

GERIATRIC SUICIDE PREVENTION: SUICIDE SAFER CARE PRINCIPLES FOR PRIMARY CARE PROVIDERS AND THEIR TEAMS

ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED
TUESDAY, NOVEMBER 9, 2021

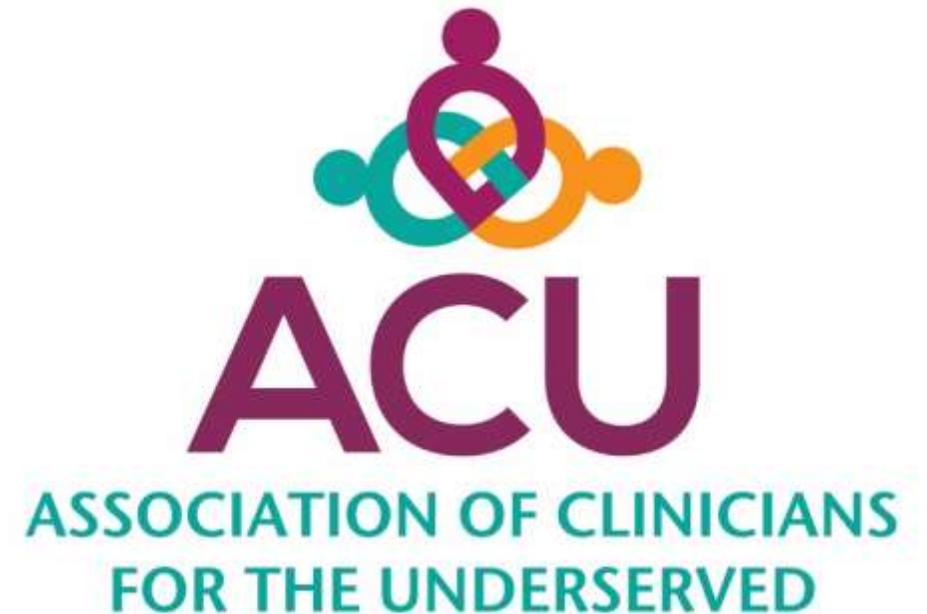
INTRODUCING ACU



A TRANSDISCIPLINARY MEMBERSHIP ORGANIZATION

We unite clinicians, advocates, and organizations in the shared mission to:

- **improve the health of America's underserved populations** and to
- **support the clinical workforce** providing care to those communities.



