ALAMEDA COUNTY COUNCIL FOR AGE FRIENDLY COMMUNITIES

Issue Brief: Suicide Prevention

Helen

The following story is excerpted from "The Golden Gift" in "Each Mind Matters/California's Mental Health Movement" Alameda County Mental Health Services Act of 2014. Helen's story illustrates that older adults may face depression or suicidality when facing grief related to the loss of friends, family, function or independence. However, her story also shows that help and support are available for seniors who are struggling in these ways.

Everyone sitting at the table in the Assisted Living Facility's community library gazed in wonder at Helen's vintage black and white photo. Helen's daughter had encouraged her mother to share this cherished image with the other residents. The photo captured a 21-year old Helen, adorned in an evening gown, hands gliding across grand piano keys, as the orchestra played behind her and thousands in the theater listened. "I was the top player in my class," explained Helen, now age 65, who began playing piano at the age of five. She studied music in high school and college, performing in front of enormous audiences, before moving to the United States and becoming a professional piano instructor.

Yet life for Helen hasn't always been filled with high notes and smooth melodies. A few years ago, she attempted suicide and spent ten months in a mental health facility. After discharge, Helen began receiving services from Alameda County Behavioral Health's Geriatric Assessment Response Team (GART). GART case manager Ann supported Helen's mental wellness as she transitioned back into the community. GART's mobile team of highly trained clinicians provides short-term case management, family support, and brief therapy to older adults age 60 and up who are struggling with serious mental health conditions.

Helen's case manager Ann explains, "Suicide assessment and intervention are key to preventing suicide. Helen and I worked on stress management and relaxation techniques whenever negative feelings arose. And I helped her re-establish a sense of hopefulness." In addition to counseling and mental health services, Ann and Helen tackled daunting SSI and Medicare application forms during the 60 days they worked together, which relieved some of Helen's financial stress and reduced her feelings of being overwhelmed. Ann says, "It was a very complicated process because Helen was declined for SSI benefits twice, so we were on the phone a lot with Social Security." Helen says with gratitude, "Without Ann, I wouldn't have known what to do. She reviewed the letters and went to the Medicare office with me." Helen's daughter agrees: "Ann was a lifesaver."

Ann also taught Helen how to use public transportation. "I never rode BART before," Helen says. She needed BART to travel to Oakland and receive Alameda County Behavioral Health

Edited by: Lillian Schaechner, Nancy Salamy, Mercedes Coleman, Claudia Landau,
Wendy Zastawney, Cathy Spensley, Michele Burke, Michael Kessler, Al Gilbert, Wendy Peterson, Emily Hampshire

Services at a clinic where she receives counseling from people who understand her culture and speak her native language. "At my age I had no excitement for new things," says Helen, "I had to learn."

The Problem

Overview

Helen's story illustrates that depression is NOT a normal part of aging. While older adults may face grief related to the serial loss of friends, family, function or independence, persistent bereavement or serious depression are not "normal" and should be treated aggressively.[1] Unfortunately, mental health disorders among older adults are all too often overlooked in our society due to a multitude of factors including stigma, misinformation, and ageism (defined as age-based prejudice or discrimination).[2]

Stigma, or the shame of having mental illness, creates self-doubt and fear which prevent many individuals from seeking treatment. The social disgrace many experience causes isolation, erodes self-esteem and worsens depression – all factors which can increase risk of suicide.

Lack of information perpetuates stigma. In the example above, Helen may have thought her feelings of depression were typical or "just part of getting older." She may have internalized pervasive messages that older adults are less valued and no longer productive members of society. With better information and less stigma, Helen may have reached out for help before she reached the point of considering suicide.

Implications

Reliable data and statistics on population aging are critical for understanding the impact on societies changing older adult demographics and to inform policies and program planning.[3] The publication, *Future Directions for the Demography of Aging*, examines recent demographic shifts from the perspective of two dozen National Institute on Aging (NIA) researchers who identify eight disquieting demographic trends with potential negative impacts on the emotional well-being of older adults.[4] Alarmingly, the NIA data indicates that individuals 65 and older currently have the highest rate of suicide deaths. One out of four older adults who attempt suicide die, compared to 1 out of 200 in younger age groups. This is thought to be due to a number of critical factors:

---

[1] U.S. Surgeon General, 1999: Older adults and mental health. In: Mental Health: a report of the surgeon general, 1999. Retrieved from www.surgeongeneral.gov/library/mentalhealth/chapter5/sec1.html

[2] World Health Organization, n.d. Ageing and life-course: Ageism. Retrieved from www.who.int/ageing/ageism/en/

