County's Elderly Services Project and received recognition as Innovations in American Government Award Winner 1992.

- Other gatekeeper programs provided in Santa Clara County:
 - Applied Suicide Intervention Skills Training (ASIST)
 - SafeTalk
 - Mental Health First Aid

Older Adult Suicide Prevention Programs

Are There Existing Suicide Prevention Programs for Older Adults?

- ▶ 33 US States have across the lifespan suicide prevention plans
- ▶ A few US States have dedicated older adult suicide prevention plans:
 - Maine: **Elder suicide prevention: A review of best practices** and recommendations for state initiatives (2007) <http://www.sprc.org/sites/sprc.org/files/library/elderSPmaine.pdf>
 - Oregon: Oregon older adult suicide prevention plan: a call to action (2006) <https://public.health.oregon.gov/PreventionWellness/SafeLiving/SuicidePrevention/Documents/plan.pdf>
 - Pennsylvania: Pennsylvania Older Adult Suicide Prevention Plan (2014) http://www.parecovery.org/documents/Older_Adult_Suicide_Prevention_Plan.pdf
 - Tennessee: Older Adult Suicide Prevention Plan (2009) <http://tspn.org/older-adult-suicide-prevention-plan> and <http://tspn.org/wp-content/uploads/2015/10/OASP-2015.pdf>
 - New York State Suicide Prevention Plan

Are There Existing Suicide Prevention Programs for Older Adults?

- ▶ Oregon older adult suicide prevention plan: a call to action Objective (2006):
 1. Develop state and local partnerships and the resources to support those partnerships
 2. Increase awareness that suicide is preventable and reduce the stigma associated with aging and the use of treatment services
 3. Improve reporting of suicides and behavioral health issues in the media
 4. Provide suicide intervention skills training for community members
 5. Reduce social isolation and increase a sense of social support among older adults
 6. Enhance the abilities of older adults to cope with difficult challenges
 7. Reduce access to lethal means among older adults at-risk for suicide
 8. Subvert negative societal stereotypes about aging. Expand the societal definition of retirement to include an understanding of the value of older adults as role models, wisdom-keepers, mentors, and living historians
 9. Develop public policy to assure that older adults have increased opportunities to engage in society in the fullest way

Are There Exist Suicide Prevention Programs for Older Adults?

- ▶ New York older adult suicide prevention plan objective (2005):
 1. State policy should reflect the fact that the suicide rate for elderly (>65) males is the highest for any sub-population in New York
 2. Depression is more prevalent among elders than the general population. However, it is not a normal part of the aging process and should be treated appropriately. Validated, self-administered, voluntary screening tools for depression should be routinely used with elderly patients in primary care health offices. Diagnosis and treatment of depression in elders should be aggressively pursued in the primary care practitioner's office
 3. Gatekeeper programs and telephone support (warm lines) systems should be implemented and evaluated as "indicated" preventive interventions for isolated, high risk elders. These services should be part of a comprehensive network of offerings, including case-finding, acute response, multi-disciplinary assessments, and other support services
 4. Elders tend to employ more lethal means of self-harm in the act of suicide. Restricting access to such means of self-harm as firearms and household poisons could save lives

Are There Exist Suicide Prevention Programs for Older Adults?

- ▶ New York older adult suicide prevention plan objective (2005):
 5. Since the vast majority of elders who die by suicide have seen their health care provider within 30 days of their death, it is essential that such visits include an assessment of suicidal thoughts, intent and plans they may have
 6. Chronic pain and debilitating physical illnesses are frequent precursors to suicide among elders. Death of a spouse, loss of companions and social isolation are also contributing risk factors
 7. Greater emphasis should be placed on medical, nursing and social service training on recognizing and treating depressive disorders and suicidal states in elders.
 8. Research should seek to determine whether treatments designed to mitigate hopelessness and related effects in older people are effective in lowering suicide risk
 9. Include high-risk suicidal elders in controlled clinical trials of preventive interventions, while guaranteeing the ethical conduct of the research and the rights of the subjects themselves

Older Adults Cultural Sensitive Suicide Prevention Programs

Should These Cultural Focused OA Suicide Prevention Programs Be Evaluated?

