Preventing Deaths by Suicide of Older Adults in Minnesota

Minnesota Gerontological Society
March 21, 2017
Learning Objectives

1) Describe the prevalence, risk factors and lethality of attempts and deaths by suicide among older adults (65 and older) as it compares to other sub-populations.

2) Share strategies to your network on suicide prevention appropriate actions to keep an older adult safe.

3) Be an advocate for aging services, behavioral health and primary care providers to develop effective suicide prevention programs.
Terminology

**Suicidal ideation**
Thoughts of engaging in suicide-related behavior.

**Suicide attempt**
A nonfatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

**Suicide**
Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2017
Risk Factors
Characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

Protective Factors
Characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact. Protective factors may be seen as positive countering events.

Universal Prevention
The goal of assessing suicide risk in an older person is to help determine the most appropriate actions to keep the older person safe.

Selective prevention
Efforts target subgroups to try reduce risk factors for suicide or improve resilience.

Indicated Prevention
Efforts aim to prevent suicide who have survived a suicide attempt or are at high-risk for suicide.
Quick FACTS

- Suicide is the 10th leading cause of death in America, yet it is preventable. (2016)
- Older adults (65 years and older) make up 12% of the US population and account for 18% of all suicide deaths. (2015)
- Men ages 85 and older have the highest rate (over four times higher) of any group in the country. (2016)
- There was about one elderly suicide every 80 minutes. (2016)

Source: Center for Disease Control and Prevention, American Association of Suicidology
Suicide is the 10th leading cause of death in America, yet it is preventable.

Older adults (65 years and older) make up 12% of the US population and account for 18% of all suicide deaths.

Men ages 85 and older have the highest rate (over four times higher) of any group in the country.

Source: WISQARS Fatal Injury Reports, 1999-2014
Suicidal Thoughts in the Past Year Among Adults, by Age and Sex, United States, 2014 (≥18 years of age)

Source: National Survey on Drug Use and Health, 2014

MDH Department of Health
Ideation and Attempts Among Adults by Age, United States, 2014 (≥18 years of age)

Source: National Survey on Drug Use and Health, 2014

- 18-25: 7.5% Suicidal ideation, 1.2% Suicide attempts
- 26-49: 4.0% Suicidal ideation, 0.5% Suicide attempts
- 50 or older: 2.7% Suicidal ideation, 0.2% Suicide attempts
### MN & US Suicide Rate by Year, 2000-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>MN</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>8.9</td>
<td>10.4</td>
</tr>
<tr>
<td>2001</td>
<td>9.6</td>
<td>10.7</td>
</tr>
<tr>
<td>2002</td>
<td>9.8</td>
<td>10.9</td>
</tr>
<tr>
<td>2003</td>
<td>9.8</td>
<td>10.8</td>
</tr>
<tr>
<td>2004</td>
<td>10.2</td>
<td>11.0</td>
</tr>
<tr>
<td>2005</td>
<td>10.5</td>
<td>11.0</td>
</tr>
<tr>
<td>2006</td>
<td>10.6</td>
<td>11.3</td>
</tr>
<tr>
<td>2007</td>
<td>10.8</td>
<td>11.6</td>
</tr>
<tr>
<td>2008</td>
<td>11.2</td>
<td>11.7</td>
</tr>
<tr>
<td>2009</td>
<td>10.8</td>
<td>12.1</td>
</tr>
<tr>
<td>2010</td>
<td>11.2</td>
<td>12.3</td>
</tr>
<tr>
<td>2011</td>
<td>12.4</td>
<td>12.5</td>
</tr>
<tr>
<td>2012</td>
<td>12.0</td>
<td>12.6</td>
</tr>
<tr>
<td>2013</td>
<td>12.1</td>
<td>12.9</td>
</tr>
<tr>
<td>2014</td>
<td>12.2</td>
<td>13.3</td>
</tr>
<tr>
<td>2015</td>
<td>13.2</td>
<td>13.3</td>
</tr>
</tbody>
</table>
## 10 Leading Causes of Death, Minnesota
### 2011 - 2015, All Races, Both Sexes

