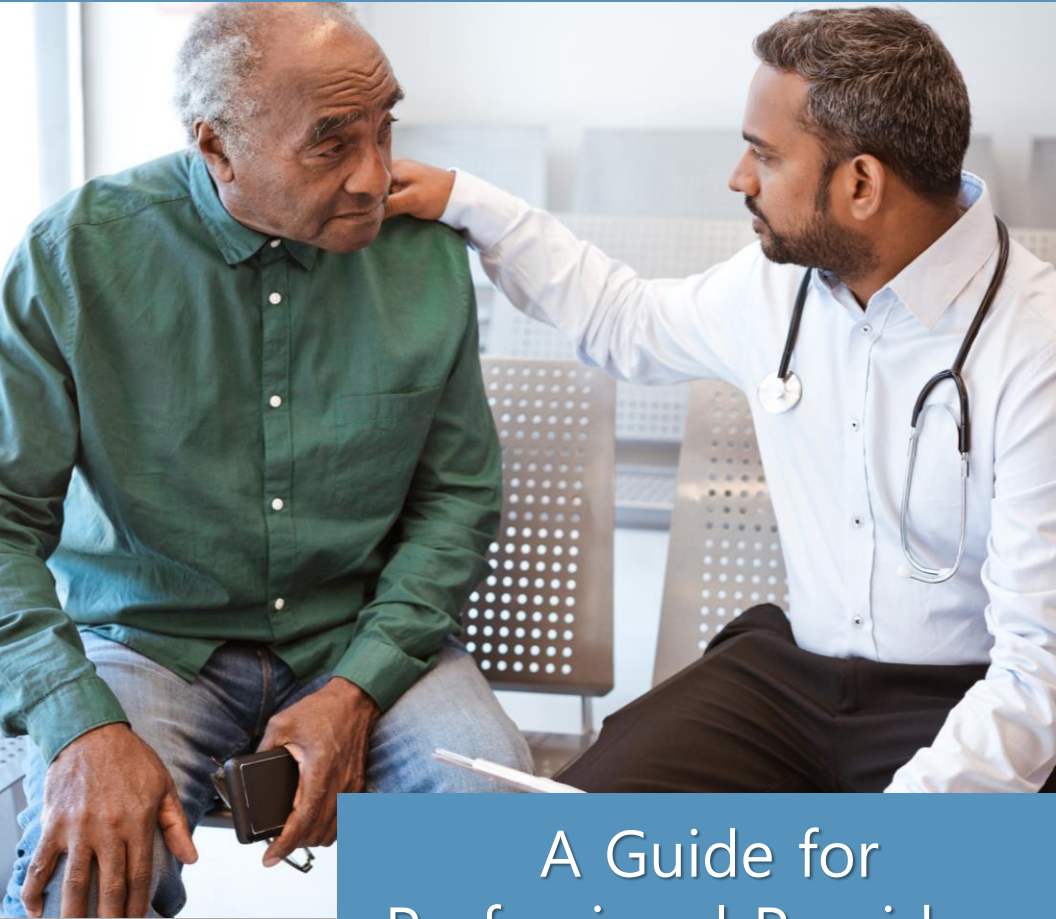


Essential Information about Suicide Prevention



A Guide for Professional Providers: Suicide Prevention & Older Adults



Georgia Department of Behavioral Health and Developmental Disabilities

Office of Behavioral Health Prevention
Suicide Prevention Program

SUICIDE & OLDER ADULTS

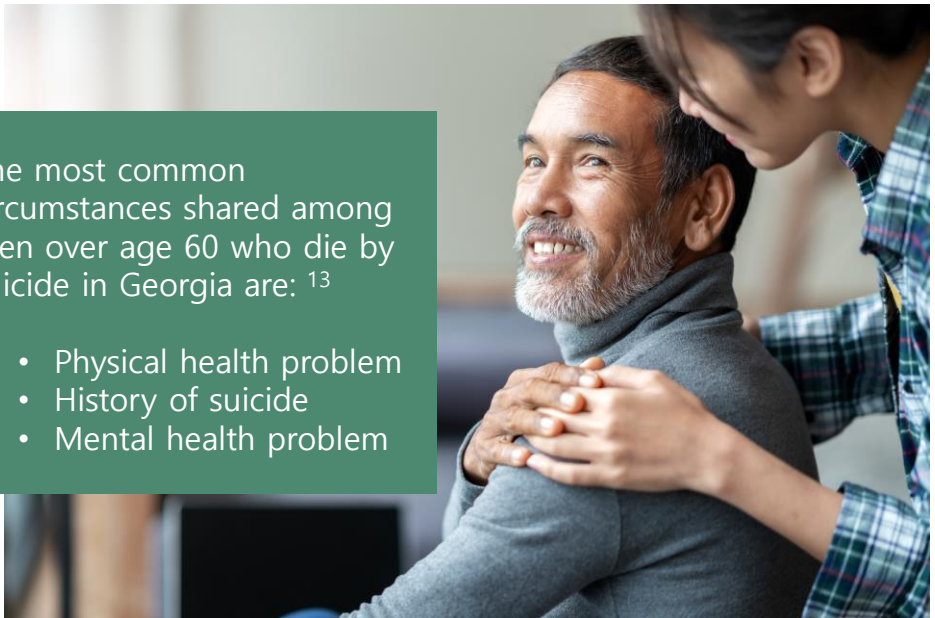
Multiple factors increase risk for death by suicide for Georgians over the age of fifty

