

Professional Reference Series

Suicide Prevention, Volume 1

Suicide Prevention for Older Adults



OLDER AMERICANS
Substance Abuse & Mental Health
Technical Assistance Center



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TAC MISSION

The mission of the *Older Americans Substance Abuse and Mental Health Technical Assistance Center* is to enhance the quality of life of older adults by providing training and technical assistance to health care agencies and providers regarding health issues common in late life. TAC priorities include the prevention and early intervention of substance abuse, medication misuse and abuse, mental health disorders, and co-occurring disorders.

For more information on this topic or other topics offered in our *Professional Reference Series* please contact the Older Americans Substance Abuse and Mental Health Technical Assistance Center at:

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Suicide Prevention for Older Adults

Suicide in older adults is a serious public health problem that is preventable. The following information is adapted from the SAMHSA Older Americans Technical Assistance Center’s “Evidence-Based Practices for Preventing Substance Abuse and Mental Health Problems in Older Adults” and from the National Suicide Prevention Strategy.

Risk factors for suicide include:

- Older age
- Male sex
- Race
- Ethnicity
- Depression
- Substance abuse
- Use of benzodiazepines
(e.g., Valium)

Prevention Strategies to Reduce Suicide or Suicidal Ideation Among Older Adults

Szanto and colleagues recently completed a secondary analysis of 395 older adults (ages 59–95) with major depression receiving inpatient or outpatient treatment with antidepressant medication alone or in combination with interpersonal psychotherapy for suicidal ideation. After 12 weeks of treatment, only 18.4% of participants reported suicidal ideation, thoughts of death, or feelings that life is empty, compared to 77.5% at the beginning of treatment. Moreover, after 12 weeks of treatment, only 4.6% continued to report thoughts of death, compared to 36.2% at the beginning of treatment.

The decrease in suicidal ideation was more gradual for those with a recent suicide attempt or current suicidal ideation (median response time: 6 weeks) or with recurrent thoughts of death (median response time: 5 weeks), compared to those with no suicide attempt, suicidal ideation, or thoughts of death (median response time: 3 weeks). This study suggests that suicidal ideation can resolve among older adults receiving active treatment for depression. However, it is noteworthy that individuals with the most severe risk for suicide require treatment for an average of 1.5 months to see significant reductions in suicidal ideation.

DeLeo and colleagues evaluated the effectiveness of the TeleHelp-TeleCheck service for suicide prevention among more than 18,000 older persons in Italy (age 65+). Over an 11-year period the intervention was found to be successful in reducing the number of observed suicides among older women, though it did not significantly lower the rate of completed suicides among older men. In addition, the TeleCheck component of the intervention has been associated with fewer requests for physician home visits, hospital admissions, and depression severity.

DID YOU KNOW?

- Older adults (age 65+) represent 13% of the U.S. population, yet account for nearly one-fifth of U.S. suicides.
- Older adults are less likely to report suicidal ideation compared to younger adults.
- Suicide attempts among older adults are more likely to be deliberate and lethal.
- The most frequent methods of suicide among older adults include the use of firearms (men: 77%; women: 34%) and poison (men: 12%; women: 29%).
- Men account for 82% of suicides among older adults and have a higher suicide rate than women (38 vs. 5.7 per 100,000 persons).
- More than half (58%) of older adults (age 55+) contact their primary care provider 1 month before completing suicide.

To meet the needs of older adults, the National Suicide Prevention Strategy has set the following goals and objectives:

- Promote awareness that suicide in older adults is a public health problem that is preventable;
- Develop broad-based support for elder suicide prevention;
- Develop and implement strategies to reduce the stigma associated with aging and with being a senior consumer of mental health, substance abuse, and suicide prevention services;
- Develop and implement community-based suicide prevention programs for older adults;
- Promote efforts to reduce access to lethal means and methods of self-harm by older adults;
- Implement training for recognition and assessment of at-risk behavior and delivery of effective treatment to older adults;
- Develop and promote effective clinical and professional practices;
- Improve access to and community linkages with mental health, substance abuse, and social services designed for the evaluation and treatment of older adults in primary and long-term care settings;
- Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse among older adults in the entertainment and news media;

- Promote and support research on late-life suicide and suicide prevention;
- Improve and expand surveillance systems;
- Implement interventions that improve social relations and decrease isolation in older adults; and
- Increase access to geriatric specialty health care.

Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT)

Identified as an “effective” selective and indicated prevention program by the National Registry of Evidence-based Programs and Practices (NREPP).

The Study

Bruce and colleagues evaluated the effect of the Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT) on reducing suicidal ideation among older adults (age 60+) with depression. PROSPECT combines depression treatment guidelines with depression care management. The intervention sought to decrease risk factors, including barriers to accessing health care and the presence of untreated mental illness.

The Results

Participants had significant reductions in suicidal ideation by 4 and 8 months, compared to usual care. Of note, reductions were greater among those diagnosed with major depression, compared to those with minor depression.

A review of the current evidence supporting the universal, selective, and indicated prevention among older adults suggests that current prevention programs can reduce the rate of suicide among older women, but have shown more limited effectiveness among older men. Supportive interventions appear to be effective for older women. While these programs have shown effectiveness in their original setting, it is possible that differences in health care systems and characteristics of the older adult populations may limit their generalizability to samples and settings in the United States.

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