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1</th>
<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Short Gestation 268</td>
<td>Congenital Anomalies 41</td>
<td>Malignant Neoplasms 38</td>
<td>Suicide 47</td>
<td>Suicide 466</td>
<td>Suicide 550</td>
<td>Malignant Neoplasms 300</td>
<td>Heart Disease 1,011</td>
<td>Heart Disease 3,647</td>
<td>Heart Disease 31,576</td>
<td>Heart Disease 27,963</td>
</tr>
<tr>
<td>3</td>
<td>Maternal Pregnancy Comp. 120</td>
<td>Malignant Neoplasms 27</td>
<td>Congenital Anomalies 36</td>
<td>Homicide 104</td>
<td>Malignant Neoplasms 289</td>
<td>Suicide 507</td>
<td>Unintentional Injury 1,145</td>
<td>Unintentional Injury 1,295</td>
<td>Chronic Low Respiratory Disease 9,945</td>
<td>Chronic Low Respiratory Disease 11,209</td>
<td>Chronic Low Respiratory Disease 13,484</td>
</tr>
<tr>
<td>4</td>
<td>Unintentional Injury 98</td>
<td>Influenza &amp; Pneumonia 15</td>
<td>Homicide —</td>
<td>Congenital Anomalies 16</td>
<td>Malignant Neoplasms 108</td>
<td>Heart Disease 185</td>
<td>Heart Disease 582</td>
<td>Suicide 710</td>
<td>Chronic Low Respiratory Disease 942</td>
<td>Cerebrovascular Disease 9,619</td>
<td>Cerebrovascular Disease 10,748</td>
</tr>
<tr>
<td>5</td>
<td>SIDS 96</td>
<td>Homicide 16</td>
<td>Heart Disease —</td>
<td>Homicide —</td>
<td>Heart Disease 66</td>
<td>Homicide 134</td>
<td>Liver Disease 168</td>
<td>Liver Disease 613</td>
<td>Diabetes Mellitus 559</td>
<td>Alzheimer’s Disease 7,640</td>
<td>Alzheimer’s Disease 7,740</td>
</tr>
<tr>
<td>6</td>
<td>Placenta Cord Membranes 86</td>
<td>Heart Disease 11</td>
<td>Chronic Low Respiratory Disease —</td>
<td>Heart Disease 37</td>
<td>Congenital Anomalies 37</td>
<td>Liver Disease 54</td>
<td>Diabetes Mellitus 110</td>
<td>Diabetes Mellitus 559</td>
<td>Liver Disease 809</td>
<td>Unintentional Injury 6,951</td>
<td>Unintentional Injury 7,740</td>
</tr>
<tr>
<td>7</td>
<td>Circulatory System Disease 35</td>
<td>Cerebrovascular Disease —</td>
<td>Influenza &amp; Pneumonia 17</td>
<td>Influenza &amp; Pneumonia 40</td>
<td>Influenza &amp; Pneumonia 40</td>
<td>Influenza &amp; Pneumonia 31</td>
<td>Influenza &amp; Pneumonia 130</td>
<td>Septicemia 250</td>
<td>Septicemia 2,998</td>
<td>Septicemia 3,461</td>
<td>Septicemia 3,461</td>
</tr>
<tr>
<td>8</td>
<td>Bacterial Sepsis 29</td>
<td>Chronic Low Respiratory Disease 29</td>
<td>Septicemia —</td>
<td>Septicemia —</td>
<td>Septicemia 96</td>
<td>Septicemia 105</td>
<td>Septicemia 225</td>
<td>Septicemia 608</td>
<td>Septicemia 2,998</td>
<td>Septicemia 3,461</td>
<td>Septicemia 3,461</td>
</tr>
<tr>
<td>9</td>
<td>Septicemia 26</td>
<td>Septicemia 29</td>
<td>Septicemia —</td>
<td>Septicemia —</td>
<td>Septicemia 105</td>
<td>Septicemia 225</td>
<td>Septicemia 225</td>
<td>Septicemia 608</td>
<td>Septicemia 2,998</td>
<td>Septicemia 3,461</td>
<td>Septicemia 3,461</td>
</tr>
<tr>
<td>10</td>
<td>Two Tied 24</td>
<td>Two Tied 24</td>
<td>Septicemia —</td>
<td>Septicemia —</td>
<td>Septicemia 105</td>
<td>Septicemia 225</td>
<td>Septicemia 225</td>
<td>Septicemia 608</td>
<td>Septicemia 2,998</td>
<td>Septicemia 3,461</td>
<td>Septicemia 3,461</td>
</tr>
</tbody>
</table>

1 Leading cause categories in this State-level chart, counts of less than 15 deaths have been suppressed (—).

By: Office of Statistics and Programming, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

**MDH**
**Minnesota Department of Health**
MN Suicide Rate by Age-Group, 2000-2015
MN Suicide Rate Among 65+ by Sex, 2011-2015

