

2023 Forum on Aging in Rural Oregon

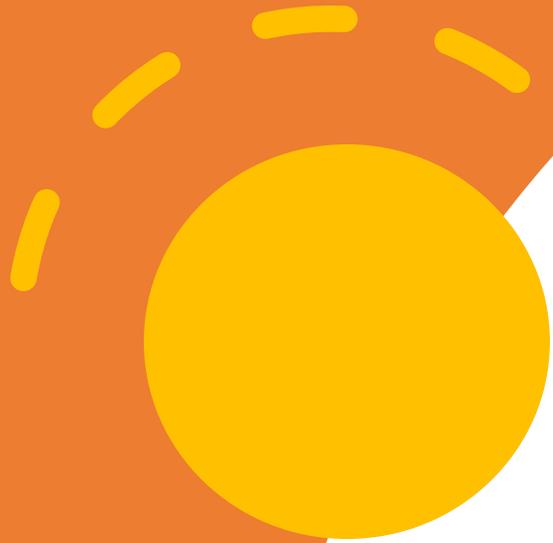
Suicide Prevention: OHA Initiatives with Older Adults Living in Rural Areas

Debra Darmata, M.S. | Oregon Health Authority

Nirmala Dhar, LCSW, ACSW | Oregon Health Authority

Thank you to our partners:





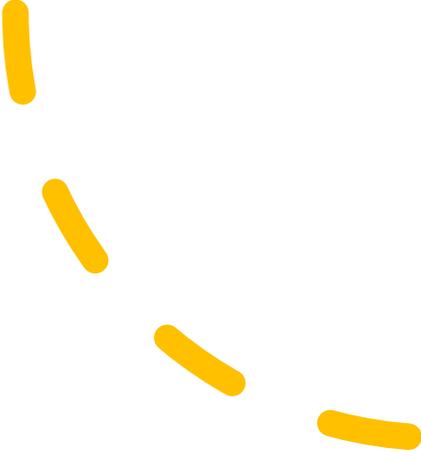
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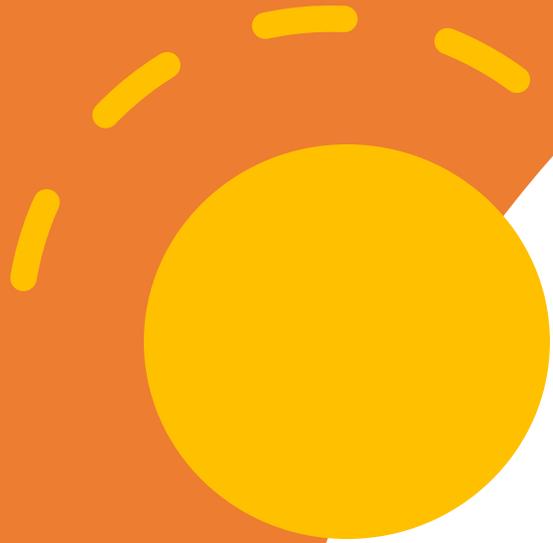
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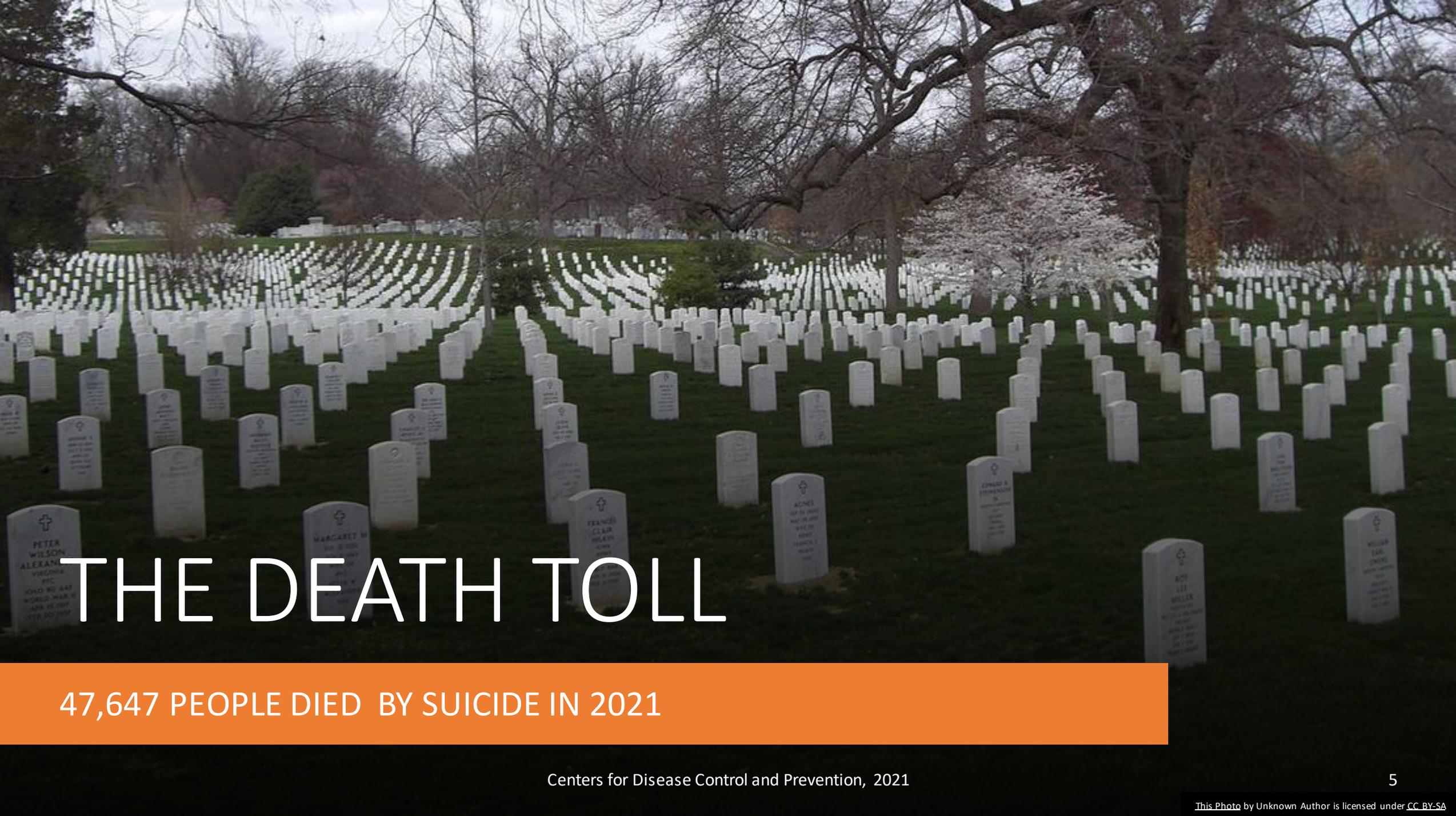
Learning Objectives:

