Depression and Suicide
Depression and Suicide in our Elder Population

As caregivers, we take pride in anticipating and meeting (& where we can, exceeding) the needs of our residents. Advocating for their needs includes ensuring timely, relevant observations and reporting. This serves as a reminder to remain aware of the significant rate of depression and suicide attempts in the senior population and report accordingly.

Did you know?

Depression is considered the cause of 2/3 of suicides in seniors,
The elderly have the highest suicide rate of any other age group and,
White males over the age of 65 take their lives 3 to 4 times that of other groups?

Signs and Symptoms: (may mirror challenges which stem from other clinical needs but, could be depression and needs to be reported)

- Irritability, decreased energy, overly concerned with physical problems, indifference,
- Lack of attention to physical appearance,
- Change in eating or sleeping habit,
- Persistent sadness or anxiety, unexplained crying,
- Withdrawal from formerly enjoyable activities and relationships,
- Forgetfulness, confusion, disorientation,
- Feelings of worthlessness, hopelessness and helplessness and,
- Recurring thoughts of death or suicide.

What Causes Depression in the Elderly?

Stress and loss - loss of loved ones, health, strength, finances, home, freedom such as driving, cooking own meals,
Genetics - some have a biological vulnerability to depression and may cope through life but lose coping ability as one ages,
Biological factors - disturbance in brain biochemistry that regulate mood and
Medical conditions - hormonal imbalances, nutritional deficiencies, some medications and other health concerns.
**Risk Factors for Suicide among Older Adults (Heisel & Links, 2005)**

<table>
<thead>
<tr>
<th>Suicide Factors</th>
<th>Negative Life Events and Transitions</th>
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<tbody>
<tr>
<td>• Suicidal or self-harm behavior, including equivocal behavior such as accidental medication over dose and self neglect</td>
<td>• Perceived physical illness, family discord and separation, recent financial difficulties, and change in employment</td>
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<td>• Expression of active or passive suicidal ideation or a wish to die.</td>
<td>• The prospect of living with dementia</td>
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<td><strong>Mental Illness</strong></td>
<td><strong>Personality Factors</strong></td>
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<tr>
<td>• Any mental disorder</td>
<td>• Personality disorders</td>
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<tr>
<td>• Major depressive disorder</td>
<td>• High neuroticism: emotional instability or psychological difficulties</td>
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<td>• Any mood disorder</td>
<td>• Low extraversion: social isolation and/or loneliness</td>
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<td>• Psychotic disorders</td>
<td>• Low openness to experience: rigidity and restriction in activities</td>
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<td>• Substance misuse disorders</td>
<td>• Narcissism: poor coping in the face of physical, emotional, and social changes</td>
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<td><strong>Medical Illness</strong></td>
<td><strong>Interpersonal Factors</strong></td>
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<td>• Visual impairment, malignancy, and neurological disorder</td>
<td>• Lacking a confidant or being lonely</td>
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<td>• Chronic lung disease, seizure disorder, and moderate or severe pain</td>
<td>• Being unmarried, living alone, having little social interaction, and lack of religious involvement.</td>
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<td>• Cancer and chronic pulmonary disease in married adults 55 and older.</td>
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WHAT IS DEPRESSION?

Depression is the most prevalent mental health disorder. The lifetime risk for depression is 6 to 25%. According to the National Institute of Mental Health (NIMH), 9.5% or 20.9 million American adults suffer from a depressive illness in any given year.

There are two types of depression. In major depression, the symptoms listed below interfere with one’s ability to function in all areas of life (work, family, sleep, etc). In dysthymia, the symptoms are not as severe but still impede one’s ability to function at normal levels.

*Common symptoms of depression, reoccurring almost every day:*
  - Depressed mood (e.g. feeling sad or empty)
  - Lack of interest in previously enjoyable activities
  - Significant weight loss or gain, or decrease or increase in appetite
  - Insomnia or hypersomnia
  - Agitation, restlessness, irritability
  - Fatigue or loss of energy
  - Feelings of worthlessness, hopelessness, guilt
  - Inability to think or concentrate, or indecisiveness
  - Recurrent thoughts of death, recurrent suicidal ideation, suicide attempt or plan for completing suicide

A family history of depression (i.e., a parent) increases the chances (by 11 times) than a child will also have depression.

The treatment of depression is effective 60 to 80% of the time. However, according the World Health Organization, less than 25% of individuals with depression receive adequate treatment.

If left untreated, depression can lead to co-morbid (occurring at the same time) mental disorders such as alcohol and substance abuse, higher rates of recurrent episodes and higher rates of suicide.
FACTS ABOUT SUICIDE

Who is at risk?

One in five Canadians – or 20 per cent of us – will have a diagnosed mental health issue during our lifetime. So we are all at risk. In particular, pay attention to new moms returning to work “sandwich generation” employees (those caring for their children and aging parents), new Canadians, single parents, anyone who is demonstrating negative changes in work performance and becoming less effective in communication short-tempered when usually they are not, voicing more complaints/concerns, calling in sick more frequently or with questionable reasons and those who are visibly stressed, agitated, sad and angry.

