

Suicide Prevention 101

Senior Suicide

**A Basic Overview of
Suicide Prevention and Intervention
for Older Adults**



Office of
Suicide
Prevention
Department of Health
and Human Services

**A Program of the
Nevada Office of Suicide Prevention**

Training Objectives

- **Understand senior suicide as a serious public health problem that is preventable**
- **Recognize warning signs, risk and protective factors for senior suicide**
- **Demonstrate increased awareness of how to intervene and help an older adult at risk for suicide**

Nevada Office of Suicide Prevention

The mission of the Nevada Office of Suicide Prevention is to reduce the rates of suicide and suicidal acts in Nevada through statewide collaborative efforts to develop, implement and evaluate a state strategy that advances the goals and objectives of the National Strategy for Suicide Prevention.

Nevada Coalition for Suicide Prevention

The Nevada Coalition for Suicide Prevention is dedicated to partnering and collaborating with local and state individuals and organizations for the development and implementation of evidence based suicide prevention, intervention, and postvention strategies and programs in the State of Nevada.

History of Suicide Prevention Efforts in Nevada

- 2003 Suicide prevention legislation (SB49, SB36, SCR 3, 4, & 5) adopted in Nevada
- 2005 Nevada Coalition for Suicide Prevention established; State of Nevada receives Cohort 1 Garrett Lee Smith grant \$1.2 million;
- 2005 Nevada Office of Suicide Prevention established;
- 2007 Nevada Suicide Prevention Plan released;
- 2008-2011 Three Garrett Lee Smith Awards come to Nevada (ITCN/IHBN, OSP and Pyramid Lake Paiute Tribe; 4 MSPI grants awarded to NV tribes;
- 2009 State of Nevada awarded Garrett Lee Smith grant \$1.5M, funding ended June 2013
- 2013 Fund for a Healthy Nevada funds office and two state positions added;
- 2014 SAMHSA grants impacting mental health, safe and healthy learning environments, youth suicide prevention (Project Aware: school-based mental health and YMHFA)
- 2015 TMCC Awarded Campus Suicide Prevention grant; AB 93, MH/BH SP training
- 2015 CVE Counter Violence Extremism
- 2016 CRSF Report recommendations implementation plan; 10 year anniversary
- 2017 State plan updated AB 105 passed;
- 2018 Zero Suicide
- 2019 Connectiveness Matters

Office of Suicide Prevention Training Opportunities

- **Resource Introduction (15 – 60 minutes)**
- **Suicide Prevention Training:**
 - **Nevada Gatekeeper for Specialized Training Environments**
 - **Nevada Gatekeeper Train the Trainer for FSAs (4 hours)**
 - **Signs of Suicide (SOS) for Middle and High School Students/Staff**
 - **suicideTALK, (Suicide Awareness) 1.5 hours**
 - **safeTALK: (Suicide Alertness) 3.5 hours**
 - **Youth Mental Health First Aid 8 Hours**
 - **Adult Mental Health First Aide 8 Hours**
 - **ASIST: (Applied Suicide Intervention Skills Training)**
Two day workshop
 - **Zero Suicide Initiative and Access to Lethal Means Program**

Suicide Statistics

United States, 2017

- Over 47,173 deaths
- Firearms used in over 51.6% of suicides (NV 52.5%)
- 3.5 male deaths to every female death
- A suicide every 11.1 minutes
- 129 Suicides a day

Nevada, 2017

- 11th highest rate, 627 lost
- 2nd leading cause of death 20-46, 1st for youth 12-19 years of age
- Nevada's Elderly have highest rates 65+, except 3 years
- More suicides than homicides (221), motor vehicle accidents (357)

Facts You Need to Know About Suicide

Talking about suicide will not cause a person to think that suicide is an option for themselves.

Few suicides happen without warning.

There is no “suicide type.”

People with thoughts of suicide can help themselves.

Suicide “secrets” and/or “notes” must be shared

Facts You Need to Know About Suicide

Depression, anxiety, mood disorders, substance abuse and conduct disorders are the most common factors found in individuals with thoughts of suicide.

Suicide is preventable.

Suicide is not painless...not an “easy way out.”

Facts You Need to Know About Suicide

People who show marked and sudden improvement after a suicide attempt or depressive period may be in great danger.

People who talk about suicide may very well attempt or complete suicide.

Suicidal behavior is not just a way to get attention

Facts You Need to Know About Suicide

There is strong evidence that sexual minority individuals are more at risk than their peers to think about and attempt suicide.

Any concerned, caring individual can be a “gatekeeper” and may very well make the difference between life and death.

Not every death is preventable.