www.clinicians.org

MORE ON SUICIDE SAFER CARE



UPCOMING WEBINAR: COVID-19 & SUICIDE PREVENTION: UNIQUE CONSIDERATIONS AND THE NEED FOR INCREASED AWARENESS

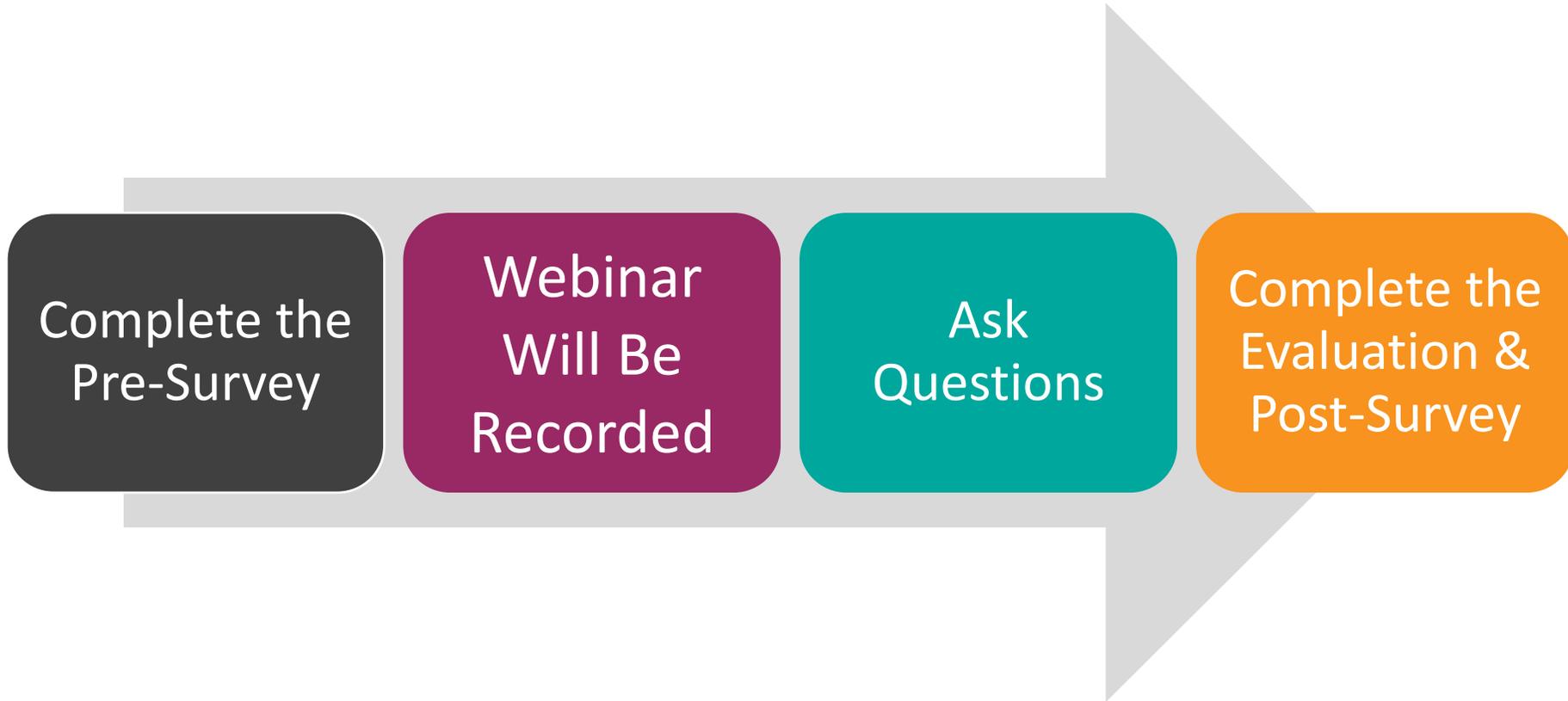
Thursday, November 18: 1-2 p.m. ET

bit.ly/covid19andsuicide

More resources are available at bit.ly/suicidesafer,
including our Suicide Safer Care toolkit.



WEBINAR HOUSEKEEPING



OUR SPEAKERS



DR. VIRNA LITTLE

PSYD, LCSW-R, SAP, CCM

Chief Operating Officer, Concert Health
Advisory Council Member, Association of
Clinicians for the Underserved



DR. DANIEL B. KAPLAN

PHD, LICSW

Associate Professor, Adelphi University
School of Social Work
Faculty Director, Center for Nonprofit Leadership

Elder Boom

	1900	1990	2010
Over age 60	3.1 million [4.1%]	31.2 million [12.6%]	40.2 million [13.0%]
Over age 85	0.1 million [0.2%]	3.1 million [1.2%]	6.1 million [2.0%]

US Projections

1 in 5 Americans over age 65 by 2030

21 million Americans over age 85 by 2050

Global Projections by 2040

All ages -- 33% increase

Age 65+ -- 160% increase

Age 85+ -- 233% increase

Potential Complexities of Old Age

- **Fewer peer supports**
- **Chronic and acute illness**
- **Increasing frailty**
- **Decreasing functional abilities**
- **Geriatric mental illness**
- **Neurocognitive disorder**
- **Elder abuse**

Any of the above added to lifelong challenges and vulnerabilities

Geriatric Disorders: Depression

- **Older adults are generally satisfied with life**
- **Older adults are less likely to experience depression than people at younger ages**
- **For many older adults, depressive disorders are part of a recurring pattern that started much earlier in life**
- **For others, depressive disorders appear for the first time in late life**

Geriatric Disorders: Depression

- **The term depression represents both symptoms and disorders**
- **Depression is often caused by a combination of biological, psychological, and social factors**
- **Depression at any age often improves with treatment**
- **Fewer than half of all older adults with depression seek treatment**

Geriatric Disorders: Depression

Depressive symptoms are defining features in all of the following:



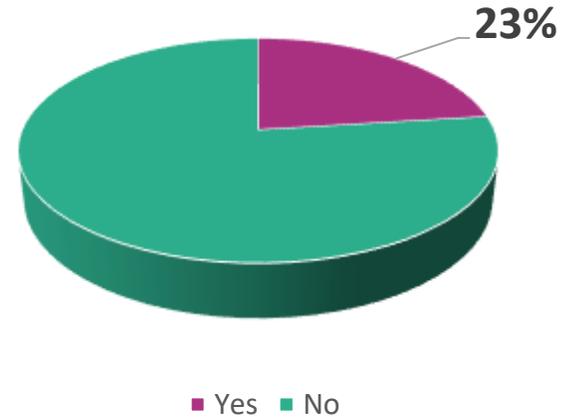
- **Major depressive disorder**
- **Major depressive episode**
- **Persistent depressive disorder**
- **Adjustment disorder**
- **Depressed mood**
- **Bipolar disorder**

Geriatric Disorders: Depression

Major Depressive Disorder



Significant Symptoms



- While rates of MDD are low (5%) among older adults, clinically significant depressive symptoms are common (23%): symptoms interfere with function and require treatment
- Prevalence is far higher (10-43%) among older adults with serious medical problems, those living in nursing homes, recent immigrants, and those with more social stress