[3] United States Census Bureau. Older Adults and Aging. Retrieved from https://www.census.gov/topics/population/older-aging.html

[4] Scommengna, P., Mather, M., & Kilduff, L. (2018, November 12). Eight Demographic Trends Transforming America's Older Population. Retrieved from www.prb.org/eight-demographic-trends-transforming-americas-older-population/

- Suicide attempts among older adults are less often impulsive acts.
- Older adults are more often isolated, more likely to have a plan, and more determined than younger adults.
- Older adults tend to have access to and use more deadly methods and are then less likely to be discovered and rescued.
- Even when discovered, older adults are less likely to recover from suicide attempts due to complex health conditions and physical frailty.[5]

Additionally, though women are three times more likely to attempt suicide, men are about four times more likely than women to die by suicide. In fact, white males, particularly white men aged 85 and over, have the highest rate of suicide completion compared to other age groups. Of note, suicide is also more common in rural areas and guns are the most common method utilized.[6]

Locally, Alameda County is currently home to 270,507 adults aged 60 and over. Mirroring national trends, Alameda County census projections predict a substantial increase in the number of older adults 65+ in the coming decades.[7]

Unfortunately, it is difficult to determine how Alameda County older adult suicide rates compare to California or to the nation as a whole. There are no consensus measures for tracking or reporting of suicide statistics. Alameda County does not differentiate between age groups over 65. It also does not explore differences in method or consistently identify suicide attempts vs. completion.

To learn more about older adults and suicide statistics go to: Suicide Prevention Resource Center (Older Adults) and Healthy Alameda County.

Risk Factors

There are many challenges that can interfere with the early diagnosis and treatment of depression and prevention of suicidality in older adults. Older adults are far less likely to seek out a mental health professional when experiencing depression. They are more likely to visit a primary care provider reporting physical symptoms like fatigue, malaise, weight loss, or disrupted sleep.

---

[5] Friedman, M.B., Nestadt, P.S., Furst, L., Williams, K.A. (2018, March/April, Vol. 11 No. 2 P. 22). How Physicians Can Help Prevent Elder Suicide. Retrieved from http://www.todaysgeriatricmedicine.com/archive/MA18p22.shtml

[6] Gurnon, E. (2018, June 8). Older adults at greatest risk for suicide. Next Avenue Where Grown-ups Keep Growing. Retrieved from http://www.nextavenue.org/older-adults-at-greatest-risk-for-suicide/

[7] Alameda County. (Fiscal Year 2016-17). Alameda County Plan for Older Adults: Alameda County, Where Aging Is All About Living. https://www.alamedasocialservices.org/public/services/elders_and_disabled_adults/docs/planning_committee/Alameda_County_Area_Plan_Final.pdf

Rather than experiencing classic dysphoria in the form of sadness, depression, or thoughts of suicide, older adults may simply report vague, nonspecific complaints of low motivation or lack of energy. Unfortunately, too many healthcare professionals harbor the misconception that these physical manifestations of depression are a normal part of aging. Unless a primary care provider is knowledgeable and alert to this "atypical" presentation, diagnosis can be missed and opportunities for early treatment delayed. In fact, research indicates that fully half of older adults who die by suicide had contact with their primary care provider within one month prior to the suicide.[8]

It is critically important that healthcare professionals, service providers, and the general public are educated to recognize suicide risk factors. In addition to the demographic factors summarized above, risk factors include[9]:

- Untreated depression and feelings of hopelessness and helplessness
- Recent loss of a spouse, loved one, or pet
- Debilitating or life-threatening illness
- Pain, especially if severe, chronic, and/or inescapable
- Loss of employment and/or financial difficulties
- Alcohol abuse and/or dependence
- Polypharmacy: administration of multiple medications leading to potential for interaction and adverse effects
- Membership in a marginalized population, such as non-English speakers, transgender, veterans, and/or living in poverty

Older adults experience many of these risk factors at a higher rate than younger populations simply due to life circumstances. As we age, older adults often experience accumulated losses, which may at times overwhelm a person's resilience and capacity to "bounce back." Moreover, older adults may experience chronic medical conditions that impair function or are life-threatening. They are more often prescribed multiple medications to manage these conditions, giving them access and means to act on suicidal ideation. Other unique factors that place older adults at high risk for suicide, include:

- Loss of independence
- Loss or decrease of meaningful activities (e.g., due to retirement, loss of mobility)
- Role transitions that affect stature in family and community
- Increased physical, social, and emotional isolation
- Fear of becoming a burden

---

[8] Friedman, M.B., Nestadt, P.S., Furst, L., Williams, K.A. (2018, March/April, Vol. 11 No. 2 P. 22). How Physicians Can Help Prevent Elder Suicide. Retrieved from http://www.todaysgeriatricmedicine.com/archive/MA18p22.shtml

[9] Substance Abuse and Mental Health Services Administration. (2012) Older Americans Behavioral Health Issue Brief 4: Preventing Suicide in Older Adults; Administration on Aging, Retrieved from https://acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%204%20Preventing%20Suicide.pdf

Even when older adults maintain their independence, fear and anxiety related to future dependence and of becoming a burden to their families and communities can be powerful factors that lead to severe depression and ultimately thoughts of suicide.

