

Welcome to

Suicide & Older Adults

Baltimore County Provider Council
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Casey Saylor
csaylor@mhamd.org
443-901-1550 x 213

Kim Burton
kburton@mhamd.org



Mental Health Association of Maryland

Older Adult Programs

www.mdaging.org



OLDER ADULTS VIBRANT MINDS



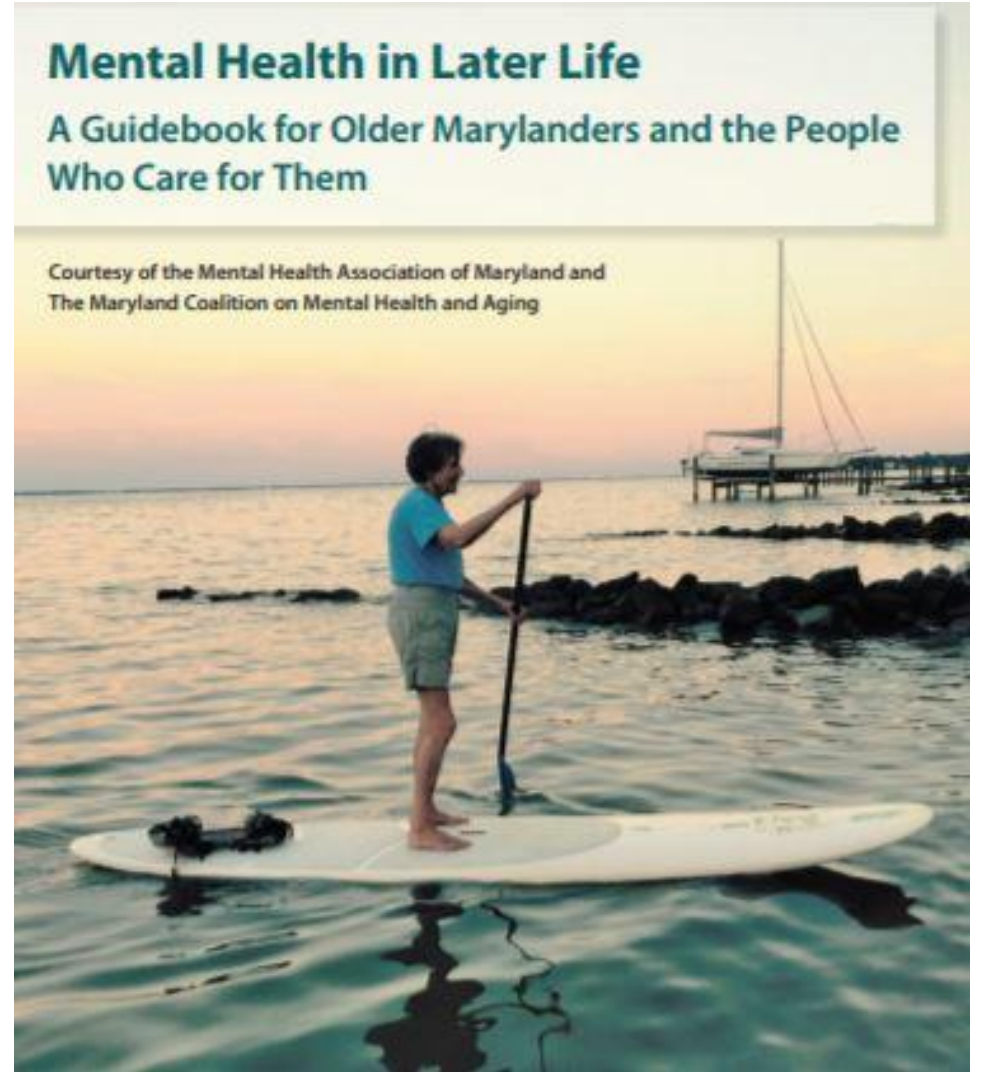
CONNECTIONS PROJECT

VIBRANT AGING: PEERS PROGRAM

Mental Health in Later Life

A Guidebook for Older Marylanders and the People Who Care for Them

Courtesy of the Mental Health Association of Maryland and
The Maryland Coalition on Mental Health and Aging



Learning Objectives

- Identify how suicide rates and risk factors are different among older adults, compared to the general population.
- Identify risk factors & warning signs of suicide in later life.
- Learn tips and resources for helping someone who is considering suicide.
- Identify strategies for preventing suicide and promoting recovery from mental or emotional disorders.



