Information for
Medical Professionals and Caregivers
Prevention of Suicide in Older Adults

13 pages **PDF**

Letter with description of program Preventing Suicide in Older Adults

PHQ 1	Screening for Depression and Suicidal Thoughts
PHQ 2	Risk Factors for Depression/Suicide
PHQ 3	Screening Questions for in-depth Evaluation of Seriously Depressed and Suicidal Persons

How to use the scoring for PHQ 1, PHQ 2 (yes and no) on risk factors, discuss areas that can contribute to depression/suicide, and should be discussed with patient.

Medical information sheet with referral/treatment flow chart.

Recommended Use in Clinics, Medical Offices, Urgent Care Centers, Store-Clinics, Hospital Clinic, Federally-funded Clinics, Free-Clinics, Health Departments.

Recommended Use in Nursing Staff in Hospitals, Rehabilitation, Nursing and Rehab Centers, Adult Day-care Centers

Recommended Use in Home Nursing, Home Physical Therapy, Home Counseling, Home Social-Worker

Recommended Use of Telephonic Medical, Mental Health Counselor, Social Worker

Recommended Use of Community Use of Screening tools

Who can use the screening tests, where can these be used (Ideas)

Training our People - Prevention, Screening Testing, Referral

Screening for depression with mild dementia is approved, but not for moderate to severe depression.

Suicide Prevention in Older Adults

Gregg R Albers MD, FAAFP
Sitting Well Counseling
2811 Linkhorne Dr. Suite D
Lynchburg, VA 24503 434-582-9061
greggralbers@icloud.com

Dear Medical Professional:

We have a problem!
The rate of older adult suicide has increased, and is now at the highest rate compared with all other age groups. These include men and women age 85, with a suicide attempt rate of 21%. Men, 90% use guns, while women use medication for most suicide attempts.

Older Adults are a unique group with many life-changes and losses; retiring or losing a job, health problems of aging, death of a spouse or older friends, increased use of drugs and alcohol, using multiple medications, often with access to guns and pills. Most are living on a fixed income, many in the poverty range.

Some have supportive family members, but other members are marginally able to help, and a few have no support. Loneliness becomes overwhelming after loss. Depression leads to suicidal thoughts as an answer to this dilemma, as they fall deeper into despair and hopelessness.

We must make an attempt to fix this problem!
We have upgraded our TESTING for depression and suicidal thoughts, and plan to make them accessible for home-care programs, adult-care programs, clinics and offices. TESTING regularly may reveal relapsing depression, or damage to their support system. Annual Wellness Visits should be required to take a depression screening test(s). Drug or alcohol treatment may be needed through their physician, in or out-patient treatment. For those at risk, TESTING may be needed more often, every three to six months to follow treatments.

We need to offer prevention!
After screening, they will be seen by their provider who will grade the level of depression and suicidal thoughts, treat with medication, add counseling, or refer to psychiatry as needed for more severe depression, suicidal thoughts, plans, and actions. We need to catch this early, and get it treated.

We need to offer family education!
We need to offer programs of support, to help families, friends, or neighbors to help these depressed patients, and to meet their emotional, physical, financial and medical needs.They will need education and encouragement to use Medicare and Medicaid, to meet their medical needs. For many, this care is not easy to access, and may be refused as “welfare”. They need regular screening for depression, suicidal thoughts and plans, and screening for risk factors that are common in older adults.

We Need family and friends to join with us to catch this earlier!
We need families, friends, neighbors, churches, social groups, day-care programs, and all able-bodied adults, to rise up and help. We must provide the transportation as needed, provide services in the home when not available to help them get the treatments, the nutrition and medications needed to maintain their health. Meals on wheels, designed to send a friend into the home while providing a meal may be an alternative. Neighbors, church and social group friends are needed to visit, to call, to provide companionship, emotional support, and a ride to the adult-daycare center, the doctor, the counselor, the food store, and to church.

We can fix this problem?
With improved testing, more often, and in all venues available. We need to get those with moderate depression, suicidal thoughts and planning to be seen by their medical provider, and treated with medication, counseling, or psychiatric care as needed. Then we need to build local, state, and federal programs of awareness, Medicare and State Older Adults program that provide care, financial aid, medical treatments and care centers. We need to get churches, medical providers for older adults, social clubs, and educational venues such as computer APPs and Mature Adult groups, such as MAC, AARP, VA and others to continue with this education.

