



# 2019 FORUM ON AGING – RURAL OREGON – “DEPRESSION, SUICIDE, AND AGING IN RURAL COMMUNITIES

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# Center for Elderly Suicide Prevention's "Friendship Line" 800.971.0016

24-Hour **Accredited** Crisis Intervention Telephone Hotline/Warmline, began service in 1973:

- **Call-In Service** – Confidential telephone discussions for people 60+ (their caregivers or younger disabled) who may be lonely, isolated, bereaved, depressed, anxious and/or thinking about death or suicide
- A caller does not need to be in a suicidal crisis to use the call-in service
- **Questions?** Mia Grigg, Friendship Line Director, [Mgrigg@ioaging.org](mailto:Mgrigg@ioaging.org) 415.750.4138
- Patrick Arbore, Founder & Director, CESP – [parbore@ioaging.org](mailto:parbore@ioaging.org) or 415.750.4133



## Friendship Line -- Outreach

- Trained Volunteers and Staff will call out to lonely, isolated adults on a consistent basis
- For referrals go to [www.ioaging.org](http://www.ioaging.org) – Services – Friendship Line – Scroll down to Make a referral – Complete the form and send

# Americans Living in Rural Areas

- According to the American Psychological Association (2014), approximately 60 million people (20% of the U.S. population) live in rural America.
- Skoufalos et al (2017) identified that more than 25% of Americans older than age 65 live in rural areas. In some states the percentage is much higher.

## According to the Union Democrat (April 2019)

- Population estimates released last month (March) show Deschutes County had the largest percentage increase in senior residents among Oregon counties in recent years.
- According to the U.S. Census Bureau estimates, the number of residents 65 and older in Deschutes County rose by about 39 percent between April 2010 and July 2015.

# Population Data Continued

- Between 2010 and 2015, Crook County's senior population increased by about 26 percent, while Jefferson County's rose by about 22 percent.
- Deschutes County is the fastest-growing senior population in the state based on the combination of resident's aging and people moving here
- Central Oregon and the entire state is a desirable place for retirees because of relatively affordable housing compared with other states and the many available outdoor activities.

# Suicide is the 8<sup>th</sup> Leading Cause of Death in Oregon 2018

According to the American Foundation for Suicide Prevention – Facts on Suicide Deaths in Oregon 2018

- 2nd leading cause of death for ages 15-34
- 3rd leading cause of death for ages 35-44
- 5th leading cause of death for ages 45-54
- 8th leading cause of death for ages 55-64
- 15th leading cause of death for ages 65 & old

## According to The Bulletin April 2019

- In 2017, the suicide rate in Deschutes county reached an all-time recorded high, more than 50 percent higher than the rest of the state and more than twice that of the national rate.
- Since 2010, the suicide rate in Deschutes County has increased 4.1 percent per year, twice as rapidly as the rest of our state and our country.

## Life-Expectancy

“The numerical increase in the size of the aged population over the next 30 years will mean that the number of older persons who are dependent, disabled, and suffering the functional consequences of multiple chronic conditions will be larger than it has ever been, far larger than most countries are prepared to manage.” – Moody and Sasser

# Difference Between Suicide & Other Forms of Death

- Suicide is voluntary – other deaths are not (for the most part)
- Suicide death is very hard to reconcile
- Facts – The person who dies as a result of suicide leaves all loved ones behind; deprives the survivors of any chance to change his/her mind; severs irreparably all ties with family, friends, co-workers, and/or professional helpers

## Suicide Death in the U.S. 2017 Official Final Data – American Association of Suicidology

- Suicide rate for the nation – 14.5 per 100,000 population – 47,173 actual number
- Suicide rate for young persons – 14.5 per 100,000 population (15-24) – 6,252 actual #
- **Suicide rate for older adults – 16.8 per 100,000 (65+) or 8,568 actual number**
- Suicide rate for middle age (45-64) – 19.6 per 100,000 or 16,543 actual number
- Suicide is 10<sup>th</sup> leading cause of death; homicide is 16<sup>th</sup> leading cause of death

# The Aftermath of Death by Suicide (Cerel)

- For each death by suicide 147 people are *exposed* (6.6 million annually)
- Among those, more than 6 experience a major life disruption (*loss survivors*)
- *If each suicide has devastating effects and intimately affects > 6 other people, there are **over 283,000 loss survivors a year***
- The number of *survivors of suicide loss* in the U.S. is more than 5.2 million (1 of every 62 Americans in 2017); number grew by more than 283,038 in 2017

## The Rise in the Suicide Rate

- The rate of suicide had been falling from 1979 to 2000. During the next 11 years, the suicide rate rose and continues to rise – there was a noticeable increase, post 2007, during the Great Recession
- ---DeFina & Hannon (2015)
- *Suicide rates are continuing to increase since the date of DeFina's study*

# American Foundation for Suicide Prevention

- There's no single cause for suicide
- Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair
- Depression is the most common condition associated with suicide -- it is often undiagnosed or untreated
- Conditions like depression, anxiety and substance problems -- especially when unaddressed -- increase risk for suicide.