Suicide

- A suicide attempt is a clear indication that something is gravely wrong in a person's life.
- No matter the race or age of the person; how rich or poor they are, it is true that most people who die by suicide have a mental or emotional disorder.
 - The most common underlying disorder is depression, 30% to 70% of suicide victims suffer from major depression or bipolar (manic-depressive) disorder.
 - Those with substance abuse disorders are six times more likely to complete suicide than those without.



True or False?

Older adult suicide rates are among the highest of any age group.



Today's lens

- The message today is not that we can fix suicidality.
- Regardless of even the best interventions, suicide occurs.
- We hope to prevent suicide as the outcome of an untreated behavioral health disorder.
- We want you to feel comfortable having a caring conversation, providing hope and connecting people with necessary resources to save their life.



Disorders Can Occur at Any Age

Late onset: Individuals who first experienced behavioral health conditions during later life, age 50+.

Long lived experience: Individuals who first experienced behavioral health conditions during childhood or early adulthood.

Late identification: Individuals who may have experienced behavioral health conditions earlier in life but did not recognize them until later life.



Late Life Behavioral Health (SUD)

- 1 in 4 older adults use prescription medications that have abuse potential.
- Alcohol remains the dominant problematic drug.
- Illicit drug use is on the rise among older adults.
- Few providers specialize in dealing with geriatric SUD.
- Older adults are increasingly willing to seek SUD services.



Late Life Behavioral Health (MH)

- Individuals with long- standing mental illness are living longer and many live-in settings that do not have appropriate behavioral health services or education.
- There is a shortage of geriatric mental health professionals for specialty consultation and treatment across health settings.
- Less than 3% of older adults see a mental health professional
- Suicide attempts by older adults are much more likely to result in death than among younger individuals.



Impact of COVID-19: Learn More

COVID Connect Webinar Series

Developed by the Maryland Department of Health's Behavioral Health Administration, in partnership with NAMI Maryland, 211 Maryland, and other stakeholders, these presentations include speakers who cover topics on mental health, wellness, and recovery. New content every Thursday.

Also offers virtual support groups for COVID survivors and other resources.

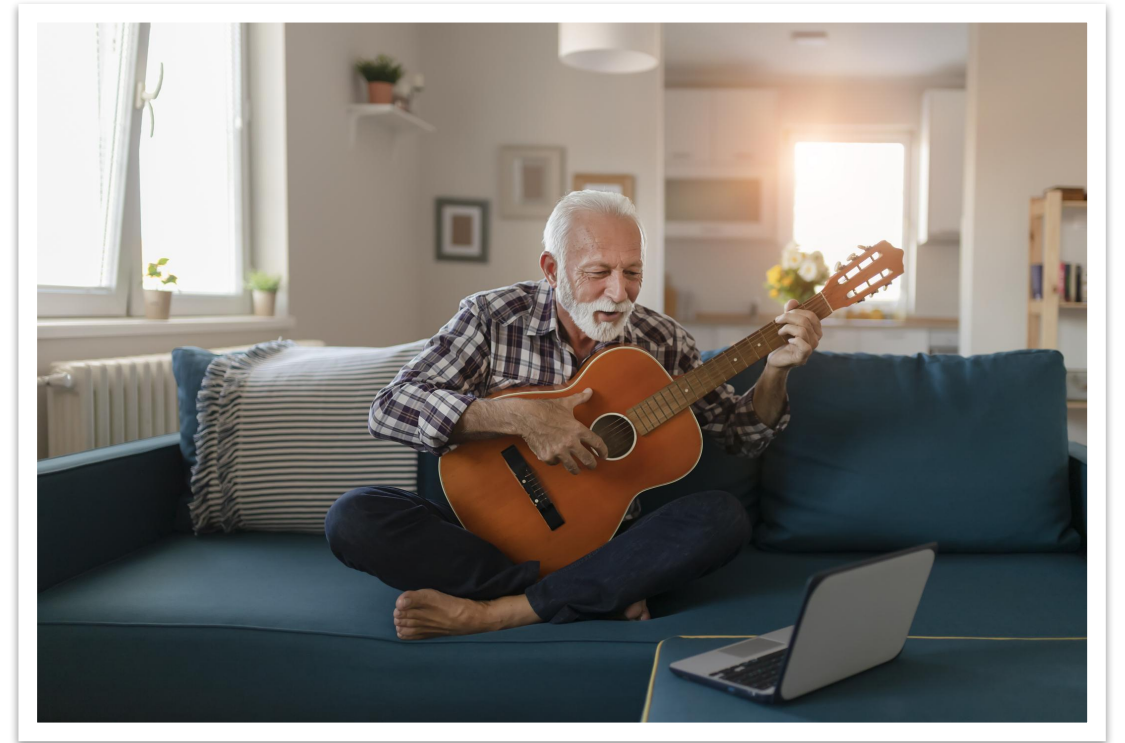
Learn more at <https://covidconnect.health.maryland.gov/>



Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

- SAMHSA



SAMHSA Dimensions of Recovery

- Health – overcoming or managing one’s disease(s) or symptoms

- Home – having a stable and safe place to live

- Purpose – conducting meaningful daily activities

- Community – having relationships and social networks that provide support, friendship, love and hope

- Hope: the belief that challenges and conditions can be overcome. *This is the foundation of recovery.*



Warning Signs of Suicide

- Previous suicide attempts
- Comments such as, “You’d be better off without me.” or “Maybe I won’t be around”
- Expressions of hopelessness and helplessness
- Daring or risk-taking behavior
- Personality changes
- Depression
- Giving away possessions with great meaning
- Lack of interest in future plans



Risk Factors

- Depression / Major Depression
- Conditions with pain and functional decline
- Substance misuse / abuse / addiction
- Anxiety, agitation, rage, revenge
- Social isolation / withdrawal from others



Risk Factors

- Major life changes / losses
- Family conflict
- Prior suicide attempt / family history
- Having access to means of suicide / high lethality of means
- Rigid, pessimistic, inflexible (low resiliency skills)

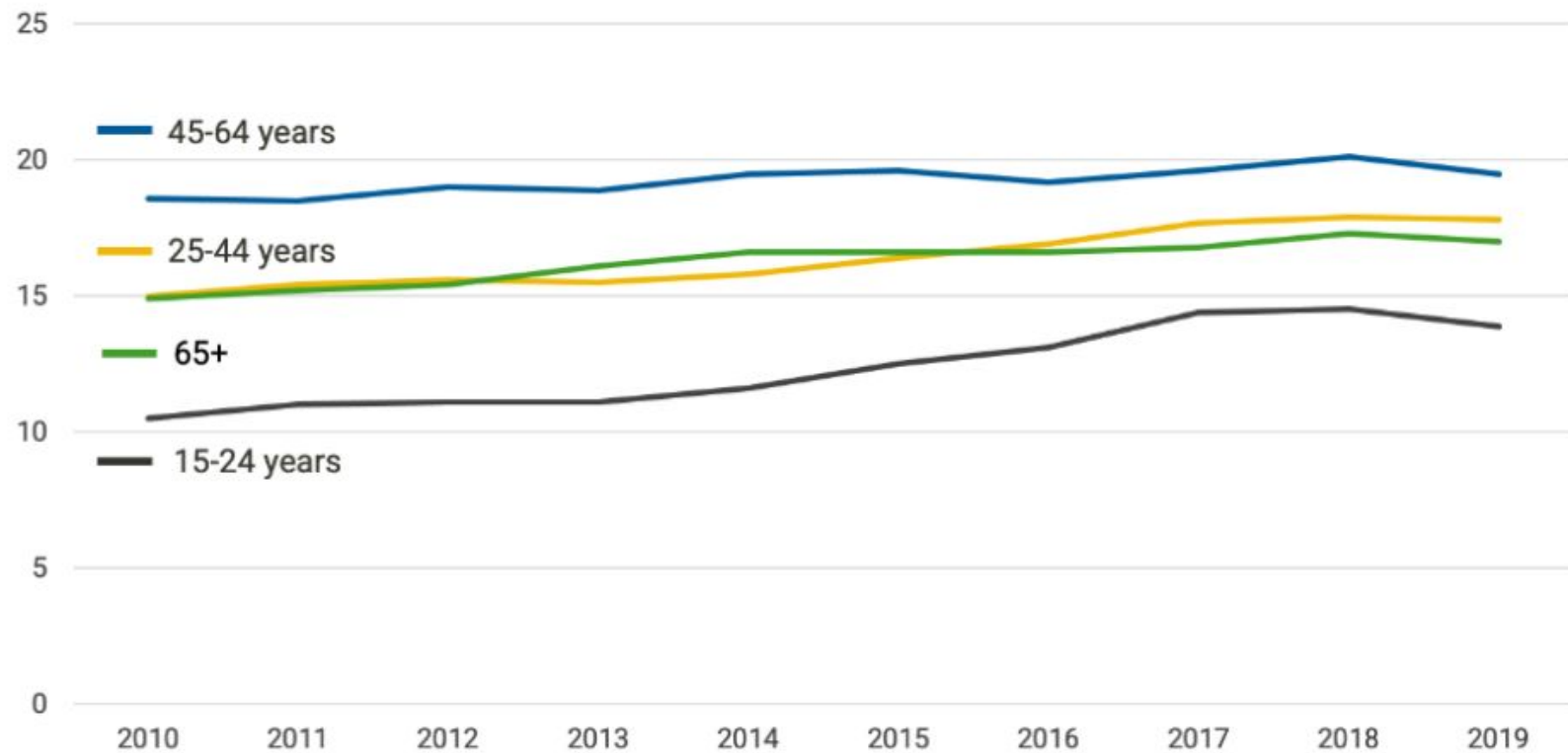


Aging Specific Risk Factors

- Conditions that significantly limit function or life expectancy / Pain