Geriatric Disorders: Depression

Conditions associated with geriatric depression include:

- **Heart disease**
- **Hypertension**
- **Stroke**
- **Dementia**
- **Diabetes**
- **Cancer**
- **Chronic pain**
- **Hypothyroidism**
- **vision loss**
- **Osteoarthritis**
- **...and many more**

Geriatric Disorders: Depression

- **Somatic complaints are more common than reports of depressed mood (i.e., bodily pains rather than feelings of sadness)**
- **Cognitive symptoms are prominent in older adults during major depressive episode (disorientation, memory loss, and distractibility)**
- **Depressive symptoms commonly occur with other disorders such as anxiety and dementia**
- **When onset of depression is in old age, there are more psychotic or delusional symptoms, hypochondria, and cognitive impairment**

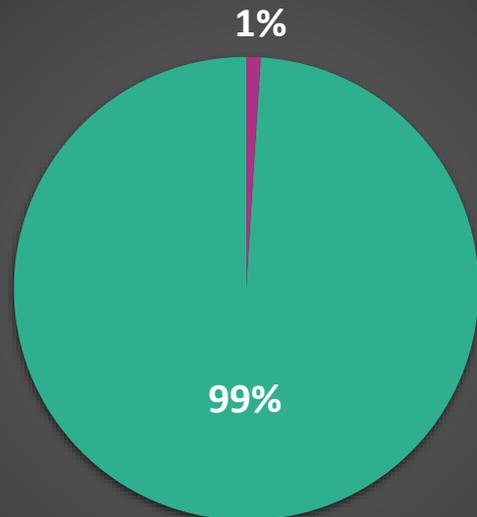
Geriatric Disorders: Suicide

- **The elderly make up 16% of the population but account for 20% of all suicides**
- **In 2019, there were 8,000 elderly suicides, or about 22 per day**
- **The rate of suicide among older men is 6.11 times higher for older women**
- **Passive self-harming behaviors may result in death for older adults, including refusing food, medications, or liquids**
 - **These deaths are rarely recorded as suicides**

Geriatric Disorders: Suicide

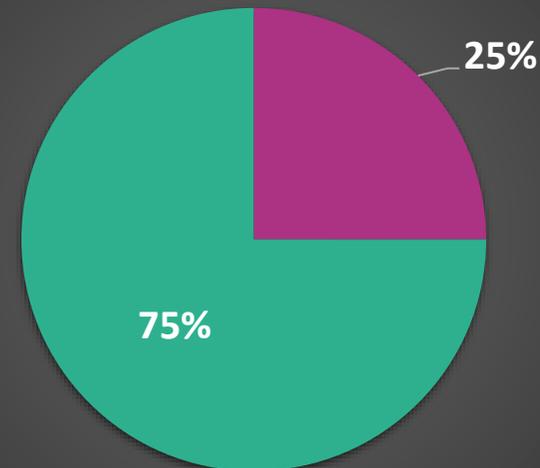
Although older adults attempt suicide less often than those in other age groups, they have a much higher completion rate.

Suicide Attempts (All Ages)



■ Completed ■ Not Completed

Suicide Attempts (Age 65+)



■ Completed ■ Not Completed

Geriatric Disorders: Suicide

Although older adults attempt suicide less often than those in other age groups, they have a much higher completion rate.

Why?

- **More health problems and frailty**
- **Tend to keep plans private and avoid interventions**
- **Less likely to live with others or to be detected immediately after attempt**
- **Twice as likely as younger adults to use firearms as a means of suicide**
 - **Firearms are the most common means used for completing suicide among the elderly: 70% of suicides among seniors aged 65+ and 74.4% of suicides among seniors aged 85+**

Geriatric Disorders: Suicide

Risk factors for suicide among older adults:

- **Depression; Previous suicide attempts**
- **Mental illness; Substance use disorders**
- **Chronic pain; Physical illness**
- **Declining function; Disability**
- **Social isolation**
- **Family discord or loss**
- **Dementia and impaired cognitive ability**

Geriatric Disorders: Suicide

- **Older adults rarely give warnings about suicide and seldom seek mental health treatment**
- **Physicians are less likely to offer treatment for depression to older patients**

COVID-19 PANDEMIC VULNERABILITIES

Harms associated with the pandemic according to emerging research

- Disproportionately high rates of COVID illness and death
- Loneliness
- Food and housing insecurity
- Loss of access to care and social services
- Difficulties managing health and mental health conditions

Groups shown by emerging research to be particularly vulnerable

- Nursing home residents
- Black, Latinx, Asian, and Older Adults of Color
- Older adults with serious mental illness
- Older adults living with dementia
- Older adults with acquired disabilities

