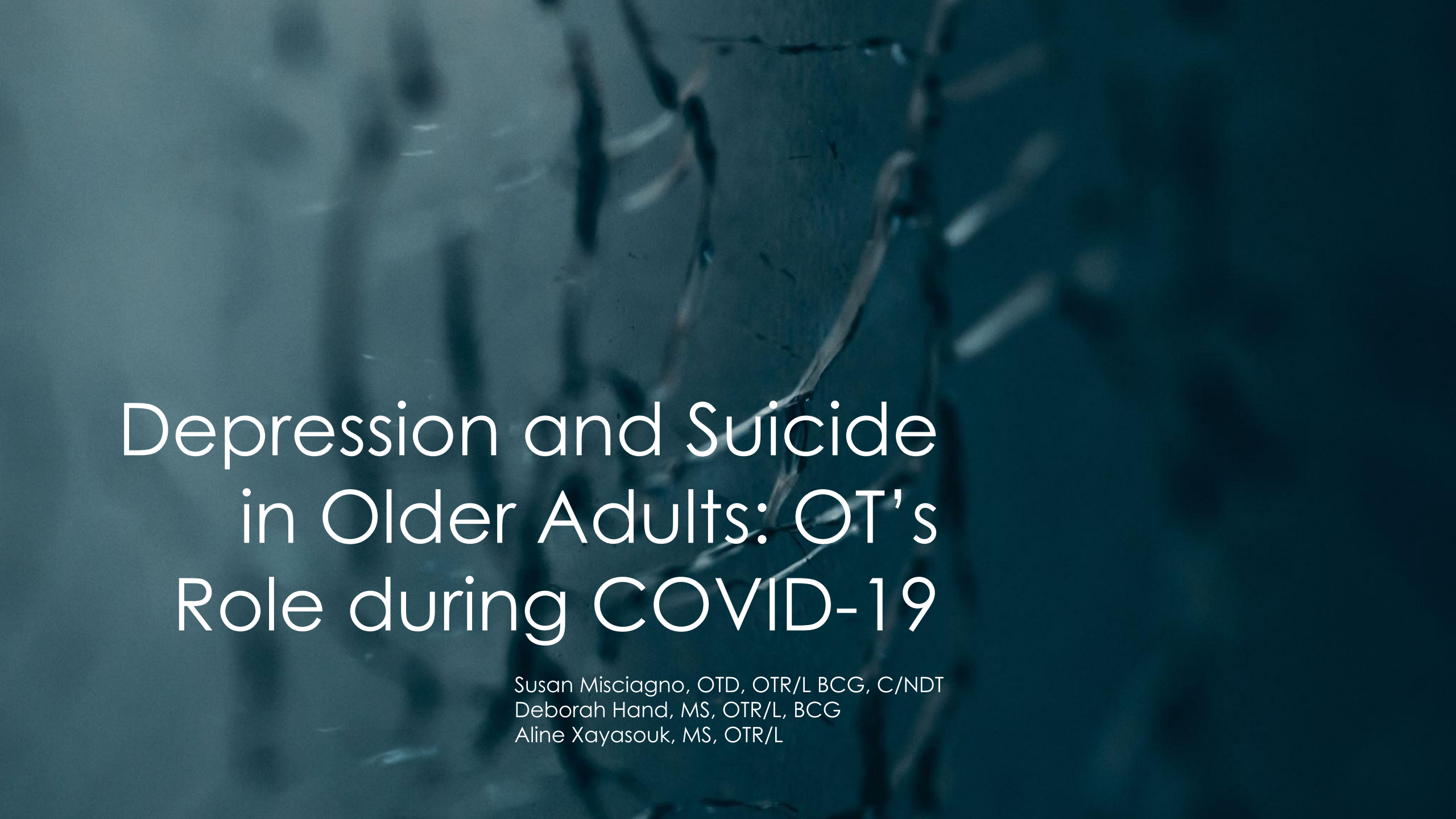

# Depression and Suicide in Older Adults: OT's Role during COVID-19

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Aline Xayasouk, MS, OTR/L

# The COVID-19 Pandemic: A Crisis for the Elderly


https://www.youtube.com/watch?v=RNUi-cOzwMo

https://www.youtube.com/watch?v=_aylCbZCF2g

# COVID's impact on Older Adults

*What are you noticing (from the video or from your work) regarding the challenges Older Adults are experiencing during COVID?*

# COVID's impact on Older Adults

- General distress, anxiety, fear of contagion, uncertainty
- Decreased access to care (Routine, Specialty, Surgery)
- Decreased social supports/isolation (in-home; adult day health; familial discord)
- Decreased activity (volunteer roles; healthcare centers)
- Interruption in routines and roles; occupational disruption; displacement
- Exacerbation of mood and substance use disorders; opioid usage
- Economic stress; economic and racial disparities
- If infected>>long-term health impacts; delirium causes poor outcomes
- Varies by setting> Home, Long-term care, Independent Living
- **ALL may be heightened in vulnerable/older population**

QJM: An International Journal of Medicine, 2020, 1–6

# Depression in Older Adults

# Diagnosing Depression

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

ICD-10:

- Symptoms present for at least 2/52
- No lifetime history of mania or hypomania

**Core features**

- Depressed mood
- Anhedonia
- Reduced energy and/or fatigue

**Additional features**

- Loss of confidence/low self-esteem
- Excessive or inappropriate guilt
- Recurrent thoughts of death or suicide, or any suicidal behaviour
- Diminished concentration
- Change in psychomotor activity (retardation or agitation)
- Sleep disturbance
- Change in appetite

MILD – 2 core + 2 additional (4)

MODERATE – 2 core + 4 additional (6)

SEVERE – 3 core + 5 additional (8)

making a difference together

https://www.tewv.nhs.uk/

# Group at risk: Common aging changes

*What are some changes related to aging that the man in the photo might be experiencing?*

# Group at risk: Common aging changes correlated with depression

- Frailty
- Decreased sleep quality
- Sensory loss (hearing/vision)
- Heart disease, diabetes, arthritis, neurologic disease, other
- Medication burden/chance for reduced compliance
- Physical inactivity
- Communication difficulties (dementia, stroke)
- Decreased social network, loss of partner

Pocklington, Claire. British Journal of Medical Practitioners, March 2017, Volume 10, Number 1