Senior (65+ years) Suicide

- **16.85 per 100,000 (Nevada – 30.72)**
- **8568 deaths nationwide (141 in Nevada)**
- **One elderly suicide almost every hour**
- **Elderly white males have highest rates 31.40 per 100K**
- **One of the leading causes – untreated or undiagnosed depression**



Nevada Statistics

In 2017, there were 627 suicides in Nevada

Of those lost to suicide, 141 were over the age of 65

Nevada's elderly suicide rate is almost double the national average rate for that age group



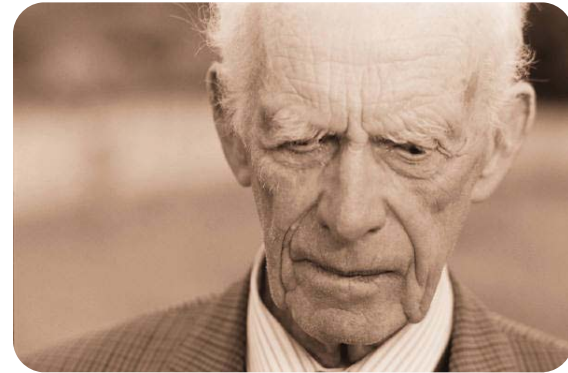
What To Look For

Risk Factors
Warning Signs
Protective Factors



Common Risk Factors for Elderly Suicide

- **Undiagnosed or untreated depression**
- **Recent death of loved one**
- **Physical illness**
- **Perceived poor health**
- **Social isolation**
- **Loneliness**
- **Major changes in social roles**



Source: American Association of Suicidology

Warning Signs

Signs and symptoms of depression

Neglecting appearance

Increased substance abuse

Refusing to eat/drink, medication mismanagement, self-neglect

Medical illness; signs of anxiety regarding progression of the illness, fear of dependence, and fear of burdening the family



Protective Factors For Older Adults

- Sense of purpose and identity
- Access to resources
- Supportive networks
- Supportive family relationships
- Help-seeking behaviors
- Ability to live independently
- Involvement in community activities
- Better preparation for retirement



Protective Factors For Older Adults



“Suicide by Cop”

- **“...an act motivated in whole or in part by the offender’s desire to commit suicide that results in a justifiable homicide by a law enforcement officer.”**
- 84 negotiations involving officer involved shootings
- 66% classified as “Suicide By Cop”

Homicide/Suicide or Suicide/Homicide

- Around 2% of all suicides in the US are accompanied by the murder of at least one other person, about 2 murder suicides per day
- The perpetrator of murder-suicide considers the death of the other(s) as required by at least one, and possibly two, of the four virtues, mercy, justice, duty, and glory.

Thomas Joiner, *Perversion of Virtue*, 2014

Connectiveness Matters

- **Positive and supportive social relationships and community connections can help buffer the effects of suicide risk factors in people's lives.**
- **Social support and connections are the key protective factors to prevent suicides in our community. Programs and practices which promote social connectedness and supports are an element of a comprehensive approach to suicide prevention.**
- **This year I would like all of you to promote Connectiveness in activities you embark on during this year, in addition continue it throughout the years as the highest time of the year where we loose community members to suicide are springtime and September. We get more people help during the holidays because we have broken down some of the taboo and stigma of depression during the holidays.**
- **Connectedness can include:¹**
 - **Connectedness between individuals (e.g., friends, neighbors, co-workers)**
 - **Connectedness among family members, remember this can be difficult as 75% of our Clark County community members came from somewhere else and hence family might be limited here in Clark County for some.**
 - **Connectedness to community organizations (e.g., schools, faith communities)**

Connectiveness Matters

- **The connection of groups (e.g., minority groups) to their cultural traditions and history**
- **Connectedness and support can be enhanced through social programs directed at specific groups (such as older adults or LGBT youth), as well as through activities that support the development of positive and supportive communities.**
- **Take Action**
- **Support the development of relationships between youth and positive adults in their lives (e.g., teachers, coaches).**
- **Build connections among co-workers, connect with individuals who might be isolating themselves.**
- **Help build positive attachments between families and organizations in the community (e.g., schools and tribal and faith-based organizations).**
- **Increase supportive connections in your social organizations.**
- **Create and sustain peer-delivered services and support groups.**
- **Implement activities in educational institutions that help students increase and strengthen their social networks and connections.**
- **It's important to remember that not all social connections are healthy. Suicide prevention programs should promote practices leading to positive and supportive relationships.**

Reference,Centers for Disease Control and Prevention (CDC).

http://www.cdc.gov/ViolencePrevention/pdf/Suicide_Strategic_Direction_Fu...

Who Can Help?

Family and Friends

Hospital Emergency Room

Pastor

Senior Centers

Primary Care
Physician

YOU

Psychiatrist

Therapist

Senior Peer Counseling

Psychologist

Nurse

Mental Health Facility

Social Worker

Veteran's Administration

How to Help

9-1-1

In an acute crisis, call **9-1-1**.
Do not leave the individual alone.

1-800-273-TALK (8255)

National Suicide Prevention Lifeline
www.suicidepreventionlifeline.org

Suicide Prevention Resources

American Foundation for Suicide Prevention (AFSP)

www.afsp.org

American Association of Suicidology (AAS)

www.suicidology.org

Suicide Prevention Resource Center (SPRC)

www.sprc.org

Nevada State Suicide Prevention web site

www.suicideprevention.nv.gov

Nevada Coalition for Suicide Prevention

<https://www.nvsuicideprevention.org/>

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