ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Suicide Prevention

SUICIDE AND OLDER ADULTS

The highest rate of suicide in the nation is among persons 65 years of age and older. Of those suicides, 83 percent were males. In fact, the rate of suicides in late life is 6.6 times greater among males than females. Elderly white men are at the highest risk of suicide. The rate for Illinois is comparable to the national rate. In comparison to age groups, the suicide rate for persons 70 years of age or older is nearly 2.0 times the rate for the 15 to 19 year age group.

Older adults are disproportionately impacted by suicide. Nationally, they account for 16.0 percent of suicides; however, they only make up 13.3 percent of the population. In Illinois, older adults make up 13.5 percent of the population, yet account for 21 percent of suicides.

Older adults are less likely to report suicidal thoughts compared to younger adults. They attempt and complete suicide more than other age groups. One of the reasons for a higher completion rate is because they use more lethal methods. More than 70 percent of suicides in this age group are by a firearm, which men use more often than women.

Some older adults purposely engage in indirect life threatening behavior, which will eventually lead to their death. Examples include refusing medication, food, or liquid; refusing or ignoring medical advice; not attending to their hygiene; and living in unsafe/unsanitary conditions. These deaths are not labeled as suicide even when the older adult's intent is to die.

Suicide among older adults is greatly under-reported, which may be due to the unwillingness of doctors and coroners to label a death as suicide because of the impact on family members and the community. It is documented every hour and 23 minutes an older adult dies by suicide in America.

RISK FACTORS

The following characteristics are risk factors of older adult suicide:

- access to lethal methods (e.g., firearms)
- debilitating physical health problems
- presence of mental disorder
- depression
- divorced or widowed (rates are highest for those who are divorced or widowed)
- family discord
- major changes in social roles (e.g., retirement)
- perceived poor health
- prior suicide attempts
- recent death of a loved one
- social isolation and loneliness; socially dependent
- substance abuse
- uncontrollable pain or the fear of a prolonged illness

Depression is one of the leading risk factors of older adult suicide. Often times, their depression is undiagnosed and/or untreated. Approximately 20 percent of older adults experience undiagnosed depression; yet only 12-25 percent of older adults with depression receive treatment for it. It is important to remember depressive disorder is not a normal part of aging. It is normal to experience sadness, grief, response to loss, and temporary "blue" moods; however, persistent depression that significantly impacts a person's ability to function is not normal. The risk of depression increases when an older adult

has other illnesses and has limited ability to function.

- Most older adults who die by suicide had been seen recently by their primary doctor.
- 20 percent had been seen by their doctor within 24 hours of their suicide.
- 40 percent had been seen by their doctor within a week of their suicide.
- 70 percent had been seen by a physician within a month of their suicide.

However, when an older adult visits their doctor, they often describe physical ailments that are the result of depression, such as poor appetite, changes in sleeping patterns and pain not associated with a physical problem, which can lead to a misdiagnosis. Also, older adults receive treatment for diseases, such as heart disease, diabetes, Parkinson's disease, respiratory disease and arthritis, each of which can be accompanied by depression. If depression is untreated, it can delay or prevent full recovery.

Older adults, by nature of growing older, experience many losses, including spouses, family and friends passing away, going to a nursing home, or moving away to live with family. These losses, in addition to a decreased ability to perform daily activities, are factors that increase social isolation in older adults. The loss of physical and/or cognitive functioning (e.g., unable to drive due to poor eyesight, hearing, or reflexes; unable to do what they used to do when they were younger; and in need of help for simple tasks) is one of many reasons older adults experience depression.

Additionally, older adults generally have access to firearms, particularly when an older man is a veteran.

The National Strategy for Suicide Prevention indicated several factors would impact the rate of older adult suicides in the future, including growth in the absolute and proportionate size of this population; health status; availability of services; and attitudes about aging and suicide.

PREVENTION/INTERVENTION STRATEGIES

STRATEGIES FOR THE HOME

Specific steps to prevent suicide can be taken within the home of an older adult, including reducing access to means commonly found in a place of residence.

- *Develop a strong connection to family and community support*.