# Factors Specific to Older Adults With Depression

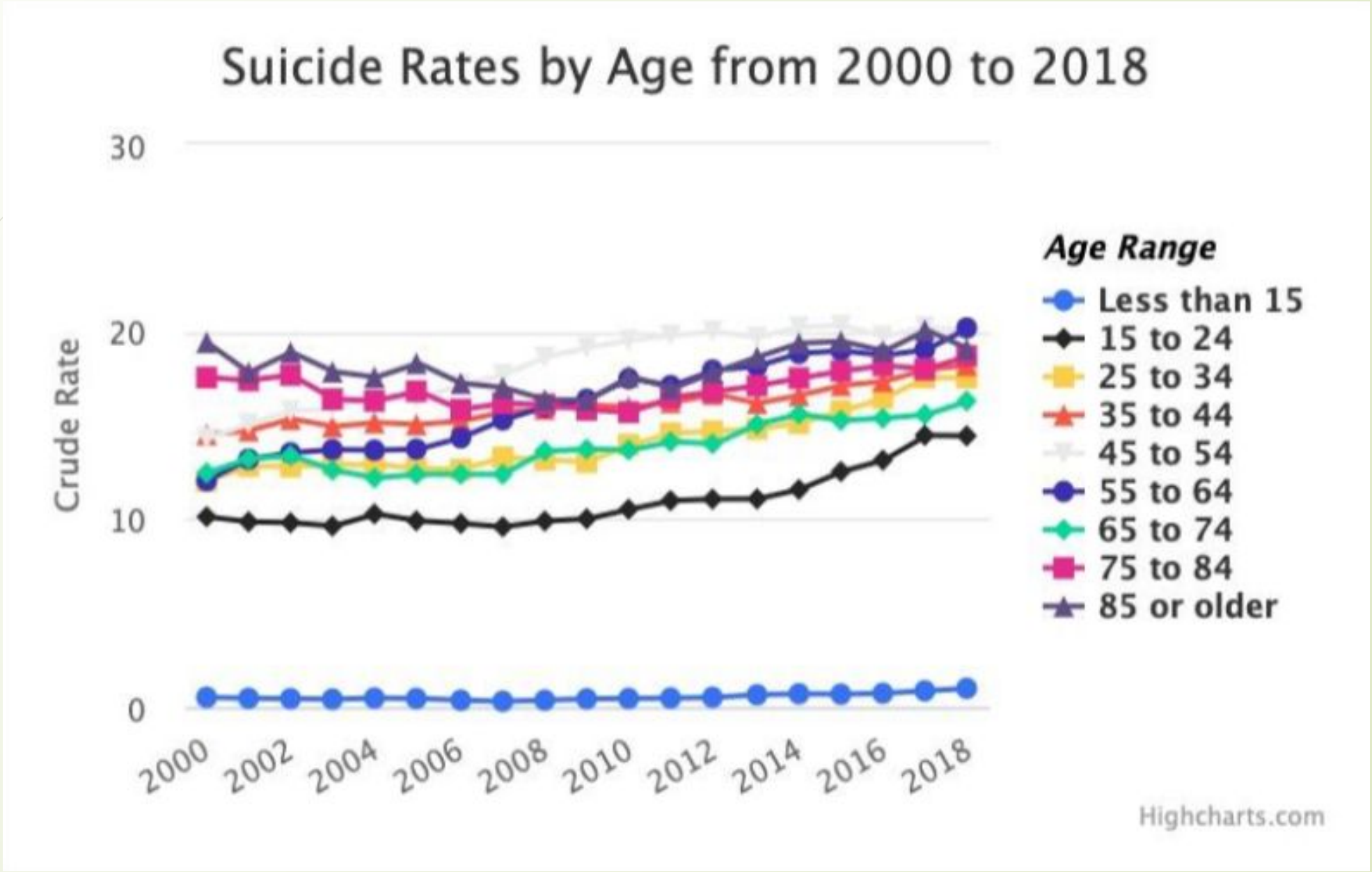
- Under-detection (vague symptoms; reports of fatigue, poor sleep and reduced appetite can have many other reasons; decreased reporting of symptoms)
- Financial cost and health access challenges
- Increased prevalence due to more frequent hospitalizations; higher still in long-term care
- Higher rates of morbidity/mortality
- Added caregiver burden

Pocklington, Claire. British Journal of Medical Practitioners, March 2017, Volume 10, Number 1

U Padayachey, S Ramlall & J Chipps (2017) Depression in older adults: prevalence and risk factors in a primary health care sample, South African Family Practice, 59:2, 61-66, DOI: 10.1080/20786190.2016.1272250