OUR GOAL: Over the next ten years, we hope to see 50%+ who have not committed suicide due to the interventions and programs that identify, offer treatment options and educate about this topic.

Sincerely,

Gregg R. Albers MD FAAFP
Boarded in Family Medicine, Addiction Medicine
30 Years of Inpatient Hospital and Outpatient Psychiatric Consultatio

Medical Professional's Information

General Information - Depression as it worsens can lead to suicidal thoughts, planning, and attempts to kill themselves. I can be exacerbated by medical illness, injury from an accident, complicating psychiatric issues, and if the thoughts, plans and previous attempts have occurred, should be considered for hospitalization/emergency room for protection.

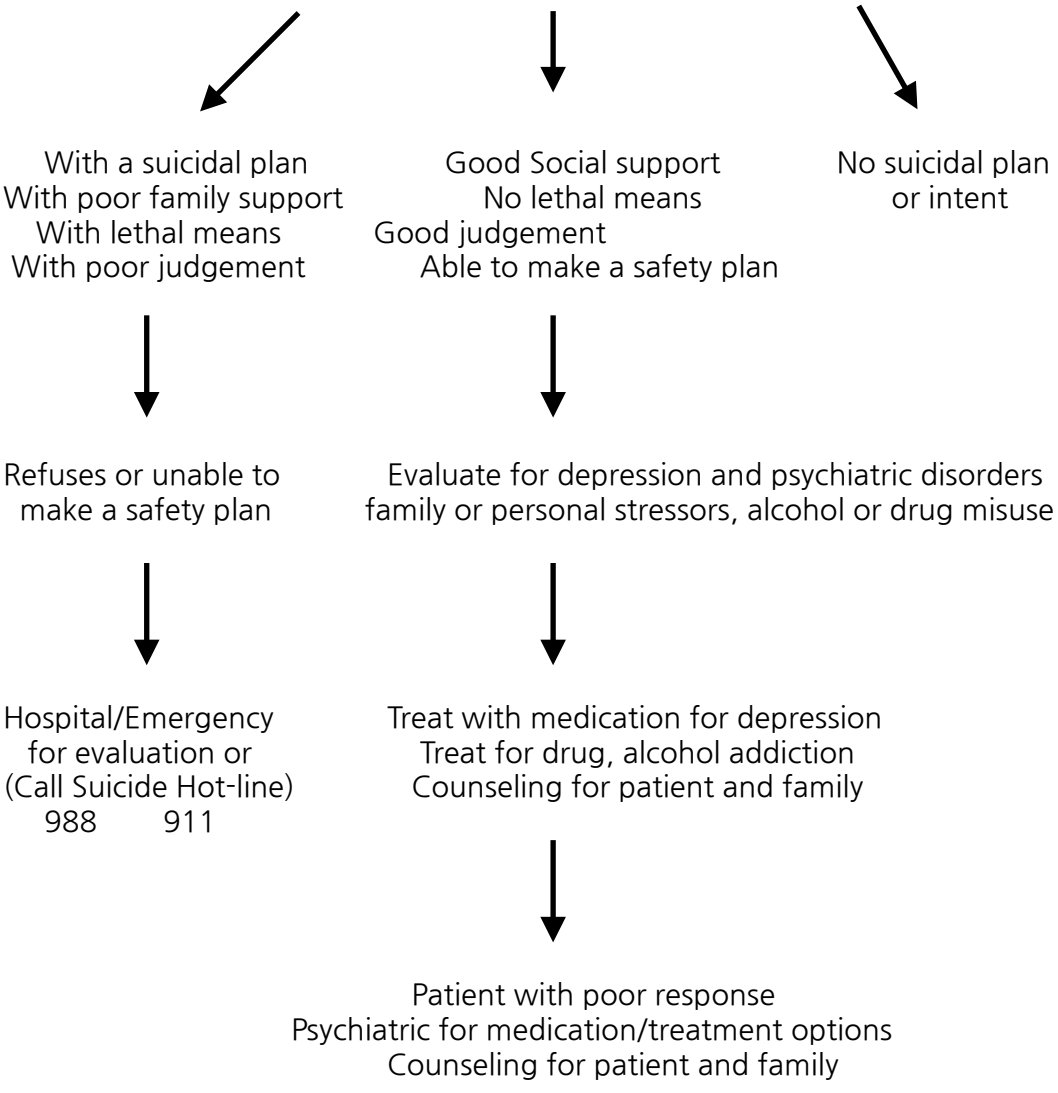
Risk Factors - In older patients, many risk factors that are unique to this group, such as aging issues, loss of a spouse, loss of bodily function, pain issues, memory loss, early dementia, arthritis in the extremities, neck and back. Loneliness and lack of family support can severely exacerbate these issues. Other risk factors in include keeping a firearm at home without locks, use of alcohol, misuse of medications, which may quickly cause a downhill spiral of emotions with severe suicidal thoughts.