Interventions: Suicide

Depression and suicide screening and risk assessment (Lohman et al, 2015)

Primary care-based collaborative care model (Okolie et al, 2017)

Care coordination and case management (Lohman et al, 2015)

Patient goal setting (Lohman et al, 2015)

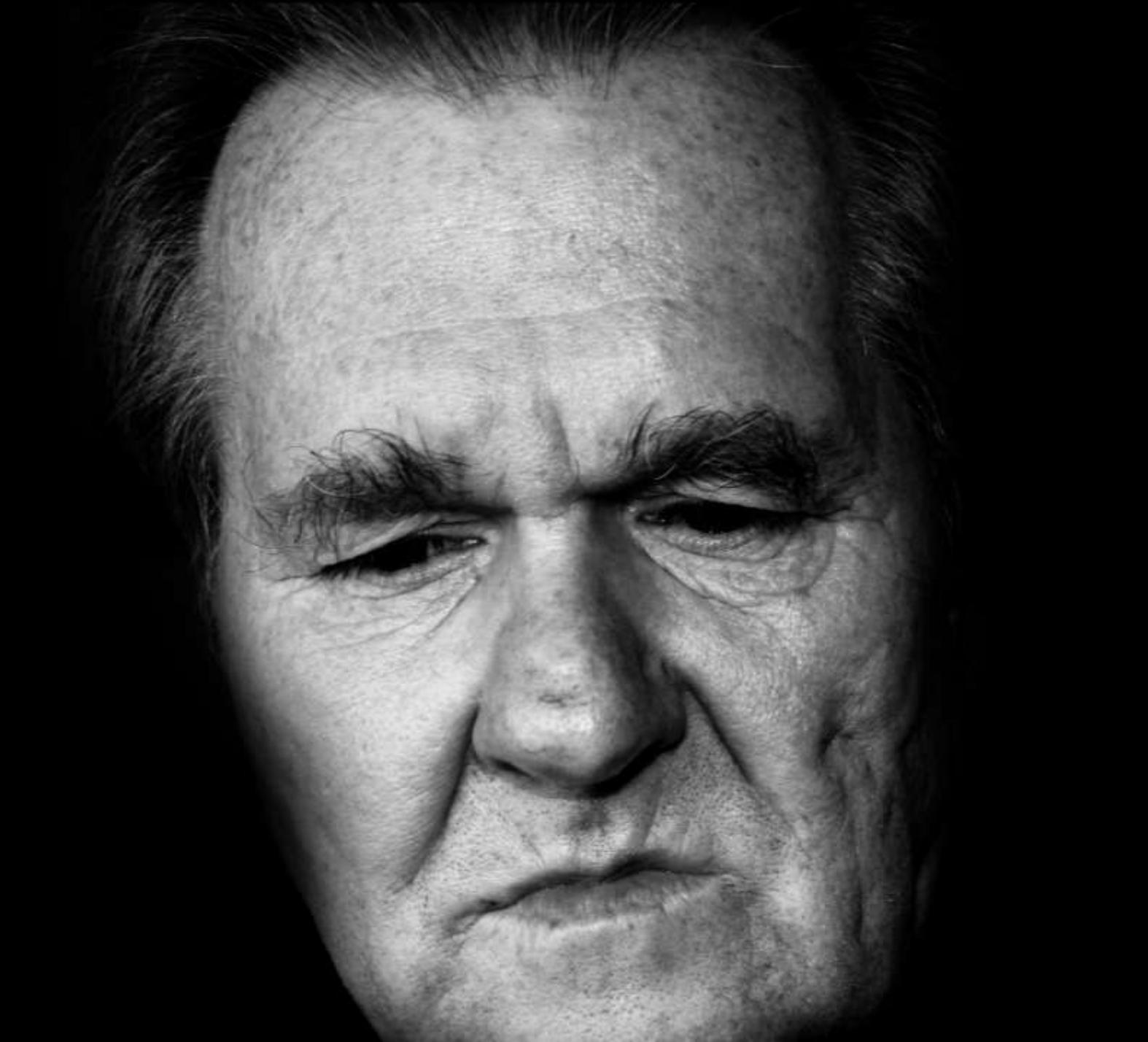
Patient and family education (Lohman et al, 2015)

Depression treatment

- Pharmacological- monitoring of symptoms and medication side effects (Alexopoulos et al, 2009)
- Nonpharmacological-
 - Interpersonal psychotherapy (Heisel et al, 2015)
 - Problem solving therapy (Gustavson et al, 2016; Gellis & Bruce, 2010)
 - Solution-focused brief treatment (Bartsch et al, 2013)