In addition to identifying suicide risk factors, detection of early and late warning signs is critical to effective intervention, to prevention of suicide attempts, and to treatment of underlying causes. Warning signs include:

- Statements about death and suicide (ultimately including overt suicide threats)
- Reading material about death and suicide
- Statements of hopelessness or helplessness (e.g., "I don't know if I can go on.")
- Disruption of sleep patterns
- Loss of interest in many of the activities and interests previously enjoyed
- Increased alcohol or prescription drug use
- Failure to take care of oneself or adhere to medical treatment plan
- Obtaining a means to commit suicide, such as hoarding medications or possessing a firearm
- Social withdrawal or elaborate good-byes
- Rush to complete or revise a will
- Giving away possessions
- Arranging care for pets or euthanizing pets unnecessarily

Solutions: What Works?

Help and support are available for seniors who are struggling and present with these warning signs. Early detection, appropriate interventions and access, can make a difference in preventing older adults dying by suicide. The models listed below include local and national solutions addressing what works.

Detection and Intervention

Medical professionals, mental health clinicians, and even the general public can be alert to the warning signs and trained to respond swiftly and urgently by taking the following 5 Action Steps[10]:

1. **ASK:** Asking the question "Are you thinking about suicide?" communicates that you're open to speaking about suicide in a non-judgmental and supportive way.
2. **KEEP THEM SAFE:** If they are considering suicide, it is important to find out if they have a plan for ending their life: "What's your plan?" When were you planning to do this? How?"
3. **BE THERE:** Connection matters and is a protective factor for suicide by reducing isolation. This could mean being physically present for someone, speaking with them

[10] Bethe1to movement. How and Why The 5 Steps Can Help. Retrieved from http://www.bethe1to.com/bethe1to-steps-evidence/

on the phone when you can, or any other way that shows support for the person at risk.

4. **HELP THEM CONNECT:** Help someone establish a safety net for those moments when they are in a crisis is critical. An example may be helping them connect with the National Suicide Prevention Lifeline (1800-273-8255).
5. **FOLLOW UP:** After your initial contact with a person experiencing thoughts of suicide, and after you've connected them with the immediate support systems they need, make sure to follow-up with them.

Programmatic and Clinical Solutions

Specific treatment recommendations include[11] [12]:

- Integrated treatment for severe chronic co-occurring physical and behavioral health conditions
- Tele-psychiatry which allows medical providers to consult with mental health experts remotely and patients to receive face-to face treatment sessions via videoconference. This modality may be particularly important in remote, rural areas and for overcoming stigma and other barriers to effective treatment
- Addressing social isolation by connecting older adults with local aging services, which offer social contact and meaningful, engaging activities
- Psychotherapy and counseling using Cognitive Behavioral Therapy (CBT). CBT is an active, directive, time-limited, and structured problem-solving approach to addressing late life depression

Structured, evidence-based programs specifically designed for older adults include[13]:

- PEARLS (Program to Encourage Active Rewarding lives for seniors) is a brief, time-limited, and participant-driven program that teaches depression management techniques to older adults with Depression.
- Collaborative Care Management has been shown to increase the effectiveness of treatment of depression, substance abuse, and other psychiatric disorders.
- Mood-Promoting Access to Collaborative Treatment (IMPACT) is an evidence-based model developed specifically for older adults.

---

[11] Karlin, Ph.D. Chief, B.E. (2014, October 7) Suicide in Late Life: Unique Factors and Enduring Treatment Gaps; Mental Health and Aging, Education Development Center Senior Advisors, Evidence-Based Practices, Suicide Prevention Resource Center. Retrieved from http://www.sprc.org/news/suicide-late-life-unique-factors-enduring-treatment-gaps

[12] Tazeau, PhD., Y.N. (2018, June). Multicultural Aging Resource Guide. Retrieved from https://www.apa.org/pi/aging/resources/guides/multicultural

[13] Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. (2009) The State of Mental Health and Aging in America Issue Brief 2: Addressing Depression in Older Adults: Selected Evidence-Based Programs. Atlanta, GA: National Association of Chronic Disease Directors. Retrieved from https://www.cdc.gov/aging/pdf/mental_health_brief_2.pdf

- Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) is a community depression program designed to detect and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations through existing community-based case management services.
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based model developed to treat substance abuse problems.

