Assessing for Suicide in Community-Based Research

By the HOPE Lab at Georgia State University and the AgeWell Lab at Virginia Tech

Suicide Risk among Research Program Participants

- Older adults (65+) comprise 12% of the U.S. population but make up 18% of all deaths by suicide
- 1 in 4 older adults who attempt suicide die, compared to 1 in 200 attempts for young adults.
- These data only reflect the "reported" number of suicides, as many things interfere with reporting (i.e. "silent suicides" such as voluntary stopping of eating and drinking, self-dehydration, overdoses, and "accidents" which often go unreported).

How will I know if someone is at risk of suicide in my research program?

- Ensure you are measuring suicide risk as opposed to social isolation, loneliness, or depression
- Include a validated measure that assesses suicide risk/desire (i.e., Interpersonal Needs Questionnaire), suicide behaviors (i.e., 4 item Suicide Behavior Questionnaire), and/or capability to enact lethal self-injury (i.e., Fearlessness about Death Scale).
- If your research includes measures of depression, utilize the Patient Health Questionnaire-9 (PHQ-9), which contains a suicide item, "have you had thoughts that you would be better off dead, or thoughts of hurting yourself in some way?" (item 9).
- If you are utilizing qualitative interview questions, do not be afraid to ask participants directly if they are thinking of suicide if you notice any risk factors for suicide among older adults (addressed below):

Risk Factors for Suicide among Older Adults

If an older adult talks about dying, or ending their life, speak up! Don't be afraid to ask them directly about suicide! Counter to beliefs, asking directly about suicide and distress is helpful, and needed.

Factors	***Considerations***
Loss/Bereavement:	Has the older adult experienced a significant loss or estrangement, such as the end of a relationship with a spouse, family member, or close friend?
Changes in Physical Health/Appearance:	Have there been any significant changes to their physical health? Have they reported increased pain or changes to their ability to care for themselves? Do they seem disheveled or have a decrease in personal hygiene?
Loneliness	Does the older adult live alone? Do they have connections to the community such as religious community or a senior center? Are they engaging with other people?
Significant Life Transition:	Has the older adult had a role change—for example no longer employed, no longer a spouse, etc. Such changes can lead to feeling a loss of meaning and purpose.
Financial or Legal Hardship:	Has the older adult discussed challenges to their financial status? Have they told you they have legal difficulties?
Mental Health:	Does the older adult seem depressed? Depression can look different in older adults—they may shy away from using the word depression and instead complain of "nerves," show irritability, talk about a sense of hopelessness, and have physical complaints.

How to Respond to Suicide Risk in Research

- In survey platforms such as Qualtrics, utilize the "skip logic" function to provide resources to any participants who may be struggling with suicidality. For instance, if a participant responds to anything other than "never" choice on item-9 of the PHQ-9, the skip logic function will enable you to populate a message to them with local and national resources that they can use in real time (i.e. 988, etc.). Tracking this in some way, also enables you to recognize which participants may be at risk, enabling you to attend to your research protocol regarding participants of concern. Click here for a tutorial on how to use skip logic in Qualtrics, and click here for a tutorial on how to use skip logic in SurveyMonkey.

- Consider including a message like this as part of the skip logic. If the participant is completing the survey on their own, they will be prompted to read the message. If a researcher is administering the survey to the participant, they will be prompted to read this message and provide further follow up:

  "Thank you for sharing about your distress. I want to make sure to connect you with someone who can help you talk about your suicidal feelings. Please call 988 any time you feel like you are not able to stay safe from suicide – you will be connected with a trained counselor who can help you."

- Have a research protocol for attending to participants of concern. Have that protocol approved by your Institutional Review Board (as academics, for us, this is through our Office of Research and Compliance). Make sure to differentiate your protocol for responding to participants of concern with your primary job role. In this role, you are a researcher, and must determine how you will treat participants of concern from that role, which is different from your primary job role. After you get clear about your protocol and it is approved by your office of research and compliance, make sure you communicate that protocol with your full research team, and your community partners. For instance, we have memorandums of understanding (MOUs) with 25 senior centers, and if any participant remains at high risk over time, we communicate that back with the senior centers as the older adult participants are their clients. We also populate resources that our student data collectors share with older adults in real time as needed. However, since we are running a clinical trial, our control group does not receive the treatment in real time. They receive the treatment to combat social isolation, loneliness, and suicide risk at a later time (aka "delayed waitlist control"). Therefore, consider adding into your research designs mechanisms for participants who may be assigned to not receive treatment to receive it at a subsequent time.

- Consider suicide intervention training for staff. Applied Suicide Intervention Skills Training (LivingWorks ASIST) is a 2-day, 14 hour training (with CEUs available) to equip individuals to learn suicide first aid skills. For more information on ASIST in the Aging Services Network, or the Aging Variant of ASIST, reach out to Dr. Laura Shannonhouse (lshannonhouse@gsu.edu), or visit www.livingworks.net/ASIST for research from this team.

- Ensure that an aging leader/director/administrator in your system also takes the training. According to Collective Impact Theory, trainings are ineffective if the structure of how systems operate does not support their sustainability. When evidence based trainings such as ASIST are taken, those newly trained suicide first aid caregivers are excited to support older adults in need. Ensure that your system can support them in doing so. Some of our counties and senior centers have made changes to their "crisis response protocol" whereas others learned they didn't have a "crisis response protocol", meaning having a plan for getting older adults at risk to a person trained in suicide first aid. First aid is needed, and can serve as a warm and effective handoff if and when additional health services are needed.

If You or Someone You Know is At Risk of Suicide

National Suicide Prevention Lifeline: 1-800-273-TALK (8255) or, dial 988

Crisis Text Line: text HOME to 741741

LGBTQ National Hotline: 1-888-843-4564

National Sexual Assault Hotline: 1-800-656-4673

Veterans Crisis Line: 1-800-273-8255 Press 0

Acknowledgement:

This project was supported, in part by grant number 90INNU0021, from the Administration for Community Living, U.S. Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

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