The third meeting of the Outreach and Direct Services Sub-Committee was held on April 11, 2011. Five participants attended the meeting on indicated suicide prevention strategies. The initial part of the meeting provided a review of priority populations to be considered for indicated strategies. Following this review, participant agreed to have a focused discussion on indicated strategies for older adults and military populations.

This document includes:
1 – Review of Priority Populations identified for the Needs Assessment by County of San Diego and from San Diego County data
2 – Raw notes related to indicated strategies for older adults and military populations

1a. Priority Populations from County Needs Assessment
- LGBTI
- Older Adult (65+)
- Latino
- Asian/Pacific Islander
- TAY Youth
- Native American

1b. Local Trends from the County of San Diego EMS data
- Asian/Pacific Islander
  - Comprise 10% of population and have 5% suicides
  - Rate 5.8 per 100,000
- Survivors of suicide
  - Seen as a high risk group
  - Local data not available and is difficult data collection
- Native American
  - 0.5% of population
  - 0.3% of suicides
  - Rate: 3.7 per 100,000
  - Questions regarding the accuracy of data due to rates being more elevated in other areas.
    - Misclassified by race/ethnicity?
    - Greater prosperity in SD?
    - Actual rates not captured in available data?
- Transition-Age Youth (TAY Youth)
  - 11.4% of population
  - 9.3% of suicides
  - Rate: 9.18 per 100,000
  - Age 17-24 at highest risk
  - Spike at 18 when compared to 17 year olds
- Latino
  - 29% of population
  - 9% of suicides
  - Rate: 3.7 per 100,000

- Military/Veterans
  - Local data not available
  - Rates are high as reported in media and other sources
    - Disabled American Veterans data suggests there is one suicide every 6 minutes
  - Work with VA/Military to obtain data

- LGBTQI
  - Increased rate of attempts – increased stress
  - Local data not available
  - Difficult to collect accurate data

- Divorced/Widowed
  - 10% of population 15+ (estimated)
  - 21% of suicides
  - Rate: 28.5 per 100,000
  - In Men: 48.5 per 100,000
  - Marital Status → Middle age and Older Adults
    - Divorce rate in men 4 times higher than general population
    - Widowed

- Older Adults (65+)
  - 11% of population
  - 19% of suicides
  - Rate: 19 per 100,000
  - Higher rates of completion
    - Higher access to lethal means = firearms
  - Rates increasing in older men
  - More lethal means 85+
  - Average is there are 25 attempts/completed suicide but in older adults it is 4 attempts/completed

- Substance Use/Abuse
  - Overall rates not available
  - Of completed suicides:
    - 33% positive for alcohol
    - 50% positive drug screen
    - 8% positive Meth

- Trends
  - Economic – Middle age impacted greatly
  - New Traits
  - 45 – 64 age group has overtaken 65+ group
    - Only group with no decrease
- IS PATH WARM- Mnemonic for suicide warning signs
  - Ideation
  - Substance Abuse
  - Purposelessness
  - Anxiety
  - Trapped
  - Hopelessness
  - Withdrawal
  - Anger
  - Recklessness
  - Mood Changes

2a. Indicated Strategies for Older Adults

*What are some of the risk factors/challenges to be considered for older adults?*

- Isolation
- Coping with health diagnoses
- Hospital discharge planner- aligning patient’s needs for discharge planning with what is typically provided
  - Hospital discharge risk- vulnerable time for seniors
- Train staff on issue specific to older adults
- Stigma in seeking and receiving care
- Lack of information sharing with providers regarding existing treatment plans/needs
- Therapy/Medication treatment combo- challenges when older adults seek services and treatment from multiple providers
- Self Perception Re: Burden to family/friends
- High access to guns
- Elder abuse – financial and neglect
- Loss of independence
  - Challenges with activities of daily living
- Substance abuse/prescription drug abuse and misuse
- Medication management
- Address transportation
- Caregiver stress
- Greater diversity in what is considered older adults
- Challenges in providing supportive services that appeal to a diverse older adult population

*What Indicated Intervention and/or strategy would most impact your identified high risk population?*

- Provide referral sources to barbers and stylists, as well as risk factors during school programs or as part of CE credits
- Integrate MH into PCP offices
  - In-house services
- Address Identity role change from working/independent adult to acceptance of need
- Address social support
- Reduce Isolation
- Increase social networks

- Provide resources
  - Confident referrals

- Provide follow up personal contact (having someone take ownership for the follow-up care of that senior)

- Take ownership for the care of Older Adults

- Review existing screening documents for evidence of valid questions related to suicide risk factors in older adults

- PCP → Contact point, assessment/screening time

- Existing AIS County Programs
  - Project Care → computerized phone calls to safety check
  - Peer to peer checks – in person
  - Vial of life – medication reorders and access to ER contacts
  - Consider expanding successful programs

- Expand criteria for follow-up services

- Differentiate among Older Adults
  - 65+
  - 85+

- Intergenerational programs

- Integrated care → In-house services

- Culturally informed/driven services

- Document risk factors and tailor intervention
  - Get buy-in from providers

- Community gathering place

- Education for housing personnel
2b. Indicated Strategies for Military

+ What Indicated Intervention and/or strategy would most impact your identified high risk population?
  - Address from get go
    - Education at initial entry into service
  - Discuss/utilize cost benefit
  - One suicide every 6 hours among Iraq/Afghanistan service members
  - Military leads to loss of identity of what person was prior to joining military
  - Provide support after initial combat tour that addresses
    - Reintegrating into society/family
    - Norms of behavior change
    - High Risk Behaviors – engaged in them, come back as seekers of intensity in behavior
  - Peer to peer support very successful
    - Disabled American Veterans
    - Chula Vista Center
  - Resources that are appropriate to military population
  - Neurofeedback- could it be helpful for this population
  - Neurobiological impact due to military experience (TBI, direct combat) that leads to changes in brain functioning
  - Holistic care-goal
  - Messaging for help-seeking
  - One stop approaches are desired