

GRIEF, DEPRESSION & SUICIDALITY IN OLDER ADULTS

A COMPREHENSIVE APPROACH

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CAUTION: Sensitive Topic

- Due to the sensitivity of this training, participants are warned that the content of this training may be emotive, provoking and/or uncomfortable.
- This training includes information and content that describes specific examples of grief suicide in older adults which could be upsetting to some learners.
- Please make sure that you have a supervisor or trusted co-worker immediately available to debrief this training if needed.



Background and Purpose

- This topic was selected by The County of Riverside DPSS Adult Protective Services leadership team in order to enhance social service practices to address grief, depression, suicidality in older adults.
- Provide APS professionals training and tools for identifying risk factors and indicators for grief, depression, suicide.
- Ultimately, we are entrusted with maintaining the safety of our clients and that comes with great responsibility.
- Case examples in presented in this training are based upon real cases. Personal Identifiable Information (PII) has been removed; however, please do not discuss case examples out of this forum.





Learning Objectives

- Comprehend grief, depression, suicide/suicidal ideation among older adults.
- Explain the assessment process for identifying risk factors, warning signs, and symptoms related to suicide.
- Discuss different assessment tools to evaluate depression and suicidality in older adults.



? What is Grief?

GRIEF is the emotional reaction to a significant loss, such as the death of a loved one or no longer being independent with ADL's. Whatever the loss may be, some level of grief will naturally follow.

- **ANTICIPATORY GRIEF** is that experienced in advance of an impending loss.
- **GRIEVING** is the process of emotional and life adjustment one goes through after a loss. Grieving after a loved one's death is known as **BEREAVEMENT**.
- **NOTE** Grieving is a personal experience
 - Depends on who the person is and what their coping skills are
 - Nature of the loss

SOURCE: <https://theacademy.sdsu.edu/programs/apswi/>



⊕ Symptoms of Grief

PHYSICAL EXPRESSIONS

- Crying, headaches, loss of appetite, difficulty sleeping, weakness, fatigue, etc.
- May weaken the immune system.

EMOTIONAL EXPRESSIONS

- Sadness, worry, anxiety, frustration, anger, guilt.

SOCIAL EXPRESSIONS

- Isolation, detached from others, abnormal behavior.

SPIRITUAL EXPRESSIONS

- Questioning the loss, purpose of life, view on death.

SOURCE: <https://theacademy.sdsu.edu/programs/apswi/>



→ Grieving Process

- Grieving a significant loss takes time
 - There is no time frame for overcoming grief
- The grieving process does not happen in a step-by-step orderly fashion.
- The length of time grieving depends on many factors such as:
 - Relationship
 - Personality attributes
 - Support system
 - Holidays and Dates (anniversary reaction)
- Kubler-Ross Grief Cycle



Kübler-Ross Grief Cycle

DENIAL

Avoidance
Confusion
Elation
Shock
Fear

ANGER

Frustration
Irritation
Anxiety

BARGAINING

Struggle to find meaning
Reaching out to others
Telling one's story

DEPRESSION

Overwhelmed
Helplessness
Hostility
Flight

ACCEPTANCE

Exploring options
New plan in place
Moving on

INFORMATION AND
COMMUNICATION

EMOTIONAL
SUPPORT

GUIDANCE AND
DIRECTION



Manifestations of Grief

DEPRESSION

- Most Common condition that can develop when a person is grieving.

ANXIETY

- Also very common, this may become so intense that it interferes with functioning.
- It may include extreme guilt.

PHYSICAL ILLNESS

- Grief weakens the body and immune system making clients more prone to illness.
- May exacerbate chronic medical issues.

PTSD

- Is an intense, emotional and psychological response to a traumatic or disturbing event.
- PTSD can develop immediately, or years later.

TRAUMATIC GRIEF

- A syndrome of acute grief and anxiety lasting 6 months or more after the death of a loved one (or any type of significant loss). Traumatic grief may also be called separation trauma, complicated grief (3 months), or prolonged-acute grief.

SOURCE: <https://theacademy.sdsu.edu/programs/apswi/>



Manifestations of Grief: Suicidal Thoughts/Suicide

- A client may have thoughts of ending their own life, particularly when they have lost a spouse or long-term support.
- A client who has been depressed or has had thoughts of suicide before may be vulnerable to having suicidal thoughts while grieving.
- Any thoughts of suicide MUST be taken seriously.
 - Ask direct/open-ended question
 - Avoid leading questions
- The threat of carrying out the plan is very real if a person is thinking of committing suicide and:
 - Has the means (weapons, medications) available to commit suicide or do harm to another person.
 - Has set a time and place to commit suicide.
 - Thinks that there are no other options to end their pain.



Challenges of Older Adult Grief

- Older adults may experience several losses within a short period of time.
 - May cause them to feel overwhelmed, numb, or have difficulty expressing their grief.
- Older adults may not be aware that they are grieving or are unwilling to admit it.
- Older adults may experience losses related to the aging process itself.
 - Giving up roles (driving).
 - Minor losses may trigger a strong emotional response due to past grief.



Challenges of Older Adult Grief (continued)

- Loss of finances/possessions may also contribute to grief.
- Chronic illness (physical, mental) may interfere with their ability to grieve.
- Older adults may lack the support they once had.
 - Family members move away, have lives of their own.