Approaches & Resources in Alameda County

If the situation is an emergency because the individual is threatening to hurt himself/herself, you, or another person or is in severe physical or psychological distress, call **911.**

Below are Alameda County resources that address suicide prevention and mental & behavioral health needs:

- **Crisis Support Services of Alameda County:** A 24-hour, 7 day per week telephone hotline service that provides phone-based crisis counseling and referrals.

- **Mobile Crisis Teams:** Delivers crisis intervention services at locations throughout the community (suicide, homicide, threats, evaluation psychiatric hospitalizations).

- **John George Psychiatric Hospital**: Provides emergency and inpatient adult psychiatric services. Services are provided on a voluntary and involuntary basis.

- **Alta Bates Summit Medical Center | Herrick Campus:** Offers psychiatric and medical services and care.

- **Cherry Hill Detoxification Services Program:** Provides a 24 hour, 7 days a week program to recover from acute intoxication using a social model of support.

- **Alameda County Behavioral Health:** The goal of this website is to easily guide & help the public of Alameda County to find resources for Behavioral Health Care Services.

- **ACCESS:** Alameda County Behavioral Health Care Services (BHCS) phone line 1-800-491-9099. A centralized telephone intake service operated by BHCS that offers users a free statewide 800 telephone number to call. ACCESS' licensed clinicians have system-wide responsibility for providing telephone screening, information and referral for anyone contacting Alameda County BHCS. ACCESS staff can also help direct individuals to appropriate crisis and emergency response services as well as ongoing service resources.

- **Culture and Language Specific ACCESS Services**: ACCESS Lines listed below that provide cultural and language specific telephone services for Asian and Spanish-Speaking

individuals and provide limited capacity to do brief crisis intervention for selected individuals.
    - **ACCESS - Asian Health Services** 510-735-3939
    - **ACCESS - La Clinica de la Raza - Casa Del Sol (Oakland)** 510-535-6200
    - **ACCESS – La Familia Counseling Center (Hayward)**
        - 510-300-3180 (for urgent care only)
        - 510-881-5921 (for general information)

- **Eden Information and Referral (I&R):** Eden I&R provides information and referrals for resources in each of the geographic regions in Alameda County. Eden I&R operates the 2-1-1 service in Alameda County which provides non-emergency, confidential telephone-based information and referral to information about a wealth of self-help, housing and other critical health and human services. The service operates 24 hours a day, 7 days a week with multi-lingual capabilities.
    - 2-1-1 (within Alameda County)
    - 1-888-886-9660 (outside of Alameda County)

- **Family Education and Resource Center (FERC):** The FERC is a new family/caregiver-centered program that provides information, education, advocacy and support services to family/caregivers of individuals with serious mental health issues. The FERC is a program of the Mental Health Association of Alameda County that includes materials and linkages from the National Alliance on Mental Illness (NAMI). Additional satellite offices in Fremont, Hayward, Livermore, North Oakland.

- **Substance Use ACCESS and Referral Helpline:** Phone line 1-844-682-7215. The gateway for Alameda County residents to get access to publicly funded Substance Use Disorder screenings, assessments, and referrals to treatment.

Recommendations

Solutions to the problem of suicide for older adults should draw from all conceptual levels – individual, social network, community/environment, and societal – in order to create an integrated framework for research, treatment, and prevention. We can only meet the needs of a widely diverse populations when we respond to the foundational and multifactorial causes of this complex social problem. We must work to build a rich assortment of comprehensive interventions that simultaneously:

- Identify individual risk factors and risk behaviors
- Provide widespread suicide prevention education
- Promote early detection in the form of universal depression screening
- Increase access to mental health resources

- Educate and train healthcare professionals
- Build Age-Friendly Communities that reframe the experiences of aging
- Create county-wide standards and uniform approaches to statistical tracking and analysis

Research

The County can pursue research and support solutions by collaborating with public health, academic, and other partners to:

- Conduct comprehensive epidemiologic analyses of risk factors, early warning signs, detection, and treatment for suicidality among older adult populations
- Initiate additional research in areas of psychopharmacology
- Establish shared and consistent definitions, interventions, and evaluation tools
- Implement best-practice, evidence-based screening tools for suicidality
- Study intervention models with potential for population-wide expansion

