



Late Life Suicide Prevention and Intervention

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Beyond the Basics
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**OLDER
AMERICANS
MONTH**



BLAZE A TRAIL: MAY 2016



Goals

- Increase awareness
- Provide tools
- Build skills
- Increase comfort



Objectives

- Name known risk factors
- Intervene with confidence and sensitivity
- Recognize impact of ageism
- Take action for prevention



Suicidality

- Threats
- Acts of self-harm
- Completed acts of suicide





Examining our attitudes

LEARNING CIRCLE #1



Attitudes Towards Elderly Suicide

- Society more accepting of death and dying with elderly
- Less media attention towards elderly suicides
- Less attention in research and literature

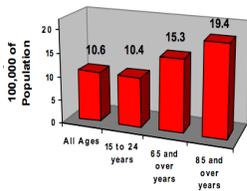
PubMed search of almost 10,000 article, 3.1% were 80+

Conwell, Y., & Duberstein, P. (2011). Suicide in Elders. *Annals NY Academy of Sciences*, 92: 13-47.

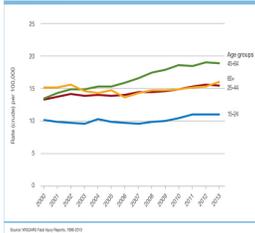


Senior suicides

Suicide Rates of Specific Age Cohorts per 100,000 of population in the year 2000



Suicide Rates by Age, United States, 2000-2013



**EVERY DAY
15 SENIOR CITIZENS
COMMIT SUICIDE**

Depression is the biggest risk factor for suicide in older adults, but it is often not recognized or treated. The fact is, 80% of people suffering from depression can be treated successfully. Talk to your doctor today.

PEACE OF MIND
Talk To Your Doctor

Senior HelpLine (800) 642-5119
www.peaceofmindvermont.com

Vermont Department of Aging & Disabilities & U.S. Administration on Aging

One person every 80 minutes



By the end of this presentation one



older adult will have died by suicide



Nursing Homes Suicides A growing concern

Elderly Man Commits
Murder-Suicide



Resident takes
6-story death



Fear is a terrible adviser

“The fear of nursing homes among elderly Germans is far greater than the fear of terrorism or the fear of losing your job”





Risk factors

<p>In Community</p> <ul style="list-style-type: none"> • Oldest old • Men • Chronic medical illness • Depression • Functional impairment 	<p>In Nursing Homes</p> <ul style="list-style-type: none"> • 60 - 69 year olds • Men • Depression • Cognitive impairment • Physical disability • Recently admitted
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Warning Signs

- Elaborate good byes
- Disengagement
 - Social, personal care
- Worsening symptoms
- Worsening health
 - Stopping treatment





Warning Signs

- Giving away possessions
- Putting affairs in order
- Lifting of mood
- Direct or indirect threat





LEARNING CIRCLE #2



John

- Gender
- Age
 - high risk group for community dwellers
- Chronic medical condition
 - high blood pressure
- Functional impairment
 - instrumental activities of daily living
 - decreased mobility
- Depression (?)



Framework

- Clinical depression is
 - NOT a normal part of aging
 - medical disorder
 - chronic condition
 - public health issue
 - worldwide disability
 - preventable
 - treatable
 - common





Clinical depression

- ↑ use of medical services
- ↑ morbidity from medical illness
 - Longer hospitalizations
 - Slower recovery
 - Poor control diabetes
- ↑ pain



Clinical Depression

- Interferes with problem-solving
- Colors life darkly
- Robs life of pleasure
- Prevents an attitude of hope





What you'll hear...

"I cry all the time. For no reason"

"I just can't stop feeling sad"

"I don't enjoy things like I used to. Not even my grandchildren"





Talking with someone who is depressed

- Convey hope
"I know you feel this way now, but you will not always"
- Avoid false cheer



Thoughts of suicide

- "I wish I were dead"
- "I pray every night for God to take me"
- "I'd be better off dead"
- Every statement worthy of follow-up





Everyone's role

When to take a threat seriously?

ALWAYS



Assessment

- ASK!
– You cannot prevent a suicide if you don't ask



Follow-up questions

- Is the person thinking of taking his or her life?
- How likely is he or she to act on those thoughts?



Common barriers

- The person might get angry
- I don't know what to say
- I don't know what to do



Threat of self-harm

- Assess the risk
- Communicate risk
- Assist person in accessing supports
- Discuss with supervisor
- If risk imminent, notify appropriate parties



Key concepts

- People who threaten to kill themselves DO
- Asking about suicide does not put the idea in someone's head
- Thoughts of suicide are a SYMPTOM as well as an expression of CHOICE



The decision to kill one's self
is too important
to make when
one is depressed



PAIRED CONVERSATION



Prevention

- **Whole Population Approach (Universal):**
 - Activities and programs that benefit emotional well-being
- **At-Risk Approach (Selective):**
 - Strategies ensuring staff properly identify and effectively treat
- **Individual Approach (Indicated):**
 - Procedures for appropriate responses to suicide deaths and attempts



Know resources





Universal Strategies

- Primary care health professional training
- Gatekeeper training
- Psychiatric consultation for primary care MD's
- Means restriction/education
- Guideline based depression care



What You Can DO

For your constituents

- Sponsor a suicide prevention awareness training
- Educate yourself – websites, statewide conference
- Promote depression screening
- Know community referral sources



What you can DO

- Enhance protective factors
- Check out volunteering (Interfaith Volunteers)
- Check out Meals on Wheels
- Ask them about faith practices
- Access wellness planning



Selective strategies

- Advocacy
 - Depression screening policy
 - Mental health access
 - Suicide risk protocols



For at risk individuals

- Ask the Question
- Listen actively
- Persuade them to seek help
- Involve others
- Accompany them to help
- Make a Referral



Have hope

- *"Hope is a condition of the spirit; it's a condition of the mind. It is not the belief that things will turn out well, but that they will make sense regardless of how they turn out."*

Disturbing the Peace
Vaclav Havel



Summary

- Elderly suicide is not part of the natural course of aging
- Elderly suicide is very often the result of untreated depression
- Elderly depression needs to be recognized and treated
- All patients expressing a wish to die should be carefully screened for depression and cognitive impairment
- Elderly Suicide is Preventable



Thanks for coming

Please stay in touch

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