Protecting Older Adults from Suicide - Each of us needs an emotional support system such as family, pets, friends, coworkers, neighbors, church with friends, social clubs. Without this support simple problems can become overwhelming. We all need to be vigilant when we see our family, friends, neighbors having problems getting food, calling family or friends, transportation for medical care, paying bills. We need to offer our help, what can we do to help, and help try to build a support system, especially when family or neighbors are not able to care for them.

Here is a list of things to help support: Pastoral phone call, family members phone calls, transport for doctor's visits, shopping for groceries (or just pick it up and delivering), meals on wheels if the older adult cannot cook, as the meal deliverer will also try to support and help the disabled adult as well.

Medical Professional's Information

Flow Chart for Patient with Suicidal Ideation



Patient Health Questionnaire (1)

Over the last 2 weeks, how often did you have the following symptoms:

FILL IN THE DOTS

	No Days	Few Days	More Than Half the Days	Most Days
1. Little Interest or pleasure in activities	0	0	0	0
2. Feeling down, depressed, without hope	0	0	0	0
3. Trouble falling, staying, or excessive sleeping	0	0	0	0
4. Feeling tired, reduced or absent energy	0	0	0	0
5. Reduced appetite, or overeating	0	0	0	0
6. Feeling down, that you are a failure, or let your family down	0	0	0	0
7. Trouble concentrating, at work, or at home watching TV, or reading	0	0	0	0
8. Moving or speaking slowly or too much energy, fidgety, restless	0	0	0	0
9. Thoughts about hurting yourself, dying	0	0	0	0

CIRCLE THE YES or NO

10. Recently, have you felt that you or your family would be better off if you were dead	yes	no
11. In the past few weeks, have you thought about killing yourself	yes	no
12. Have you ever tried to kill yourself?	yes	no
13. If yes, how?_____When? _____		
14. Have you though about killing yourself today?	yes	no

Let the nurse know if you want to discuss this

questionnaire with someone. Thank you.

Patient Health Questionnaire (2)

Follow-up for Depression/Risk Factors for Suicide

	Please CIRCLE the yes or no.	
1. Have you had depression in your past?	yes	no
2. Have you had a relative who had depression or has committed suicide?	yes	no
3. Have you had depression since age 65?	yes	no
4. Have/are you taking medication for depression?	yes	no
5. Have you been diagnosed with depression by your FNP, family doctor or psychiatrist?	yes	no
6. Are you receiving counseling from a licensed counselor (LPC, MSW, PhD, Psychiatrist)?	yes	no
7. Are you involved in any group counseling?	yes	no
8. If taking, has medications helped reduce your symptoms and improved your mood, energy, sleep, concentration or appetite?	yes	no
9. Have you stopped your medication due to side effects or lack of improvement?	yes	no
10. Do you use alcohol-containing drinks regularly?	yes	no
11. Do you have guns in your home?	yes	no
12. Do you have trigger locks and locked gun cabinets?	yes	no

Are you aware of the symptoms of depression? These symptoms include:

Reduced interest, pleasure, and ability to concentration - mental changes
Problems with falling asleep, excessive sleeping, tiredness - changes in sleeping
Reduced appetite with weight loss, increased eating - changes in self-regulation
Thoughts of hurting yourself, better off if you were dead - self-destructive symptoms

Let the nurse know if you want to discuss this

follow-up questionnaire. Thank you.

Patient Health Questionnaire (3) Columbia-SSRS - Suicide Intent/Plan

Follow-up for Suicidal Thoughts and Actions. A healthcare professional will question you about your thoughts, plans, previous and current actions.