Care and Service Recommendations during COVID

- Collaborative and interdisciplinary care coordination for safety, housing, nutrition, medication, and rapid response to illness
- Telephonic and virtual mental health outreach, assessment, and intervention
- Optimization of technology access and utilization to increase social contact
- Proactive frequent virtual companionship for socialization and caregiver respite
- Utilization of existing and new virtual supports and programs such as Memory Café's, social clubs, library programs, classes, concerts, art galleries, tourism, etc.
- Gerontological workforce development



Interventions for Geriatric Patients at Risk for Suicide

Virna Little, PsyD, LCSW, SAP,
CCM

Language Matters

Choosing Compassionate & Accurate Language



Died of/by Suicide *vs* Committed Suicide

Suicide *vs* Successful Attempt

Suicide Attempt *vs* Unsuccessful Attempt

Describe Behavior *vs* Manipulative/Attention Seeking

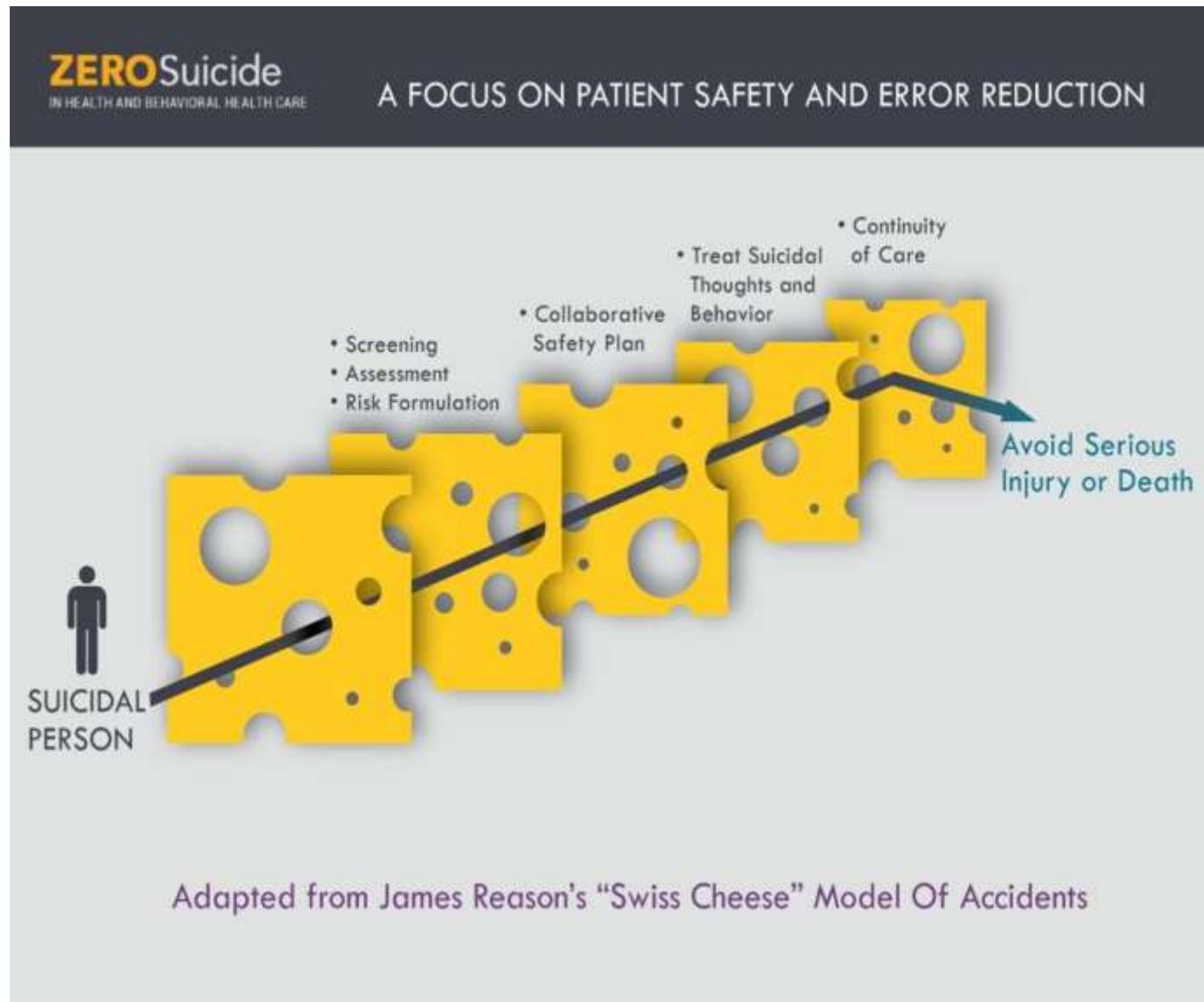
Describe Behavior *vs* Suicidal Gesture/Cry for Help

