Suicide Prevention Course

Suicide: It Occurs in Senior Housing

Suicide is more common in older adult housing communities than many people realize. As the baby boomer population ages and our population of older adults rapidly expands, this public health problem will continue to increase in magnitude. For these reasons, it is critical for you to understand suicide prevention as you interact every day with older adults in your community.

Suicide can be uncomfortable to think about, talk about, and deal with so, often, it is simply not acknowledged. You may think you do not have any residents who are at risk of suicide but are you aware of any residents who:

• Suffer from depression?
• Isolate themselves from the community?
• Express feelings of hopelessness and/or a wish to die?
• Increase their use of drugs or alcohol?

If you are aware that one of your residents is struggling, you can offer help and can potentially save a life. Suicide prevention starts with recognizing the warning signs and taking them seriously.

THE FACTS

There are some alarming statistics about suicide among older adults:

According to the official 2014 data* from the MA Department of Health:
• There were 596 deaths by suicide in 2014 – more than homicide and car accident deaths combined.

• 51% of suicide victims had current and documented mental health problems, 30% had an alcohol or other substance use problem, and 39% were currently receiving treatment for a mental health or substance use problem.

Official 2014 national statistics gathered by the US Centers for Disease Control (CDC):

• There has been a 24% overall increase in the suicide rate from 1999 to 2014, with an average increase of 3.6% per year.

• The highest suicide rate (20.2%) was among individuals 45-64 years old. The second highest rate (19.3%) occurred in those 85 and older.

• An estimated 7,693 older Americans (ages 65+) died by suicide in 2014.

• Death by suicide is particularly high among white males over the age of 75 (36 suicides per 100,000 people).

• Suicide rates among older adults are highest for those who are divorced or widowed.

Suicide in older adults is under reported by as much as 40 percent.

Suicide is often under reported for this population. Responders may not know an elder has died by suicide unless the person has used a means that is obvious, e.g. a handgun. As it is less common for older adults to leave notes behind, responders may assume that an elder has simply died in their sleep. Older adults also may attempt passive suicide by failing to eat or drink, allowing themselves to become dangerously sedentary, or not taking needed medications. Overdoses and accidents are often not recognized as possible causes of death by suicide and rarely are autopsies performed on older adults who experience an unexplained death.

1 in 4 older adults who attempt suicide die as compared to 1 in 100 of younger adults.

Many older adults use very lethal means when attempting suicide such as firearms, potent prescription drugs, or suffocation by hanging. Because they tend to be frailer than younger adults and are less likely to be found in a timely manner, older adults are more likely to die as a result of a suicide attempt.

70 percent of older adults who die by suicide have seen a health care provider within a month of their death.

Evidence shows that most elderly suicide victims visited their physician shortly before dying and, for most of these older adults, the physician did not diagnose a psychiatric disorder or make a referral for mental health services. Older adults with risk factors for depression need to be routinely screened by health professionals.

Most people who think about suicide are uncertain right up until the end.

They don’t want to die; they just want the pain to stop.

Know the Risk Factors and Warning Signs

Depression is the #1 risk factor for suicide.

There are many common risk factors that are present in someone who is at risk of death by suicide, but the #1 risk factor is untreated depression.

Depression is not a normal part of aging.

Depression is a serious medical illness with physical, emotional, and genetic causes and poses a significant threat as it can lead to thoughts of suicide. The good news is that depression can be treated! According to the National Institute for Health, up to 80 percent of older adults will get better with treatment, which often combines talk therapy with medication. Older adults coping with loss, disability, medical illness, and pain are more likely to be depressed and might be experiencing major depression for the first time in their lives. The sad news is that very few seniors actually receive the professional help and treatment they need.

As a caregiver, it is likely that you may recognize the patterns, schedules, and relationships of your residents. Having this baseline information is an important piece in understanding significant behavior changes that may result from a mental health issue. Be aware of any concerning changes in the routines of your residents. Ask yourself if a resident's behavior has changed. Are they isolating themselves? Has the resident been putting in lots of maintenance requests or making frequent complaints? Are others complaining about them?

Signs of Depression in Older Adults

- Mood changes
- Social withdrawal
- Lack of interest in normal activities
- Somatic (physical) complaints
- Lack of energy
- Sleep disturbances
- Eating disturbances
- Irritability/anxiety
- Indecisiveness
- Memory loss/confusion
- Increase in alcohol and drug use
- Changes in personal hygiene

Risk and protective factors for death by suicide

In addition to depression, familiarize yourself with the many other factors that may suggest a resident is at risk for death by suicide. Also be aware of the protective factors that can help to minimize the risk. The presence or absence of these factors can help you to better determine if any further action should be taken to help prevent a possible suicide in your building.

