



NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS

CLINICAL WEBINARS

FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

Suicide and the Older Adult

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Presented by



1 CE Credit, Instructional Level: Intermediate

1 Contact Hour (New York Board of Psychology)

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Dr. Joy Nadler Frankel is a Regional Director at CHE Behavioral Health Services, a clinical organization that provides both psychology and psychiatry services in multiple settings including CHE's Outpatient Telehealth Services Clinic and in skilled nursing facilities and other long-term care settings. She also manages CHE's postdoctoral program, is actively creating a robust CEU program for the company and assists with a program to transition continuity of care from the skilled nursing setting post-discharge into the community. Dr. Frankel has worked through the lifespan from early intervention to end of life care, but specializes in clinical geropsychology and women's issues, both within CHE and in her private practice.

Disclosures/Conflicts of Interest

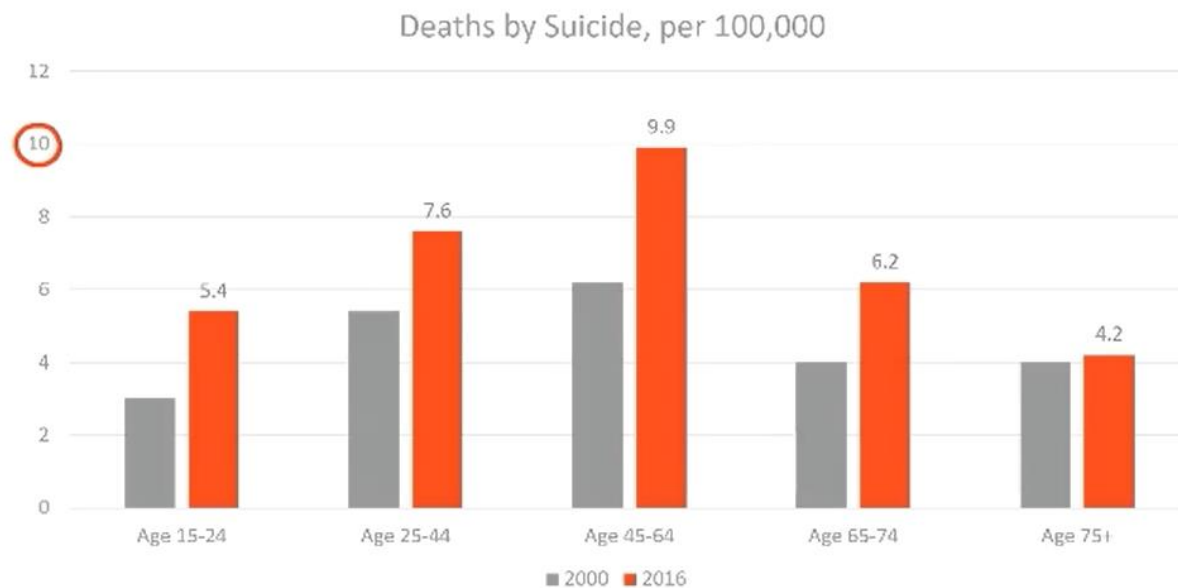
- I am a Regional Director for CHE Behavioral Health Services, which is collaborating on today's webinar.

Learning Objectives

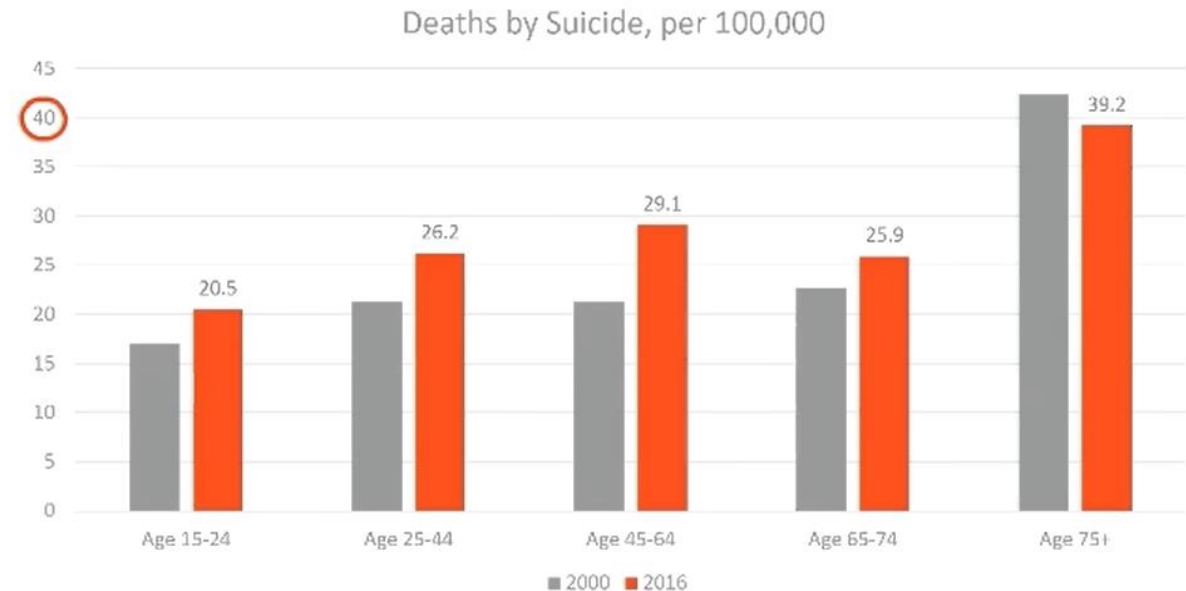
- 1) Describe the scope of suicide in older adults.
- 2) Identify both risk and resiliency factors in the geriatric population.
- 3) List strategies for suicide assessment and prevention in the elderly population.
- 4) Describe strategies to promote emotional health among older adults.