- Learn scope of problem
 - Learn key terms and appropriate language when talking about suicide
 - Learn current OHA initiatives to reduce suicide rates among older adults and those living in rural communities
 - Learn about several resources and training opportunities
- 



Disclosure

We have nothing to disclose

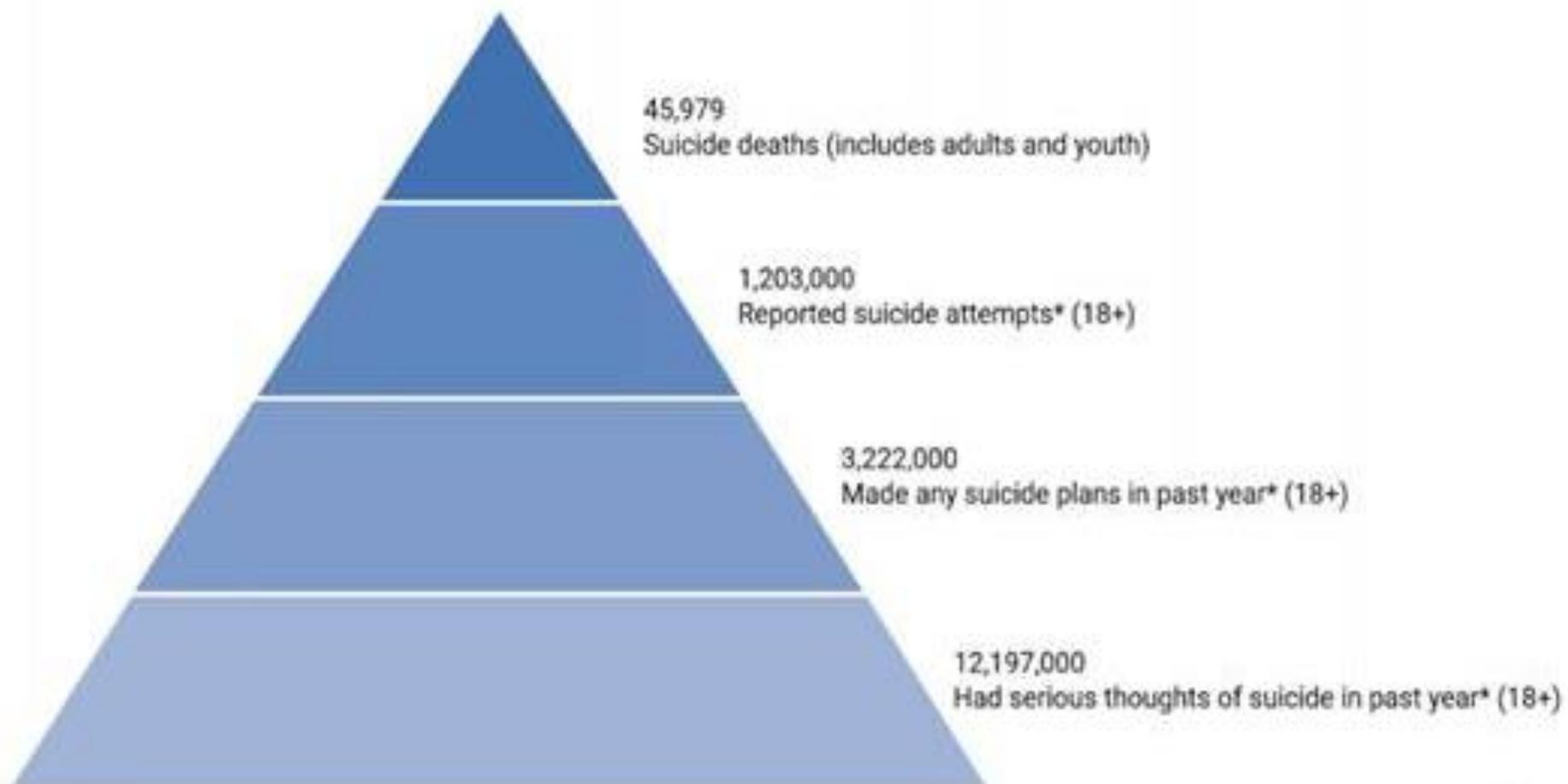


THE DEATH TOLL

47,647 PEOPLE DIED BY SUICIDE IN 2021

Centers for Disease Control and Prevention, 2021

But We Know That Suicide Deaths are Only Part of the Story...



*Self-report

Source: CDC, 2021; SAMHSA, 2021

The Facts:

10th leading cause of death for all ages

2nd leading cause of death for youth and young adults
between the ages of 10-34

According to CDC, a person dies of suicide every 11
minutes.



FACTS

Suicide rates are higher in older adults compared to most other age groups, and the majority of suicide completers have visited their primary care physician in the year before they died by suicide.