# Warning Signs

- A person may be suicidal when there is any change in behavior or the presence of entirely new behaviors
- This is of the greatest concern if the new or changed behavior is related to a painful event, loss, or change
- Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.

## Warning Signs -- Behavior

- Increased use of alcohol or drugs
- Looking for a way to end their lives, such as searching online for methods
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye

## Warning Signs – Sleep Behavior

- A key indicator of acute suicide risk occurs when a person cannot get to sleep, cannot stay asleep, and experiences sleep deprivation over several days

# Warning Signs -- Behavior

- Giving away prized possessions
- Aggression
- Fatigue

# Warning Signs -- Mood

- Depression
- Anxiety
- Loss of interest
- Irritability
- Humiliation/Shame
- Agitation/Anger
- Relief/Sudden Improvement

## Warning Signs – Environmental/Historical Factors

- Access to lethal means including firearms and drugs
- Prolonged stress, such as harassment, bullying, relationship problems or unemployment
- Stressful life events, like rejection, divorce, financial crisis, other life transitions or loss
- Social and psychological disconnectedness (family discord; social isolation; loneliness; bereavement)

# Mental Health Conditions

- Depression
- Substance use problems
- Bipolar disorder
- Schizophrenia
- Personality traits of aggression, mood changes and poor relationships
- Conduct disorder
- Anxiety disorders

# Physical Health Conditions

- Serious physical health conditions including pain
- Traumatic brain injury
- Negative prognosis
- Cognitive Impairment/Dementia

## Recognizing Our Reluctance to Engage in Discussions about Suicidal Ideation

- Failure to see the signs of suicidal ideation
- Deny the meaning of these signs
- Minimize these communications as “not serious”
- This may be due to our lack of knowledge and/or our basic fear about this topic
- Our failure to respond effectively by the suicidal individual may be seen as proof that we don't care about the person

# Talking About Suicide is Difficult

- Our difficulty to talk about one of the leading causes of death in this country is no accident
- It is a direct result of taboo, stigma, fear, and ignorance
- **Imagine that you are contemplating suicide as a result of financial worries, health problems, loneliness, etc.**
- **How would you begin to communicate with someone about your feelings of despair?**

## Encouraging the Person to Seek Help

- All we want to accomplish is for the person to agree to get some help
- If they resist or decline help and are at imminent risk of suicide, you must call 911 for help.
- Studies suggest that the majority of people who took their own lives suffered from a treatable mental illness

## Depression & Suicide

- **Depression, substance abuse, and social isolation** are the three of the most important risk factors for older adult suicide
- Older adults have a high risk of suicide – Men 85+ are 15 times more likely to die by suicide than women of the same age



## Depression and Older Adults (Bogers 2013)

Depressed older patients with suicidal ideation suffer from more severe depressive symptoms compared with depressed patients without suicidal ideation

It is important that thoughts of death are incorporated in guidelines of managing suicidal behavior in depressed older persons

This is underlined by the findings that patients can switch from thoughts of death to thoughts of suicide and vice versa during a depression

# Depression and Men

- Evidence is growing that men are equally vulnerable to depression as are women
- Men's depression, however, remains unidentified, undiagnosed, and untreated
- Men appear to be less willing to seek professional help – more reluctant to seek help even from friends

## Depression and Men

- Male depression is often a result of –  
Combined effects of biological predisposition, early childhood loss and trauma, gender-role restrictions in behavior, life disappointments, unresolved grief, poor social support, and a growing awareness of mortality
- Because of stigma, men allow their pain to burrow deeper and further from view

# Depression Continued

- When we minimize a man's depression for fear of shaming him, we collude with the cultural expectations of masculinity in a terrible way
- Many depressed men are cut off from the possibility of comfort and the reality of their own condition
- If overt depression in men is overlooked, covert depression is invisible

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# According to the American Psychiatric Association 2017

- Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act
- Fortunately, it is also treatable
- Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed
- It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at work and at home.
- Depression in older adults may be difficult to recognize because they may show different symptoms than younger people

# Depression and Older Adults

- Sometimes older people who are depressed appear to feel tired, have trouble sleeping, or seem grumpy and irritable.
- Confusion or attention problems caused by depression can sometimes look like Alzheimer's disease or other brain disorders

# Depression and Older Adults

- Older adults also may have more medical conditions, such as [heart disease](#), [stroke](#), or [cancer](#), which may cause depressive symptoms
- Or they may be taking medications with side effects that contribute to depression.