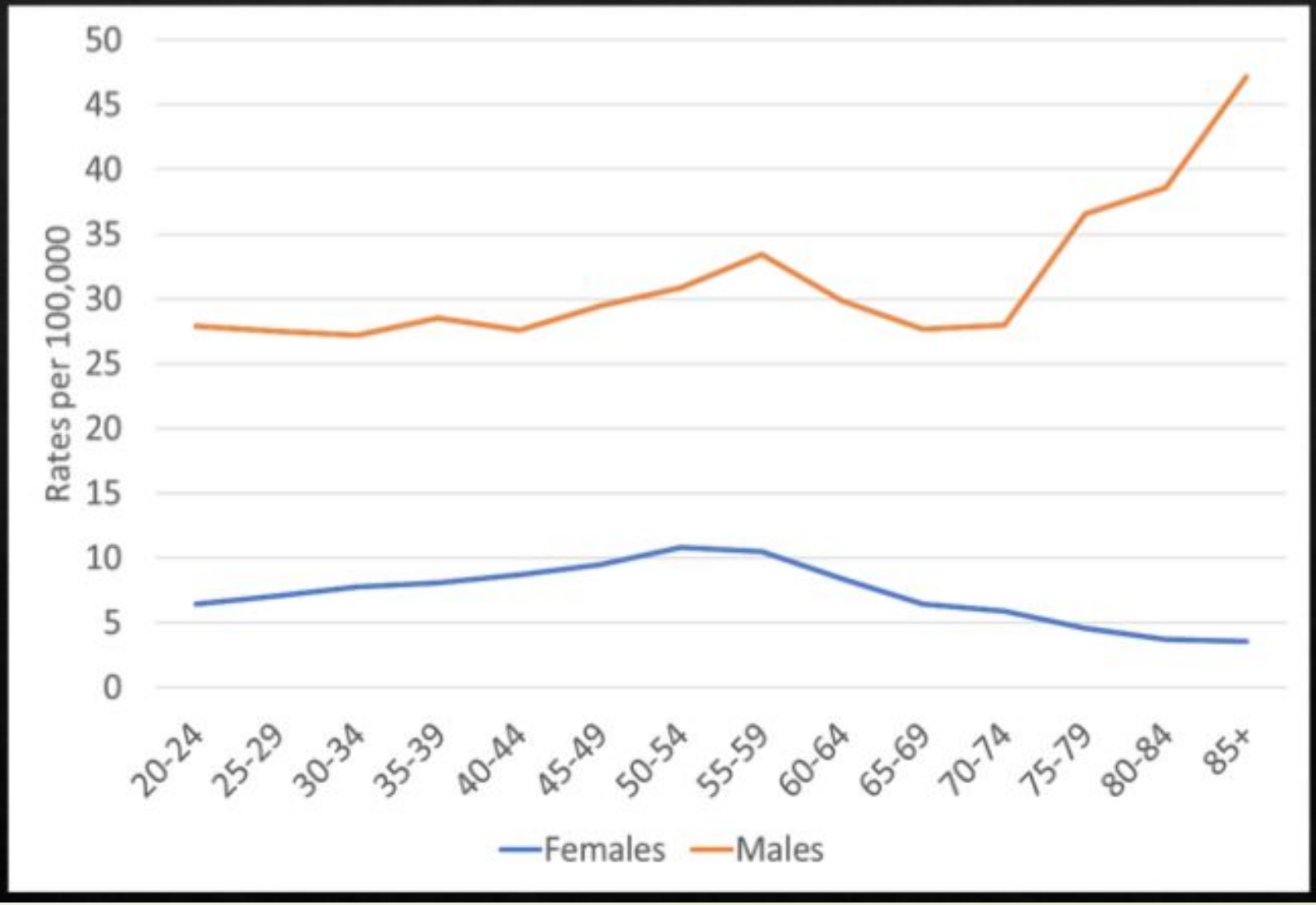
# Suicidality in Later Life

PBS News Hour: The hidden risks of suicide and depression for seniors living in long term care https://www.youtube.com/watch?v=ViTkDmRvWGE



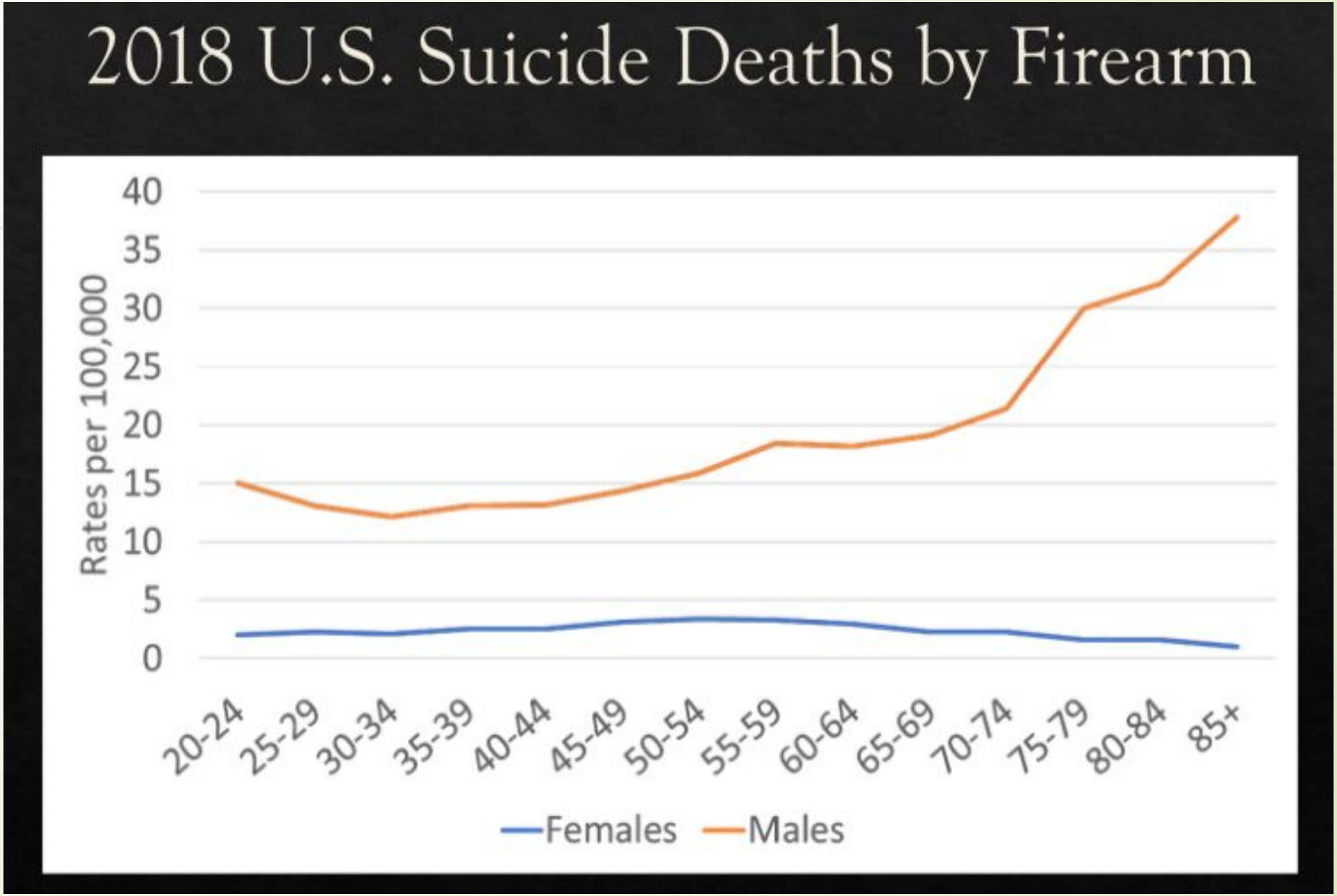

American Foundation for Suicide Prevention (AFSP) . Suicide rates by age from 2000 to 2018. https://afsp.org/suicide-statistics. Accessed March 26, 2020.

