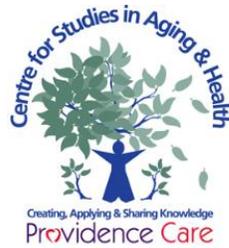




The Centre for Studies in Aging & Health at Providence Care



Overview of Suicide & the Older Adult

Education for Health Care Professionals

Part 3: Understanding the Big Picture of Suicide Prevention



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1

Risk Factors -The Big Picture

Area	Risk Factor	Intervention	Area
Health Systems	Barriers to accessing health care	Mental health policy	Universal
Society	Access to means (firearms, heights, poisons, etc.)	Policies to reduce harmful use of substances	
	Inappropriate media reporting	Access to health care	
	Stigma associated with help-seeking behaviour	Restriction of access to means	
Community	Disaster, war and conflict	Responsible media reporting	
	Stresses and acculturation and dislocation	Raising awareness about mental health, substance use disorders and suicide	
	Discrimination		
Relationships	Trauma or abuse	Interventions for vulnerable groups	Selective
	Sense of isolation and lack of social support	Gatekeep training	
Individual	Relationship conflict, discord or loss	Crisis helplines	Indicated
	Previous suicide attempt	Follow-up and community support	
	Mental disorders		
	Harmful use of alcohol	Assessment and management of suicidal behaviours	
	Job or financial loss		
	Hopelessness	Assessment and management of mental and substance use disorders	
	Chronic pain		
	Family history of suicide		
Genetic and biological factors			

Adapted from Figure 7. Key risk factors for suicide aligned with relevant interventions. Page 31. WHO, 2014 Preventing suicide: A global imperative"

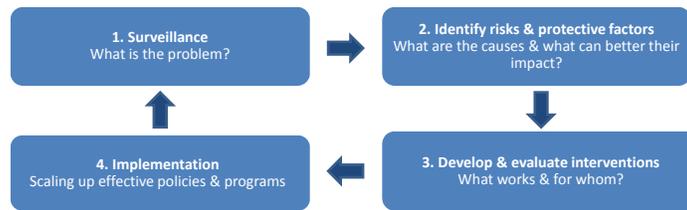
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2

Interventions at the Community Level

The World Health Organization states that communities play a critical role in suicide prevention and recommends the following:

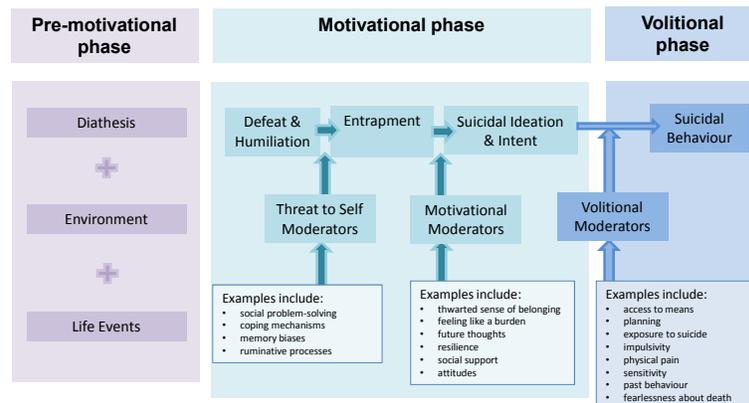
- Barriers on bridges, subways and iconic buildings
- Limiting access to pesticides, firearms, medications and other means
- Public Awareness campaigns
- Education for health workers, educators, police and others
- Ensuring accessible crisis intervention and post-vention services



(World Health Organization, 2014)

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Integrated Motivational-Volitional Model of Suicidal Behaviour



Adapted from Figure 1. The integrated motivational-volitional model of suicidal behaviour. O'Connor & Kirtley, 2018.

(Bulanda, no date; O'Connor & Kirtley, 2018)

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Proactive Prevention

- Understanding protective factors and how to support older adults to maintain or improve their physical, psychological, emotional, interpersonal, cultural, and financial states is important in building resilience and preventing suicidal behaviour. Think about:
 - Non-pharmacological interventions to address symptoms of pain, disease and to promote healthy lifestyle choices
 - Rehabilitation programs which improve older adults functional independence, experience of pain and self-efficacy
 - Support groups and other social opportunities such as community dining clubs can foster resilience and participation
 - Supporting sleep hygiene to positively impact quality of life and function
 - Prescribe for poverty (<https://ocfp.on.ca/cpd/povertytool>)
 - Address stigma, taboo, shame and guilt by building relationships with patients to have a safe space to talk about mental health issues
- **ASK** about suicidal ideation and mental health needs

(Ontario College of Family Physicians, 2017)

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Tailored Prevention Programs



NIH Public Access

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A Systematic Review of Elderly Suicide Prevention Programs

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(Lapierre et al., 2011; McMaster Health Forum, 2012; Toronto Public Health, 2014)

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Cognitive Behavioural Therapy (CBT)



- Efficacy
 - Bhar & Brown, 2014 found that further research is needed to evaluate the efficacy of a cognitive behavioural therapy protocol that would reduce depression significantly enough to address suicide risk in older adults. Their work took a multifaceted approach and therefore it was not possible to establish which aspect of the intervention was responsible for success. They did note that some research has suggested that behavioural activation is a necessary intervention in treating geriatric depression. Although other studies suggest that cognitive and problem-solving therapies are the necessary elements.

[\(Bhar & Brown, 2012\)](#)

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Problem Solving Therapy (PST)

- Problem Solving Therapy (PST) is a behavioural intervention which focuses on improving executive function in depressed older adults. PST has been found to be efficacious at improving depression, disability, cognitive impairment. It's benefits are believed to be associated with its focus of developing goals, a variety of strategies to achieve those goals and assessing the benefits of those strategies and then implementing those plans.
 - In a study by Gustavson et al. (2016) it was found that PST was effective at significantly reducing suicidal ideation in elders through a 12 week program and following up 36 weeks after treatment.

[\(Gustavson et al., 2016\)](#)

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Caution with Pharmaceuticals...



- Juurlink et al, 2006 found that the initiation of selective serotonin reuptake inhibitor (SSRI) treatment was correlated with an increased risk of suicide in older adults 66 years of age and older within the first month of therapy compared to other anti-depressants.



- Common side effects of anti-depressants such as postural hypotension, insomnia, nausea, diarrhea, and anticholinergic effects increase older adults risk of injury and delirium. ([Wiese, 2011](#))

Medical conditions such as dementia, cardiovascular disease and Parkinson's disease can be worsened by some antidepressants.

([Juurlink et al, 2006](#); [Wiese, 2011](#))