Prevalence of Suicide in Older Adults

Females 2000 v. 2016



Males 2000 v. 2016



Myths vs. Reality



- Depression is a normal part of aging.
- Depression is painful and makes it impossible to go on.
- Asking about suicide will put the suicidal thoughts into their heads.
- Older people do not want to learn about these issues.

The Relationship Between Cognitive Impairment and Suicide

- The timing of the diagnosis is key to the increased odds of suicide attempts.
- Suicide attempts spike soon after receipt of a diagnosis of Dementia
 - anticipate cognitive and functional decline
 - fear loss of autonomy
 - worry about becoming a burden to their family
- People in the early stages of mental decline are more capable to both plan and carry out a suicide attempt
- Late stage dementia could protect against suicidal ideation and suicide attempts.

Long Term Care (LTC) Settings and Suicide

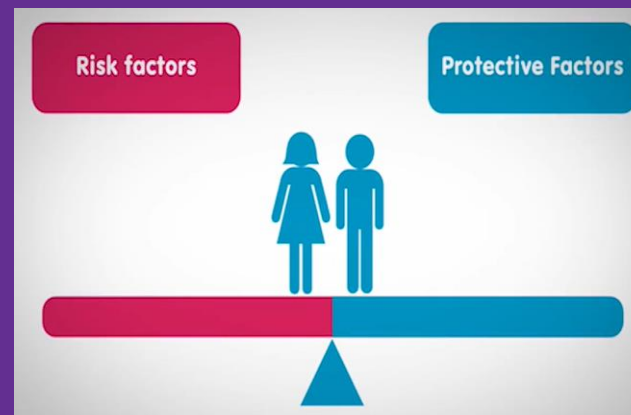
- Limited information is available regarding the prevalence of suicide in Skilled Nursing Facilities.
- A study in Finland by Osgood (1992) examined suicides among older adults in a nursing home
 - Little difference in risk factors between community and LTC, except at time of transition into residence
 - Prevalence of suicidal thoughts was highest in the first seven months of entering a LTC
 - Many LTC facilities would benefit from additional training regarding the difference between death ideation and active ideation/intent
- There is a need to develop resources and prevention efforts for increase future residents of nursing homes (such as members of the baby boomer generation)
 - SAMHSA tool kit (link to download in resources slide)

Risk Factors

- Mental health disorders, particularly depression and bipolar
- Physical illness, disability, severe chronic pain
- Stressful events/critical transitions and losses