	Past 6 Months	Lifetime
1. Have you had thoughts of being dead or wishing you could go to sleep and never awaken?	yes/no	yes/no
2. Have you had occasional thoughts, without a plan on how to commit suicide?	yes/no	yes/no
3. Have you had many suicidal thoughts but without specific plans to commit suicide?	yes/no	yes/no
4. Have you had suicidal thoughts and developed plans about how to end your life?	yes/no	yes/no
5. Do you feel committed to your plan to end your life, and have all the details worked out?	yes/no	yes/no
6. Have you tried to injure yourself wanting to die?	yes/no	yes/no
7. Has your attempt to kill yourself ever been interrupted by a family member or friend?		yes/no
8. Have you started your plan, but stopped yourself by not completing the suicide plan?		yes/no
9. Have completed your suicide plan, but survived?		yes/no
10. Have you had multiple suicide attempts?		yes/no

				Circle Method	
11. What methods were you planning on using to commit suicide?					
Gun	Overdose	Car-accident.	Hanging/Suffocation	Fall	Other

Scoring and Remarks from Suicide Risk Reduction

Patient Health Questionnaire (1) PHQ-9 + NIMH Suicide Risk Screening

PHQ-9	Not at all	0 points	
	Several Days	1 point	
	More than Half	2 points	
	Every Day	3 point	s

Scores	0-4 minimal depression	normal,	may not need meds
	5-9 mild depression	see doctor,	may need medications
	10-14 moderate depression	see doctor,	counseling, medication
	15-19 moderate depression	see doctor,	counseling, medication
	20-27 severe depression	see doctor,	counseling, medication, psychotherapy, hospital evaluation?

NIMH Suicide Risk Screening

Yes or no answers, Each question with increasing intent, planning to commit suicide.

Questions 3 and 4, if yes, **need to seek help for patient today**.

Patient Health Questionnaire (2)

Designed to help identify the risk factors for suicidal thoughts and intent.

Patient Health Questionnaire (3)

NOTE: A psychiatrist, physician, psychiatric NP pr PA should give the questions, discuss them fully with the patient, and treat to their level of expertise.

C-SSRS Columbia-Suicide Severity Rating Scale. Cognitively Impaired Baseline/Screening
Page 1 is designed to develop through interview, the behaviors related to depression and the level of thought, and intent to commit suicide.
Page 2 is designed to do a thorough assessment of the planning, severity, methods, and intent to commit suicide. This should be done by a mental health professional who has been trained to use this form, and has considerable experience with depression/suicide.

Medical Professional's Information.
Caregiver and Community Information

Who can use, and where can it be used.

Providers: Psychiatrists, Family Physicians, Psychiatric NPs, Family NPs, PAs0

Locations: Nursing Staff, Home-Nursing, Nursing and Rehab, Adult-Daycare, Home Nursing, Home PT, Home Counseling, Telephonic Medical visit, Mental Health visit, Social Worker visit

Community: Sponsored Group Functions, Church outings, County Fairs (booth), Social clubs, Activities for Aging Adults, Car Shows, and many other activities

Medical Clinic/Office, Urgent Care, Store-clinic, Federally-Funded Clinics, City and or County Health Dept.

Patient with depression - at first visit PHQ (1), (2), every 3-6 months with med refills PHQ (1), worsening of depression, immediately and 8 weeks - PHQ (1), (2), (3) and referral (Hospital or Psychiatric Office with moderate to severe depression).

Patient for Annual Wellness Visit - yearly, and for follow-up if depression

New patient, depression diagnosed - at first visit, with meds 8 weeks, every 6 months. On meds, every 3-6 months - PHQ (1), (2), (3) and referral?

Psychiatric Patient - as follow up above, include other screening per physician.

Nursing Staff, Hospital, Rehab, Nursing Facility, Adult-Daycare

General activity - PHQ (1) for a group activity, general screening
Rehab - at beginning and end of rehab - PHQ (1), (2) before going home
Nursing Facility - admission, with or without depression, when has changes of depression, has early dementia, (do not use PHQ 1, 2, or 3 for patients with moderate to severe dementia) sending to hospital for inpatient with increased symptoms of depression..

Home-Nursing, Home-PT, Home-Counselor, Home-Social Worker

Home nursing visit - initial PHQ (1) with any history or symptoms of depression, 1 month follow-for depression PHQ (1), (2), (3) if much worse and referral to Hospital or Psychiatric clinic, clinic visits for medication check,

and new signs of depression, crying, sadness, “wish I were dead”, “no use to anyone.”

Telephonic Medical Visit, Mental-Health or Counseling Visit, Social Worker

Medical Visit - go over medications, if has depression, document with PHQ (1), increased medications if needed, follow-up -n 1-2 weeks (side-effects), and 6-8 weeks for medication effect. Alternate visit to medical office for follow-up.