- Cognitive impairment (impulsivity / poor insight)
- Anticipation of the progression of pain or illness
- Perceived burden / dependence on others
- Compounded losses / bereavement
- Perceived loss of purpose, usefulness, relevant role



Suicide Rates by Age, United States 2010-2019



www.sprc.org

Source: CDC, 2021

<https://sprc.org/scope/age>



Suicide Among Older Men

- Older men die by suicide at a rate that is more than 7 times higher than that of older women.
- The rate of suicide in white males over 85 is more than 4 times higher than the nation's overall suicide rate.



Suicide Among Older Adults

Key Statistics

- Older adults die by suicide at among the highest rates of any age group (American Association of Suicidology, 2016; CDC, 2016)
- Suicide is the 16th leading cause of death among older adults in the U.S. (CDC, 2016)
- In Maryland, suicide is the 17th leading cause of death for ages 65+ (American Foundation for Suicide Prevention, 2020)
- Older adults are overrepresented in death by suicide (American Association of Suicidology, 2016)

Population Growth

- Older adult population is rapidly growing; expected to double by 2050 (U.S. Census Bureau, 2010)
- 88.5 million older adults in U.S. by 2050 (U.S. Census Bureau, 2010)



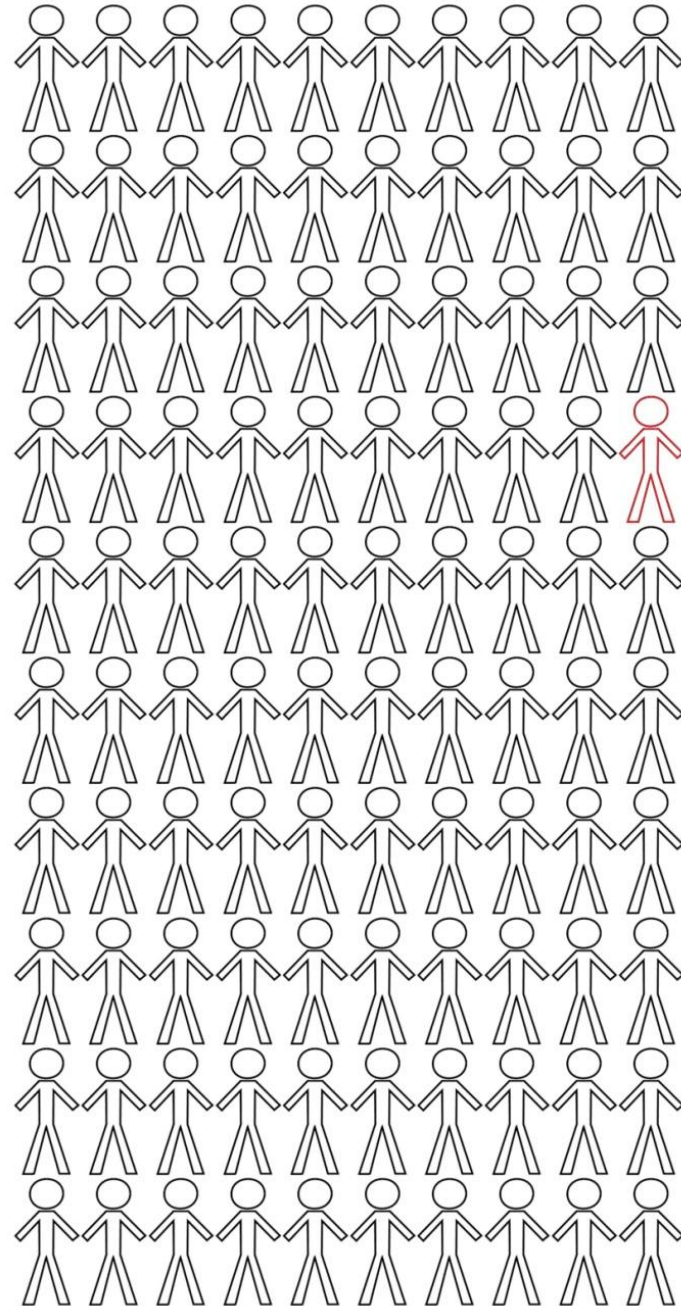
Suicide Attempts

Suicide attempt to death
ratio

(American Association of Suicidology, 2015a)