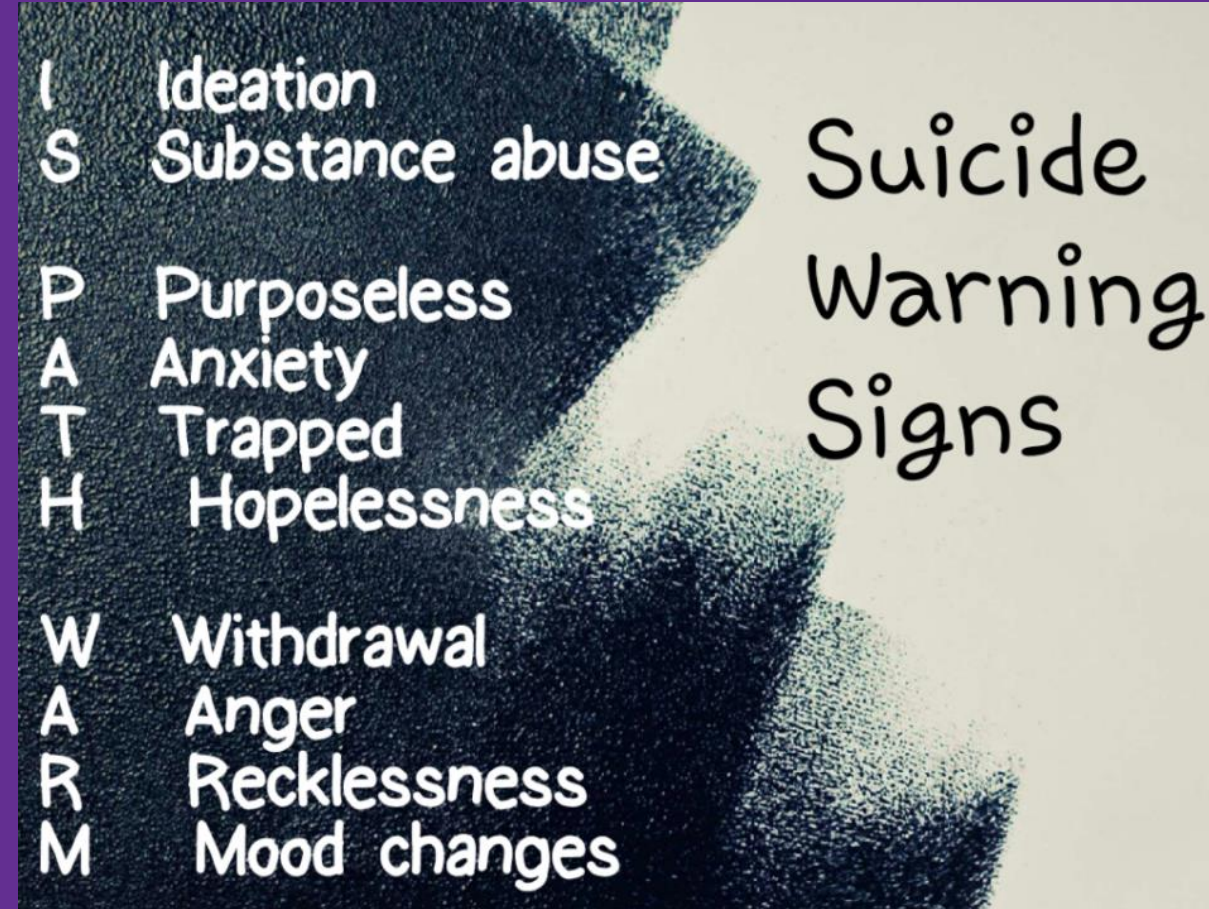
Protective Factors

- Access to behavioral/mental health and health care
- Social connectedness
 - Supportive and caring family and friends
 - Participation in community activities
- Personal characteristics and skills
 - Internal locus of control
 - A sense of purpose or meaning
 - Cultural or religious beliefs that discourage suicide
 - Optimism



Warning Signs

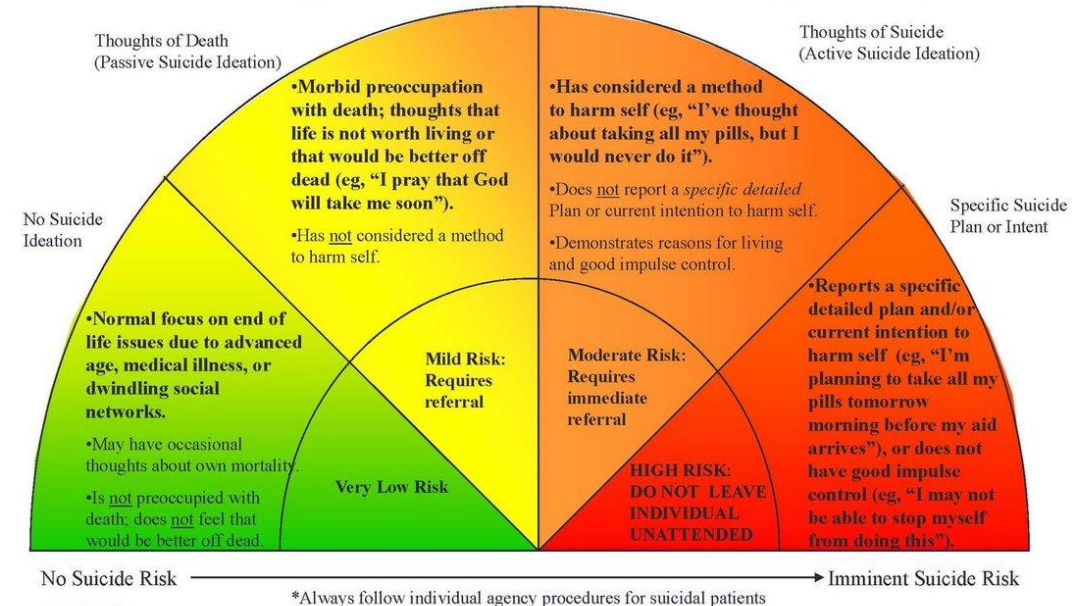
- **IS PATH WARM?**
- Loss of interest in activities typically enjoyed
- Reduction in self care
- Noncompliance with treatment
- Withdrawal from social activities
- Lack of concern for personal safety
- Giving things away
- Rushing to revise a will
- Increased use of alcohol or drugs
- Altering sleep habits
- Making “goodbye” comments:
 - This is the last time you will see me,
 - You don’t need to come back for a session next week
 - No need to schedule my follow up PCP appointment.
 - Soon you won’t have to worry about me.
 - It’s been nice knowing you.
 - I’m ready to join my spouse.
 - I’m not sure why God is keeping me here.