As adults age, medical, emotional, life, and social stressors can increase vulnerability to depression, even suicide. While some older adults may exhibit commonly known risk factors and warning signs, others may present with more subtle cues, making it difficult for caregivers and providers to recognize early signs of depression or suicide. Warning signs of depression or suicide may be minimized or seen as part of natural life events, such as growing older, grief after loss, or symptoms of chronic physical conditions.

Due to generational and personal views on mental health and suicide, older adults may be less likely to talk about their feelings or seek help from mental health professionals. **According to research, up to 75% of older adults who die by suicide have not made a previous attempt¹².** For this reason, **expanding the capacity of caregivers and professionals to recognize and respond appropriately to subtle signs early can save lives.** Customizing interventions for older men, who have the highest rates of death by suicide out of all genders and ages, could reduce risk of suicide by addressing their needs from a personal and cultural perspective.

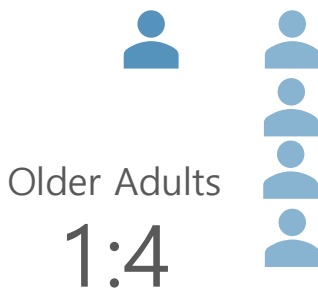
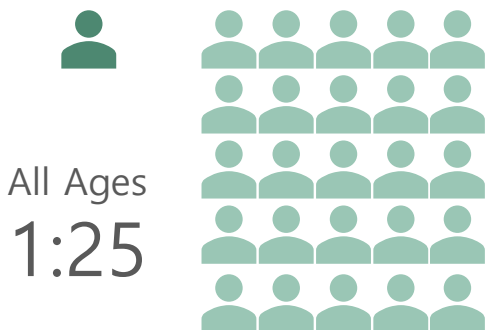
The most common circumstances shared among men over age 60 who die by suicide in Georgia are: ¹³

- Physical health problem
- History of suicide
- Mental health problem

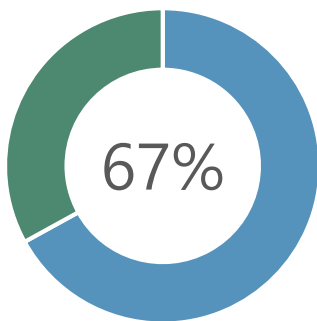


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Deaths per Attempt (Estimated)¹



Health Care Visits



According to research, over 2/3 of older adults, 65+ years old who died by suicide, made a health care visit in the 30 days prior to their death. Only 23% of those visits included a mental health diagnosis.²

Mental Health



Research also indicates one in five adults age 55 and older have a mental health disorder (such as anxiety, cognitive impairment, or mood disorder) that is not part of normal aging.³



RISK FACTORS

Suicide prevention seeks to reduce risk factors that contribute to suicide behaviors

While most risk factors are shared across the life-span, certain risk factors may heighten the vulnerability for older adults. These risk factors include, but are not limited to:

- History of suicide thoughts or behaviors
- Untreated depression or other mental health problems
- Physical illness, disability, chronic pain
- Functional impairment
- Stressful transitions or life events
- Social isolation
- Recently discharged from long-term care
- Diagnosis of terminal illness (e.g., cancer, dementia, etc.) within last 12 months
- Rigid thinking
- Loss of spouse, especially by suicide
- Substance misuse or abuse



According to research, suicide attempts in older adults have a **higher rate of fatality**. Additional factors that contribute to increased risk of death in older adults, include:¹¹

- Level of planning
- Methods used
- Less impulsive
- Reduced ambivalence about death
- Isolated living arrangements
- Physical vulnerability