<table>
<thead>
<tr>
<th>Sex</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>22.9</td>
</tr>
<tr>
<td>Females</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Minneapolis Department of Health
MN & US Male Suicide Rate by Age Group, 2011-2015

<table>
<thead>
<tr>
<th>Age Group</th>
<th>MN</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>19.1</td>
<td>24.2</td>
</tr>
<tr>
<td>70-74</td>
<td>24.5</td>
<td>27.3</td>
</tr>
<tr>
<td>75-79</td>
<td>22.4</td>
<td>31.2</td>
</tr>
<tr>
<td>80-84</td>
<td>22.4</td>
<td>39.5</td>
</tr>
<tr>
<td>85+</td>
<td>31.8</td>
<td>47.7</td>
</tr>
</tbody>
</table>
MN Male Suicide Among 65+ by Means, 2011-2015

- Firearm: 76%
- Poisoning: 6%
- Suffocation: 12%
- Other: 6%

Minnesota Department of Health
Same-Day Crisis

Percentage of Suicides with a Crisis on the Day of Suicide (by age)

Four D’s of Suicide Risk In Older Adults

1. Depression
2. Debility
3. Disconnectedness
4. Deadly means
Protective Factors

- Care for mental and physical health problems
- Social connectedness
- Skills in coping and adapting to change
- Problem-solving skills
- Contact with caregivers
Universal Prevention

• Implement depression screenings.
• Provide education on factors associated with increased suicide risk and protective factors.
• Provide education on suicide prevention, “hot lines,” and local crisis team referral.
• Limit access to means of suicide, such as firearms.
Selective prevention

• Increase provider awareness of the losses that are important to older people.

• Increase provider awareness of substance abuse and mental health problems in older adults.

• Make systematic screening tools available to staff in medical and non-medical settings, and train staff to screen for suicide risk.

• Address social isolation and lack of social support
Indicated Prevention

• Routine screening for depression.
• Psychotherapy and antidepressant medications are effective at treating symptoms of depression and can reduce suicidal ideation.
• Train professionals to detect, intervene, and manage depression and suicide risk.
• Implement practice guidelines for detection and management of suicide in later life.
• Take action to ensure the safety and effective treatment of older adults who are at imminent risk for suicide.
For Aging Service Providers

• Deliver in-home and community-based services to older adults.

• Train aging service providers to identify warning signs and refer to services those older adults who are at-risk for depression or suicide.

• Introduce depression and suicide screening in the course of non-clinical activity.

• Provide systematic outreach to assess and support high-risk older adults.

• Screen for suicidal ideation among older adults receiving mental health or substance abuse treatment.
Health Care Providers

• Implement routine standard screening for depression and suicidal ideation.
• Optimize diagnosis and treatment of late-life depression by using collaborative depression care management interventions.
• Optimize treatment of pain, sleep problems, or other physical symptoms that can decrease an older adult’s quality of life and increase suicidal thoughts.
• Communicate with older suicidal patients before treatment, and include relatives and/or friends or caregivers in treatment talks.
National Best Practice Registry

- ASIST- Applied Suicide Intervention Skills Training
  http://www.nrepp.samhsa.gov/ProgramProfile.aspx?id=42
- Cognitive Behavioral Therapy for Late-Life Depression
  http://www.nrepp.samhsa.gov/ProgramProfile.aspx?id=88
- Compeer Model
  http://legacy.nreppadmin.net/ViewIntervention.aspx?id=288
- EnhanceWellness
  http://legacy.nreppadmin.net/ViewIntervention.aspx?id=188
- Partners in Care (PIC)
  http://legacy.nreppadmin.net/ViewIntervention.aspx?id=126
- The Program to Encourage Active, Rewarding Lives (PEARLS)
  http://legacy.nreppadmin.net/ViewIntervention.aspx?id=368
- QPR-Question, Pursue, Respond
  http://legacy.nreppadmin.net/ViewIntervention.aspx?id=299
- Senior Reach
  http://legacy.nreppadmin.net/ViewIntervention.aspx?id=330
- Wellness Initiative for Seniors Education
  http://legacy.nreppadmin.net/ViewIntervention.aspx?id=261#divContacts
Suicide Prevention Phone lines

Friendship Line – Institute on Aging
1800.971.0016

Suicide Prevention Lifeline- 1800.273.8255

Veteran Crisis Line- 1800.273.8255
https://www.veteranscrisisline.net/

Adult Mobile Crisis
Contact Information

- Melissa Heinen
  651.201.5640
  Melissa.Heinen@state.mn.us

- Amy Lopez
  651.201.5723
  Amy.Lopez@state.mn.us