



Late-Life Suicide: The Role of Healthcare Professionals

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Purpose

- The purpose of this course is to provide an overview of late-life suicide and how healthcare professionals can intervene or prevent attempts and completions.

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Description

- This 2-hour continuing education course identifies risk factors associated with suicidal attempts, and prevention strategies that may reduce risk of late-life suicide.

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- The course also reviews what healthcare professionals who work closely with older clients can do to reduce suicide attempts and completions and enhance their client's quality of life.

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Learning Objectives

1. Identify risk factors for late-life suicide
2. List and describe prevention strategies that reduce risk of late-life suicide
3. Review what healthcare professionals can do to reduce risk of suicide and increase quality of life.

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Introduction

- Within the past decade or so, there has been an increase in deaths by suicide among older adults
- Depression and suicide are major public health concerns

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- Depression and debilitating health conditions have been identified as significant contributors to suicide risk among older adults
- Healthcare professionals can identify these and other factors early

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- In doing so, older adults with depression and suicidal thoughts or behaviors can receive much needed treatment and services in hopes to prevent actual suicide from taking place

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- On a positive note, later life can be viewed as a time of great well-being, accomplishment, meaning in life and purpose
- Older adults also have the ability to control their emotions more than younger people

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- Despite this, the highest incidence for suicide occurs after the age of 70 for both men and women
- Women attempt suicide more than men and men experience more suicides than women

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Learning Objective 1

Identify risk factors for late-life suicide

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- It is believed that suicide in later-life is not only a serious problem now, but that it will only increase with the aging of baby boomers in the United States
- It's important to be aware of the many risk factors associated with suicide in later life

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Risk Factors

- There appears to be a fairly consistent set of risk factors for suicidal ideation and attempts
- Clinicians, mental health professionals and others should be vigilant for the following:

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- Depression
- Physical illness
- Pain
- Functional impairment
- Social disconnectedness

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- Psychological autopsy studies reveal many causes of death among older adults who committed suicide
- They include the following:

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- Psychiatric illness
- Social isolation from family, friends, and the community
- Serotonergic dysregulation
- Negative life events

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Psychiatric Illness

- Studies reveal that some psychiatric illness is present in 85% to 90% of older adults who died by suicide
- Major depressive disorder is the most common and presents a high risk

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- Major depressive disorder has been found in 54% to 87% of older adults who completed suicide
- Recent discharge of inpatient hospitalization has been associated with some suicides

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- History of suicide and a strong intent to die are also associated with completed suicide
- Two-thirds of those seen by their primary physician within the past month complete suicide

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- How can this be?
- The physician doesn't address signs or symptoms that could be indicative of suicidal thoughts or plans
- Some may wish to end their life after a dementia diagnosis

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- The use of prescription sedative and hypnotic medications is associated with late-life suicide, independent of the condition they are taken for

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Social Disconnectedness

- This is heavily associated with suicide
- It includes living alone, loss of a spouse or partner, loneliness, interpersonal discord, and lack of social support

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- Being unmarried and living alone are risk factors for nonlethal suicidal attempts among older adults 70 and older

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Physical Illness and Pain

- Cancer
- HIV/AIDS
- Epilepsy
- Huntington's disease
- Multiple sclerosis

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- These conditions place older adults 1.5 to 4 times higher compared to adults without such conditions
- Risk of suicide increases with the number of health problems and diagnosed illnesses

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- One study found that respiratory and vascular problems were common among older adults who attempted suicide
- For older men, pain may be a greater risk factor for suicide

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Functional Impairment

- Older adults who had attempted or completed suicide were more functionally impaired
- Deficits in independent activities of daily living pose a greater risk

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- Other risk factors include hospitalization for surgical reasons, use of visiting nurse or home health aide services
- Functional impairment is associated with feeling like a burden, lacking autonomy, and personal control

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- The presence of perceived autonomy seems to protect against the development of suicidal thoughts in the presence of functional impairments

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Other Risk Factors

- Previous and current traumatic experiences
- Cognitive impairment
- Living in rural areas
- Disclosure of suicidal intent

