SUICIDE PREVENTION AND THE ELDERLY: WHAT WE NEED TO KNOW – SONOMA COUNTY COMMUNITY FORUM

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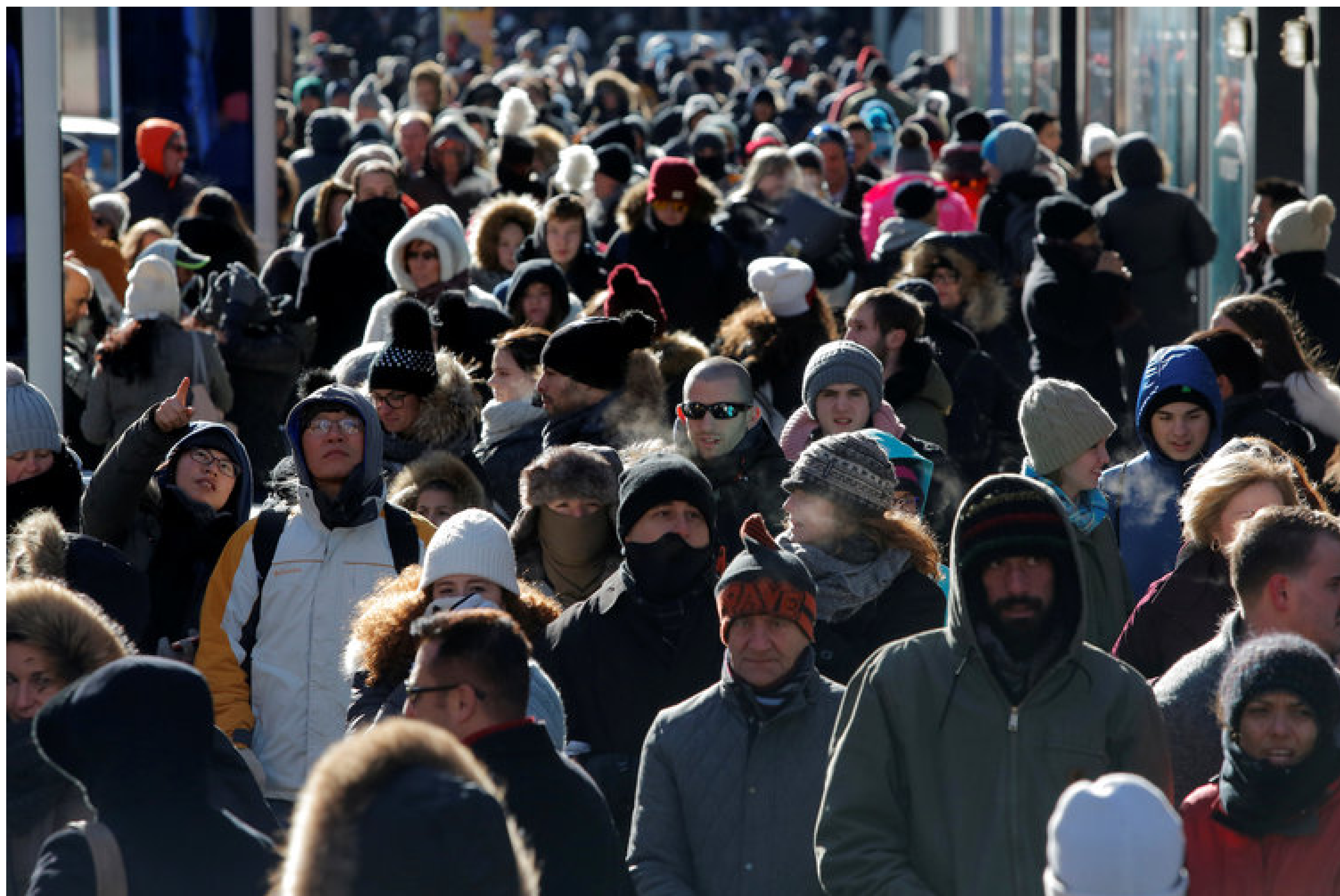
We Are All Affected By Suicide Death



Center for Elderly Suicide Prevention's "Friendship Line" **800.971.0016**

24-Hour **Accredited** Crisis Intervention Telephone Hotline/Warmline, began service in 1973:

- **Call-In Service** – Confidential telephone discussions for people 60+ (their caregivers or younger disabled) who may be lonely, isolated, bereaved, depressed, anxious and/or thinking about death or suicide
- A caller does not need to be in a suicidal crisis to use the call-in service
- **Questions?** Mia Grigg, Friendship Line Director Mgrigg@iaoging.org 415.750.4138
- Patrick Arbore, Founder & Director, CESP – parbore@ioaging.org or 415.750.4133