Screening for Potential Suicide Risk

- What to Screen for
 - Direct actions
 - Indirect actions
 - Assess level of risk
- Measures
 - Brief basic interview
 - Geriatric Suicidal Ideation Scale (GSIS) - can be used to monitor changes in risk factors throughout treatment
 - 5 point likert scale
 - SAFE-T
 - 5 step workflow to evaluate and follow up
 - PHQ-9 - administered as a CMS measure in LTC facilities

Assessing Suicide Risk as a Spectrum



Depression CAREPATH
Depression CARE for Patients AT Home

©2010 Weill Cornell Homecare Research Partnership

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PHQ-9

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

- CMS required measure, depression screener, that assesses symptoms of depression and specifically asks about suicide
 - Frequency of symptoms correlates to a potential level of depression.
 - Mild = 5-9
 - Moderate = 10-14
 - Moderately severe = 15-19
- Administered to all new residents in Long Term Care Settings.
- Administer in a narrative form for most accurate and honest responses
- Ask objectively, without judgement
- If wish to die is endorsed, follow with risk assessment.

Determining Level of Risk and Plan

Be specific and Direct

- Have you been feeling so sad lately that you were thinking about death and dying?
- Have you had thoughts that life is not worth living?
- Have you been thinking about harming yourself?

These questions should be followed by more direct questions about suicide intent:

- Have you ever attempted to harm yourself in the past?
- Have you had thoughts about how you might actually hurt yourself?
- How likely do you think you will act on these thoughts about hurting yourself or ending your life over the next month?
- Is there anything that would prevent you from harming yourself?