- *Encourage family members to look out for warning signs of suicide*. Signs include hoarding medication, talking about being with dead loved ones soon, being preoccupied with death, withdrawing from friends and/or activities they once enjoyed and increased use of alcohol or pain medications.

- *Educate older adults on ways to develop skills in problem solving and conflict resolution*.

- *Remove firearms from the home*. If the older adult will not allow this, unload the firearm, store the ammunition in another part of the home and place a trigger lock on the gun.

- *Dispose of out-of-date medications*. If necessary, medications should be monitored by someone who can recognize potentially lethal dosages or combinations of medications and can properly dispose of them if needed.

STRATEGIES FOR THE COMMUNITY

Responsibilities for older adult suicide prevention lie outside of the home as well. It is crucial for older adults to have simple access to social and clinical support.

- *Reduce social isolation and disconnect*. Form friendly visiting and telephone reassurance programs to increase social interaction. Provide transportation to church, senior centers, senior meal sites, and other social functions to increase social activity. This is especially important in rural areas.

- *Identify avenues to outreach to older adults*. Points of access include:

- health care – primary, specialty, long-term and home
- mental health services
- social services – senior centers, nutrition, transportation, peer support and outreach
- religion – churches and temples
- community – banks, utility companies, pharmacists, mail carriers and senior living communities

- Offer easy access to a variety of clinical interventions and help-seeking support.

- Provide effective clinical care for mental, physical, and substance disorders.

- Prioritize positive family involvement to maintain the emotional well-being of an older adult.

STRATEGIES FOR STATE, CITY, AND LOCAL GOVERNMENT ENTITIES

Suicide interventions must be aggressive. Older adults are more frail (more likely to die), more isolated (less likely to be rescued), and more planned and determined; therefore, their suicide attempts are more lethal. Thus, it is important to focus prevention efforts on educating both the general public and those populations greatest at risk of suicide.

- Develop broad-based support for older adult suicide prevention.

- Promote awareness that suicide in older adults is a public health problem that is preventable.

- Encourage primary care physicians to become more aware of and look for signs of depression in their older patients.

- Educate doctors, caregivers, in-home care workers, long-term care (nursing home) employees and the community-at-large about the concern of suicide among older adults.

- Develop and implement a training program for employees of local aging programs to assist
  - acting reckless or engaging in risky activities, seemingly without thinking

  these workers and volunteers in identifying persons at risk of suicide.

- Develop and implement strategies to reduce the stigma associated with aging and with being a consumer of mental health, substance abuse and suicide prevention services.

- Improve access to and community linkages with mental health, substance abuse and social services designed for the evaluation and treatment of older adults in primary and long-term care settings.

- Encourage health care programs to incorporate screening tools and techniques for depression, substance abuse and suicide risk.

- Focus on treating mood disorders by integrating evidence-based depression treatment into the work of primary care offices, social service agencies and aging services organizations.

- Implement collaborative care models that combine pharmacological and psychosocial treatment for depressive symptoms.

LOOKING FOR HELP

Call 9-1-1 or seek immediate help from a mental health provider when you hear or see someone that is:

- threatening to hurt or kill themselves
- looking for ways to kill themselves (e.g., seeking access to pills, weapons, or other means)
- talking or writing about death, dying or suicide

Contact a mental health professional or call the National Suicide Prevention Lifeline at 800-273-TALK (800-273-8255) for a referral should you witness, hear or see anyone with one or more of these behaviors:

- hopelessness
- rage, anger, seeking revenge

- feeling trapped—like there's no way out
- increasing alcohol or drug use

- withdrawing from friends, family or society
- anxiety, agitation, unable to sleep, or sleeping all the time
- dramatic mood changes
- no reason for living; no sense of purpose in life

RESOURCES

More information about suicide can be obtained from the following organizations:

- ***National Center for Injury Prevention and Control*:** www.cdc.gov/ncipc
- ***National Strategy for Suicide Prevention*:** http://mentalhealth.samhsa.gov/suicideprevention/
- ***Suicide Prevention Resource Center*:** www.sprc.org
- ***It Only Takes One*** (public awareness campaign for Illinois): www.itonlytakesone.org

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