Friendship Line

- **Call-Out Service** – Friendship Line Staff or Trained Volunteers will make phone calls to older adults in **partnering counties** for emotional support – Referrals can be arranged by calling IOA Connect **415.750.4111**
- **Grief Services** – **Saturday** Morning Drop-In Traumatic Loss Group – 10:30 a.m. – Noon; 8-week Traumatic Loss Grief Group and 8-week Advanced Traumatic Loss Grief Group – Contact IOA Connect for more Information: 415.750.4111

Suicide Deaths in Sonoma County 2017

According to the California Department of Public Health Vital Statistics

- Total # of deaths by self-inflicted/suicide for all ages/races = **70** in Sonoma County 2017
- Male deaths by suicide = 53
- Female deaths by suicide = 17
- Approximately 22% of the 70 individuals who died by suicide were 45 years of age and older
- 45-64 = 12 total men and women
- 65-85+ = 4 total men and women

Suicide Prevention Resources

- North Bay Suicide Prevention Hotline: **(855) 587-6373**
- National Suicide Prevention Lifeline: **(800) 273-TALK** (8255)
  Spanish language counselors: **(888) 628-9454**
- Mental Health Emergency Hotline 24-hour: **(800) 746-8181**

SUICIDE DEATHS ARE INCREASING

The Rise in the Suicide Rate

- The rate of suicide had been falling from 1979 to 2000. During the next 11 years, the suicide rate rose and continues to rise – there was a noticeable increase, post 2007, during the Great Recession
- ---DeFina & Hannon (2015)
- Suicide rates are continuing to increase since the date of DeFina's study

Suicide Deaths in the United States are Increasing

- In 2000, the total number of suicide deaths was 29,350
- In 2011, the total number suicide deaths was 39,518
- In 2013, the total number of suicide deaths was 41,149
- In 2016, the total number of suicide deaths was 44,965
- In 2017, the Total # of suicide deaths **47,173**

Suicide Death in the U.S. 2017 Official Final Data – American Association of Suicidology

- Suicide rate for the nation – 14.5 per 100,000 population – 47,173 actual number
- Suicide rate for young persons – 14.5 per 100,000 population (15-24) – 6,252 actual #
- **Suicide rate for older adults – 16.8 per 100,000 (65+) or 8,568 actual number**
- Suicide rate for middle age (45-64) – 19.6 per 100,000 or 16,543 actual number
- Suicide is 10th leading cause of death; homicide is 16th leading cause of death

SUICIDE: CALIFORNIA 2017 FACTS & FIGURES

- On average, one person dies by suicide every two hours in the state
- Suicide death cost California a total of $4,246,494,000 of combined lifetime medical and work loss cost in 2010, or an average of $1,085,227 per suicide death
- More than twice as many people die by suicide in California annually than from homicide
- Suicide is the 11th leading cause of death overall in California

According to Jimenez et al (2013) The Journal of the American Geriatrics Society

- Disparities in mental health service use by racial/ethnic minority groups are well-documented
- In combination with the findings that racial/ethnic minorities tend to receive less overall mental health care, less outpatient mental health care, and are less likely to visit mental health specialists suggest that older racial/ethnic minority adults may not be receiving needed mental health services.
- Rates of treatment initiation and adequacy indicate that the majority of older adults, regardless of race/ethnicity, are not receiving needed mental health care.

Ethnicity and Suicide

- Unfortunately, most suicide intervention and prevention programs are based upon known risk factors for Caucasians due to their higher rate of suicide in the past
- However, researchers are now beginning to investigate potential risk factors that may be unique to other ethnic groups
- Research has also found an association between sexual orientation and suicidality -- suicidal thoughts and attempts are higher among gay and bisexual males than their heterosexual counterparts, especially during adolescence

LGBTQ Population (Haas, et al 2013)

- Despite strong indications of elevated risk of suicidal behavior in lesbian, gay, bisexual, and transgender people, limited attention has been given to research, interventions or suicide prevention programs targeting these populations
- Because death records do not routinely include the deceased person's sexual orientation, there is no official or generally reliable way to determine rates of completed suicide in LGB people
- Studies in the United States and abroad provide strong evidence of elevated rates of reported suicide attempts among LGB individuals

American Foundation for Suicide Prevention

- There's no single cause for suicide
- Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair
- Depression is the most common condition associated with suicide -- it is often undiagnosed or untreated
- Conditions like depression, anxiety and substance problems -- especially when unaddressed -- increase risk for suicide.

Warning Signs

- A person may be suicidal when there is any change in behavior or the presence of entirely new behaviors
- This is of the greatest concern if the new or changed behavior is related to a painful event, loss, or change
- Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.