Programmatic

Healthcare entities and the County can advance treatment solutions by taking the following steps:

- Train healthcare and social service providers to identify warning signs and refer older adults who are at-risk for depression or suicide to services (e.g., "gatekeeper" training).
- Train healthcare providers to optimize treatment of pain, sleep problems, or other physical symptoms that can decrease an older adult's quality of life and increase suicidal thoughts.
- Train community members and service providers to combat ageism and aging stigma while promoting respect and dignity in aging.
- Introduce depression and suicide screening in the course of non-clinical activity (e.g., senior center staff, senior transportation, senior companions).
- Increase the number of Social Model Adult Day Programs in the county that provide support for functional impairments and complex medical conditions while reducing social isolation.
- Expand access to peer support programs and community services that increase connectedness and reduce social isolation ("mental health first aid").
- Expand access to culturally responsive programs and services particularly for at-risk older adults such as LGBTQ persons, recent immigrants, communities of color, women, and persons with limited English proficiency
- Increase supports for effective "role transitions" (i.e. retirement from work, stepping down from being head of household, facing new functional limitations and medical conditions) to retain and enhance life meaning and purpose

Policy[14]

[14] Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. (2017) Preventing Suicide: A Technical Package of Policy, Programs, and Practices. Retrieved from https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf

The County can take the lead on implementing prevention solutions by pursuing the following recommendations:

- Implement improved statistical tracking of suicide deaths in Alameda County to include information on methodology and differentiate between age groups above 65+ years old.
- Fund and implement a variety of interventions at all conceptual levels that treat the holistic mental health needs of older adults in the County.
- Establish county-wide standards of care for integrated multidisciplinary treatment based on national best-practice methods for suicide prevention.
- Because community-based and in-home services providers are in a unique position to identify older adults at risk for depression or suicide, advance funding solutions to ensure these programs have capacity to meet their communities' needs.
- Incentivize and encourage the implementation of routine standard screening for depression and suicidal ideation in all clinical settings, along with the use of collaborative depression care management interventions to optimize diagnosis and treatment of late-life depression.
- Provide systematic outreach to assess and support high-risk older adults (e.g., recently widowed, socially isolated older men) in improving life situations and addressing issues and needs that can reduce stress.
- Support policy that strengthens economic supports, financial security, housing stabilization, and health insurance coverage of and access to mental health services.
- Advance public health initiatives that promote connectedness through peer support programs and community services, and that teach coping and problem-solving skills.
- Launch a public awareness campaign that includes the warning signs and safe reporting and messaging about suicide, in concert with a campaign to address stigma and ageism.
- Support a robust network of caregiver support programs, both to ensure that caregivers know how to identify and act on risk signs, and to reduce stress and alleviate both caregivers' and older adults' feelings of "burden."
- Strengthen health insurance coverage of, access to, and delivery of mental health services.
- Prevent future risk by following nationally recognized Reporting on Suicide Guidelines.
- Strengthen policies to promote safe environments by limiting access to lethal means (such as weapons and controlled substances) among individuals actively experiencing suicidal ideation.

National & Data Resources

- **National Suicide Prevention Lifeline:** Provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

- **American Association of Suicidology**: Promotes the understanding and prevention of suicide and support those who have been affected by it.

- **SAMHSA Substance Abuse Treatment Referral Helpline:** Federal organization that provides a 24-hour toll-free hotline for people seeking information about substance abuse services. Services are available in English and Spanish. The service provides referrals to local treatment facilities, support groups, and community-based organizations. Callers can also order free publications on substance abuse and mental health issues.

- **American Foundation for Suicide Prevention**: Voluntary health organization that gives those affected by suicide a nationwide community empowered by research, education and advocacy to take action against this leading cause of death.

- **National Institute on Mental Health:** The lead federal agency for research on mental disorders.

- **Mental Health First Aid:** Mental Health First Aid is a training program that teaches members of the public how to help a person developing a mental health problem, experiencing a worsening of an existing mental health problem or in a mental health crisis. Like traditional first aid, Mental Health First Aid does not teach people to treat or diagnose mental health or substance use conditions. Instead, the training teaches people how to offer initial support until appropriate professional help is received or until the crisis resolves. While first aid for physical health crises is a familiar notion in developed countries, conventional first aid training has not generally incorporated mental health problems.

- **Trauma Informed Care**: Trauma Informed Care promotes understanding the impact of trauma on overall wellness is essential when providing trauma informed care. This section begins to explain this relationship between trauma and its impact on wellness as well as discusses the shift to trauma informed care; changing the question from “What is wrong with you?” to “What has happened to you?”