OREGON
SUICIDE
DEATHS IN
2021

888 PEOPLE DIED
BY SUICIDE

205 PEOPLE DIED
BY HOMICIDE

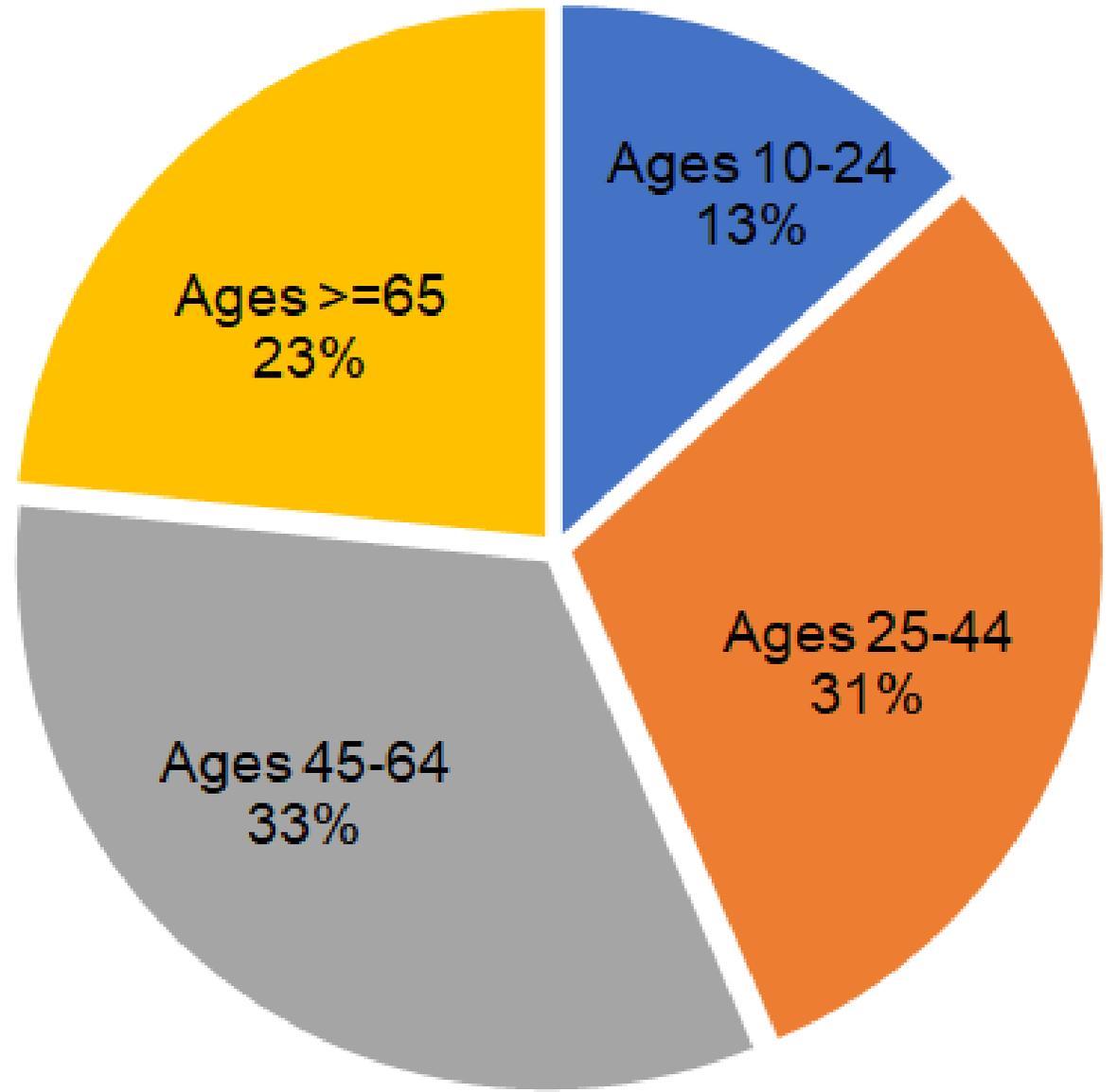
Adult Suicide Deaths in Oregon

Oregon has higher rates of suicide than the national average

Some communities experience higher burden of suicide:

Oregon Suicide Deaths by Age

Percentage of Suicides by Age Group, Oregon, 2016-2020



Mechanism of injury among suicide deaths, 55+, Oregon, 2016 – 2020

Source: ORVDRS

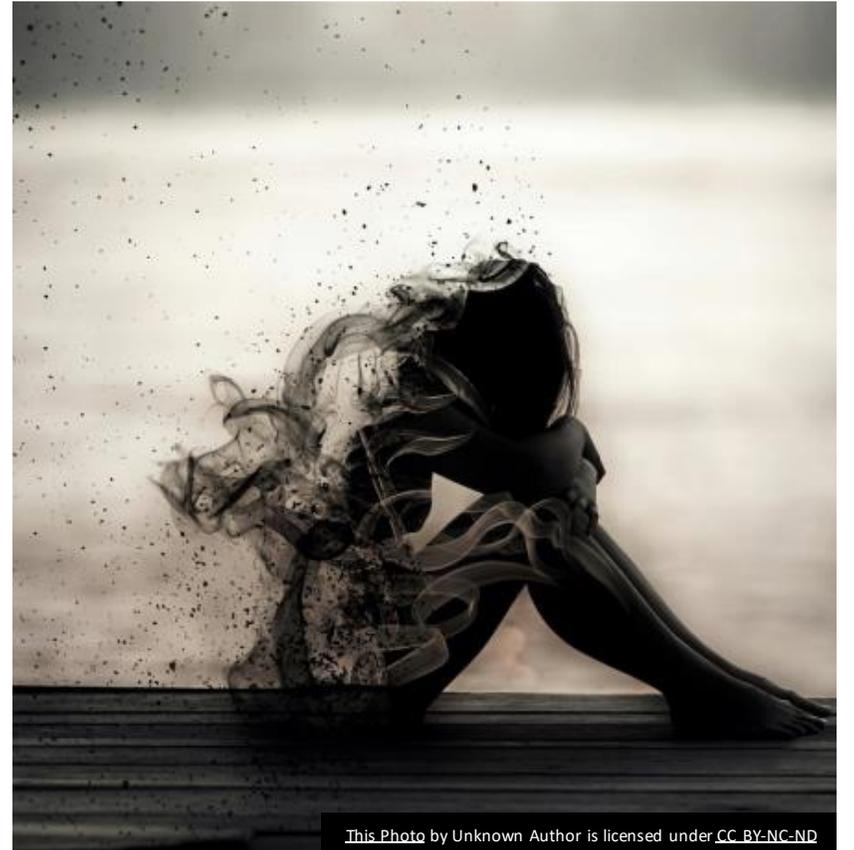
| 55+ | ALL | | Males | | Females | |
|---------------------|---------|-------|---------|-------|---------|-------|
| Mechanism of injury | Percent | Count | Percent | Count | Percent | Count |
| Firearm | 63% | 1043 | 71% | 908 | 35% | 135 |
| Hanging/suffocation | 15% | 254 | 14% | 182 | 19% | 72 |
| Poisoning | 14% | 239 | 8% | 106 | 35% | 133 |
| Fall | 3% | 44 | 2% | 26 | 5% | 18 |
| Motor Vehicle/Train | 1% | 23 | 1% | 18 | 1% | 5 |
| Sharp instrument | 1% | 12 | 1% | 9 | 1% | 3 |
| *Other/Unknown | 2% | 39 | 2% | 21 | 5% | 18 |
| Total | 100% | 1654 | 100% | 1270 | 100% | 384 |

For this age group (55+) the top five circumstances surrounding a suicide include:
Source: ORVDRS

| 55+ Circumstances (2016-2020) | % of total suicides |
|--|----------------------------|
| Physical health problem | 33.5 |
| Diagnosed mental disorder | 31.5 |
| Left a suicide note | 31.3 |
| History of expressed suicidal thought or plan | 30.2 |
| Current depressed mood | 30.2 |

WHAT IS SUICIDE?

- SUICIDE : VERB (action)
- DEATH CAUSED BY SELF-INFLICTED VIOLENCE WITH AN INTENT TO DIE
- IT IS PREVENTABLE
- Most people will recover from suicidal thoughts and behaviors
- We want to support recovery and resilience



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A HEALTH CRISIS

Impacts the lives of

- ✓ Individuals
- ✓ Families
- ✓ Care providers
- ✓ Communities

Everyday.