- ▶ **Project FOCUS, City of El Paso, TX:** <http://www.positiveaging.org/projectfocus.html>

Description: This project developed to expand mental health services to mostly lower income Hispanic seniors at high risk for depression and dementia due to frail health and social isolation. Project FOCUS draws its participants from homebound seniors in El Paso who are receiving home-delivered meals through the City-County Nutrition Program. The project aims to serve 300 nutrition program participants with mental health services annually.

- ▶ **Boat People SOS (BPSOS) of Northern Virginia:** <http://www.bpsos.org/>

This project will significantly increase access to mental health service for approximately 3,000 Vietnamese elders in Northern Virginia, including some 1,000 torture survivors and their spouses. Boat People SOS (BPSOS) will acquire the capacity to offer three modalities of service: home-based care, peer support groups, and clinical counseling. Through BPSOS medical interpreters, clients will also be able to access services at public mental health centers. Due to historical reasons and U. S. refugee resettlement patterns, Northern Virginia is home to a disproportionately large number of torture survivors, who arguably make up the most neurologically impaired group of refugees ever resettled to this country. Despite documented mental health need, few of these torture survivors, and older Vietnamese in general, have been able to access mental health care because of the serious lack of linguistically and culturally appropriate services-there is only one Vietnamese-speaking therapist in the entire public mental health system in Northern Virginia. A three-prong strategy is proposed to address this disparity (1) Increase language capacity for Fairfax County Community Service Board (CSB) to treat older Vietnamese with acute mental illness; (2) Build capacity for BPSOS to provide evaluation and counseling; (3) Build capacity for the local community to provide wrap-around services: a. Family members providing support to elders; b. Peer support groups providing mutual assistance; and c. Community-based and faith-based home-based care organizations conducting outreach, , recruiting participants, and assisting the peer support groups.

Should These Cultural Focused OA Suicide Prevention Programs Be Evaluated?

▶ **Check-in With You: The Older Adult Hopelessness Screening Program:**

developed by **Tulare County Health and Human Services Agency**, assesses levels of hopelessness in older adults and provides early intervention services to reduce suicide risk, improve quality of care, and prevent the onset of serious mental illness. All adults 55+ receiving primary health care services are screened for hopelessness and suicidal intent. The Beck Hopelessness Scale® is administered before patients' health appointments. Those who screen as moderate to severe are offered early intervention services. Patients who choose to participate receive ongoing support, mental health case management, short-term intervention, and warm linkages to local services that can help improve social, physical, environmental, emotional, and financial wellness. <http://www.sprc.org/bpr/section-III/check-you-older-adult-hopelessness-screening-program-oahs>

▶ **The Community Gatekeeper Program for LGBT Older Adults:** designed by **Crisis Support Services of Alameda County**, to train gatekeepers to recognize when a lesbian, gay, bisexual, or transgender (LGBT) older adult may be at risk for suicide and respond appropriately. The target audience for this program is caregivers and service providers for older adults and/or LGBT communities (i.e. doctors, pharmacy technicians, care center staff, home health aides, residential facility staff, housing and transportation staff, Meals on Wheels volunteers, mental health professionals, and faith communities). Workshop topics include: unique challenges to successful aging faced by LGBT older adults; risk and protective factors associated with suicide; suicide warning signs; latest research, statistics, and theories on suicidal behavior; risk assessment; safety planning; and resources. There are also skill-building, interactive activities for participants to practice asking about suicide and applying what they have learned through a sample vignette. . <http://www.sprc.org/bpr/section-III/community-gatekeeper-training-lesbian-gay-bisexual-transgender-lgbt-older-adults-sui>

▶ **Kajsiab House -- Elderly Mental Health Outreach** (Madison, WI): It treats primarily major depression, post-traumatic stress disorder, and anxiety. Kajsiab House seeks to increase the number older participants (65+) and to make its services more culture- and age-sensitive for elders. This will include the addition of therapy and social groups for elders incorporating culturally appropriate activities, such as T'ai Chi and alternative healing methods and medicines. Continuation and improvement in providing all treatment in ways taking into account customs, traditions, and beliefs of elders will be a hallmark of this project.