# 2018 U.S. Suicide Deaths by Age and Gender




Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) {cited 2020 Feb 20}. Available from: www.cdc.gov/injury/wisqars

# 2018 U.S. Suicide Deaths by Firearm




Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) {cited 2020 Feb 20}. Available from: www.cdc.gov/injury/wisqars

# Deaths vs. Attempts by Age Range

2018, United States
Suicide Injury Deaths and Rates per 100,000
**All Ages vs. 65+**

| | Number of Deaths | Population | Crude Rate |
|---|---|---|---|
| All Ages | 48,344 | 327,167,434 | 14.78 |
| 65+ | 9,102 | 52,431,193 | 17.36 |

2018, United States
Self-harm All Injury Causes Nonfatal ED Visits and Rates per 100,000
**All Ages vs. 65+**

| | Estimated Number | Population | Crude Ratio |
|---|---|---|---|
| All Ages | 495,348 | 327,167,434 | 151.40 |
| 65+ | 18,266 | 52,431,193 | 34.83 |

- All ages
  - 1 death per 11 estimated attempts
- 65+
  - 1 death per 3 estimated attempts

Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) {cited 2020 Feb 20}. Available from: www.cdc.gov/injury/wisqars

# Questions so far?

# Dimensions of Suicide Risk in Later Life

https://www.youtube.com/watch?v=QcBzrY1WOfM

- Depression
- Debility
- Disconnectedness
- Deadly Means


*Figure 5.* Constellation of Risk Factors for Late-Life Suicide: The Five D's of Suicide Risk in Later Life.

Van Orden, K. A., Silva, C., & Conwell, Y. (2019). Suicide in Later Life. In *Oxford Research Encyclopedia of Psychology (Psychology and Aging).* Oxford University Press. DOI: 10.1093/acrefore/9780190236557.013.421.

# Unique Characteristics of Later Life Suicidality

- Completion
- Survival
- Attempts and Intent
- Means
- Isolation
- Psychiatric Illness
- Substance Use
- Provider Interactions

Van Orden, K. A., Silva, C., & Conwell, Y. (2019). Suicide in Later Life. In *Oxford Research Encyclopedia of Psychology (Psychology and Aging).* Oxford University Press. DOI: 10.1093/acrefore/9780190236557.013.421.

# Status of Research Regarding Late Life Suicide

- Limited
- Multi-layered and multi-faceted approach is needed
- Strongest empirical support targets:
  - Depression
  - Social Isolation

# Risk Factors vs. Protective Factors

Resilience/Protective Factors

Risk Factors

# Risk Factors vs. Protective Factors

## Resilience/Protective Factors

- Positive Emotions
- Emotion Regulation
- Closeness in Relationships
- Spirituality

## Risk Factors

- Psychiatric Illness
- Physical Illness
- Access to lethal means
- Social disconnection
- Disability and Dependency
- History of self-directed violence
- Role loss
- Life events

# Warning Signs

Direct

Indirect

# Warning Signs

## Direct

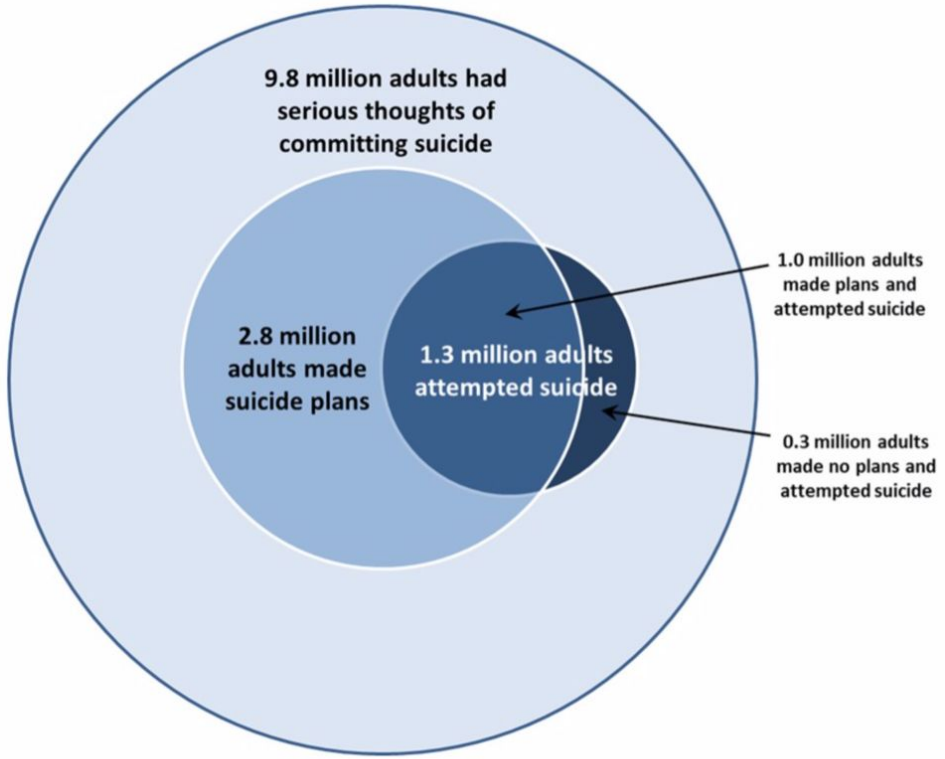
- Statements of self-directed harm
- Giving away personal belongings
- Seeking access to lethal means
- Recent suicide attempt(s)

## Indirect

- Feelings of hopelessness
- Mood changes
- Sleep changes
- Social withdrawal
- Changes in life circumstances
- Substance use

## Past Year Suicidal Thoughts and Behaviors Among U.S. Adults (2018)

Data Courtesy of SAMHSA




https://www.nimh.nih.gov/health/statistics/suicide.shtml

# Risk Assessment

1. **Ideation**

   Be specific and direct. (E.g. “Do you wish to end your life?” “What thoughts are you having?”)

   Assess onset, frequency, duration, severity

2. **Intent**

   Willingness to act on their thoughts vs. Reasons for living

3. **Plan**

   Preparatory behaviors? Researching means?

4. **Access to lethal means**

   Guns? Medications?

# Remember:

- Be confident and comfortable
- You're not alone
- Collaborate
- We can't predict suicide
- You can make a positive impact

# OT's Role

# AOTA and COVID-19

- ❑ OT remains essential.
- ❑ Timely OT (even during the pandemic) is crucial.

"AOTA considers occupational therapy services as essential because they are a key part of client care plans and may often be the reason a client is receiving care in a certain setting. Delays in rehabilitation have been associated with worsening symptoms and adverse events for children, adolescents, and adults."

American Occupational Therapy Association

https://www.aota.org/Practice/Health-Wellness/COVID19/practitioners-faq.aspx

# Per AOTA, OT has an important role during COVID-19 in physical and mental health in:

•"Reducing the likelihood of hospitalization or readmission;

•Decreasing the likelihood of contractures and joint deformities;

•Improving resistance to infection via movement and activities proven to enhance immunity;

•Combatting disruptions to mood as a result of social isolation;

•Addressing clients' occupational deprivation and establishing habits, roles, and routines;

•Promoting participation in education, play, and learning in the home or school; and

•Increasing independence in occupations, thereby reducing the need for caregivers to be in close proximity to clients."

https://www.aota.org/Practice/Health-Wellness/COVID19/practitioners-faq.aspx

# OT Evaluation

# OT Evaluation

The OT evaluation seeks to understand:

- what a client needs and wants to do
- what a client can do, and
- what supports and barriers to participation are available.