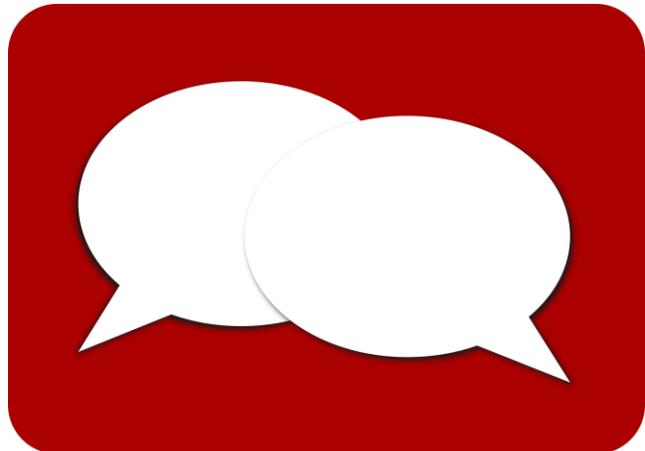
Key Terms

- Suicide - Death caused by self-directed injurious behavior with any intent to die as a result of the behavior
- Suicide attempt - A nonfatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior
- Suicidal ideation - Thoughts of engaging in suicide-related behavior

The way we talk about suicide has changed: Language Matters

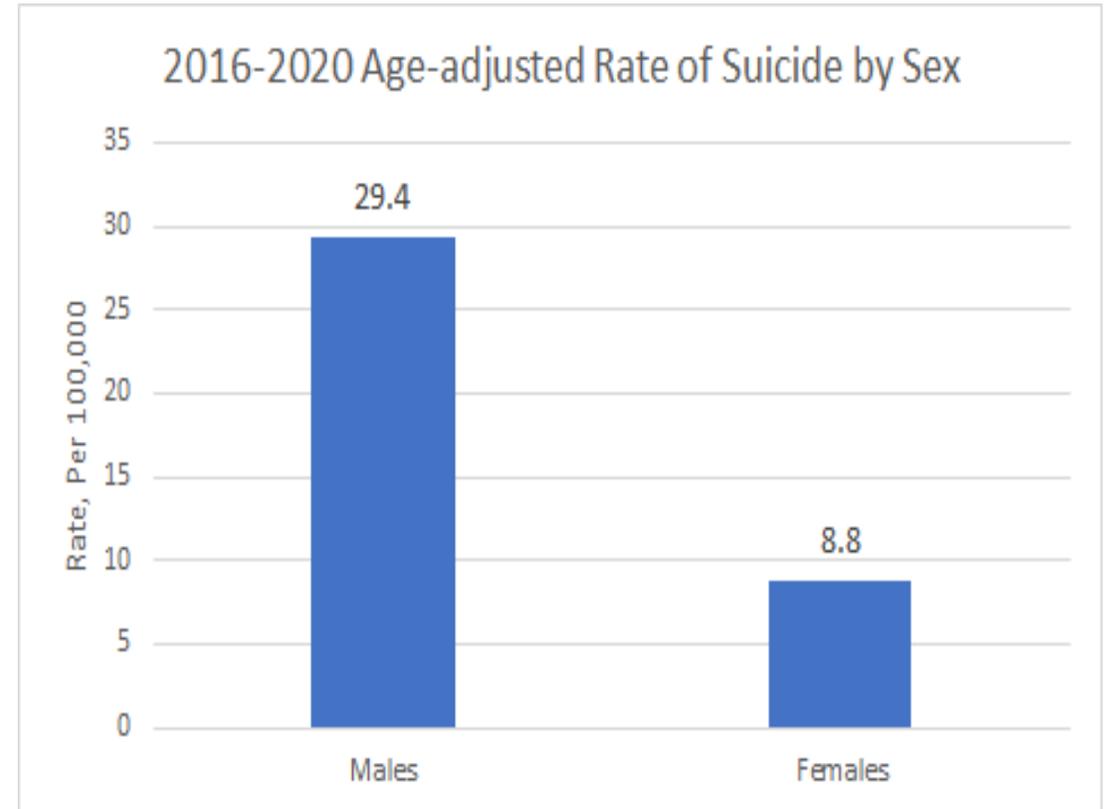
Don't say

- He committed suicide
- Failed suicide attempt
- Unsuccessful suicide



Say this instead

- He died by suicide
- Made a suicide attempt or attempted suicide
- Killed themselves
- Suicided



Gender differences in suicide deaths

Source: ORVDRS

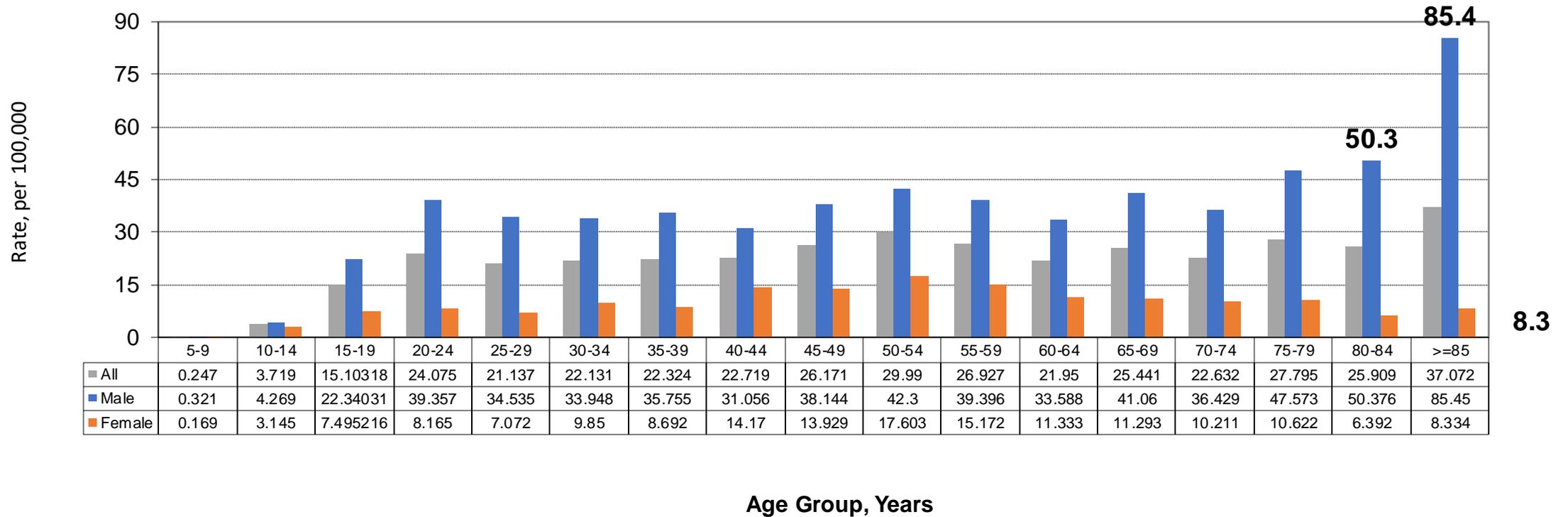
GENDER DIFFERENCES

- MORE MEN DIE BY SUICIDE
ACROSS ALL AGE GROUPS
- MORE WOMEN ATTEMPT
SUICIDE
- **Statistical Risk Factors: Male,
older and mental illness**



Men ages 85 and older have the highest rates of suicide

Age-specific rate of suicide, Oregon 2016-2020



Source: OPHAT

Some groups have higher suicide rates than others

- Suicide rates vary by race/ ethnicity, age, and other factors, such as where someone lives.
- By race/ethnicity, the groups with the highest rates were non-Hispanic American Indian/Alaska Native and non-Hispanic White populations.
- Other Americans with higher than average rates of suicide are :
 - ✓ veterans
 - ✓ people who live in rural areas
 - ✓ workers in certain industries and occupations like mining and construction