Warning Signs -- Behavior

- Increased use of alcohol or drugs
- Looking for a way to end their lives, such as searching online for methods
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye

Warning Signs – Sleep Behavior

- A key indicator of acute suicide risk occurs when a person cannot get to sleep, cannot stay asleep, and experiences sleep deprivation over several days

Warning Signs – Environmental/Historical Factors

- Access to lethal means including firearms and drugs
- Prolonged stress, such as harassment, bullying, relationship problems or unemployment
- Stressful life events, like rejection, divorce, financial crisis, other life transitions or loss
- Social and psychological disconnectedness (family discord; social isolation; loneliness; bereavement)

Warning Signs – Environmental/Historical Factors

- Exposure to another person’s suicide, or to graphic or sensationalized accounts of suicide
- Previous suicide attempts
- Family history of suicide
- Childhood abuse, neglect or trauma

Physical Health Conditions

- Serious physical health conditions including pain
- Traumatic brain injury
- Negative prognosis
- Cognitive Impairment/Dementia

RECOGNIZING OUR EMOTIONAL REACTIONS TO SUICIDALITY

Recognizing Our Reluctance to Engage in Discussions about Suicidal Ideation

- Failure to see the signs of suicidal ideation
- Deny the meaning of these signs
- Minimize these communications as “not serious”
- This may be due to our lack of knowledge and/or our basic fear about this topic
- Our failure to respond effectively by the suicidal individual may be seen as proof that we don’t care about the person

Talking About Suicide is Difficult

- Our difficulty to talk about one of the leading causes of death in this country is no accident
- It is a direct result of taboo, stigma, fear, and ignorance
- **Imagine that you are contemplating suicide as a result of financial worries, health problems, loneliness, loss, stress, etc.**
- **How would you begin to communicate with someone about your feelings of despair?**

Talking About Suicide

- People who are ideating suicide often use **indirect language** – "I am a burden to everyone." "You will be better off without me." "What's the point to it all?"
- Common **unhelpful** responses by the helper are: "You've got a lot to live for." "Why would you want to do that!" "I don't think you want to think about this today." "I think you are just seeking attention."
- The most often used response is **silence**

WHAT WE CAN DO

Asking about Suicide

Less direct approach:

- Have you been unhappy lately?
- Have you been very unhappy?
- Have you been so unhappy that you wish you were dead?

More direct approach:

- Have you ever wanted to stop living?
- Are you thinking about killing yourself?
- Are you thinking about suicide?

Encouraging the Person to Seek Help

- All we want to accomplish is for the person to agree to get some help
- If they resist or decline help and are at imminent risk of suicide, you must call 911 for help.
- Studies suggest that the majority of people who took their own lives suffered from a treatable mental illness

Intervening

- You can ask directly about suicidal thoughts
- You can listen actively to the person
- You can provide non judgmental support
- You can contact your local police station to have firearms and other lethal means removed from the home with the person's permission
- You can give a list of resources for help and support
- You can help them to get professional help.

Preventing Suicide Continued

- The social ecological model—encompassing multiple levels of focus from the individual, relationship, community, and societal—is a useful framework for viewing and understanding suicide risk and protective factors identified in the literature
- Risk and protective factors for suicide exist at each level

Depression & Suicide

- **Depression, substance abuse, and social isolation** are the three of the most important risk factors for older adult suicide
- Older adults have a high risk of suicide – Men 85+ are 15 times more likely to die by suicide than women of the same age

What We Can Do

- Connect with people -- Telephone contact
- Connections are paramount to caring for people who are lonely – assist them with keeping contact with people who are important to them
- Be as present as possible with people who are lonely
- Empathize with people's losses and suffering

Can We Prevent Suicide?

- Given the complexity of identifying and managing suicide risk, a combination of interventions on several levels will be required in order to implement an efficacious, comprehensive prevention program

According to Shneidman

"I believe that the rule for saving a life in balance can, amazingly enough, be rather simply put: Reduce the inner pain. When that is done, then the inner-felt necessity to commit suicide becomes redefined, the mental pressure is lowered, and the person can choose to live." p 201 Comprehending Suicide

The Aftermath of Death by Suicide (Cerel)

- For each death by suicide 147 people are *exposed* (6.6 million annually)
- Among those, more than 6 experience a major life disruption *(loss survivors)*
- *If each suicide has devastating effects and intimately affects > 6 other people, there are* ***over 283,000 loss survivors a year***
- The number of *survivors of suicide loss* in the U.S. is more than 5.2 million (1 of every 62 Americans in 2017); number grew by more than 283,038 in 2017

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