

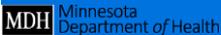
Preventing Deaths by Suicide of Older Adults in Minnesota

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

Terminology

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.

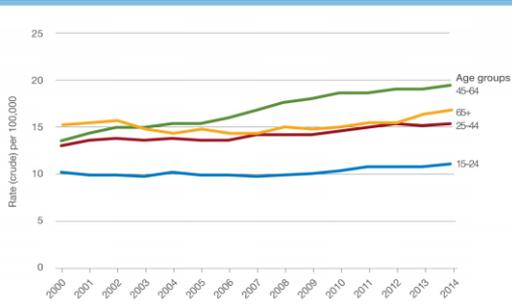
Indicated Prevention

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)

Suicide Rates by Age, United States, 2000–2014



Source: WISQARS Fatal Injury Reports, 1999-2014

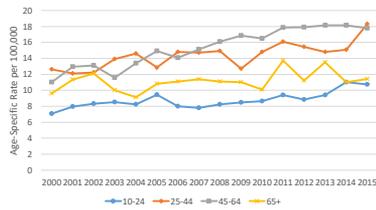
10 Leading Causes of Death, Minnesota
2011 - 2015, All Races, Both Sexes

Rank	Age Groups										All Ages	
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+		
1	Congenital Anomalies 487	Unintentional Injury 1,247	Unintentional Drowning 12	Unintentional Injury 127	Unintentional Injury 122	Unintentional Injury 122	Unintentional Injury 122	Unintentional Injury 122	Malignant Neoplasms 3,443	Malignant Neoplasms 6,832	Malignant Neoplasms 38,211	Malignant Neoplasms 32,053
2	Stroke 288	Congenital Anomalies 48	Neoplasms 127	Neoplasms 127	Neoplasms 127	Neoplasms 127	Neoplasms 127	Neoplasms 127	Heart Disease 1,818	Heart Disease 3,827	Heart Disease 18,429	Heart Disease 22,053
3	Motor Vehicle Injury 271	Malignant Neoplasms 27	Malignant Neoplasms 27	Malignant Neoplasms 27	Malignant Neoplasms 27	Malignant Neoplasms 27	Malignant Neoplasms 27	Malignant Neoplasms 27	Unintentional Injury 1,411	Unintentional Injury 1,411	Stroke 8,288	Stroke 17,414
4	Unintentional Injury 19	Influenza & Pneumonia 19	Heart Disease 19	Heart Disease 19	Malignant Neoplasms 100	Malignant Neoplasms 100	Heart Disease 100	Heart Disease 100	Heart Disease 100	Stroke 1,111	Stroke 9,618	Stroke 11,302
5	MRB 99	Heart Disease 99	Heart Disease 99	Heart Disease 99	Heart Disease 99	Heart Disease 99	Heart Disease 99	Heart Disease 99	Heart Disease 99	Heart Disease 99	Heart Disease 99	Heart Disease 99
6	Pneumonia 11	Heart Disease 11	Stroke 11	Stroke 11	Congenital Anomalies 37	Congenital Anomalies 37	Liver Disease 110	Diabetes Mellitus 110	Diabetes Mellitus 110	Diabetes Mellitus 110	Diabetes Mellitus 110	Diabetes Mellitus 110
7	Cerebrovascular Disease 11	Cerebrovascular Disease 11	Influenza & Pneumonia 11	Influenza & Pneumonia 11	Influenza & Pneumonia 11	Influenza & Pneumonia 11	Diabetes Mellitus 93	Cerebrovascular Disease 93	Cerebrovascular Disease 93	Cerebrovascular Disease 93	Diabetes Mellitus 4,382	Diabetes Mellitus 1,911
8	Bacterial Sexually Transmitted Diseases 25	Stroke 25	Bergh Neoplasms 25	Bergh Neoplasms 25	Bergh Neoplasms 25	Congenital Anomalies 36	Neoplasms 228	Stroke 228	Stroke 228	Stroke 228	Stroke 2,408	Influenza & Pneumonia 1,481
9	Influenza & Pneumonia 20	Sepsis 20	Cerebrovascular Disease 20	Cerebrovascular Disease 20	Stroke 11	Stroke 11	Cerebrovascular Disease 11	Influenza & Pneumonia 11	Influenza & Pneumonia 11	Sepsis 200	Influenza & Pneumonia 2,200	Sepsis 213
10	Ten 24	Ten 24	Ten 24	Ten 24	Ten 24	Ten 24	Ten 24	Ten 24	Ten 24	Ten 24	Ten 24	Ten 24

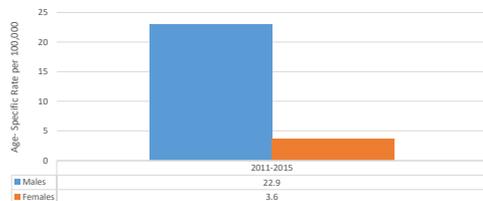
10 leading cause categories in this state score chart, counts of less than 10 deaths have been suppressed (-).
 of By: Office of Statistics and Programming, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention



MN Suicide Rate by Age-Group, 2000-2015



MN Suicide Rate Among 65+ by Sex, 2011-2015



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.

MDH Minnesota Department of Health
 Substance Abuse and Mental Health Services Administration (SAMHSA)

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>

MDH Minnesota Department of Health

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**
<http://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/adult-mental-health/resources/crisis-contacts.jsp>

MDH Minnesota Department of Health

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