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Unique Characteristics of older adults and suicide

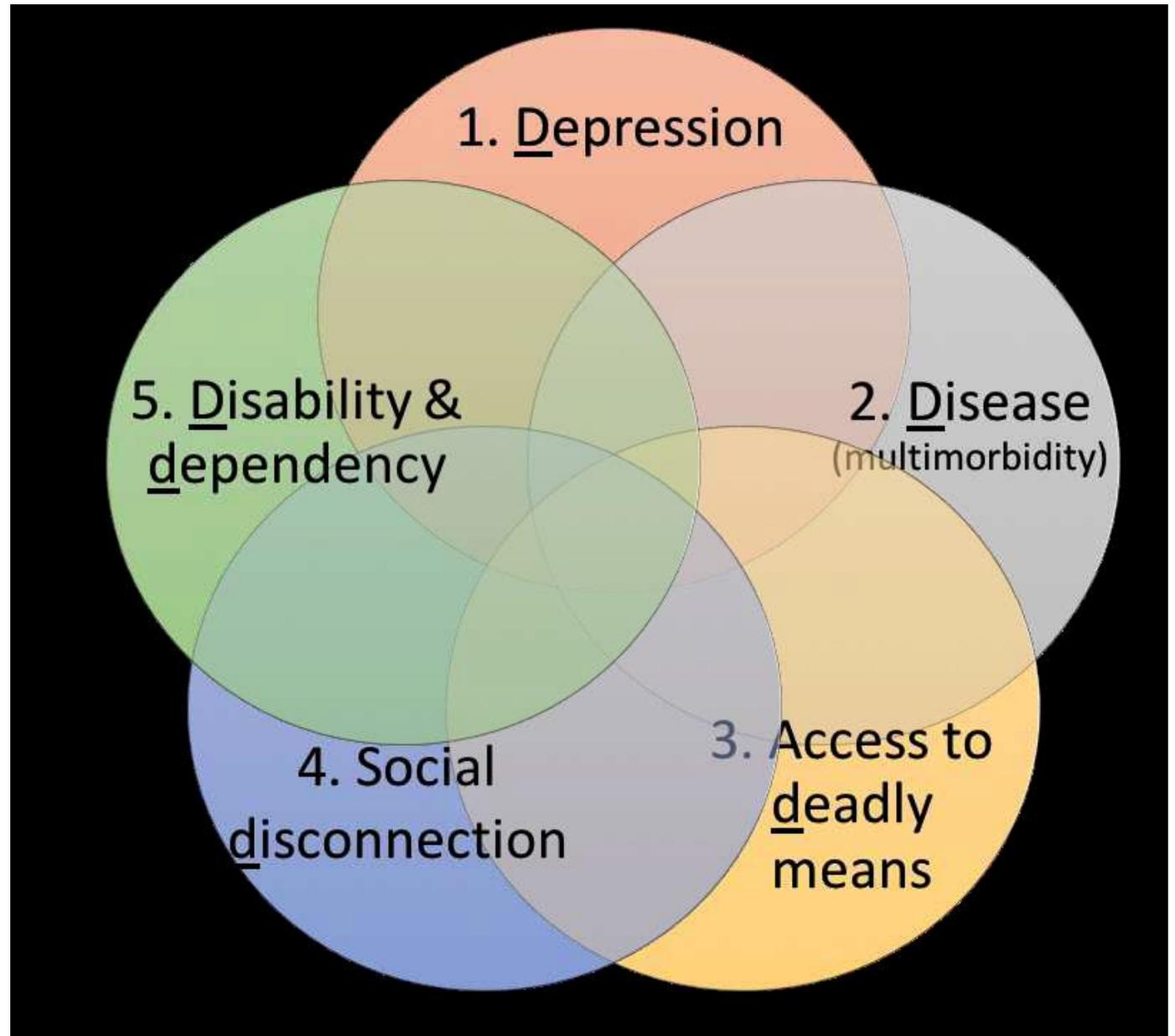
Older adults plan carefully and use more deadly methods—particularly firearms.

Suicide attempts by younger people are more impulsive, and they are less likely to use firearms.

Older adults are more likely to live alone than other age groups and are less likely to be discovered and rescued than younger people.

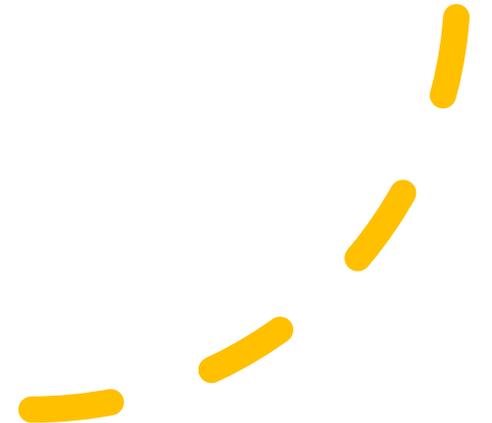
Many older adults are physically frail. They are less likely to recover from a suicide attempt than younger people.