Diagnosed with *vs* they're Borderline/Schizophrenic

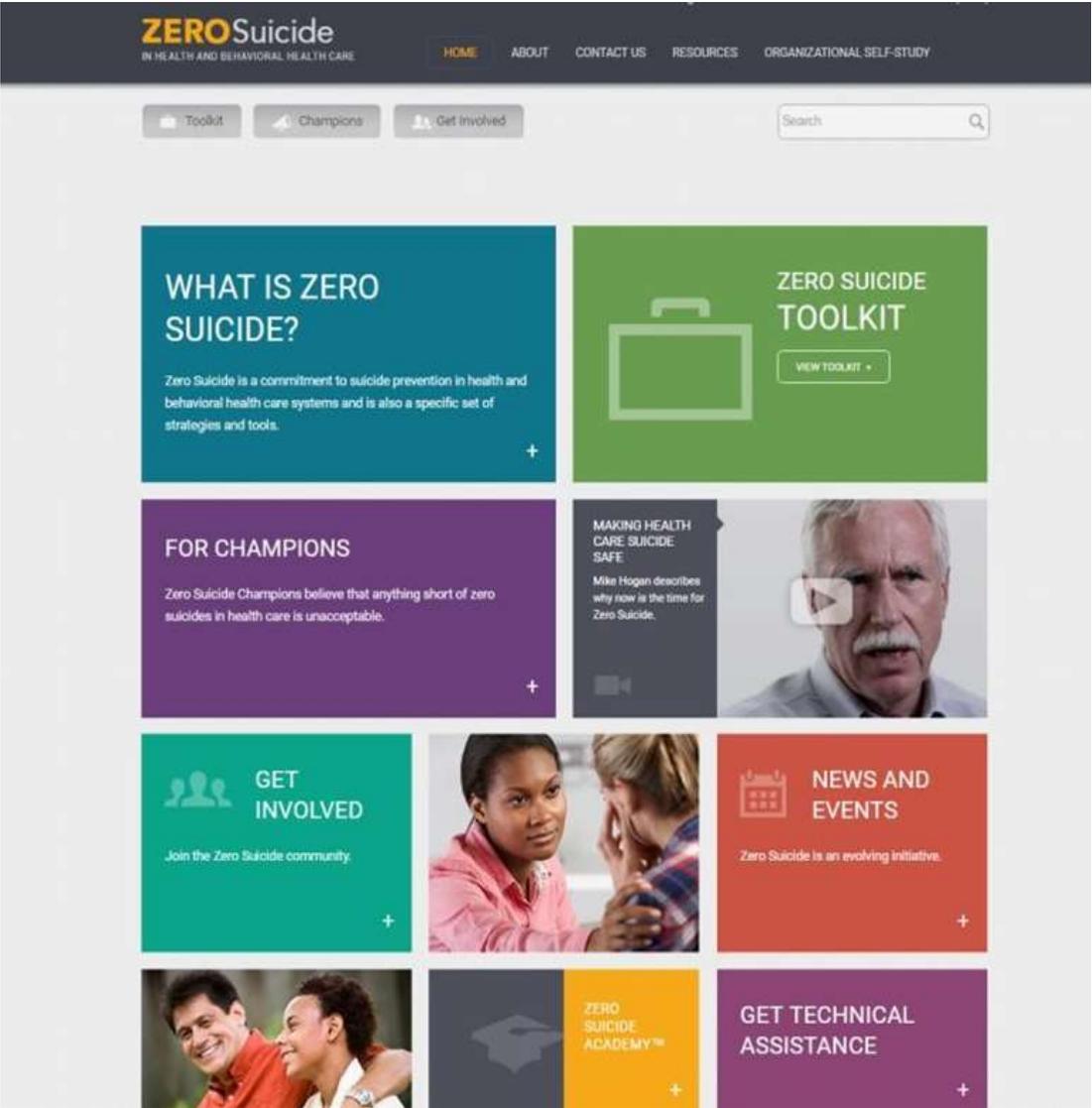
Working with *vs* Dealing with Suicidal Patients



Patient Safety and Error Reduction



Zero Suicide



Access at:

www.zerosuicide.com

Identification

- Many offices are screening for depression
- Ask patients directly (ask what you want to know)
- Social determinants play a role
- Many patients don't have depression
- Substance and alcohol use play a role
- Transitions are a time of risk



The Patient Health Questionnaire (PHQ-9)

The Patient Health Questionnaire (PHQ-9)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals _____ + _____ + _____

Add Totals Together _____

10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult



Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead? Yes No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No
3. In the past week, have you been having thoughts about killing yourself? Yes No
4. Have you ever tried to kill yourself? Yes No
- If yes, how? _____
- _____
- When? _____
- _____

If the patient answers **Yes** to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? Yes No
- If yes, please describe: _____

