



Late Life Suicide Prevention and Intervention

Susan Wehry, M.D., Geriatric Psychiatrist

Beyond the Basics
May 6, 2016 Bangor, Maine

**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+

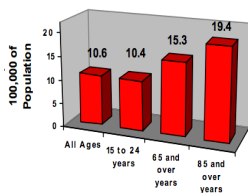
Conwell, Y., & Duberstein, P. (2001). Suicide in Elders. *Annals NY Academy of Sciences*, 932: 138-47.

7

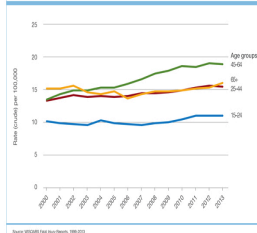


Senior suicides

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

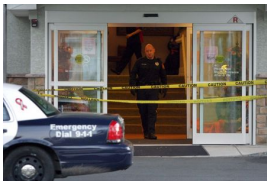


older adult will have died by suicide



Nursing Homes Suicides A growing concern

Elderly Man Commits
Murder-Suicide

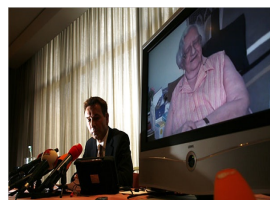



Resident takes
6-story death



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


In Community	In Nursing Homes
• Oldest old	• 60 - 69 year olds
• Men	• Men
• Chronic medical illness	• Depression
• Depression	• Cognitive impairment
	• Physical disability
• Functional impairment	• Recently admitted



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



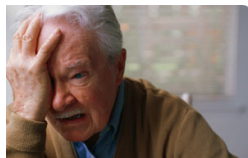


What you'll hear...

"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

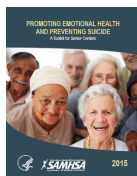


Prevention

- **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

@beingwithaging
susanwehrymd.com
swehrymd@mac.com