5 Dimensions of Risk: The 5 D's of Older Adult Suicide

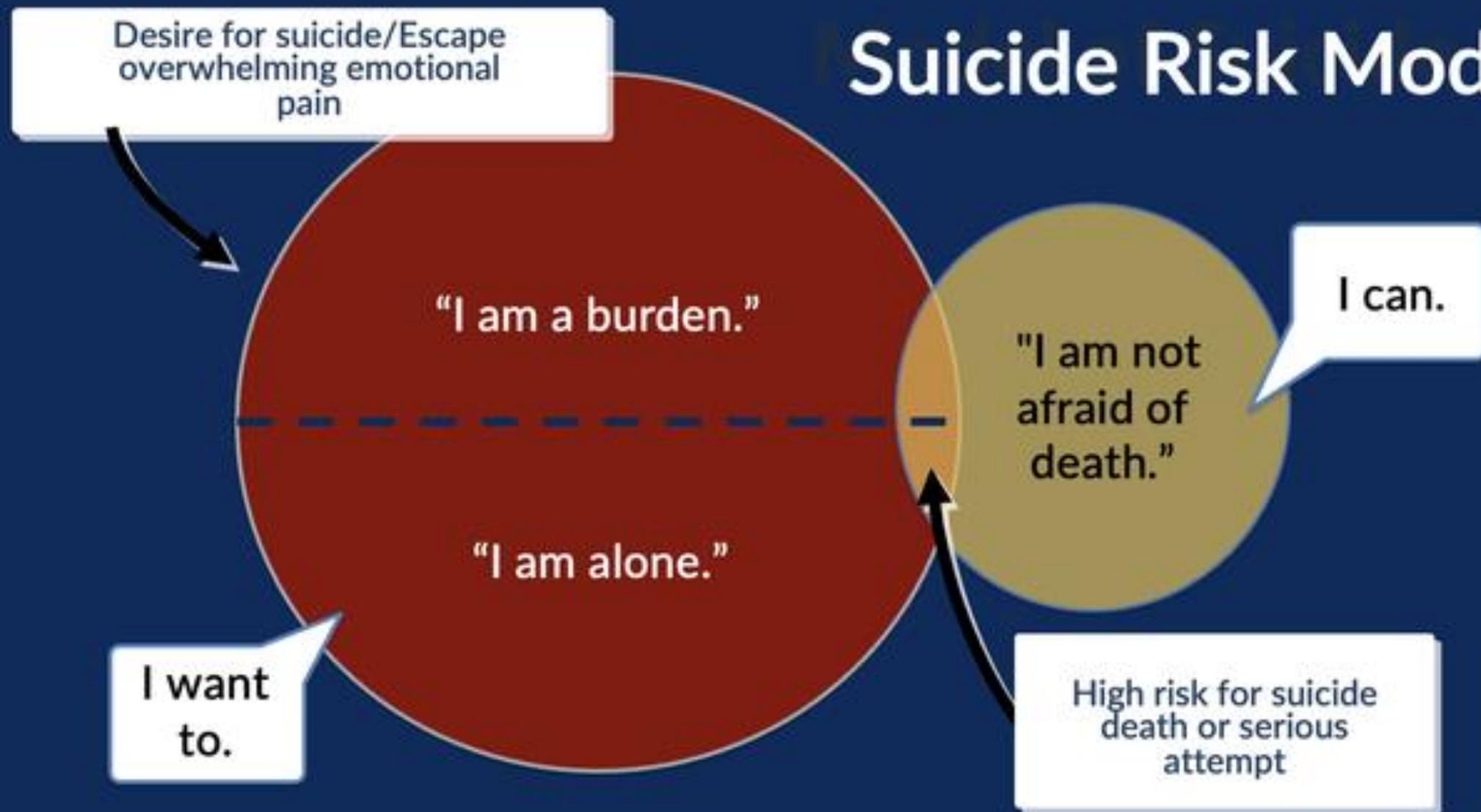


Interpersonal Theory of Suicide

- People die by suicide because they *want* to and because they are *able* to



Suicide Risk Model



INTERPERSONAL THEORY OF SUICIDE

THWARTED
BELONGINGNESS

“I am alone”

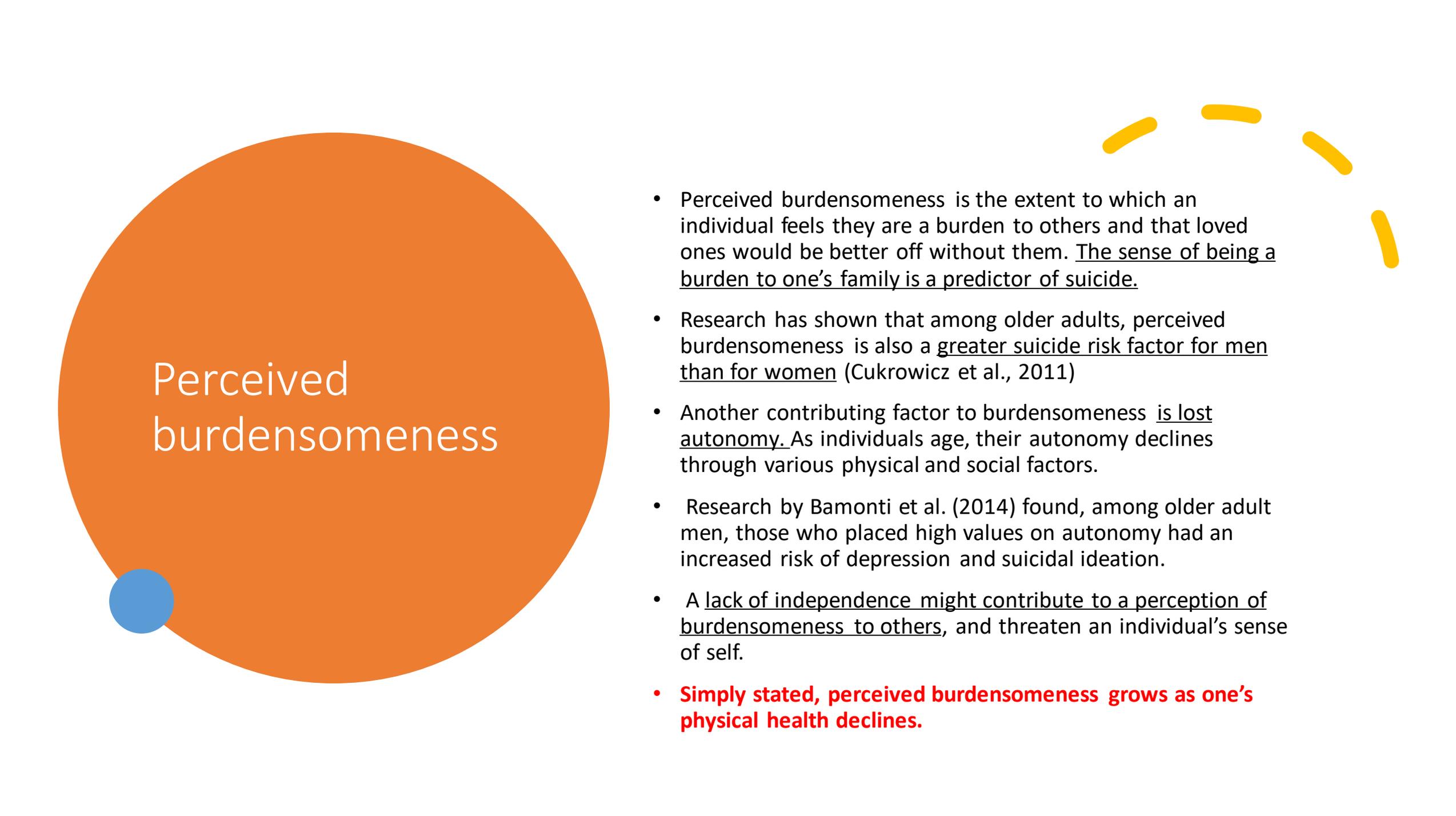
PERCIEVED
BURDENSOMENESS

“I am a burden”



Thwarted Belongingness

- 
- One of the most fundamental human needs is social connectedness .
 - Research has indicated that of those who have died by suicide, many often experience social isolation before their deaths (Trout, 1980).
 - As men age, they tend to lose certain roles due to unemployment, retirement, and illness. The loss of social roles can contribute to a sense of thwarted belongingness.
 - For example, an individual who was once part of a rich social network at work may no longer be part of that due to illness or retirement. He now finds himself without the role he identified with for so many years, thus, causing a sense of not belonging anymore.