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary. (Note: Clinical judgment can always override a negative screen).
- If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a **positive screen**. Ask question #5 to assess acuity.
 - "Yes" to question #5 = **acute positive screen** (imminent risk identified)
 - Patient requires a **STAT** safety/full mental health evaluation.
 - Patient **cannot** leave until evaluated for safety.
 - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
 - "No" to question #5 = **non-acute positive screen** (potential risk identified)
 - Patient requires a **brief suicide safety assessment to determine if a full mental health evaluation is needed**. Patient **cannot** leave until evaluated for safety.
 - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741



Script for nursing staff

Say to parent/guardian:

"National safety guidelines recommend that we screen all kids for suicide risk. We ask these questions in private, so I am going to ask you to step out of the room for a few minutes. If we have any concerns about your child's safety, we will let you know."

Once parent steps out, say to patient:

"Now I'm going to ask you a few more questions."
Administer the ASQ and any other questions you want to ask in private (e.g. domestic violence).

If patient screens positive, say to patient:

"I'm so glad you spoke up about this, I'm going to talk to your parent and your medical team. Someone who is trained to talk with kids about suicide is going to come speak with you."

If patient screens positive, say to parent/guardian:

"We have some concerns about your child's safety that we would like to further evaluate. It's really important that he/she spoke up about this. I'm going to talk to your medical team, and someone who is trained to talk with kids about suicide is going to come speak with you and your child."

Response Protocol

Ask questions that are in bold.

Past Month

Ask Questions 1 and 2	Past Month	
	YES	NO
1. Have you wished you were dead or wished you could go to sleep and not wake up?		
2. Have you had any actual thoughts of killing yourself?		
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, go directly to question 6		
3. Have you been thinking about how you may do this? <i>e.g. "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it."</i>		
4. Have you had these thoughts and had some intention of acting on them? <i>as opposed to "I have the thoughts but I definitely will not do anything about them."</i>		
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</i>	Lifetime	
	Past 3 Months	
If YES to question 6, ask: Was this in the past 3 months?		

Schedule follow-up

Address Lethal Means, Safety Planning, Schedule Follow-up

Evaluate Hospitalization, Address Lethal Means, Safety Planning, Schedule Follow-up

Protective Factors

What are reasons you would not die by suicide today ?

Some common protective factors:

Kids

Family/spouse/parents

Pets

Religion

Job



What is Safety Planning?

Safety Planning Intervention consists of a written, prioritized list of coping strategies and sources of support that patients can use to alleviate a suicidal crisis.



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

The Minimum WHAT (to do)

BEFORE THEY LEAVE YOUR OFFICE

- Suicide Prevention Lifeline or Crisis Text Line in their phone
–1-800-273-8255 and text the word “Hello” to 741741
- Address guns in the home and preferred method of suicide
- Give them a caring message (NowMattersNow.org ↗ “More”)



NowMattersNow.org Works

Website visits are associated with decreased intensity of suicidal thoughts and negative emotions.

This includes people whose rated their thoughts as “completely overwhelming”



SuicideIsDifferent.org provides suicide caregivers with interactive tools and support to:



Learn About
Suicide



Process Your
Feelings



Adapt to
Change



Set Safe
Boundaries



Talk About
Suicide

"I'm a suicide caregiver and this is exactly what I didn't know I needed! Thanks for reminding me to take care of myself." - Suicide Is Different User



Safety Plan

NowMattersNow.org Emotional Fire Safety Plan

Select boxes that fit for you. Add your own. Form is based on research and advice from those who have been there. Visit nowmattersnow.org/safety-plan for instructions (coming soon). Do not distribute. ©2018 All Rights Reserved (V 18.05.27)

ON FIRE

Direct advice for overwhelming urges to kill self or use opioids

— **Shut it down** —

Sleep (no overdosing). Can't sleep? Cold shower or face in ice-water (30 seconds and repeat). This is a reset button. It slows everything way down.

— **No Important Decisions** —

Especially deciding to die. Do not panic. Ignore thoughts that you don't care if you die. Stop drugs and alcohol.

— **Make Eye Contact** —

A difficult but powerful pain reliever. Look in their eyes and say "Can you help me get out of my head?" Try video chat. Keep trying until you find someone.