Occupational Profile: summary of a client's current manner of living in addition to interests, values, and needs

Assessment of Occupational Performance: describes what a client can currently do.

Stoffel et. al., 2016

# Occupational Profile- COVID-19

- **Why** is the client seeking services, and what are the client's **current concerns** relative to **engaging** in occupations and in daily life activities?
- In what **occupations** does the client feel successful, and what **barrier**s are affecting their success in desired occupations?
- What is the client's occupational **history** (i.e., life experiences)?
- What are the client's **values and interests**?
- What aspects of their **contexts** (environmental and personal factors)?
- How are the client's **performance patterns supporting or limiting** occupational performance and engagement?
- What are the client's **patterns of engagement in occupations,** and **how have they changed over time**?
- What client factors does the client see as supporting engagement in desired occupations, and what aspects are **inhibiting engagement** (e.g., pain, active symptoms)?
- What are the client's **priorities and desired targeted outcomes** related to occupational performance, prevention, health and wellness, quality of life, participation, role competence, well-being, and occupational justice?

Aota, 2020

# Assessment Tools

**The Canadian Occupational Performance Measure** (COPM) is a semi-structured interview that measures a client's self-perception of occupational performance in the areas of self-care, leisure, and productivity. A client identifies activities in daily life that are difficult and then rates the importance of each activity. The five most important activities are also rated on satisfaction.

https://www.sralab.org/rehabilitation-measures/canadian-occupational-performance-measure

http://otnotes.com/wp-content/uploads/2017/05/COPM.pdf


**TABLE 1.** COPM – Identified areas of occupational performance

| | | Performance | Satisfaction |
|---|---|---|---|
| 1. | Sleep | 7 | 4 |
| 2. | Relaxation | 7 | 5 |
| 3. | Budgeting | 4 | 4 |
| 4. | Verbally Reporting | 3 | 3 |
| 5. | Managing responsibilities | 8 | 8 |
| 6. | Exercise/physical activity | 2 | 2 |
| | | Average: 5.2 | Average: 4.3 |

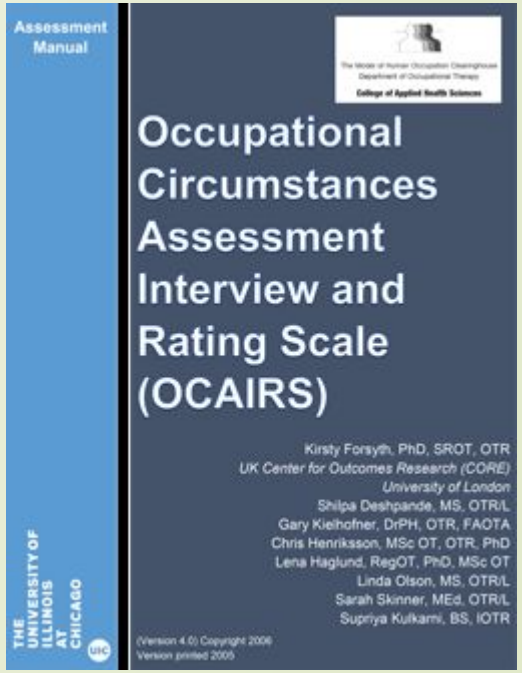
Law, M., Baptiste, S., McColl, M., Opzoomer, A., Polatajko, H. and Pollock, N. (1990). The Canadian occupational performance measure: An outcome measure for occupational therapy. *Canadian Journal of Occupational Therapy*, 57(2), pp.82-87.

Stoffel et. al., 2016

# Assessment Tools, Cont.

**The Occupational Circumstances Assessment and Interview Rating Scale** (OCAIRS) is a semi-structured interview that inquires about one's roles, habits, interests, values, goals, communication, and environment. Using this tool, the evaluator will inquire about typical roles and how well one is able to complete the roles.

https://www.moho.uic.edu/productDetails.aspx?aid=35




Stoffel et. al., 2016

# Assessment Tools, Cont.

**The Modified Interest Checklist** provides the client with a list of 68 activities, and clients are asked to identify if they currently complete the activity, have completed the activity in the past, or would like to complete the activity in the future. The checklist focuses more on leisure activities.https://www.moho.uic.edu/resources/files/Modified%20Interest%20Checklist.pdf

| Activity | What has been your level of interest | | | | | | Do you currently participate in this activity? | | Would you like to pursue this in the future? | |
|---|---|---|---|---|---|---|---|---|---|---|
| | In the past ten years | | | In the past year | | | | | | |
| | Strong | Some | No | Strong | Some | No | Yes | No | Yes | No |
| Gardening Yardwork | | | | | | | | | | |
| Sewing/needle work | | | | | | | | | | |
| Playing card | | | | | | | | | | |
| Foreign languages | | | | | | | | | | |
| Church activities | | | | | | | | | | |
| Radio | | | | | | | | | | |
| Walking | | | | | | | | | | |
| Car repair | | | | | | | | | | |
| Writing | | | | | | | | | | |
| Dancing | | | | | | | | | | |
| Golf | | | | | | | | | | |
| Football | | | | | | | | | | |
| Listening to popular music | | | | | | | | | | |
| Puzzles | | | | | | | | | | |
| Holiday Activities | | | | | | | | | | |
| Pets/livestock | | | | | | | | | | |
| Movies | | | | | | | | | | |
| Listening to classical music | | | | | | | | | | |
| Speeches/lectures | | | | | | | | | | |

Stoffel et. al., 2016

# Assessment Tools, Cont.

**The Activity Card Sort:** clients are shown 89 photographs of persons completing various activities (e.g., gardening) and are asked to identify the activities they currently do, used to do, and would like to do. The *ACS* is the only assessment available that measures the full range of activities that adults do and includes 20 instrumental activities, 35 low-physical-demand leisure activities, 17 high-physical-demand leisure activities, and 17 social activities. It also reflects the client's level of engagement with each activity and whether or not that activity has been discontinued, guiding the clinician to find out why.