Mental-Health Visit - PHQ (1) at initial visit, stable on medication, PHQ (1), (2)? every 3-6 months. If new onset of depression, PHQ (1), (2), if minimal to mild, counseling is recommended, worsening, referral to clinic, psychiatrist.

MSW Social Worker - any history of depression, family history with psychiatric admissions, multiple, or suicide attempt, would start with PHQ (1), (2) on phone, and refer to medical, sending the screening tests to the physician or Psychiatrist office. Other referral may be made MSW for counseling, follow up and community programs referral.

Community Use of Screening Tools - Follow-up Referrals

Group Outings - church outings, county fairs (booth), hospital outings, day-care outings - football games (booth), community adult-daycare outings, and other outings where a table with signage, a booth, the back of a truck, where people can be educated about the increase in suicides in older adults.

Older Adults have an increased risk of suicide, more than any other age groups. (85 and above - HIGHEST, 65-85 second HIGHEST.

Tell them about the PHQ (1) screening and have them take the test.

OPTIONS: Anonymously, no names, but take to their doctor at next visit.

NAME/PHONE NUMBER: Make sure you have a referral resource (counselors, physicians, social workers) who will score the testing and make appropriate referrals. If needing referral for moderate to severe depression, they should be given and take PHQ (1), (2), (3), and sent to ER or Hospital or Urgent Care to be evaluated. There is no cost for the screening tests or information. Cost of copying/group.

Screening for depression with mild dementia is approved, but not for moderate to severe depression.

Training our People - Prevention

Prevention Training: What is prevention? In the medical sense, preventing a disease or outcome is doing something, seeing a problem, or using healthy habits over the long term to prevent disease, debilitation, or premature death. Seeing a normal adult who starts with feeling down, with no joy or happiness, who is tired all the time, has crying spells, poor appetite and concentration, reduced sexual function, hides from friends and family, and then develops suicidal thoughts, plans, and desire to commit suicide. Prevention is catching the symptoms of depression in the early stages and discussing it with the person with symptoms. Ask them if they want help, if they are concerned about the changes, and if they are not functioning well at home, school, work. Dropping out of normal functions, such as church, eating meals, going to bed early, mean this is getting more severe.

General Information about Depression: It is good have some information that you can carry with you in written form, or memorized it to give to the depressed person. These include:

> **Suicide Rates:** Our older adults, age 65 to 84 years old, and 85 years old and above are committing suicide at the highest rates, more than adolescents, and more than any age group that has been studied.
> **Life Changes:** Older Adults are a unique group with many serious and disturbing life-changes; retiring or losing a job, health problems of aging, death of a spouse or older friends, increased use of drugs and alcohol, often using multiple medications, often with access to guns and pills, with many living on a fixed income.
> **Depression:** The emotional and physical changes are devastating for many in this age group, leading to depression symptoms, crying, feeling down and depressed, poor appetite, poor concentration, anger hopelessness, poor tolerance to pain, increased sleep or insomnia, separation from family (want to be left alone). They may not seek medical attention due to poor transportation options, or concerns about the expense of medications and testing.

Training our People - Using Depression Screening

Screening Materials: Screening for depression has been available for many years, some at a price, and others free to use. They started with very simple sets of questions, which are directed at the person with a potential mental health or addiction problem. They have developed through the years, have been studied, and have be found to be very patient friendly and easy to use. Not many who use a screening tool will have any symptoms, and in the case of PHQ 1, has symptoms that could be from depression, or from other normal problems.

Most physician and nurse practitioner offices will keep copies of the most used, easiest to get, easiest to read. When it comes to mental health problems, often physicians do not feel comfortable reading, grading, as they always refer to another mental health professional. As well licensed counselors will use these to identify the specifics of many of the mental health conditions while ruling out others.

PHQ 1 is an easy to read questionnaire that has questions about depression symptoms, both physical and emotional, and questions about suicidal thoughts and actions. The scale is a tabulation of yes or no responses, and the scale starts with normal, them mild depression, moderate depression, and severe depression with suicidal thoughts. The higher the number the more likely that person has more depression. Remember, as a lay person, you can ask the patient the questions and write the answers, but do not try to grade or count up the positive responses suggesting depression/suicide. Take them to their medical provider.

PHQ 2 is also easy to use, but it has a different purpose. We know that as we get older, certain things change in our life, and these changes, when then get more severe, and more numerous, can be helpful in identifying the severity of the home situation, and what thing need to change to make the home environment safe again.