Perceived burdensomeness

- Perceived burdensomeness is the extent to which an individual feels they are a burden to others and that loved ones would be better off without them. The sense of being a burden to one's family is a predictor of suicide.
- Research has shown that among older adults, perceived burdensomeness is also a greater suicide risk factor for men than for women (Cukrowicz et al., 2011)
- Another contributing factor to burdensomeness is lost autonomy. As individuals age, their autonomy declines through various physical and social factors.
- Research by Bamonti et al. (2014) found, among older adult men, those who placed high values on autonomy had an increased risk of depression and suicidal ideation.
- A lack of independence might contribute to a perception of burdensomeness to others, and threaten an individual's sense of self.
- **Simply stated, perceived burdensomeness grows as one's physical health declines.**

Interpersonal Theory of Suicide

“I don’t belong
anywhere or
with anyone”

“I am a burden
on others”

Stressful Life Events that can Precipitate Suicide

Functional impairment and health decline

Relationship changes including the loss of loved ones

Employment changes such as retirement

Loss of employment and other social roles

Relocation of residence

RISK FACTORS

- Retirement is the first major life transition associated with changes in social roles, responsibility, and identity contributing to a sense of thwarted belongingness
- Functional disability is another major contributing factor to thwarted belongingness. It is defined as limitations in daily activities or needing assistance in these activities (Lutz & Fiske, 2018). Over one third of the older adult population in the United States experiences disability. . Disability becomes more prevalent with age as illness, health decline, and cognitive deterioration increase. Conwell (2001) found difficulty with daily living activities was associated with increased suicide risk after controlling for mental health disorders.
- Moreover, if an older adult needs more assistance, they may start to feel like a burden to others, which then contributes to the burdensomeness aspect of Joiner's theory.

RISK FACTORS

- **Mental and/or substance use disorders** • Major depression and other mood disorders
- Substance use problems, particularly involving alcohol and medications
- **Physical illness, disability, and pain** • Medical conditions that are painful and/or affect one's function and autonomy • Having several health problems at the same time
- **Social factors** • Social isolation • Important losses (e.g., of a loved one, pet loss, job due to retirement, driver's license)
- **Relationship problems or conflicts** • The feeling that one is a burden to others
- **Individual factors**
- **Being timid or hostile** ; Finding it difficult to adjust to change
- Having serious **financial problems**
- A **previous suicide attempt** and/or having a **family member who died by suicide**
- **Access to lethal means**, such as firearms or medications

Indices for social isolation in late life

- Loss of spouse
- Loneliness
- Interpersonal Discord
- Low social support
- Fewer people to confide in
- Less community engagement
- Living alone



How Loneliness Impacts Suicidality

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.

Culture, Aging, Ageism and Suicide

- Eastern cultures hold aging in a more positive light than Western cultures. As a result, older adults are seen as valuable members of the group and are held in great esteem.
- Western culture prizes autonomy, individuality, independence, and productivity. These values bear on end of life issues and may be why older adults fare worse in the aging process. when autonomy and independence are lost due to the aging process, societal relevance is lost as well.
- This highlights how the concept of a completed life appears to be rooted in not only existential issues but also how older adults are valued in their communities.

PROTECTIVE FACTORS

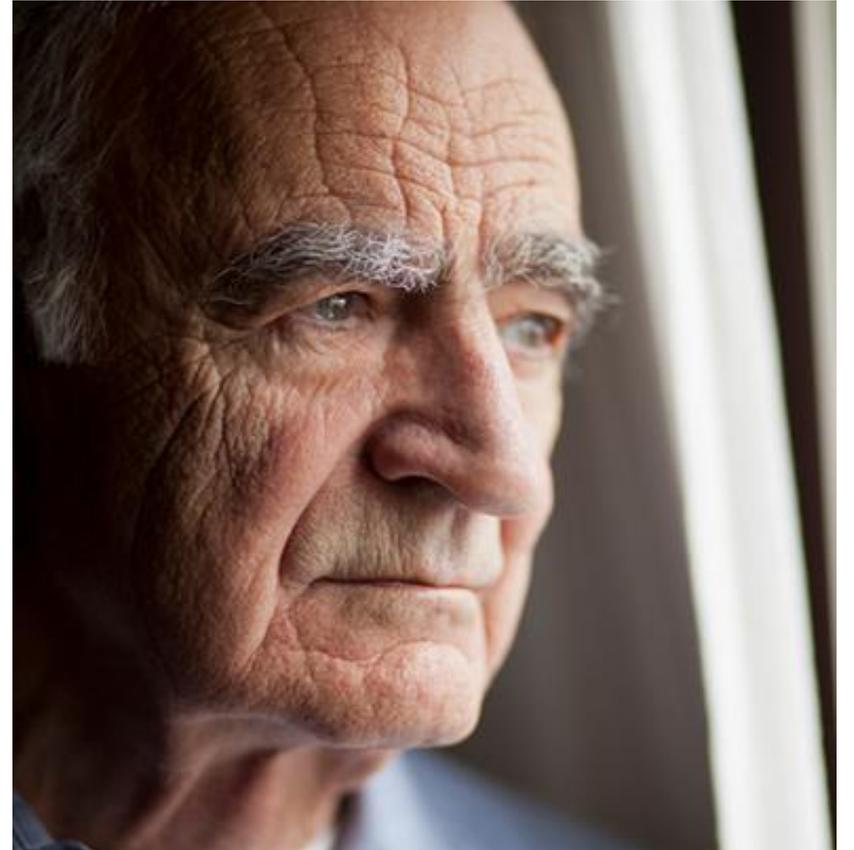
- **Access to Behavioral health** • Assessment and care for mental and substance use disorders
- **Care for medical conditions and physical health** problems
- **Social connectedness** • Connections to others at the personal, family, and community levels • Friends and family members in whom to confide
- Participation in community activities
- Relationships that create positive interactions and feelings of being cared about
- **Personal characteristics and skills**
- **Sense of purpose or meaning** • Self-esteem • Social skills
- Flexibility • Skills in coping and adapting to change
- **Cultural or religious beliefs** that discourage suicide and support self preservation
- **Help seeking behavior**

Protective Factors

- Treatment for depression & mental health issues
- Substance use treatment
- Treatment of physical illness/disability
- Health and wellness promotion
- Skill building: coping, problem solving, conflict resolution
- Religious beliefs
- Help-seeking behavior

Preventing Suicide in Older Adults

- Purpose and meaning in life.
- Consistent and meaningful connection.
- Asking the question –
 - Are you thinking about harming yourself?
 - Do you have a firearm? A plan?
- Restricting access to means.
- Knowing who to call for help



Current Statewide Suicide Prevention Work: Older Adults & Rural Areas

Adult Suicide Intervention and Prevention Plan (ASIPP)

- Developed 2020-2023
- 130 partners representing 68 organizations throughout the state
- Population focused
- Published in April of 2023

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le130274.pdf>

CDC Comprehensive Suicide Prevention Grant

- Awarded in July of 2022
- 5 Year grant
- 855K Per Year
- Population Focused
 - ✓ Older Adults
 - ✓ Rural
 - ✓ Veterans