Risk Factors	Protective Factors
• Depression • History of prior suicide attempts • Hopelessness • Loss of purpose	• In treatment for depression, substance abuse, physical and mental illness • Supportive, involved family • Presence of spouse/partner

• Chronic physical illness, including physical pain • Loss of physical function • Loss of cognitive function • Substance use disorder • Access to lethal means (gun, stockpile of prescription medications) • Social isolation • Widowhood and bereavement (especially in 12 months following loss)	• Social network • Financial security • Physical independence • Alcohol abstinence • Positively anticipated life events (e.g. graduation, Bar or Bat Mitzvah, confirmation, marriage, childbirth) • Religious beliefs and values • Advanced directives, health care proxy • Regularly scheduled healthcare appointments

Warning Signs

Everyone on staff should be able to identify and respond to the warning signs of suicide.

It is important to be aware of the warning signs that a resident may be contemplating suicide, especially if risk factors for suicide are present. The following chart gives some examples of how a resident may express a desire or plan to end their life.

Warning Signs of Suicide in Senior Residents	**Examples: What Residents at Risk May Say or Do**
Suicidal Thoughts/ Ideation	• Tells you how they plan to kill themself • Looks for ways to hurt or kill themself • Talks about death, dying or suicide “I wish I could just go to sleep and not wake up.” “If I had a gun, I’d kill myself.” “Everyone would be better
Social Withdrawal and Isolation	• Does not want to do anything—especially things they used to enjoy • Does not want to see family or friends • Sits in same place all day or does not leave apartment
Increased Anxiety and Discomfort	• Always anxious and restless; worries about everything • Cannot be reassured • Cannot get comfortable; constantly changing position *"Nothing feels right anymore."*
Physical Changes/Changes in Hygiene Habits	• Changes in eating habits; eating too much or too little • Sleeps most of the time or has trouble sleeping • No longer caring about appearance or cleanliness
Behavioral Changes	• Refuses food and drink • Refuses medications • Engages in risky behaviors (walking across a highway,

	excessive spending, engaging in violent or provocative behavior)
Rage, Anger, Revenge Seeking	• Resident feels irritated and often expresses anger (putting in constant maintenance requests and filing complaints against staff and neighbors) • Resident finds fault with others • Resident seeks revenge against neighbors and staff
Increased or New Alcohol or Drug Use	• Empty bottles or other signs of drinking may be noticed • Evidence of illegal drug use or misuse of prescription medications; resident may be stockpiling medications for future use
Seeking Access to Means	• Resident seeks out access to means including firearms and medication • Self-neglecting behavior: not eating or drinking, failure to take medication, or refusing other medical treatment
Putting Affairs in Order	• Writing or making sudden changes to a will • Urgent focus on organizing affairs (behavior that is outside responsible planning for death) • Giving away prized possessions *“I won’t be needing this any longer.”*
Loss of Hope	• Resident expresses hopelessness *“What’s the point of going on? I might as well be dead.”* *“I’ll never feel any better.”* *“I’m no use to anyone.”* *"I am just a burden to everyone."* *“My family would be better off without me.”*
Loss of purpose	• Resident expresses that they have no reason for living *“My life has no meaning.”* *“I am just taking up space.”*

Cultural Considerations: Broaden Your Understanding

Suicide affects all cultural, gender, and ethnic groups. It is important to consider the role of the resident’s culture and language in assessing for depression or suicide risk. There are a variety of ways that mental illness and suicidal feelings can be expressed that are culturally specific.

According to a 2015 focus group conducted by the Greater Boston Coalition for Suicide Prevention, Asian, Haitian, and Latino communities expressed greater difficulty discussing issues related to mental health and suicide than those in the American-born culture.

Here are some other things to consider:

• In some cultures, depression and anxiety are often expressed as physical (somatic) complaints. Latino residents may report anxiety and stress as a headache or "brain ache" or "being ill with nerves."

• Language can be a major barrier to accessing appropriate mental health providers. It can hinder an individual's ability to trust providers, effectively communicate their concerns, and advocate for themself.
• Separation from extended family in other countries and a sense of loss of traditions may disproportionately affect older adults and increase their risk of suicide.

• Cultural groups who have emigrated from countries with histories of trauma, including war, religious and/or political persecution, and great economic and nutritional insecurity may suffer from post traumatic stress disorder (PTSD) putting them at higher risk of suicide.

True or False?

Talking about suicide will increase the risk that someone will take their life.

False: Asking a resident directly about suicidal intent can lower anxiety, open communication, and reduce the risk of an impulsive attempt.

Only a trained professional can prevent suicide.

False: Anyone can help someone in need. Offering hope in a positive, warm, caring way and allowing residents to talk and share their feelings may relieve some of the burden they carry. This could save a life.

People who talk about suicide are only trying to get attention.

False: Even if it appears to be an attention-seeking behavior, it is important to take the resident seriously. Those who talk about suicide or express thoughts about wanting to die are at risk for suicide and need your attention. Most people who die by suicide give some verbal sign or warning. Take all threats of suicide seriously. Even if you think they are just "crying for help"—a cry for help is a cry for help, so help!

Interventions

If you suspect that one of your residents may be at risk of suicide it is important to follow up and take action. Take warning signs seriously and don't be tempted to minimize the gravity of the situation. Talk to the resident and be direct! Anyone can be effective in intervening to prevent a suicide, not just trained professionals.