Adolescents

100:1



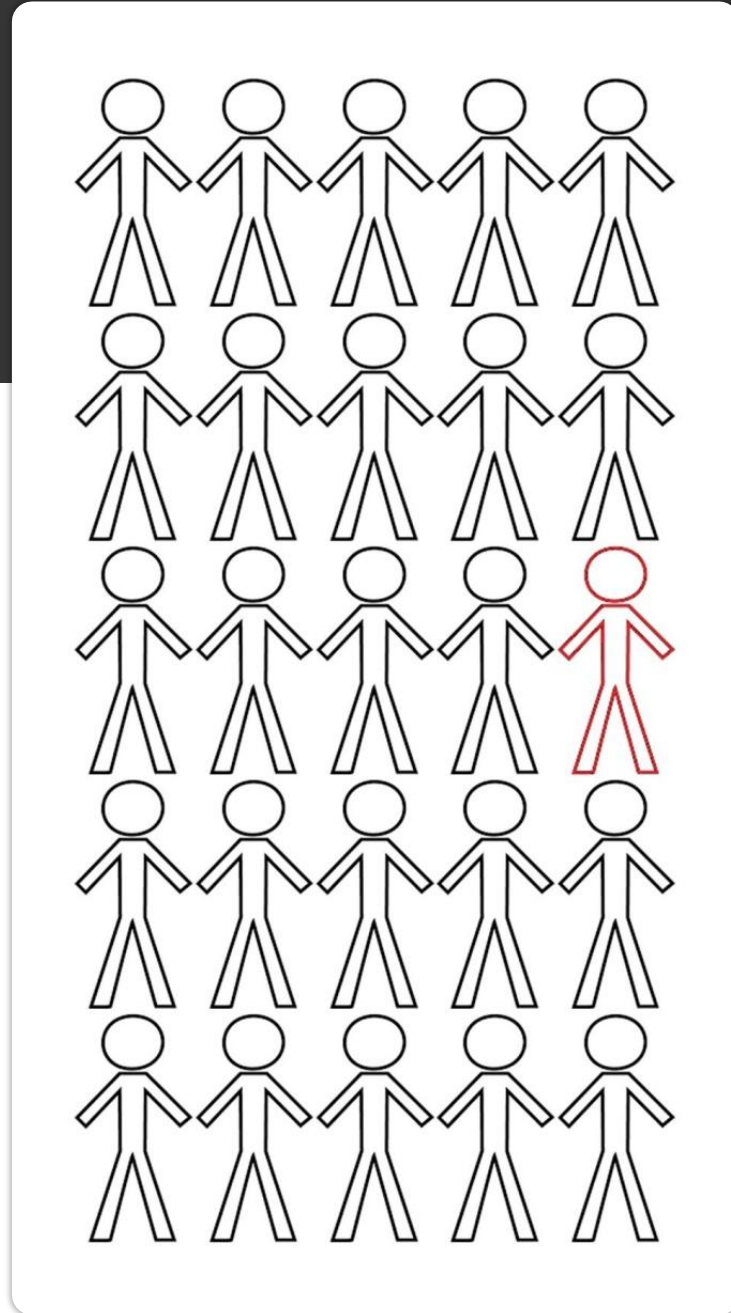
Suicide Attempts

Suicide attempt to death ratio

(American Association of Suicidology, 2015a)

All Ages

25:1



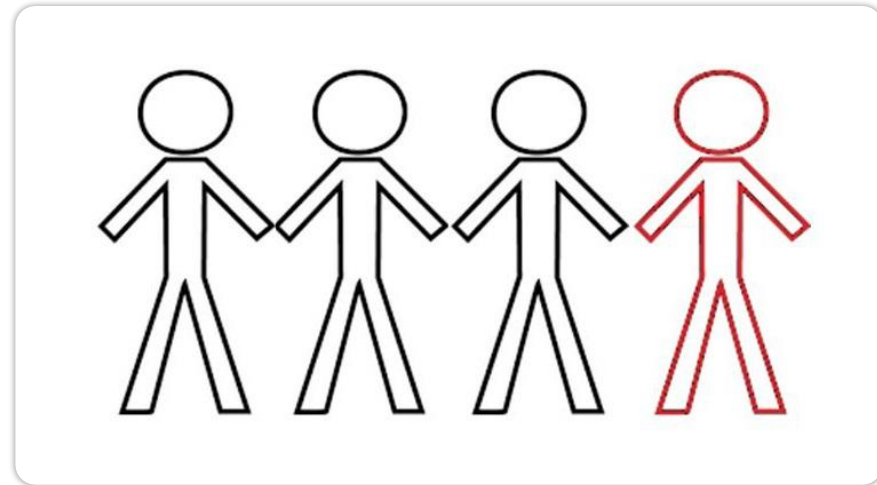
Suicide Attempts

Suicide attempt to death
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(American Association of Suicidology, 2015a)

Older Adults

4:1



True or False?