PROTECTIVE FACTORS

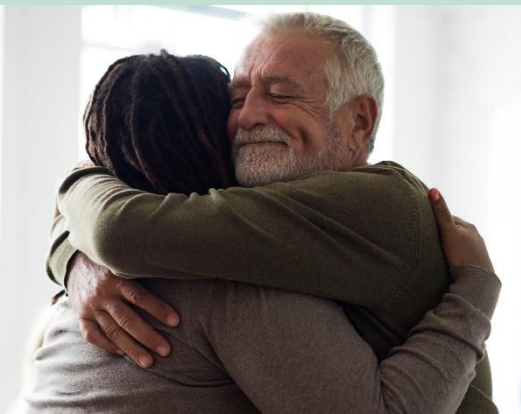
Strengthening protective factors can create a cushion against challenges and crises

While risk factors can create increased potential for suicide in older adults, protective factors can balance their influence on overall well-being. Protective factors that reduce the chances older adults will seriously consider suicide include:

- Social connectedness and positive relationships with family and friends
- Access to professional help and support for help-seeking
- Skills in problem-solving
- Coordinated support during transitions
- Perceptions of social value
- Feeling a sense of purpose

“Promote emotional health by supporting the development of social connections.”¹⁵

~Substance Abuse and Mental Health Services Administration (SAMHSA)



Positive involvement with family and friends is a key element of suicide prevention in older adults.

WARNING SIGNS

Warning signs are signals that someone may be at immediate risk for suicide

Later in life, there are several warning signs that can be indicators of suicide thoughts. If you notice one or more of the following warning signs, the person may be at risk for suicide. The more warning signs you see the greater the risk:

- Changes in appetite or sleep patterns
- Loss of interest in activities
- Persistent sad, empty, worthless, hopeless, helpless, and/or lonely feelings
- Isolating from friends, family, and/or social activities
- Acquiring or stockpiling means of suicide (gun, medications, etc.)
- Negative perception about independence or feeling like a burden to others
- Depressed or persistent sad mood
- Regular aches and pains that have no identifiable cause
- Difficulty adapting to new circumstances (loss, transitions, moves, decline in function, illness, etc.)
- Cancelling services or subscriptions and placing holds on mail, as if preparing for a long trip
- Expressing thoughts of suicide or desire to die, such as:
 - "I am going to kill myself."
 - "Everyone would be better off without me."
 - "It won't be long until I will see [loved one who has passed away]."
 - "I am just tired of it all."

When warning signs are observed take immediate action;

- 1. Ask.** Inquire openly and compassionately, "Are you thinking about suicide?"
- 2. Listen.** Instead of giving advice or trying to fix things.
- 3. Stay.** If someone is thinking of suicide, stay with them. Call 911 if you or the person is in immediate danger.
- 4. Help.** Work together to find the right kind of help.

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DEPRESSION & OLDER ADULTS

Early identification and treatment of depression can significantly decrease suicide risk

Depression is a common factor in many suicides by older adults. However, about 70% of older adults with depressive and/or anxiety symptoms do not seek treatment from a behavioral health provider⁴. Older adults often believe symptoms of depression are less serious and will resolve on their own.



Depression is treatable

Older adults with following symptoms, lasting two or more weeks, should be encouraged and supported to seek help from a mental health professional:

- Persistent sad, anxious, or “empty” mood
- Loss of interest or pleasure in hobbies and activities
- Feelings of hopelessness, pessimism, guilt, worthlessness, helplessness
- Decreased energy, fatigue, being “slowed down”
- Difficulty concentrating, remembering, making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping
- Appetite and/or unintended weight changes
- Thoughts of death or suicide, suicide attempts
- Restlessness, irritability
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

EARLY IDENTIFICATION

Early recognition and treatment can dramatically improve long-term outcomes for older adults



Older adults may see feelings of sadness and loneliness as private, non-medical problems or minimize/dismiss signs of depression as part of getting older. For this reason they may be less likely to seek support from behavioral health professionals. However, they may be more willing to accept recommendations and referrals from professionals and individuals they know and trust.