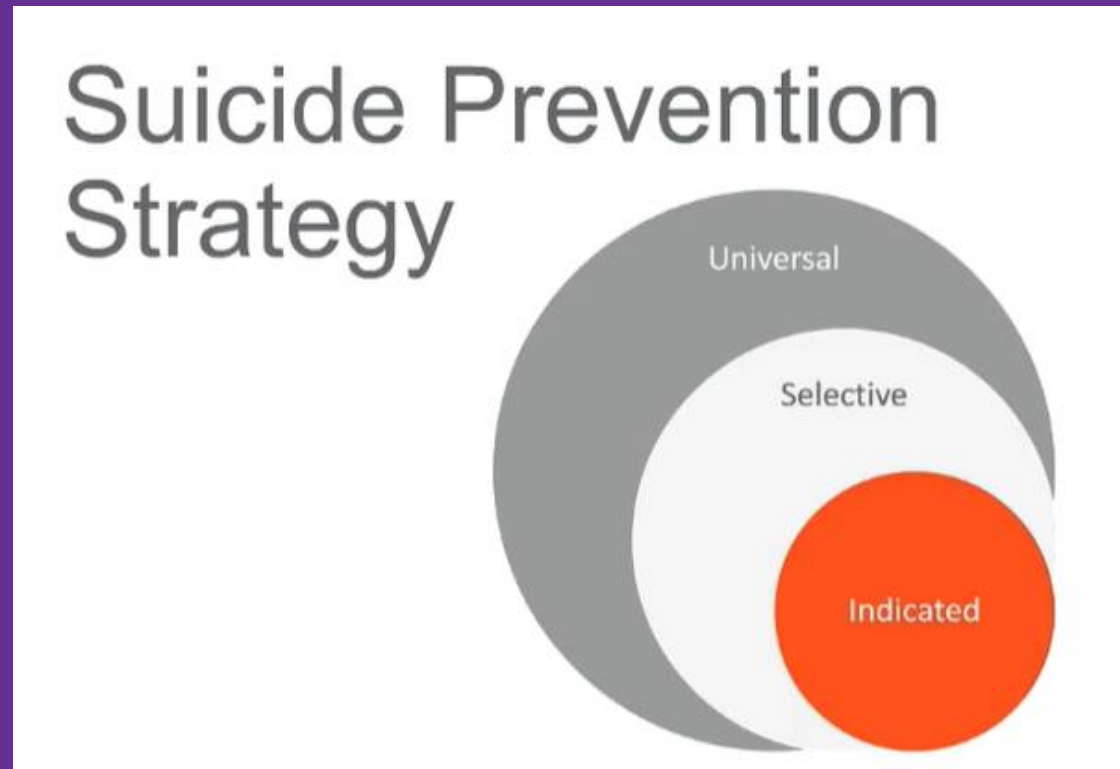
Level of Risk	Information	Possible Interventions
Low Risk	<ul style="list-style-type: none">• <i>Passive</i> suicidal thoughts• Unable to engage in suicidal behaviors	<ul style="list-style-type: none">• Increase monitoring• Provide formal counseling• Remove access to means of self-harm means• Identify coping strategies• Regularly assess risk level
Moderate Risk	<ul style="list-style-type: none">• Past attempt with <i>current</i> passive suicidal ideation• Current <i>active</i> ideation with plan but NO intent• Current <i>active</i> suicidal thoughts with protective factors	<ul style="list-style-type: none">• Consider 1:1 monitoring until risk level reduces• Consult request for psychiatry and psychology• Remove access to means of self-harm• Increase support• Identify coping skills• Regularly assess risk level
High Risk	<ul style="list-style-type: none">• <i>Past</i> suicide attempts with <i>active</i> suicidal thoughts• Suicide plan <i>with intent</i>• Lack of protective factors	<ul style="list-style-type: none">• Refer out for inpatient psychiatric evaluation and observation• 1:1 monitoring should occur until resident is transferred• Remove access to means of self-harm

Prevention Efforts for Both LTC and the Community

- Prevention is the overall goal!
- Most current prevention efforts are geared towards women, despite the high incidence rates for men.
- In a residential environment designated staff education is the most critical component.
 - All staff must be educated on warning signs and policies for when they are detected.
 - need for individualized assessment and care planning
- Programming should focus on the emotional health and well being for all residents
 - need to engage more males in prevention
- It is crucial that friends and family of older adults identify signs of suicidal thoughts and take appropriate follow up actions to prevent them from acting on these thoughts.

Suicide Prevention Strategies

- 1) Universal Prevention - targets locally, regionally, nationally
- 2) Selective Prevention - targets high risk groups
- 3) Indicated Prevention - targets those at imminent risk



Key Strategies to Promote Emotional Well Being and Reduce Risk of Suicide

- **1) promote emotional health** - focuses on all older adults regardless of individual risk for suicide. It includes providing a range of programs, activities and services that support emotional health and helping older adults develop positive social connections
- **2) recognize and respond to suicide risk** - focuses on identifying older adults who may be at risk for suicide, as well as related mental health or substance abuse problems, and linking them to sources of help. LTC facilities and staff are in a unique position to notice signs of a problem and encourage help seeking behavior.
- **3) Staff response to a suicide attempt or death** - can have a profound impact on older adults in the community, their families and their caregivers, as well as the staff.

Resources

- Promoting Emotional Health and Preventing Suicide | SAMHSA Publications and Digital Products
- Promoting Psychological Health and Suicide Prevention among Older Adults during COVID-19
- The National Suicide Prevention Lifeline (1-800-273-TALK/8255) - 24 hour, toll free confidential suicide prevention hotline that provides crisis counseling
- **The Friendship Line (1-800-971-0016)** - nations only 24 hour toll-free hotline specifically for older and disabled adults. Trained staff and volunteers make and receive calls to and from individuals who are either in crisis or in need of a friend.
- **Crisis Text Line** - <https://crisistextline.org> - The crisis text line provides 24/7 crisis counseling and emotional support through text messaging. It can be accessed by texting HOME to 741741.
- American Foundation for Suicide Prevention - Local Chapters <https://afsp.org/calendar>
- Positive Aging Resource Center (PARC) - <http://positiveaging.org>
- American Foundation for Suicide Prevention - <http://www.afsp.org>

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Q&A With Dr. Nadler Frankel



- This Q&A will address select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.