Older adults are more likely to reveal a suicide plan than other age groups.



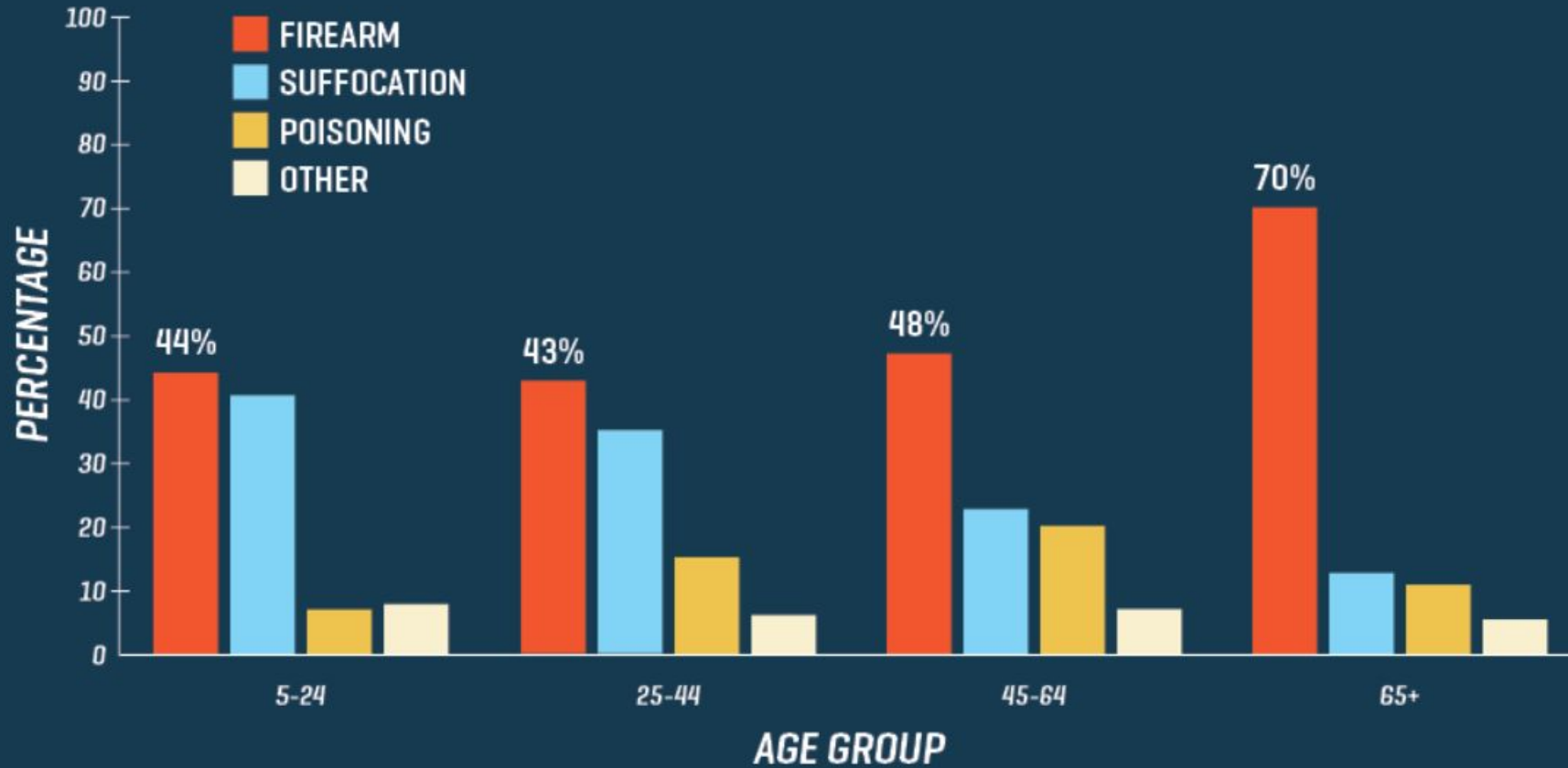
Higher Completion Rates

- Plan is more likely to be thought out vs. impulsive
- Plans are less likely to be revealed / discovered
- Less likelihood of discovery / rescue after the fatal incident
- Less likely to recover from attempt
- “Passive” methods can be difficult to detect
- More lethal means



SENIOR CITIZENS USE GUNS TO COMMIT SUICIDE MORE THAN ANY OTHER AGE GROUP

Firearm suicides account for 70% of all suicide deaths of people over 65.



