



Riverside County Suicide Prevention Coalition **Quarterly Meeting Minutes**

January 26, 2022

9 AM – 11 AM

You can view the recording of this meeting here: <https://youtu.be/-fD3gsWnL0E>

I. Welcome

- Brief introductions from Diana Gutierrez and Rebecca Antillon, SPC Leadership.
- Quick overview of the meeting's agenda by Diana

II. Riverside County Data on Older Adults and Suicide

- For many years most of the focus of suicide prevention efforts has been on youth and young adults, however data tells that middle aged and older adults die from suicide at higher rates and larger numbers than youth and this may continue to increase unless prevention and intervention programs are implemented.
- Adults 80 years or more have the largest percentage of deaths by suicide, closely followed by those in the 60 to 64 age group.
- Life events that can contribute to suicide risk are loss of a spouse, retirement, changes in income, or chronic illness.

III. Suicide Prevention for OUR Aging Population – Presentation by Dr Patrick Arbore

- Friendship Line is a crisis intervention, telephone, hotline/warmline that began in 1973, they offer telephone discussions for elderly people and their caregivers who may be dealing with loneliness, bereavement, depression, anxiety or who may be experiencing thoughts of suicide.
- Suicide rate for older adults is 17 percent per 100,000 and this number is considered a low bound estimate since it is believed that the numbers are actually higher.
- Although the highest suicide rate is among older adult males ages 85+, there is very little empirical evidence of what the needs, issues and concerns of this age group are. Very little research focuses around this age group even though it is the fastest growing in America today.
- Acute suicide that leads to death may be attributed to natural causes or accidental deaths and this leads to an underestimation of the frequency of suicides; Chronic suicide involves failure to eat, substance abuse, refusal to take life-sustaining medications or self-neglect.
- The Lifespan Development Theory posits that those who are unable to cope with and adapt to age related changes are at a greater risk for suicidal ideation.

- Inter-Personal theory of suicide proposes that an at-risk individual must have both the desire and the ability to carry out the act.
- Older adults are more likely to rely on their primary care physicians for mental health services rather than seeking help from the mental health system. They are also more likely to experience mental illness as stigmatizing which presents an important barrier to accessing care.
- Researchers are beginning to investigate potential risk factors that may be unique to certain ethnic groups and have also found an association between sexual orientation and suicidality.
- Some protective factors include supportive relationships with healthcare providers, limited access to lethal means, coping and problem solving skills as well as connections to friends and family.
- Social context, the person's environment, and distinguishing between normal and pathological characteristics of aging.
- The AIM Model focuses on assessing for suicidal ideation past and present, risk factors as well as safety. Intervening if necessary, by restricting lethal means, initiating coping strategies and support as well as a safety plan and treatment. Increasing monitoring, especially during periods of high risk.
- Evidence-based interventions such as brief interventions (Safety planning or Follow-up phone calls), collaborative care, Primary Care-based Depression Screening, training gatekeepers and paraprofessionals, Designing educational programs for the community, peer based prevention strategies and crisis intervention telephone lines have all been shown to be effective in suicide prevention for older adults.
- When treating, clinicians must aggressively address the problems that may have exacerbated the crisis – treating depressive disorders, substance abuse and helping the person adjust to changes such as loss or terminal illness.
- Practical measures that can be preventative include helping someone find viable answers to their problems, reducing their pain, finding ways to engage with the person so that they feel connected, blocking the access to any lethal means.
- Bereavement in older adults can be very destabilizing, spousal loss and the loss of close relatives or friends. This loss has been associated with worsening health, which usually normalizes, but many people have a very difficult time coping with loss.
- Supporting people bereaved by suicide is a key objective of suicide prevention since they are at greater risk for suicide.

IV. Riverside County resources: Mature Adult Population

- Wellness and Recovery for Mature Adults provided through the Older Adults System of Care provides services to mature adults beginning at age 59.5 and focuses on wellness recovery and resiliency.
 - FSP: Specialized Multidisciplinary Aggressive response Team S.M.A.R.T
 - Wellness and Recovery Program
 - Prevention and Early Intervention (PEI)
- Department of Public Social Services (DPSS)
 - Adult Protective Services (APS)
 - In-Home Supportive Services (IHSS)
- Riverside County Office on Aging (OOA)
 - OOA Family Caregiver Support Program
 - Disease Specific Education and Support Groups
 - 38 senior centers throughout the county
- Additional resources

- Emotional Helpline – New Directions Health – National
- Senior Center Without Walls
- Friendshipline – Nationwide
- NAMI – national Alliance for the Mentally Ill

V. Closing

- The next quarterly meeting will be on April 27, 2022. 9AM – 11AM

