

Suicide Prevention in Older Adults: An Educational Intervention Improves Primary Care Providers' Confidence in Identifying and Addressing Warning Signs for Suicide

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Introduction

Suicide among older adults is a pressing concern due to the growing aging population and unique risk factors faced by this group, such as debilitating physical illness, social isolation, and late-life depression^{1, 2}. Studies have shown that older adults, particularly men over 65, have disproportionately high suicide rates, and healthcare providers often face challenges in identifying at-risk individuals due to factors such as underreporting of mental health symptoms and the normalization of depressive symptoms as part of aging³. While most individuals who die by suicide do not have contact with a mental health provider, studies have found that up to 80% had contact with a primary care provider in the year prior to their death and 44% had contact with a primary care provider in the month prior^{4, 5}. This demonstrates the unique opportunity that primary care teams have in suicide prevention and highlights the need to equip primary care teams with knowledge and confidence to recognize and intervene when an older adult patient exhibits warning signs for suicide.

Purpose

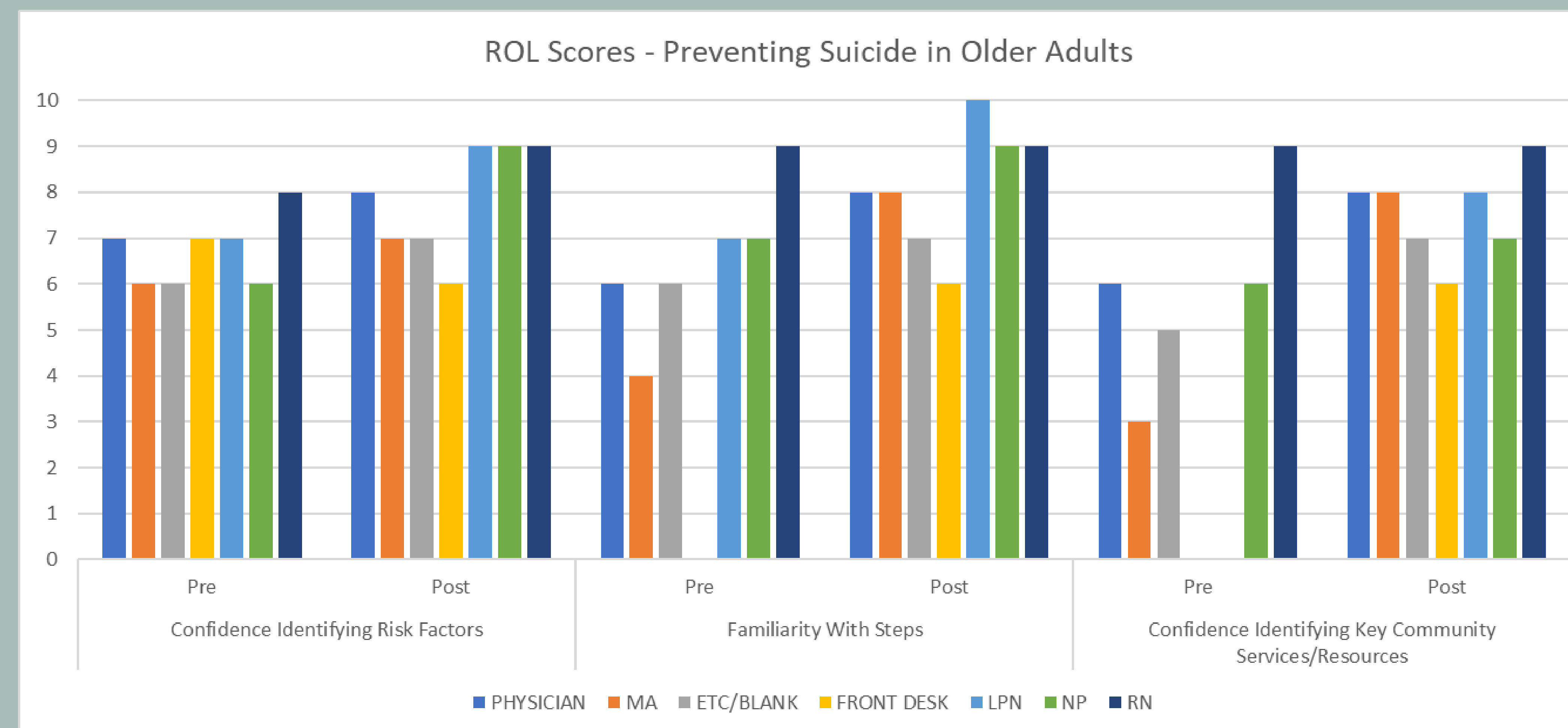
The purpose of this study was to improve the ability of primary care providers to identify warning signs for suicide and enhance their confidence in addressing suicide in older adult patients. A pre- and post-presentation survey was conducted with healthcare professionals attending a suicide prevention workshop. The survey measured participants' confidence in identifying suicide risk factors, their understanding of the steps to take when an older patient is at risk, and their knowledge of key community services related to geriatric mental health. The presentation included information on screening tools, risk factors specific to older adults, and available community resources.

Methods

With grant funding obtained from the Ohio Suicide Prevention Foundation Jerry Williams Memorial Fund, an educational intervention was developed which entailed a discussion of risk factors and warning signs for suicide in older adults as well as scripting for talking to patients about suicide. In a lunch-and-learn format, the 45-minute presentation was provided to both provider and non-provider associates, followed by an interactive discussion. A Return-On-Learning measure was implemented for all staff members who participated in the educational intervention to measure the effect of the intervention on staff confidence in identifying suicide risk factors, understanding steps to take when an older patient is at risk, and knowledge of key community services related to geriatric mental health.

Results

Post-presentation, there was a significant increase in participants' confidence in identifying suicide risk factors in older adults, with over 75% reporting improved knowledge of actionable steps and available resources. These results suggest that targeted educational interventions can enhance awareness and preparedness among healthcare providers, which is crucial for early intervention and prevention.



Discussion

These findings demonstrate how tailored educational programs can improve primary care providers' ability to recognize risk factors and warning signs for suicide and engage older adults in meaningful, supportive interventions for suicide prevention. Key factors in this educational intervention included concrete examples of warning signs, specific phrases to use in discussion with patients, local community resources, and information on suicide prevention specific to the elderly population. Previous studies have identified that elderly adults with mental health conditions are far more likely to present to primary care providers than to mental health providers⁶. Providing the educational program to both physicians and office staff is likely to create further opportunities for detection and intervention in the primary care setting.

Conclusion

Older adults often present distinct challenges in suicide prevention due to social isolation, physical illness, and reluctance to discuss mental health. The results of this pilot study support further implementation of educational interventions on suicide prevention in older adults for primary care providers, who are uniquely positioned to interact with the older adult population and identify warning signs. Continued use of such educational interventions for primary care teams represents an innovative and promising approach to reducing suicide risk in the older adult population.

References

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