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- Presence of firearms
- Refusing nursing homes
- Neurocognitive impairment (executive functioning, problem-solving and impaired control of intrusive thoughts)

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- Escape/punishment motives
- Experiences of defeat
- Perceived stress
- Ambivalence about living

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Co-Occurring Psychiatric Conditions

- Major depressive disorder
- Anxiety
- PTSD
- Schizophrenia
- Substance use

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Learning Objective 2

List and describe prevention strategies that reduce risk of late-life suicide

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- Healthcare professionals are in a unique position to see their clients regularly, note changes between visits, get to know them very well and monitor for signs and symptoms of suicidal thoughts or intents

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Increasing Connectedness

- One reason for suicide is feeling disconnected, so this is a common-sense approach
- Engaging adults in health education, volunteering and peer support activities

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- Being socially connected may reduce feelings of loneliness and depression and enhance feelings of self-worth, purpose, and general well-being
- Encouraging time with friends, family and strong social relationships may benefit the older adult

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Crisis Intervention

- Ensure safety
- May involve hospitalization or day treatment
- Antidepressant medications
- Communication with family

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- Appoint a care manager
- Engage counseling or support groups
- Assistance with financial stressors
- Increasing social involvement
- Regular check-ins

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Psychopharmacology and Medications for Physical Illness

- Monitor use of antidepressants, anti-anxiety medications, and antipsychotic drugs
- Monitor use of pain medications

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Virtual Mental Health and Substance Use Treatment

- This can be successfully used to increase access to care and may be especially beneficial to older adults with transportation issues

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Addressing Disability and Functional Limitations

- Comprehensive, geriatric medical care is a must
- Frailty may be a special problem to address

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Recognize & Refer

- Healthcare professionals have the unique ability to recognize physical and/or mental health problems and refer clients to appropriate services, treatments and care

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Communicate & Educate

- Communication and education about mental health and other issues can help older adults and family members better understand their situation and what can be done to help

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Focus on Prevention

- Work with the older adult and family to recognize warning signs and triggers that may lead to suicidal thinking or attempts

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Reduce Risk Factors

- Help the older adult become more self-aware of their thoughts, feelings and other factors that can help manage symptoms and reduce risk factors in their life

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Train & Educate the Gatekeeper

- If there is someone in the adult's life that can be a lifeline, make sure they understand the diagnosis, risk factors, signs and symptoms and effective ways to help the person through difficult times

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Restrict Access to Lethal Means

- Talk about removing firearms, old prescriptions, poisons and other means of attempting or completing suicide
- This may be a touchy subject for the client but an important one

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Learning Objective 3

Review what healthcare professionals can do to reduce risk of suicide and increase quality of life.

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The Therapeutic Alliance

- This is one major goal and a best practice for healthcare professionals
- It is composed of an emotional bond between client and professional

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- It involves a shared sense of an ongoing partnership and an agreement on treatment modalities and goals
- Most experts agree that 30% of improvement seen in clients is due to the therapeutic relationship itself

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- Important aspects of the therapeutic alliance include professional skills, personal characteristics and responses that are described as respectful, genuine, empathetic, trusting, and culturally sensitive

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Engagement Skills

- These are the building blocks of the therapeutic alliance and involve engaging clients through empowering speech, proactive response, active listening and eliciting the client's views

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- Good engagement skills also involves meeting the client where he or she is and trying to understand their perspective
- This will be helpful in solving problems, navigating multiple systems and meeting treatment goals

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Individual Therapy

- Talking through struggles
- Learning to solve problems and cope better
- Share private information with a non-judgmental and trusting therapist

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Group Therapy

- Participants are educated about depression and suicide, what they might expect and how to best help
- There is also a strong focus on self-care, coping with symptoms, stressors and maintaining healthy relationships

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Some Clinical Strategies

- Because people who think about suicide may have difficulty engaging in and adhering to outpatient treatments, they may drop out prematurely or very soon after initiating care

