



Safety: Suicide Risks and Prevention

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After reading the newsletter, the home health aide should be able to:

1. Discuss statistical trends in suicide regarding incidence, age and gender.
2. List risk factors and warning signs of suicide.
3. Identify actions to take if warning signs of suicide are present.

Mrs. W is a 90-year old widow who lives alone and is receiving home care. She talks about how much she misses her husband. Mrs. W has few family members or friends, and is alone most of the time. She tells the nurse that she often thinks of ending her life, and plans to take an overdose of pills. The nurse arranges for Mrs. W to receive inpatient evaluation and treatment for her depression.

The situation with Mrs. W is not unusual. More than 10% of Medicare home health clients report having thoughts of suicide. According to data from the Centers for Disease Control and Prevention (CDC), rates of suicide are increasing in the US.  Suicide is among the top ten causes of death nationwide, for all age groups 10 years and older.

This newsletter will discuss suicide, including risk factors, warning signs, and implications for healthcare providers. The role of the home health aide in identifying and reporting warning signs will also be covered.

Suicide—A Public Health Challenge

Data from the CDC indicates that suicide rates in the US have increased by 25% since 1999. Nearly every state is experiencing this increase. An estimated 45,000 people die from suicide in the US each year, and 1.3 million more attempt it. Not only does suicide represent a tragic loss of

human life, but the consequences to the remaining family and friends (known as survivors) are devastating. In addition to the painful loss of a loved one, survivors may face financial hardship, lose their homes and health insurance, or be unable to work as a result. The CDC estimates costs related to lost work time and medical care at \$70 billion per year.

Statistics on suicide among home care clients is very limited. What is known, however, is that most suicides take place in the community. A significant number also occur in healthcare facilities, such as hospitals and long-term care facilities, every year. There are several differences in suicides that occur in a healthcare facility, compared to the community. In the community, the most common method of suicide is by use of firearms. Other common methods used in the home include hanging and drug overdose. In healthcare facilities, death by hanging is the most common method. Suffocation using a plastic bag over the head also occurs. Other methods common in healthcare facilities include falls from heights (such as jumping from a window), drug overdose/poisoning, and refusal to eat or drink.

The CDC has published definitions of terms related to self-harm:

Suicide: Death caused by self-directed injurious behavior with an intent to die as a result of the behavior.

Suicide attempt: A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury.

Suicidal ideation: Thinking about, considering, or planning suicide.

Suicide Risk Factors

The strongest risk factor for suicide is a previous suicide attempt. In these cases, the risk of suicide is twice as high, compared to the general population. Males die as a result of suicide more than three times as often as females. The highest rates of suicide occur in white males age 65 and older. Other risk factors include:

- Family history of suicide
- Death of a loved one
- Feeling isolated from others
- History of abuse
- Loss of relationship or job
- Difficult life changes
- Depression or chronic illness
- Substance abuse
- Having access to lethal means, such as a gun

Warning Signs

There may be many warning signs of suicide, or there may be few or none. The signs may be clear, or may be more indirect. It's important to observe carefully, since over half of those who die by suicide do not have a known mental health disorder. As you work with your clients, especially those who are depressed or have a history of suicide attempt, watch for these possible warning signs of suicide:



- Talking about being a burden or having no reason to live
- Withdrawing from family, friends, and activities
- Sudden and dramatic mood changes
- Talking about feeling hopeless or worthless
- Saying goodbye or giving away possessions
- Talking about suicide, death, or "ending it all"
- Hoarding medication
- Refusing food, fluid or medications
- Increasing use of alcohol or other substances

Bear in mind that warning signs may differ, based on age group. A healthy 22-year old who gives away his prized possessions and plans his funeral is giving clear indication of possible suicidal thoughts. An 88-year old who has the same behavior may also be planning suicide, but is more likely just doing the necessary planning that comes toward the end of a normal life span. To identify whether this is normal planning or a possible

suicide risk, other warning signs may be noticed. If the 88-year old is depressed, using alcohol, and has recently lost his wife, he may indeed be planning suicide.

What You Can Do

Suicide is preventable. The most important actions are early recognition of warning signs and prompt medical treatment. Listen closely any time a client makes comments such as, "They'd be better off without me" or "Life isn't worth living anymore." Statements like this must be taken very seriously. There is a myth that people who talk about suicide don't usually follow through with it—this is simply not true. When responding to such a statement, avoid judgmental remarks, such as telling the client not to talk like that, or that suicide is wrong. Simply listen supportively, without appearing shocked or minimizing the client's feelings. Any time you suspect that a client is depressed or having suicidal thoughts, notify the nurse immediately. The nurse can then perform a prompt and thorough assessment of the client's risk for suicide, and notify the physician and mental health professional of the results.

In most cases, proper treatment, such as antidepressant medication and counseling, is effective in helping to prevent possible suicide. The client who is in imminent danger of harming himself should be transferred immediately to an inpatient psychiatric facility until his condition stabilizes. Imminent danger means the client has a plan and a way to carry out suicide. Never leave a client alone who is in imminent danger. Make sure windows are securely locked and remove all dangerous items, such as medications, knives, or cords, from the area until transfer occurs.

This information about suicide can also be very helpful in dealing with your relatives or friends who may be suffering with suicidal thoughts. The same principles apply... detect and act on signs early, and don't leave someone alone who is in imminent danger. Don't be afraid to ask the person if he or she has thoughts about taking their own life. You won't be "putting ideas in his head", and the help you summon may save a life. Take the person to a hospital emergency room or community mental health center if you feel he or she is in imminent danger.



By being observant and acting on warning signs of suicide, you may help to save a life.



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NAME: _____ DATE: _____ UNIT: _____

Directions: Place the letter of the one best answer in the space provided.

- ____ 1. Since 1999, suicide rates in the US have:
 - A. increased
 - B. decreased
 - C. increased every year through 2010, then decreased sharply
 - D. remained about the same

- ____ 2. Most suicides in the US occur in healthcare facilities.
 - A. True
 - B. False

- ____ 3. Most suicides that occur in the community result from:
 - A. hanging
 - B. falls
 - C. firearms
 - D. drug overdose

- ____ 4. Most of the people who die by suicide do not have a known mental health disorder.
 - A. True
 - B. False

- ____ 5. Suicidal ideation is best defined as:
 - A. death by self-inflicted injury
 - B. having risk factors that may lead to suicide
 - C. self-injury that does not result in death
 - D. thinking about or planning suicide

- _____ 6. The highest rate of suicide occurs in which of the following groups?
- A. African-American males in their teens and twenties
 - B. Asian females in middle age
 - C. White females in their thirties
 - D. White males age 65 and older
- _____ 7. Which of the following clients is most clearly in imminent danger of death by suicide?
- A. Gerald, who has been depressed for the past two months
 - B. Burton, who is an alcoholic
 - C. Tim, who says he is going to “take those pills I’ve been saving.”
 - D. Carole, who says she has “thought about” taking her own life
- _____ 8. The strongest risk factor for suicide is:
- A. access to a gun
 - B. death of a loved one
 - C. diagnosis of depression
 - D. a previous suicide attempt
- _____ 9. A client who talks about his plans for suicide is not serious about doing it.
- A. True
 - B. False
- _____ 10. Tia, the home health aide, is getting Mr. Glen cleaned up in the morning. Mr. Glen seems very quiet and sad, and says, “I’m no good to anyone any more. Things would be better if I was dead.” The home health aide should:
- A. notify the nurse immediately
 - B. tell Mr. Glen not to talk like that
 - C. call 911
 - D. reassure Mr. Glen that he’ll feel better after he eats something