Stoffel et. al., 2016

# Assessment Tools, Cont.

The **Beck Depression Inventory** is a 21-item self-report tool that asks about behaviors associated with depression

https://cdn.website.thryv.com/35fec798e5374ad7a7c50509fd1ba149/files/uploaded/11%20BDI.pdf

Beck Depression Inventory®–II (BDI®-II) Simulated Items

Unhappiness

| | |
|---|---|
| 0 | I do not feel unhappy. |
| 1 | I feel unhappy. |
| 2 | I am unhappy. |
| 3 | I am so unhappy that I can't stand it. |

Changes in Activity Level

| | |
|---|---|
| 0 | I have not experienced any change in activity level. |
| 1a | I am somewhat more active than usual. |
| 1b | I am somewhat less active than usual. |
| 2a | I am a lot more active than usual. |
| 2b | I am a lot less active than usual. |
| 3a | I am not active most of the day. |
| 3b | I am active all of the day. |


# Assessment Tools, Cont.

The **Geriatric Depression Scale** was created specifically for older adults to evaluate not only depression but suicidal ideation as well. This 30-item tool is free for health-care professionals to use and has been standardized on several older adult populations.

**Table 2. Geriatric Depression Scale (10-Item Shortened Form)**

| *Question* | *Response* |
|---|---|
| 1. Are you basically satisfied with your life?* | Yes/NO |
| 2. Do you feel that your life is empty?* | YES/No |
| 3. Are you afraid that something bad is going to happen to you?* | YES/No |
| 4. Do you feel happy most of the time?* | Yes/NO |
| 5. Have you dropped many of your activities and interests? | YES/No |
| 6. Do you often feel helpless? | YES/No |
| 7. Do you feel that you have more problems with memory than most? | YES/No |
| 8. Do you feel full of energy? | Yes/NO |
| 9. Do you feel that your situation is hopeless? | YES/No |
| 10. Do you think that most people are better off than you are? | YES/No |

NOTE: *One point is scored for each response in capital letters. A score of 3 or greater may indicate depression.*

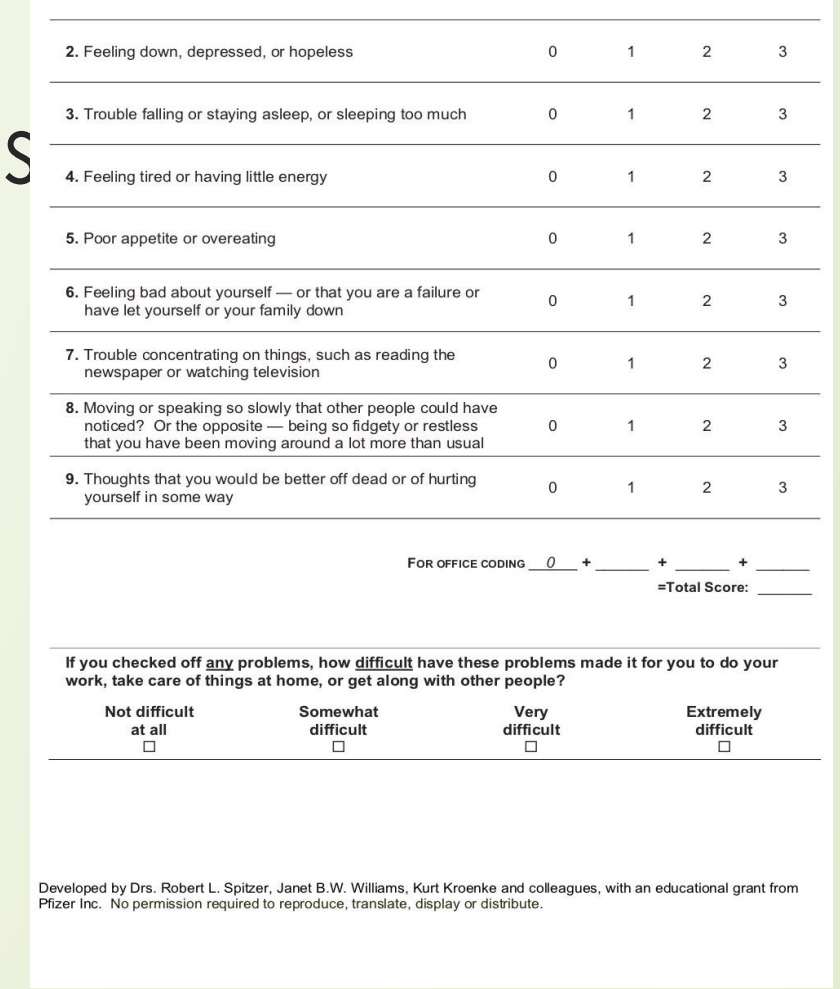
**—The first four questions are sometimes used as a four-item version of the scale, with one or more abnormal responses possibly indicating depression.*

# Assessment Tools

The **Patient Health Questionnaire-9 depression scale (PHQ-9)** is a diagnostic tool for health care professionals to support recognition of depression. The PHQ-9 scores each of the nine DSM-IV criteria and provides a depression severity score, which correlates to proposed treatment actions.

PHQ-2 is an ultra-brief depression screener consisting of the first two items of the PHQ-9.

https://www.phqscreeners.com/select-screener



| | | | | |
|---|---|---|---|---|
| **2.** Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| **3.** Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| **4.** Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| **5.** Poor appetite or overeating | 0 | 1 | 2 | 3 |
| **6.** Feeling bad about yourself — or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| **7.** Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| **8.** Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| **9.** Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

**If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?**

| Not difficult at all | Somewhat difficult | Very difficult | Extremely difficult |
|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ |

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

# Assessment Tools, Cont.

The **Columbia-Suicide and Severity Rating Scale** (C-SSRS) is a simple series of questions that anyone can use to identify people of all ages at risk for suicide. The C-SSRS can be administered over the phone or telemedicine platforms.

Training and mental health experience is not required, although trainings and webinars are available.

https://cssrs.columbia.edu

| | Past Month | |
|---|---|---|
| 1) Have you wished you were dead or wished you could go to sleep and not wake up? | | |
| 2) Have you actually had any thoughts about killing yourself? | | |
| If **YES** to 2, answer questions 3, 4, 5 and 6<br>If **NO** to 2, go directly to question 6 | | |
| 3) Have you thought about how you might do this? | | |
| 4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them? | **High Risk** | |
| 5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? | **High Risk** | |
| **Always Ask Question 6** | Life-time | Past 3 Months |
| 6) Have you done anything, started to do anything, or prepared to do anything to end your life?<br>*Examples*: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc. | | **High Risk** |

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Any YES indicates that someone should seek a behavioral health referral. However, if the answer to 4, 5 or 6 is YES, seek immediate help: go to the emergency room, call 1-800-273-8255, text 741741 or call 911 and STAY WITH THEM until they can be evaluated.