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- It is vital for the healthcare professionals to keep the client engaged and motivated to continue treatment
- Remember, the client may feel judged, blamed or ashamed
- Some will distrust the professional

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- All of these feelings and many more can have a negative influence on the therapeutic relationship
- Following are some key clinical strategies to counter negativity and keep the client as engaged as possible

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Create a Safe Space for the Client to Disclose Suicidal Thoughts

- Be accepting and non-judgmental
- “Help me to understand what brought you to the point where suicide is the only option”

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Be Transparent and Neutral

- Be reassuring and honest
- Let the client know they are safe and you are being as open and transparent as you can be, and they are invited to do the same

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Be Careful About the Number of Types of Questions Asked During a Session

- Although you will have to ask some tough questions, like ideation, a plan and intent, ask in non-interrogation-like ways

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- If the client keeps talking, don't interrupt, let them talk
- Encourage a natural, flowing conversation when possible

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Point Out that Alternatives to Suicide are a Reality

- This may be difficult for the client to digest at the moment, but it's important to instill hope and be confident that solutions exist and are possible with some work

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Make Treatment Client-Centered

- Personalize your approach as much as possible to meet the client where he or she is
- Elicit their goals for treatment
- Personalize why treatment is important

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Focus on Protective Factors

- Strong therapeutic relationship
- Sense of responsibility to one's family
- Effective mental health care
- Connectedness to others

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- Work on problem-solving skills and coping mechanisms
- Strengthen one's faith or spirituality
- Talk about life satisfaction and quality of living

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Address a Safety Plan

- It's important to first establish if the client needs a safety plan
- This plan is a prioritized written list of various coping strategies and support sources the client can turn to when thinking about suicide

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- The safety plan can be used before or during a crisis
- The plan is brief and written in the client's own words
- Any client having a suicidal crisis should have a plan

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- The safety plan is a clinical process that takes careful active listening, empathy, and engagement with client
- There are 6 steps in implementing a safety plan

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1. Warning signs
2. Internal coping strategies
3. Social contacts who may distract from the crisis
4. Family members or friends who may offer help

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5. Professionals and agencies to contact for help
6. Making the environment safe

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1. Warning Signs

- List various thoughts, images and thought processes, mood and behaviors in the client's words

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2. Internal Coping Strategies

- “If you become suicidal, what can you do to stop?”
- Use a collaborative, problem-solving approach to examine road blocks and alternative coping strategies

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3. Social Contacts Who May Distract From the Crisis

- “What social setting can be best to take your mind off of your problems for a while?”
- The goal is to distract from suicidal thinking

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4. Family Members or Friends Who May Offer Help

- “Who can you reach out to talk to when you're under stress?”
- List several people, assess if client will reach out; role play

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5. Professionals and Agencies to Contact for Help

- “Who are your mental health providers to reach out to?”
- List names, numbers and locations, assess if client will reach out and role play

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6. Making the Environment Safe

- “If you were to attempt suicide, by which means would you use?”
- Work on ways to eliminate means
- Firearms, poisons, etc.

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Documenting Suicide Risk

- It is crucial to document all aspects of your risk assessment and rationale behind your decision-making
- Document the safety plan created by you, the client and any other mental or medical health professionals

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- Increase face-to-face and phone contact to assess whether or not the client needs additional care or hospitalization
- Follow up is crucial to prevention

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Teach Mental Health First Aid to People in the Client's Life

- This is a form of first support when the client is experiencing a crisis
- It is only a temporary solution until mental health professionals arrive

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- Offer kindness throughout the crisis
- Be patient and engage in active listening
- Encourage psychological treatment
- You can be trained in MHFA by going to MentalHealthFirstAid.org

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- You should not perform this when the client, you or others are in eminent danger, but should call 911 immediately

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Final Thoughts

- Suicide in later life is a tragedy that affects far too many older adults in the United States and around the world
- Later life can be a time of great well-being and quality of life

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- When health and mental health care professionals recognize the signs and symptoms, implement the appropriate treatments and care, and enhance the client's social connectedness, they stand a greater chance of living well into old age

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