In 2007, suicide was the eleventh leading cause of death in the U.S., claiming 34,598 lives. Suicide rates among youth (ages 15-24) have increased more than 200% in the last fifty years. The suicide rate is also very high for the elderly (age 85+).

Four times more men than women kill themselves; but three times more women than men attempt suicide.

Suicide occurs across ethnic, economic, social and age boundaries.

Suicide is preventable. Most suicidal people desperately want to live; they are just unable to see alternatives to their problems. Most suicidal people give definite warning signals of their suicidal intentions, but others are often unaware of the significance of these warnings or unsure what to do about them.

Talking about suicide does not cause someone to become suicidal.

Surviving family members not only suffer the loss of a loved one to suicide, but are also themselves at higher risk of suicide and emotional problems.
THE LINKS BETWEEN DEPRESSION AND SUICIDE

- Major depression is the psychiatric diagnosis most commonly associated with suicide.

- Lifetime risk of suicide among patients with untreated depressive disorder is nearly 20% (Gotlib & Hammen, 2002). The suicide risk among treated patients is 141/100,000 (Isacsson et al, 2000).

- About 2/3 of people who complete suicide are depressed at the time of their deaths.

- About 7 out of every hundred men and 1 out of every hundred women who have been diagnosed with depression in their lifetime will go on to complete suicide.

- The risk of suicide in people with major depression is about 20 times that of the general population.

- Individuals who have had multiple episodes of depression are at greater risk for suicide than those who have had one episode.

- People who have a dependence on alcohol or drugs in addition to being depressed are at greater risk for suicide.

*Individuals who are depressed and exhibit the following symptoms are at particular risk for suicide:*

- Extreme hopelessness
- A lack of interest in activities that were previously pleasurable
- Heightened anxiety and/or panic attacks
- Insomnia
- Talk about suicide or have a prior history of attempts
- Irritability and agitation
BE AWARE OF THE WARNING SIGNS

A suicidal person may:

• Talk about suicide, death, and/or no reason to live.
• Be preoccupied with death and dying.
• Withdraw from friends and/or social activities.
• Have a recent severe loss (esp. relationship) or threat of a significant loss.
• Experience drastic changes in behavior.
• Lose interest in hobbies, work, school, etc.
• Prepare for death by making out a will (unexpectedly) and final arrangements.
• Give away prized possessions.
• Have attempted suicide before.
• Take unnecessary risks; be reckless, and/or impulsive.
• Lose interest in their personal appearance.
• Increase their use of alcohol or drugs.
• Express a sense of hopelessness.
• Be faced with a situation of humiliation or failure.
• Have a history of violence or hostility.
• Have been unwilling to “connect” with potential helpers.
SUICIDE BEHAVIOR

Suicide behavior encompasses five separate acts:

• suicidal ideations ~ thoughts about killing oneself
• suicide threats ~ verbal or nonverbal indications of intent
• suicidal gestures ~ attempts to cause self-injury without actual intent to commit suicide
• suicidal attempts ~ actions that are intended to be fatal but don’t succeed
• complete suicide ~ results in death

Please note all suicidal thoughts, behaviors, gestures or attempts, must be taken seriously and self-destructive behavior may be direct or indirect.

Signs of Depression and Suicide Risk:

• Change in personality ~ sad, withdrawn, irritable, anxious, tired, indecisive, apathetic,
• Change in behavior ~ can’t concentrate on school, work, routine tasks,
• Change in sleep pattern ~ insomnia, hypersomnia,
• Change in eating habits,
• Loss of interest,
• Suicidal impulses, statements, plan, giving away favorite things, previous suicide attempts or gestures,
• Agitation, hyperactivity, restlessness may indicate masked depression,
• Healthcare workers need to be aware that older adults may avoid volunteering depressive and suicidal symptoms.
What Can Help?

- Offering more choice regarding daily activities and increase opportunities to enhance sense of worthiness,
- Ensure pictures of loved ones present and where required, urge family to write or visit more,
- Ensure appropriate food and time choices to maximize good nutrition,
- Offer leisure activities which promote sense of pleasure and interaction with others and, physical exercise,
- Increase opportunities to get out in the daylight,
- Review medications,
- Counseling &, encourage the resident to talk about their needs/feelings.

What to report?

Significant or prolonged changes of:
- Interest/energy/participation in events or with others,
- Sleeping patterns, eating habits,
- Hoarding of pills or other items which could lead to harm ie: rope, knives,
- Verbalizations or notes reflecting the wish to die.

If you hear:
- “Life isn’t worth living”
- “My family is better off without me”
- “Take my (item), I won’t need it any more”
- “I won’t be in your way much longer”
- “Life is too hard”

**70% of people who commit suicide tell someone in advance - are you listening? Are you reporting?**
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