Columbia Protocol app available

# Assessment Tools, Cont.

The **Mini-Mental State Examination** (MMSE) consists of 11 questions testing orientation, memory, language, and visuospatial skills. It requires less than 10 minutes to complete and has been standardized on older adults.

http://www.fammed.usouthal.edu/Guides&JobAids/Geriatric/MMSE.pdf

The **Saint Louis University Mental Status Exam** is an 11-item cognitive assessment measuring orientation, memory, attention, and executive function

https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/pdfs/slums_form.pdf

The **Hospital Anxiety and Depression Scale** is a 14-item tool that identifies depression and anxiety among adults who are physically ill. The tool only requires about 5 minutes to administer, but has not been standardized on an older adult population.
https://www.svri.org/sites/default/files/attachments/2016-01-13/HADS.pdf

The **Depression Anxiety Stress Scale** is a 21-item tool that measures the fundamental symptoms of depression, anxiety, and stress. The tool requires about 10 minutes to administer and has been standardized on persons at clinics for depression, anxiety, phobia, and stress (but not specifically on older adults).https://maic.qld.gov.au/wp-content/uploads/2016/07/DASS-21.pdf

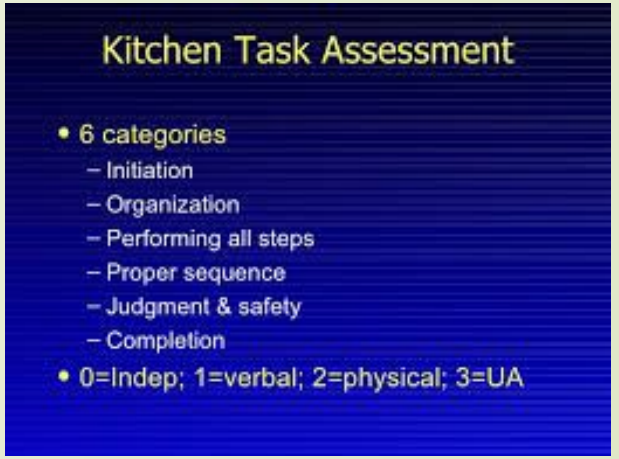
# Performance Tests

The **Kitchen Task Assessment (KTA)** investigates a client's ability to safely cook pudding. Developed specifically for persons with Alzheimer's disease, this tool is appropriate for use with older adults and persons with cognitive impairment. The KTA can also describe how much assistance a client will need with meal routines.

The CKTA seeks to assess executive function (initiation, sequencing, safety judgment, organization, working memory) in children 8-12 through the child's performance of the novel task, making play dough.

https://clinicalportfolio.files.wordpress.com/2016/07/kitchen-task-assessment-score-sheet.pdf

https://www.ot.wustl.edu/about/resources/childrens-kitchen-task-assessment-367

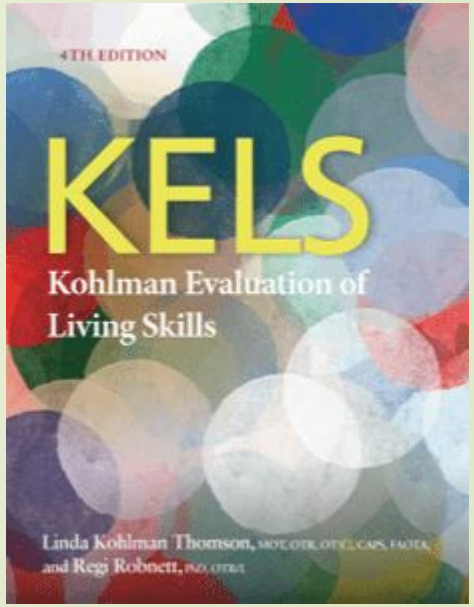


# Performance Tests

The **Kohlman Evaluation of Living Skills (KELS)** was initially developed for use in inpatient mental health settings, and is increasingly being used with older adults in the community. During the assessment, the client is asked to write a check and balance a checkbook, purchase items and receive correct change, read a phone bill, identify hazards in a picture, make a phone call, and balance a budget. Performance is graded on a scale of 0 to 16. In addition to determining performance in the aforementioned tasks, the KELS may also help in making a safe discharge determination.

https://health.utah.edu/sites/g/files/zrelqx131/files/files/migration/image/kels.pdf

https://www.sralab.org/rehabilitation-measures/kohlman-evaluation-living-skills



# Performance Tests

The **Executive Function Performance Test (EFPT)** assess ability to prepare a light meal, manage medications, use the telephone, and pay a bill. During the evaluation, the EFPT helps indicate what the person can do and where additional supports are needed to facilitate independence. The EFPT has been used in physical rehabilitation and mental health settings.

https://www.sralab.org/rehabilitation-measures/executive-function-performance-test

https://www.ot.wustl.edu/about/resources/executive-function-performance-test-efpt-308

https://www.strokengine.ca/en/indepth/efpt_indepth/

The EFPT assesses performance of four functional tasks, completed in the following order:

Simple cooking (oatmeal preparation)
Telephone use
Medication management
Bill payment

The EFPT assesses the client's ability to complete three executive function components of the task

Task initiation
Task execution (comprising organization, sequencing, and judgment and safety)
Task completion