Speaking with a resident who is potentially at risk:

Use the QPR strategy. QPR stands for Question, Persuade, and Refer.

This is an intervention that can be used by anyone, not just mental health professionals, to recognize and respond positively to someone exhibiting warning signs and behaviors of suicide.

QUESTION … if there is suicidal intent or desire.
PERSUADE … the person to accept or seek help.
REFER … the person to appropriate resources.

Remember:

• If you do not feel comfortable asking the questions yourself, find someone that can! Do not ignore the situation and hope it will simply go away.

• If a resident has not given consent for you to speak with family or friends, continue to keep the lines of communication open, let the resident know you care, and continue to encourage them to seek help.

• If you sense that there is an increasing risk of harm, get others involved and ask for help. Don't try to be a superhero!

Strategies	Sentences (Suggested Language)
Be direct and do not make statements that may shame the person in distress.	Question: *When you said that "you would all be better off without me" did you mean that you are thinking of suicide?* Question: *You seem to have a large number of potent prescription medications on your kitchen table. Are you considering taking them to end your life?* Do Not Say: *You would not think of killing yourself, would you?*
Give the person you are worried about your undivided attention. Listen carefully to what they are saying without passing judgment.	Persuade: *I hear what you are saying and I'm very concerned about your safety. Can we talk about some ways that I might help you?*
Reflect back what the person is saying to you.	Persuade: *When you said "I am a burden to everyone and never should have lived this long" did you mean that you have a wish to die and are thinking of suicide?*

	or *You looked very sad when you talked about being a burden to your daughter. Is this something you worry about?*
Help them get help! Get permission from the resident to speak with a family member, their emergency contact, or a mental health professional.	Refer: *Would it be okay with you if I called your family to let them know I am concerned about you?* or *Let's figure out who may be able to help you.* or *I am very worried so I am going to stay with you until emergency services arrives.*

Responding To Warning Signs – Action Plan

If you notice any of the suicide warning signs you should do the following:

- Stay with the client – do not leave them alone until you get additional assistance.
- Call Rebecca Garabedian at 781-366-7577.
- If you are in a Harbor Health facility call 617-533-2400 and speak directly to Homecare Manager – Janene Devlin or Clinical Director – Mardi McMahon.
- Call 911 if the situation is an emergency.
- Call the client's emergency contact located on the client's care plan.
- You can also call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or Samaritans Statewide Hotline 1-877-870-HOPE (4673).

Postvention

According to the Surgeon General, postvention refers to the "response and care for individuals affected in the aftermath of a suicide attempt or suicide death." These interventions are critical!

- How will you communicate about a death by suicide to the community?
- How will you work with the media?
- How will you provide support for those most affected?

Be prepared as to how to react if a death by suicide occurs in your building. Work with housing management and staff to proactively develop a protocol for how best to communicate a suicide to the other residents and the community at large. When someone in your building dies by suicide,

it is important to offer support to the survivors, including family, close friends, neighbors, and the entire community, including staff. These survivors are often confused and distressed when a death by suicide occurs in their community and they need a safe space to talk about the death. Be proactive and identify and post information now about your local Massachusetts Regional Suicide Prevention Coalition so that they can easily be reached in the event of a suicide in your building to provide resources and support.

Suicide in older adults is under reported by officials. Therefore, the community may experience a sense of confusion around the death of a neighbor and have questions if they suspect it was a suicide. It is important to openly address the residents' concerns and respond appropriately before rumors begin to spread. As staff members you may be put in a difficult position if the cause of death is widely suspected to be suicide but not confirmed by officials.

In order to protect the deceased resident’s privacy and also to honor the surviving family member’s desires, you may not be able to share the cause of death. Do your best to acknowledge the residents' feelings of distress and concern without speculating or drawing conclusions about the cause of death.

Residents who are neighbors and friends of those who die by suicide are themselves at an increased risk for depression and suicide and if residents witness the act of suicide in the building they may experience post traumatic stress disorder (PTSD). Community-wide support group meetings and memorial services are often effective ways for senior living communities to come together and heal while some residents may require a referral for individual counseling services. Keep in mind the importance of treating all deaths in a housing site exactly the same way, regardless of the cause of death.

Furthering Your Prevention Efforts: Building a Caring Community

Helping older adult residents feel that they are part of a caring community has immeasurable mental and physical health benefits. It is important to foster an atmosphere of care and concern in your housing site where residents are encouraged to look out for each other and alert staff to any concerns. Residents often observe the signs and symptoms of depression or suicidal thoughts before staff members.

Encourage residents to reach out for help with any mental health concerns they have about fellow residents or themselves and make sure they know where they can get that help.

You can reduce the stigma often associated with mental health disorders by providing educational activities such as health fairs and mental health workshops to provide residents with opportunities to learn the signs, symptoms, consequences, and treatment options for depression and other serious mental health disorders. This can help increase understanding and awareness of mental illness and suicide and decrease resistance to seeking help. Never underestimate the positive effects of building a community with a warm and welcoming environment where residents have opportunities to engage in purposeful activities and build connections with fellow residents and staff.