Community resources that can play a role in early identification and facilitate referrals to proper care include:

- Primary Care Physicians
- Specialty Physicians
- Pharmacists
- Long-term care facilities
- Home visitation programs
- Faith leaders
- Aging services
- Adult Protective Services
- Churches
- Friends
- Family
- Bank staff
- Funeral homes
- Libraries
- Hair dressers and barbers
- Senior centers
- Community aid programs
- Sitting services

“Timely and appropriate response to active suicidal thoughts can prevent suicide in older adults.”¹⁴

~ The National Council on Aging & SAMHSA

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Physicians, therapists, and other caregivers have the opportunity to impact suicide rates among older adults on a broad scale. Training, resources, and tools that can help these two groups to recognize and respond are listed in the table below:

Clinical/Medical Professionals	Caregivers
Train all staff in Gatekeeper Intervention, such as QPR (Question. Persuade. Refer.), or ASIST (Applied Suicide Intervention Skills Training).	Become a Gatekeeper through QPR (Question. Persuade. Refer.), ASIST (Applied Suicide Intervention Skills Training), or safeTALK.
Develop and implement protocols to routinely screen older patients for depression and suicide risk.	Encourage and assist in safe storage of medications, weapons, and other possible means of suicide.
Engage positive family and social supports in strategies to reduce risk and increase connectedness.	Facilitate opportunities for social connection through activities and interests.

Supportive family members can be effective allies in assessment and treatment for older men and women.



Treatment approaches for older men and women vary greatly, as help-seeking behaviors and views on mental health often differ.

Several studies found that community-based outreach, including depression screening and group activities, were effective approaches for improving outcomes for women.

For men, however, effective engagement in treatment more often centers around building rapport and trust, positive family involvement, and follow up with a clinical psychiatrist.⁵

INTERVENTIONS

Remove barriers to treatment and increase opportunities for early intervention

Intervention Type	Potential Interventions ⁶
Universal All older adults, not specific to risk	<ul style="list-style-type: none">• Promote messaging that reduces stigma, promotes early recognition, and encourages help-seeking. Topics may include:<ul style="list-style-type: none">➤ Typical aging➤ Depression➤ Suicide➤ Mental/emotional wellness• Encourage safe-storage of weapons and other means.
Selective Older adults who have elevated behavioral health and suicide risk	<ul style="list-style-type: none">• Multi-faceted community-based outreach programs in rural communities which include:<ul style="list-style-type: none">➤ Mental health workshops for older adults to promote awareness of depression and suicide risk➤ Annual depression screenings for older residents➤ Group activities reinforcing social support➤ Follow ups on positive results with clinical interviews with a psychiatrist or general practitioner➤ Continued follow up with mental health nurses
Indicated Older adults with detectable signs of suicide risk	<ul style="list-style-type: none">• Programs which strengthen protective factors and strengthen resilience in early retirees who have problems adapting to retirement.• Interpersonal psychotherapy for older adults with elevated risk for suicide.



Other Effective Interventions

Activity groups

Older adults report they prefer to participate in groups formed around activities rather than social or therapy groups.⁷ Involvement in activity groups can reduce isolation and feelings of loneliness, two major risk factors for depression and suicide.

Caring contacts

Outreach to older adults during difficult transitions, after new diagnoses, or to those who have signs of depression or suicide thoughts. Calls, cards, or other efforts can keep them engaged, provide opportunities to follow up, and keep lines of communication open, even after treatment ends.⁸

Skill building & problem solving

Sixty-nine percent of older adults desire to handle problems on their own instead of seeking treatment.⁹ Interventions that focus on building interpersonal, communication, and coping skills can help reduce stress and anxiety. Improved problem solving can also increase feelings of hope as individuals feel more capable to manage stressors.

Reducing access to lethal means

Twenty-one percent of seniors store guns loaded and unlocked.¹⁰ Working collaboratively to recognize risk, educate on safety, and reduce access to means can lead to reductions in rates of death by suicide.

RESOURCES

Support is available to help older adults cope with stressors that can lead to suicide thoughts

Georgia Crisis & Access Line (GCAL): 800.715.4225

For immediate access to routine or crisis services, GCAL is available 24 hours a day, 7 days a week and 365 days a year to help you or someone you care for in a crisis.

<https://www.georgiacollaborative.com/providers/georgia-crisis-and-access-line-gcal/>

Friendship Line: 800.971.0016

Accredited crisis line for people aged 60 years and older and adults living with disabilities. The Friendship Line also offers ongoing outreach to lonely older adults. Referrals can be made at 415.750.4111.

<https://www.ioaging.org>

Georgia Department of Human Services (DHS) Division of Aging Services (DAS)

Assists older individuals, at-risk adults, persons with disabilities, their families and caregivers to achieve safe, healthy, independent and self-reliant lives.