We all need to be vigilant when we see or hear a family member or neighbor with depression symptoms and encourage them to get help. Using the screening tests help educate those with depression will help educate those who are depressed/suicidal. Seeking help with them, calling them to see how they are doing, might save their life. Give them your number and permission to call as well.

Training our People - Referral

Referral to Medical Professional: As a lay person, even if you have some training about depression and suicide, you may make a medical referral for a family member, but only if that patient gives you permission. The only exception is for a family member that has tried to commit suicide. Then calling 988 for suicide counseling for the family member, 911 for the Emergency Ambulance for a patient that is not able to speak.

After you have offered a friend or neighbor the screening testing, or refuses, but as told you that he or she is suicidal and wants to kill themself, you can tell them to call 988 for suicide counseling, or 911 if they have taken pills, or has a gun to use to commit suicide.

If they tell you that they are no longer suicidal, and you make sure by staying with them that they have calmed down, you can give them the 988 number or 911 number to keep with them. Ask if you can stay with them, or take them to a family member of friends home so they can be watched by a family member. After you have left, and they are by themself, they could change their mind to commit suicide, you can still call to check on them, or leave your number with them to call. DO WHAT YOU CAN, but it not our fault if they later commit suicide.

TRAINING MATERIALS: Recommended Materials

Suicide Prevention Resource Center - Online Access https://sprc.org/online-courses

SAMHSA - Suicide Training options, Addiction issues, Online Access. ASMHSA.gov.

Narrative Biography
Gregg R. Albers MD FAAFP

Gregg Albers MD, has practiced in Lynchburg since 1983. He was trained at the Medical College of Ohio and completed his residency in Family Medicine at Mercy Hospital, Toledo. Dr. Albers is a published author, a nationally broadcast radio program, “Health Journal,” works with publishers for articles and editing. He has authored four books including the “American Academy of Family Practice Family Health Guide", published by Word, and three books on AIDS, articles in various journals/ magazines, and numerous contributions to book chapters.

Dr. Albers speaks nationally on issues related to healthcare reform, addiction medicine and professional practice issues, and along with Dr. Timothy Clinton are the founders of Light Associates, Inc., Light Family Health Center, a multi-specialty Christian Clinic staffed with counselors, dentists, chiropractors, physicians, nurse practitioners, and physician assistants. As of February 2017, Dr. Albers will be working with Central Virginia Family Physicians at the Liberty Mountain Medical Group, the multi-specialty clinic associated with Liberty University College of Osteopathic Medicine. As part of the adjunct faculty, Dr. Albers has medical students shadowing in the office, teaches medical students in the clinic, and teaches addiction medicine in the psychiatric portion of the second, third and fourth years as well.

Dr. Albers has taught classes at Liberty University Online, Psychopharmacology, Human Sexuality, and Alternative Medicine at TRBC. He holds a position as adjunct clinical faculty at Liberty University College of Osteopathic Medicine, teaching medical students and Family nurse practitioners, in his office, He works with Liberty College of Osteopathic Medicine, teaching classes about Addiction Medicine.

He will also be working part time in conjunction with Sitting Well Counseling, to offer medications for psychiatric issues, Addiction medicine, counseling, and dealing with older adults with depression.

The Albers Family attends Thomas Road Baptist Church (TRBC) and is involved with the music ministry. Dr. Albers is former Board Chairman for Liberty Godparent Foundation, Board Chairman for Lynchburg Christian Academy, and has volunteered as team physician for LCA and Liberty University.

Dr. Albers has worked with mission teams in El Salvador,Ukraine, Zambia, Uganda, providing medical care to the underserved and prisoners. He founded, staffs, runs, and helps fund raising for the Ruth Brooks Free Clinic, a ministry to honor our nurse practitioner who died of breast cancer, helping indigent patients at TRBC and the surrounding Lynchburg community. This ministry began operations in September of 2009.

Andrea and Gregg Albers have four grown children: Bethany Dugan, Doctorate of Physical Therapy in Cincinnati, two children, Jack and Hunter. Rachel Ruiz, Masters in Nursing Administration in Norfolk, Virginia, married to Israel (MBA), three children David, Isabel and "Gabby." Wesley Albers - Film (Full Sail), Communication Degrees (Liberty University), currently working in Pittsburg at NEP, providing television productions across the country (Superbowl 2018), and Andrew Albers - working in Nashville, playing guitar, teaching, Lead Guitar, traveling on weekends with country band, studio work.