The Final Questions

- ▶ Can we do more to prevent older adults suicides in Santa Clara County?
- ▶ What actions should we take?
- ▶ What programs should we review and consider for implementation?
- ▶ Is the IMPACT program effective and, if yes, should it be expanded?

Discussion and Resources

What Actions Should Be Promoted for Older Adults Suicide Prevention Programs?

- ▶ Possible presentations:
 - Yeates Conwell, (University of Rochester)
 - Patrick Arbore, Center For Elderly Suicide Prevention & The Friendship Line (San Francisco, CA)
- ▶ Evaluate SAMHSA toolkits and develop plan to implement
- ▶ Review and implement best actions from various plans mentioned in this slide deck
- ▶ **Your thoughts?**

Are There Many Resources About Suicide Prevention for Older Adults?

- ▶ Older Adult Suicide Prevention Resources: Information Sheets and Overviews for Professionals
<http://www.sprc.org/sites/sprc.org/files/OlderAdultSuicidePreventionResources.pdf>
- ▶ Depression and Suicide in Older Adults Resource Guide
<http://www.apa.org/pi/aging/resources/guides/depression.aspx>
- ▶ Suicide Risk Factors and Risk Assessment Tools: A Systematic Review (assessment tools for military veterans) <http://www.hsrp.research.va.gov/publications/esp/suicide-risk.pdf>
- ▶ Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment Tip50
<http://store.samhsa.gov/shin/content//SMA15-4381/SMA15-4381.pdf>
- ▶ Santa Clara County Suicide Prevention Strategic Plan
<https://www.sccgov.org/sites/mhd/Providers/SuicidePrevention/Documents/Suicide%20Prevention%20Strategic%20Plan%20Final-2011%20Rev.pdf>
- ▶ Suicide Prevention for Older People: Early intervention, assessment and referral options for staff working with older people who may be at risk of suicide
<http://www.health.nsw.gov.au/mhdao/publications/Publications/suicide-prevent.pdf>
- ▶ Suicide Prevention among Older Adults: A Guide for Family Members
http://www.ccsmh.ca/pdf/ccsmh_suicideBooklet.pdf

What Articles/Papers Should Be Read on Suicide Prevention for Older Adults?

- ▶ Conwell, Y., Van Orden, K., & Caine, E. D. (2011). Suicide in older adults. *The Psychiatric Clinics of North America*, 34(2), 451-468. doi: 10.1016/j.psc.2011.02.002. NIHMSID # 278215
- ▶ Lapierre, S., Erlangsen, A., Waern, M., De Leo, D., Oyama, H., Scocco, P., . . . Quinnett, P. (2011). A systematic review of elderly suicide prevention programs. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 32(2), 88-98.
- ▶ Rudd, M. D., Berman, A. L., Joiner, T. E., Jr., Nock, M. K., Silverman, M. M., Mandrusiak, M., Van Orden, K. A., & Witte, T. (2006). Warning signs for suicide: theory, research, and clinical applications. [Review]. *Suicide & Life-Threatening Behavior*, 36(3), 255-262. doi: 10.1521/suli.2006.36.3.255
- ▶ Van Orden, K. A., Mellqvist Fässberg, M., Duberstein, P., Erlangsen, A., Lapierre, S., Bodner, E., Canetto, S. S., De Leo, D., Szanto, K., & Waern, M. (in press). A systematic review of social factors and suicidal behavior in older adulthood. *International Journal of Environmental Research and Public Health*. PMC in process
- ▶ Erlangsen A, Nordentoft M, Conwell Y, Waern M, De Leo D, Lindner R, Oyama H, Sakashita T, Andersen-Ranberg K, Quinnett P, Draper B, Lapierre S; International Research Group on Suicide Among the Elderly. (2011). Key considerations for preventing suicide in older adults: consensus opinions of an expert panel. *Crisis*, 32(2):106-9.

SAMHSA Webinar: Suicide and Older Adults:

<file:///C:/Mental%20Health/Older%20Adults%20and%20suicide/Suicide%20Prevention%20Webinar%20Suicide%20and%20Older%20Adult%20SAMHSA%202015.pdf> slide 54