<https://aging.georgia.gov/>

Fuqua Center for Late-Life Depression: 404.778.5526

The Fuqua Center helps aging adults, family members and caregivers win the battle against late-life depression.

<https://fuquacenter.org/>

The Link Counseling Center: 404.256.9797

The Link offers support services for survivors of suicide loss as well as Enriched Living for the Aging & Their Families, which provides support to older adults experiencing challenges with transitions and other life changes.

<https://www.thelink.org>

Depression and Suicide in Older Adults - American Psychological Association

<https://www.apa.org/pi/aging/resources/guides/depression.aspx>

Family Caregiver Alliance

Resources, information, and support for caregivers.

<https://www.caregiver.org>

RESOURCES

List local resources that provide specialized treatment programs and care for older adults below

Mental Health Crisis Response _____

Mental Health Outreach Clinic _____

Counselor _____

Case Manager _____

Faith-based Support _____

Grief Support _____

Medical Clinic/General Practitioner _____

Geriatric Psychiatrist _____

REFERENCES

1. Drapeau, C. W., & McIntosh, J. L. (for the American Association of Suicidology). (2015). U.S.A. suicide 2013: Official final data. Washington, DC: American Association of Suicidology, dated January 22, 2015,
2. Ahmedani, Brian K et al. "Health care contacts in the year before suicide death" *Journal of general internal medicine* vol. 29,6 (2014): 870-7.
3. Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. *The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us?* Atlanta, GA: National Association of Chronic Disease Directors; 2008.
4. Byers, Amy L et al. "Low use of mental health services among older Americans with mood and anxiety disorders" *Psychiatric services (Washington, D.C.)* vol. 63,1 (2012): 66-72.
5. Lapierre, Sylvie et al. "A systematic review of elderly suicide prevention programs" *Crisis* vol. 32,2 (2011): 88-98.
6. Ibid.
7. Kharicha, Kalpa et al. "What do older people experiencing loneliness think about primary care or community based interventions to reduce loneliness? A qualitative study in England" *Health & social care in the community* vol. 25,6 (2017): 1733-1742.
8. "Interventions for Suicide Risk". *Zero Suicide in Health and Behavioral Health Care*. Education Development Center, n.d. Web. 17 Dec. 2018.
9. Mackenzie, Corey S et al. "Correlates of perceived need for and use of mental health services by older adults in the collaborative psychiatric epidemiology surveys" *American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry* vol. 18,12 (2010): 1103-15.
10. Hillary D. Lum, Hanna K. Flaten, and Marian E. Betz, "Gun Access and Safety Practices among Older Adults," *Current Gerontology and Geriatrics Research*, vol. 2016, Article ID 2980416, 5 pages, 2016.
11. Sirey, Jo Anne. "Suicide in Late Life: Unique Factors and Enduring Treatment Gaps." *Suicide Prevention Resource Center*. Accessed 4 December 2018.
12. Conwell Y, Rotenberg M, Caine ED. Completed suicide at age 50 and over. *J Am Geriatr Soc*. 1990;38(6):640-644.
13. Department of Public Health, Georgia Violent Death Reporting System: 2011-2016.

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14. "Issue Brief 4: Preventing Suicide in Older Adults". *National Council on Aging*. SAMHSA, National Council on Aging, n.d. Web. 17 Dec. 2018.
15. "Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Centers". SAMHSA, SAMHSA Store, n.d. Web. 10 June 2019.



Positive social connections promote resilience and reduce the risk of depression and suicide.

GET INVOLVED

*Effective prevention involves everyone,
from individuals to organizations*

Prevention starts in the community, with people and organizations who want to help save lives. It is supported by regional and state initiatives that promote awareness and improve service systems.

Here are a few ways you can get involved:

- Take a class, such as:
 - QPR (Question. Persuade. Refer.)
 - Mental Health First Aid (MHFA)
 - SuicideTALK
 - safeTALK
 - ASIST (Applied Suicide Intervention Skills Training)
- Join a local Suicide Prevention Coalition or help start a Coalition if one does not exist near you
- Participate in, volunteer at, or help coordinate awareness events
- Promote safe messaging around suicide
- Encourage your organization or workplace to make suicide prevention resources available to staff and individuals you serve



DBHDD

**Georgia Department of
Behavioral Health and
Developmental Disabilities**

Office of Behavioral Health Prevention
Suicide Prevention Program

<https://dbhdd.georgia.gov/suicide-prevention>

Georgia Crisis
& Access Line

1-800-715-4225
mygal.com

Sponsored by the  Department of Behavioral
Health and Developmental
Disabilities

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