SOURCE: CDC



“Passive” Suicide

Passive Suicide - behavior that occurs over time and can reasonably be expected to result in death.

- refusal of food
- refusal of medications
- self-neglect
- risk taking behavior



If you think someone is considering suicide

- Trust your instincts that the person may be in trouble
- Talk with the person about your concerns. LISTEN.
- Prioritize respect, dignity and hope (omit elder-speak, ensure privacy)
- Avoid jargon and potentially offensive language
- Provide validation, reassurance & hope
- Provide education, use aging and brain health facts



Talking with someone who's feeling suicidal

- Be non-judgmental and non-confrontational
- Ask direct questions to determine if the person has a specific plan to carry out the suicide:
 - Do you think of ending your own life?
 - Have you planned for a way to end your life?
 - Do you have what you would need to carry out that plan?

The more detailed the plan, the greater the risk.



If you think someone is considering suicide

- Connect the person to professional help:

Call 2-1-1, press 1

WHAT IS 211, PRESS 1? An immediate, always-on-call suicide prevention, substance abuse intervention and mental health emergency assistance line. Dial 2-1-1 and Press 1. Crisis Specialists are also available to chat or text. Text your zip code to TXT-211 (898-211)

- Do not leave the person alone
- Do not swear to secrecy
- Do not act shocked or judgmental
- Do not counsel the person yourself



Promoting Mental Wellbeing & Preventing Suicide



Protective Factors Against Suicide

- Effective clinical care for mental & physical needs (including substance use disorders)
- Easy access to interventions and support
- Strong connections to family and community support
- Meaningful engagement in activities and community



Protective Factors Against Suicide

- Cultural & religious beliefs supporting self preservation
- Skills in problem solving & conflict resolution
- Personal characteristics / development
 - resiliency, flexibility, positive coping strategies, help-seeking behavior, problem solving skills
- Restricted access to highly lethal means



Education

- Teach all seniors you work with about mental wellbeing.
- Remember those with long-lived experience.
- Encourage self-care strategies and recovery-informed programming for all.



Empowerment

- Invite older adult to identify goals, assess health habits and contribute to solutions
- Reinforce personal strengths and empower for self-direction
- Promote health and functional gains to result from addressing a problem
- Combat ageism



Resource: Self-care programs

- [Wellness Recovery Action Plan](#) (WRAP)
- [Aging Mastery Program](#) (check with your local Dept of Aging)
- Evidence-based programs from [Maryland Living Well Center of Excellence](#)
 - Chronic Disease Self-Management Programs
 - PEARLS (**P**rogram to **E**ncourage **A**ctive and **R**ewarding **L**ive**S**)
 - Building Better Caregivers
 - Exercise/ Fall prevention programs



Resource: Advance planning

- Psychiatric Advance Directive (resources available at [MHAMD](#))
- [Maryland Orders for Life Sustaining Treatment](#)
- [Five Wishes](#)
- [Somatic Health Advance Directive](#)
- [National Resource Center for Supported Decision Making](#)



Resource

Older Adult Behavioral Health PASRR Specialists

- Services designed for individuals with behavioral health needs may lack expertise and skills to support individuals as they age. Likewise, services designed for older adults may lack knowledge and expertise in behavioral health. This project was designed to bridge the gap between those systems of care.
- This project is a partnership of the Maryland Behavioral Health Administration (BHA) and Maryland's Money Follows the Person (MFP) Project.



Resource:

- [Seniors in Sobriety](#) (AA model)
- Better with Age AA Group (virtual): 410-663-1922 or 2020betterwithage@gmail.com
- [On Our Own of Maryland](#), Statewide behavioral health advocacy and education + wellness and recovery center finder



Resource:

- Contact 2-1-1 or [Maryland Access Point](#) for transportation needs
- "Accessing Mental Health Care" [MHAMD Fact Sheet](#)
(Includes directory of Behavioral Health Authorities)
- [Older Adult Technology Services](#)
- [Remote recovery supports](#) are available during and beyond the pandemic.
(list from BHA)
- Senior Call Programs are active throughout the state, easing loneliness and facilitating resource connection. [Learn more about call programs in Baltimore County and beyond.](#)





Maryland Access Point (MAP)