IN A FIRE

Things I Know How To Do for Suicidal Thoughts and Urges to Use (practice outside of crisis situations)

<input type="checkbox"/> Visit NowMattersNow.org (guided strategies)	<input type="checkbox"/> Opposite Action (act exactly opposite to an urge)
<input type="checkbox"/> Paced Breathing (make exhale longer than inhale)	<input type="checkbox"/> Mindfulness (choose what to pay attention to)
<input type="checkbox"/> Call/Text Crisis Line or A-Team Member (see below)	<input type="checkbox"/> Mindfulness of Current Emotion (feel emotions in body)
<input type="checkbox"/> "This makes sense: I'm stressed and/or in pain"	<input type="checkbox"/> "I can manage this pain for this moment"
<input type="checkbox"/> "I want to feel better, not suicide or use opioids"	<input type="checkbox"/> Notice thoughts, but don't get in bed with them
<input type="checkbox"/> Distraction:	<input type="checkbox"/>

Patient Safety Plan

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:
1. _____
2. _____
3. _____
Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):
1. _____
2. _____
3. _____
Step 3: People and social settings that provide distraction:
1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____
Step 4: People whom I can ask for help:
1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____
Step 5: Professionals or agencies I can contact during a crisis:
1. Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
2. Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____ Urgent Care Services Address _____ Urgent Care Services Phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)
Step 6: Making the environment safe:
1. _____
2. _____
<small>Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is registered with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bhs2@columbia.edu or gregbrown@mail.med.upenn.edu.</small>

The one thing that is most important to me and worth living for is:

Safety Planning

- Can the activity happen all times of the day and all times of the year
- Call someone from the patient's team "Sarah and I would like to speak with you, she has listed you on her suicide safety plan."
- Be creative – Walmart!
- How can we keep you safe today ?



Lethal Means Restriction

- Temporary
- Matter of Fact
- Standard Practice
- Safety Approach (Public Health!)
- Preferred method is important to know and note



Lethal Means

- How much medication is in your home? (neighbors, family)
- Medication boxes, family, individual wrapping, “pill packs”
- Gun locks, boxes, family or surrender for holding
- The time to talk to the pharmacy is now



Caring Contact

Henry,

I don't know you well yet, I am glad that you told me a little more about your life. I have lots of hope for you – you've been through a lot. I hope you'll remember that and come back to see us. With care, -Nurse Matt

Caring Messages

Caring Messages

We asked over 1000 people. Here are the top results.
Please use and adapt these any way you like for those you care about.

Dear you. Yes you! Remember that one time you felt connected to the universe. No one can take that away from you. It's yours.

— Ursula Whiteside

You may feel you don't matter but you do and see no future. Yet it is there - please let it evolve because the world needs you and your contribution.

— Kristine Laaninen

When things have been rough, I think of things or touch items that give me a sense of pride, joy, encouragement, or hope. Sometimes memories that remind me I'm okay and things often change quickly. I don't know if that would help for you.

— Duvet DeBrule

Please don't stop fighting. You are being prepared for something far greater than this moment.

— Breanna Laughlin

I was trapped in the Dark Place. Drowning in it. Lost in the fog. Sinking in the quicksand. Unable to get out. Slowly, slowly, slowly, I am. You might be able to too. Just get through today.

— Amy Dietz

I've found this Franklin D. Roosevelt quote helpful. "A smooth sea never made a skilled sailor." We'll be prepared for something bigger.

— Ursula Whiteside

You're a human being, not a human doing. Your worth is intrinsic, and your strength is likely greater than you think it is.

— John Brown

If I could fill the world with more people who feel the world, I would. Understanding suffering is a heavy burden to carry at times for sure - but you are never a burden for feeling it.

— Nina Smith

This is part of a poem from Jane Hirshfield. "The world asks of us only the strength we have and we give it. Then it asks more, and we give it."

— Sara Smucker Barrwell

Things can be completely stark for some of us sometimes. I don't know where you are at today, or if this message can shine through, but I'm here sending you a tiny bit of light - a light beam.

— Ursula Whiteside

Wanting to be rid of pain is the most human of impulses. You are brave to hold that. You are worth so much. Because you exist. And breathe air. Contingent on nothing else.

— Sara Smucker Barrwell

Live. If only, at times, because it is an act of radical defiance.

— Ursula Whiteside

Your story doesn't have to end in this storm. Please stay for the calm after the storm. The possibility a rainbow. Maybe not tomorrow or next week, but you can weather this.

— Breanna Laughlin

I've been there- that place where you'd do anything to stop the pain. It's a dark, suffocating birth canal to a better place. Life changes can suck, but nothing ever changing sucks more.

— Kathleen Bartholomew

This is a favorite line of mine from Desiderata. "You are a child of the universe, no less than the trees and the stars; you have a right to be here."

— Andy Bogart

now
matters
now

QUESTIONS



Q&A

LAST STEPS



Complete Evaluation &
Post-Survey

Further Questions

THANK YOU!



**JOIN US AT OUR NEXT SSC WEBINAR:
COVID-19 & SUICIDE PREVENTION:
UNIQUE CONSIDERATIONS AND THE NEED FOR
INCREASED AWARENESS**

Thursday, November 18: 1-2 p.m. ET

bit.ly/covid19andsuicide