## Challenges

- Researchers Conwell, Waern and Rubenowitz have stated that: Known risk factors for elderly suicide, such as depression, pain disability, or financial problems, have limited predictive power
- Szanto, et al (2012) suicide attempts in depressed older people were related to poor social problem solving, constricted social networks, and disrupted interpersonal; Cognitive decline may be another risk factor for suicide attempts in older adults

# Challenges

Marty et al (2012):

- In addition to loss of autonomy, relationships, roles, and status, there is a need for assessment of suicide risk that goes beyond demographic factors in order to improve suicide prevention efforts among older adults
- The Interpersonal-Psychological Theory of Suicide (IPTTS) (Joiner, 2005) was developed in an effort to determine more sensitive and specific predictors of suicide risk and death

## Interpersonal-Psychological Theory of Suicide (IPTS)

- Proposes that an at-risk individual must have both the **desire for suicide** and the **ability to carry out the act**
- Desire for suicide: (1) A thwarted sense of belongingness; and (2) A feeling of perceived burdensomeness on others
- Thwarted belongingness – a profound sense of alienation; one is not an integral part of any valued group

## IPTS Theory

- Two components of thwarted belongingness: (1) loneliness; and (2) absence of reciprocal care – relationships in which individuals both feel cared about and demonstrate care of another
- Perceived burdensomeness – views oneself as defective and flawed to the point of being a liability to others

## IPTS Theory

- Two components of perceived burdensomeness: (1) liability; and (2) self-hate
- Acquired capacity for self-harm – includes habituation to pain; and a sense of fearlessness about death that is learned over time

# INTP

- Marty, et al (2012) argue that the Interpersonal Theory of Suicide is well-suited to describe late life suicide – older people are more likely to experience shrinking social networks (decreased belongingness) and dependence on others due to functional decline (increased burdensomeness)

## Family Connectedness

- Findings by Purcell, et al (2013) suggested that having poor or strained relationships (absence of social support or the presence of family discord) is associated with the likelihood of experiencing suicide ideation, engaging in suicidal behavior, and dying by suicide

## What We Know

- Most adults and older adults who attempt suicide or die by suicide suffer from depression

## What We Need To Do

- For older people in transitional states, include telephone interventions, medical self-management tools, problem-solving techniques for older people who are being discharged from hospitals or other temporary care facilities

## What We Need To Do

- Be better informed about brain changes in executive functioning and decision making in older adults – may contribute to the accumulation of stressful life events and to the decision to take one's own life

## What We Need To Do

According to the President of the American Academy of Addiction Psychiatry:

- People who experience early trauma actually undergo changes in the stress systems in the brain
- This disrupted stress response makes them less able to cope with stressors and more vulnerable to addiction

# Childhood Maltreatment

According to Niehoff (2014):

- Research suggests that childhood maltreatment may result in maladaptive changes in stress responses in the brain
- This research links childhood abuse and neglect to violent behavior later in life

## What We Can Do

- Connect with people -- Telephone contact
- Connections are paramount to caring for people who are lonely – assist them with keeping contact with people who are important to them
- Be as present as possible with people who are lonely
- Empathize with people's losses and suffering

## Can We Prevent Suicide?

- Suicide prevention requires strategies that encompass work at the individual, systems and community level
- Policy directed at restricting the methods of suicide (blocking the exit) and public awareness campaigns can be used in combination with strategies directed at the individual -- including identification, proper diagnosis and effective treatments

# Can We Prevent Suicide?

- Given the complexity of identifying and managing suicide risk, a combination of interventions on several levels will be required in order to implement an efficacious, comprehensive prevention program

## Conroy Quote

- “I could feel the tears within me, undiscovered and untouched in their inland sea. Those tears had been with me always. I thought that, at birth, American men are allowed just as many tears as American women. But because we are forbidden to shed them, we die long before women do, with our hearts exploding or our blood pressure rising or our livers eaten away by alcohol because that lake of grief inside us has no outlet. We, men, die because our faces were not watered enough.”

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