1-844-627-5465

Local Maryland Access Point Locations:

Allegany 301-783-1752	Anne Arundel 410-222-4257	Baltimore City 410-396-2273
Baltimore 410-887-2594	Calvert 410-535-4606	Caroline, Kent, Talbot 410-778-6000
Carroll 410-386-3800	Cecil 410-996-5295	Charles 1-855-843-9725
Dorchester, Somerset, Wicomico 410-742-0505, ext. 109	Frederick 301-600-1234	Garrett 301-334-9431
Harford 410-638-3025 ext. 2521	Howard 410-313-5980	Montgomery 240-777-3000
Prince George's 301-265-8450	Queen Anne's 410-758-0848	St. Mary's 301-475-4200 ext. 1057
Washington 301-790-0275	Worcester 410-632-9915	

DIAL 2-1-1, PRESS 1

**NEED TO TALK? WE'RE HERE FOR YOU,
ALL CALLS ARE CONFIDENTIAL**



Training for Aging Professionals

- [SAMHSA and NCOA Issue Brief Series](#) (12)
- [Treating Substance Use Disorder in Older Adults: Treatment Improvement Protocol \(TIP\) 26](#)
- SAMHSA resources for [Serving Older Adults](#)
- [Older Adult Behavioral Health Initiative](#)
- Training materials from BHA's Office of [Older Adult Behavioral Health and PASRR](#)
- [Mental Health First Aid](#) (Maryland)
- [Engage With](#) training for long-term care workforce



Fuqua Center for
Late-Life Depression

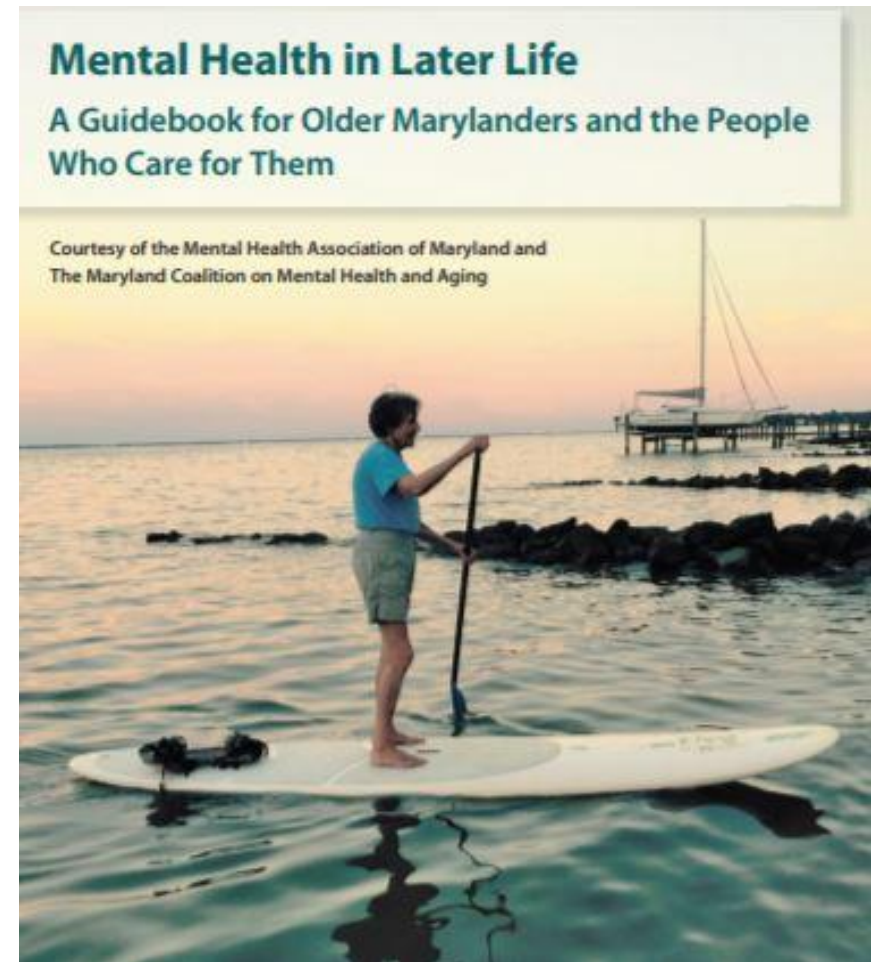


Resource for all!

"Mental Health in Later Life: A Guidebook for Older Marylanders and the People Who Care for Them"

MHAMD publication

Download or order free copies at www.mdaging.org



Questions?

Thank you for joining us!

*Learn more at
www.mdaging.org*