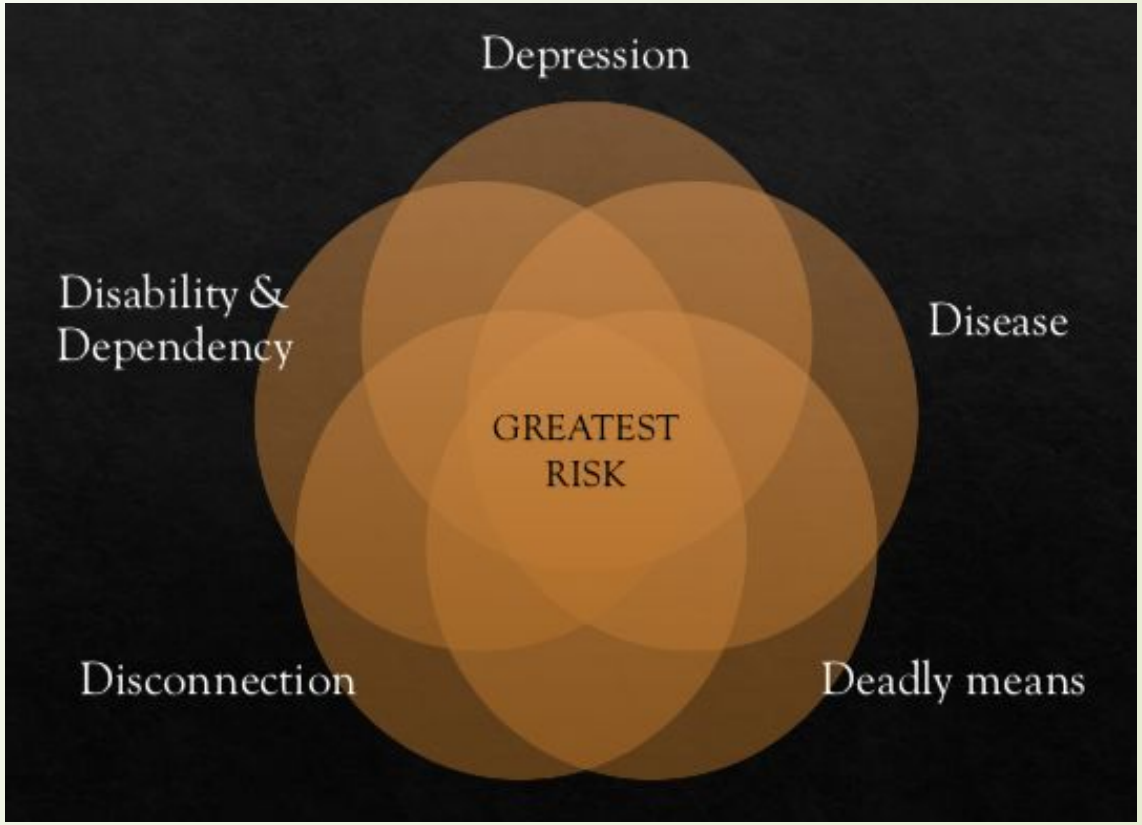
# OT Evaluation Outcomes

- OT's have a variety of tools available to screen for specific impairments
- Assess occupational performance, and establish a client's quality of activity and participation
- Different tools are appropriate for different settings
- Determine intervention plan

Stoffel et. al., 2016

# Intervention Planning and Implementation

# OT Interventions & the Five D's domains

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# OT Interventions for Depression

- Whole health interventions (mindfulness/meditation, yoga, breathing, sensory kit, healing environment, healthful nutrition, and more) https://www.va.gov/PAINMANAGEMENT/Veteran_Public/Veteran_docs/Whole-Health-Workbook.pdf
- **Problem-solving and coping skills training; Behavioral Activation Therapy/CBT**
- **Daily/Weekly activity schedule**
- Boredom busters/ Identification of meaningful occupations
  - **Activity Card Sort**
- Sunshine/Vitamin D (Analysis of routines)
- Nutrition/shopping/food prep

# OT Interventions for Disability and Dependency

- **I/ADL training**
- Functional mobility training
- Therapeutic exercise (reduce frailty)
- **Falls prevention**
- Environmental modification
- Cognitive training/ Compensatory strategies
- Energy conservation training
- Ergonomic adaptation to home work spaces
- Apps (AOTA): https://www.aota.org/Practice/Manage/Apps.aspx

# OT Interventions for Disconnection

- **Technology Selection and Training (Telehealth; App resources)**
- Resources for how to use Smart Devices
  - Get Setup for Seniors https://www.getsetup.io/?gclid=CjwKCAjw2Jb7BRBHEiwAXTR4jT9MRftc2Phpc7JbThuRJQqWBst053N24-POWJyUe4SUJleV0D1YLBoCCP4QAvD_BwE
- Cognitive Training
- **Group tx** (improves self-efficacy, emotional well-being, independence)
- Community access assessment and training (driving, bus, GoGo (gogograndparent.com)/Lyft/Uber)
- **Online groups/chat rooms, dating sites**
- Outdoor groups (tai chi, swimming, Sierra Club Seniors)

# OT Interventions for Disease

- **Alternative pain management strategies** (meditation, tai chi, yoga, breathing, guided imagery, progressive muscle relaxation)
- Health Literacy interventions and Medication Management
- Patient-specific exercise routine
- Meal planning and online shopping education/training
- Sleep hygiene education (https://www.aota.org/~/media/Corporate/Files/AboutOT/Professionals/WhatIsOT/HW/Facts/Sleep-fact-sheet.pdf)
- **Telehealth**—video or phone (VA, primary and specialty care physicians, OT, etc); call your provider and ask!
- Grocery/medication home delivery or curbside pickup (WalMart, GrubHub)

# OT Interventions for Deadly Means

- Depression/Suicidality assessment
- ASK about SI/suicidal ideation and intent
- Share suicide hotline resources
- **Safety planning**
  - http://suicidesafetyplan.com/Home_Page.html
  - http://www.sprc.org/sites/default/files/SafetyPlanningGuide%20Quick%20Guide%20for%20Clinicians.pdf
  - Identifying contacts who can support/intervene
- **Environmental modification**
  - Gun locks/storage, medication cabinet locks
  - Post reminders of reasons for living
- Involve their social supports
- SMART goals

# Resources for Practitioners

- COVID-19 Older adult and family resources: https://gerocentral.org/clinical-toolbox/covid-19-resources/
- COVID-19 guidance for older adults: https://www.cdc.gov/aging/covid19-guidance.html
- Coping with stress during COVID:

  https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fmanaging-stress-anxiety.html

- https://www.aota.org/Practice/Productive-Aging/Evidence-based/EBP-PA.aspx (AOTA members only)

# Additional Resources to address and learn about Suicidality

- National Suicide Prevention Lifeline: 1-800-273-TALK (8255) for English, 1-888-628-9454 for Spanish, or Lifeline Crisis Chat or text: 8388255
- VA/DoD clinical practice guideline for assessment and management of patients at risk for suicide https://www.healthquality.va.gov/guidelines/MH/srb/VADODCP_SuicideRisk_Full.pdf
- Suicide Prevention Resource Center https://www.sprc.org
- Zero Suicide framework and resources to improve patient safety and suicide care in health care http://zerosuicide.edc.org/resources
- American Foundation for Suicide Prevention https://afsp.org/story/covid-19-we-must-care-for-older-adults-mental-health

# *Special Thanks to guest speaker Aline Xayasouk.*

Thoughts and Opinions in this presentation do not necessarily reflect the views of our employers or of NCOTA…

For further questions, please contact NCOTA Gerontology SIS Co-Chairs:

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# Thoughts? Questions?

# Group Discussion Questions

- What have you experienced with your clientele during COVID?
- How do your client's moods affect their functional success?
- How may ageism impact being able to identify suicidality and depression?
- What have you done to modify your approach (eval and tx) during COVID?
- What resources might you share?