Initiatives

ASIPP

- OHA will provide better supports to statewide suicide prevention councils
- OHA will implement rural-specific outreach and communication strategies for creating safety for LGBTQ+ communities in rural and remote areas
- Increase points of care by integrating and coordinating older adult suicide prevention activities across multiple sectors, settings and points of care
- Increase opportunities and programming to reduce social isolation with older adults

ASIPP

- Develop guidelines and requirements for assisted living facilities and older adult communities that allow gun owners to have safe storage facilities in place
- Attract and retain behavioral healthcare providers in rural areas by offering scholarship field placements, living stipends, loan repayment, educational opportunities, etc.
- Increase suicide prevention training for family and friends of older adults and veterans
- Increase number of suicide prevention trainers in rural communities

CDC CSP Grant Activities



Recommendations:

- Older adults should be screened for mental health disorders that are correlated with suicidal ideation such as Major Depression, Anxiety, and Bipolar Disorder. Those who are diagnosed with mental health disorders correlated with suicidal ideation should be treated with evidence-based interventions.
- Older adults should be screened for risk factors of suicide and suicidal ideation after major life transitions, such as functional impairment and health decline, loss of employment or loss of spouse.
- Once risk factors have been identified, such as isolation, burdensomeness, and acquired capacity for pain/desensitization to the idea of death, these factors should be addressed with the aim to reduce the potential of suicide. For instance, if isolation is the identified risk factor, improving interpersonal connection and reducing social isolation can reduce the risk of suicide.
- Firearm restriction assessment should be made when older adults present with suicidal ideation

RESOURCES



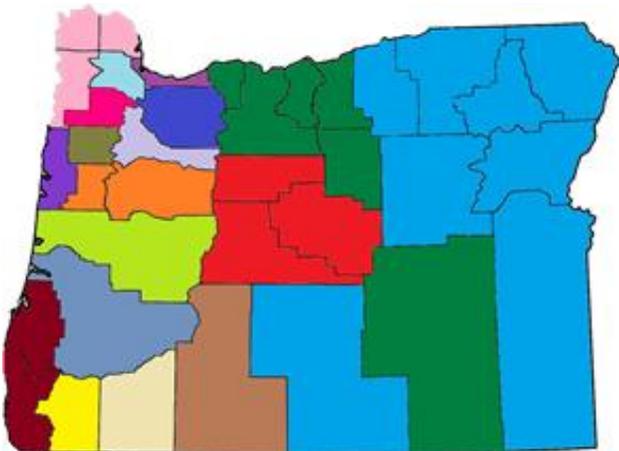


OLDER ADULT BEHAVIORAL HEALTH INITIATIVE

- *Mental health services*
 - *Substance use disorder treatment*
-

Goal of the Initiative

To better meet the needs of older adults and people living with physical disabilities by improving timely access to care from qualified providers who work together to provide coordinated, quality and culturally responsive behavioral health and wellness services.



Older Adult Behavioral Health Specialists

*There are **24 specialists statewide** who have social work and psychology training.*





To find your
specialist by
county go to:

- <https://oregonbhi.org/>
- <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Foregonbhi.org%2Fwp-content%2Fuploads%2F2023%2F04%2F0lder-Adult-Behavioral-Health-Specialists-Contact-List-04-01-2023.docx&wdOrigin=BROWSELINK>



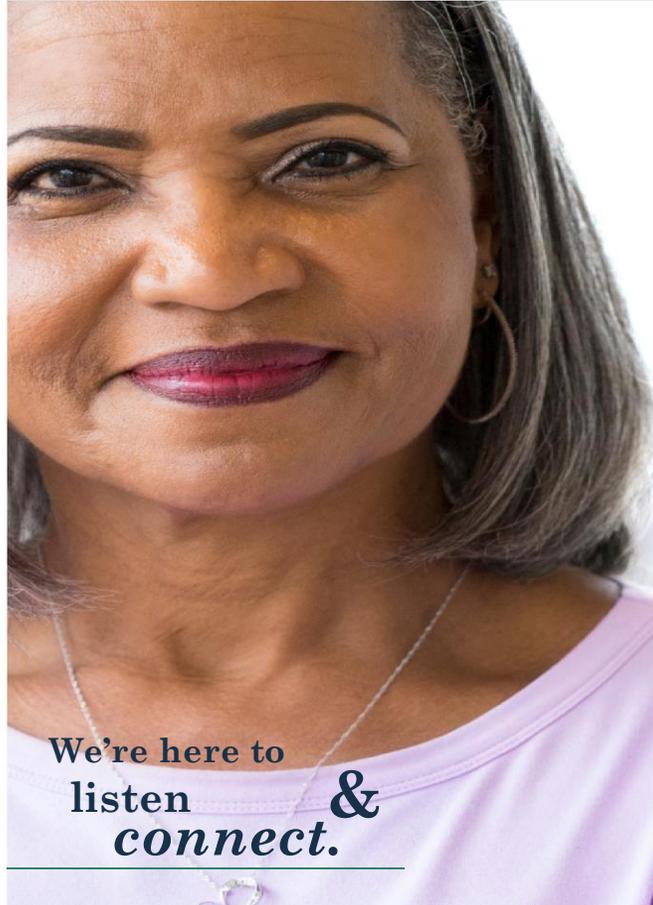
The **988 Suicide & Crisis Lifeline** is available 24/7. The Lifeline is for people in any type of behavioral health crisis, such as:

- Mental health-related distress,
- Thoughts of suicide or self-harm, or
- Substance use crisis.

People can get help by:

- Calling 988,
- Texting 988 or
- Chatting online at [988lifeline.org](https://www.988lifeline.org).
- The Lifeline answers calls in English or Spanish, with interpretation services for more than 250 languages. Text and online chat are in English only.
- The Lifeline can also help people who worry that their loved may be in crisis.
- The **988 Suicide & Crisis Lifeline** connects people to trained crisis counselors who:
 - Offer compassion, care and support.
 - Connect people with the right kind of help, from the right type of helper.

SeniorLonelinessLine
A SERVICE OF  linesforlife



We're here to
**listen &
connect.**

[503] 200-1633 | 800-282-7035
facebook.com/Senior Loneliness Line
www.Senior Loneliness Line.org

Senior Loneliness Line

- A FREE state- wide resource
- Any older adult who is experiencing depression, loneliness, anxiety can benefit from a call to a trained phone counselor.



Suicide
Prevention
Trainings
Available At
No Or Low
Cost

- Counseling Access to Lethal Means (CALM)

<http://www.aocmhp.org/oregon-calm-ocalm/>

<https://www.inciteforchange.org/events>

- [Get Trained to Help](#)
- [OHA Big River Programs](#)

SAVE LIVES!!

SUICIDOLOGY.ORG | AAS365.ORG

SUICIDE
PREVENTION
IS
EVERYONE'S
BUSINESS

NATIONAL SUICIDE PREVENTION MONTH
SEPTEMBER 2019

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American
ASSOCIATION OF SUICIDOLOGY



Save Lives!

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Thank you!

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