SOURCE: <https://theacademy.sdsu.edu/programs/apswi/>



Tips for Addressing Grief

- **Be Available!**
 - Offer support in a helpful manner
- **Listen without giving advice.**
 - Do not offer stories of your own because each person handles grief differently and the pain manifests differently.
- **Be patient, kind, and understanding.**
 - Don't force a client to share feelings if they don't want to.
- **Offer Resources**
 - Support Groups
 - Grief Counseling
 - Learning about grief and what to expect
 - Expressing feelings
 - Building new Relationships
 - Developing a new identity



SOURCE: <https://theacademy.sdsu.edu/programs/apswi/>



Statistics on Suicide in Older Adults

- The older adult population is exploding!
- Completed suicide for older adults are higher than any other age group (including adolescents).
 - Suicides for all ages are **1:12**, and for older adults it is **1:4**.
 - Older adults are 3x more likely to die by suicide than other age group
- Suicide rates for males 75+ is **36 per 100,000** in 2014.
- It is estimated that an older adult commits suicide **every 90 minutes**.
- A social worker has a **1:5** chance of having a client commit suicide
- **50%** of older adults that commit suicide DO NOT have a diagnosed mental health condition.
- Suicide among older adults is a serious global public health problem.

SOURCE: https://www.ebscohost.com/assets-sample-content/SWRC_Assessing_Risk_for_Suicide_in_Older_Adults_SWPS.pdf



Suicide Risk in Older Adults

WHAT

Suicide is a death that is self-inflicted with evidence that the individual intended to die.

- Intention is key
- Passive Suicide

HOW

There are risk assessments the social worker can conduct to evaluate the level of lethality and/or likelihood of suicide ideation.

- There are several components that contribute to the level of lethality.

WHERE

Any setting.

WHO

Social workers, nurses, physicians, psychiatrists, psychologists, and/or mental health clinicians.

WHY

Older adults have the highest rate of suicides.

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Risk Factors for Suicide in Older Adults

- Age (especially 75-85)
- Low socioeconomic status
- Male Gender
- White
- Living alone/isolation
- Chronic illness/pain
- Cognitive impairment
- Feelings of hopelessness or despair
- Losses
 - Spouse, children
- Other Losses
 - Economic, social, physical abilities
- Substance abuse
- Family/partner violence
- Family hx of suicide
- Prior suicide attempts/ideation
- Dysfunctional coping skills
- Lack of support system
- Feelings of worthlessness
- Fear of dependence
- Sleep problems
- Mental health disorders
 - Some may be undiagnosed
- Personality factors

SOURCE: https://www.ebscohost.com/assets-sample-content/SWRC_Assessing_Risk_for_Suicide_in_Older_Adults_SWPS.pdf



Assessing Suicide in Older Adults

- Things to listen for when assessing a client for suicide:
 - A specific plan
 - Access to a means
- “Asking someone if he or she is having suicidal thoughts does not make him or her more likely to act upon those thoughts, and in fact has been shown to reduce risk.”
- There is not one tool or measure that will positively identify those who will commit suicide.
- Absolute prediction of suicide is not possible due to different factors, time in life, etc.

SOURCE: https://www.ebscohost.com/assets-sample-content/SWRC_Assessing_Risk_for_Suicide_in_Older_Adults_SWPS.pdf



Screening/ Assessment Tools

Depression Screening Tools

- PHQ2 & PHQ9
- Geriatric Depression Scale (GDS)

Suicide Screening Tools

- Suicide Risk Screening Tool-ASQ'em
- SAFE-T



Mental Health Resources

- National Institute of Mental Health (NIMH)
- Substance Abuse and Mental Health Services (SAMSHA)
- American Psychological Association
- American Psychiatric Association
- DSM V
- County/State/VA hospitals
 - Resource list specific to your community



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The Role of APS Professionals in Suicide/Mental Health Emergencies

- Assess any immediate safety concern
 - Client and your own safety
- Call 911
 - You may need to step out
 - It is not wrong to inform the client of your concerns.
 - Alert law enforcement to any known means, weapons, and other potential victims.
- Provide information about client's mental health conditions, medications, and baseline mental health status to professionals.
- Alert professionals to concerns about abuse and neglect.
- Always staff with your supervisor as needed



Self-Care: Coping with a Client's Suicide

- Talk to somebody
 - Supervisor, co-worker
 - Professional
- Try to avoid negative self-talk.
 - Perceived professional inadequacy
- Take time to grieve
- Know the research
- Learn from the experience

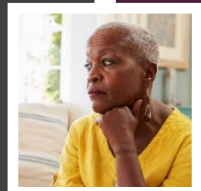
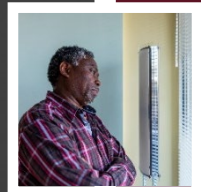
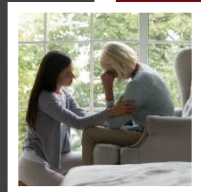
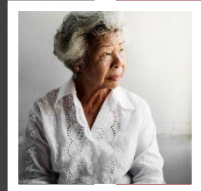
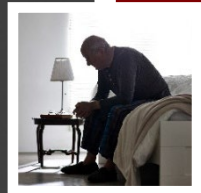


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- The Academy for Professional Excellence: APS WI <https://theacademy.sdsu.edu/programs/apswi>



Conclusion—Thank You!

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