

# ELDER SUICIDE PREVENTION

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## Objectives

- Be aware of suicide risk among elders
- Know about effective suicide prevention programs for elders
- Be able to select appropriate interventions to implement in their communities or states to prevent elder suicides
- Understand the prevalence of suicide among the elderly
- Be aware of the current policy environment for suicide and the elderly



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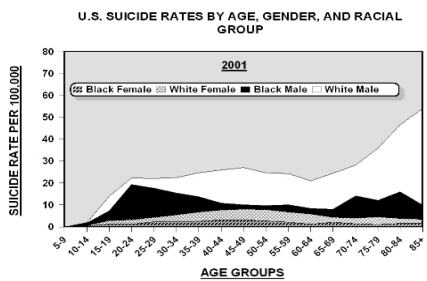
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Source: National Institute of Mental Health  
Data: Centers for Disease Control and Prevention, National Center for Health Statistics



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## The Numbers

- In 2002, 5,548 Americans over the age of 65 died by suicide.
- Firearms were used in 72% of suicides completed by adults over the age of 65 in 2002.

Source: National Center for Health Statistics,  
National Vital Statistics System



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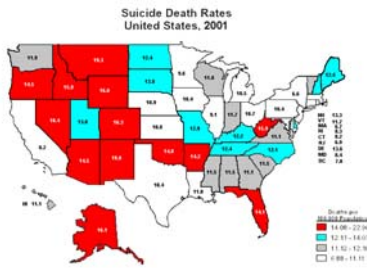
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## Regional variations



Source: Centers for Disease Control and Prevention, 2001



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## Risk Factors for Elderly Suicide

- Male
- Mood disorders
- Social isolation
- Divorced/widowed
- Physical illness

Source: Conwell et al., 2002; Turvey et al., 2002



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## The Extent of the Problem

- In 2002, older individuals comprised 12.3% of the U.S. population and accounted for 17.5% of completed suicides.
- There are approximately 15 elderly suicides per day or 1 elderly suicide every 95 minutes.

Source: National Center for Health Statistics,  
National Vital Statistics System



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## Risk factors (continued)

- Risk factors for suicide among older persons differ from those among the young:
  - Alcohol or substance abuse less important
  - Higher prevalence of depression
  - Social isolation more important
- Contrary to popular opinion, only a fraction (2-4%) of suicide victims have been diagnosed with a terminal illness at the time of their death.



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## The Risk Among Older Men

- White men over 85 are at the greatest risk of all age-gender-race groups.
- Men accounted for 85% of suicides among persons aged 65 years and older (n=4,695).
- Elderly male suicide rate 7.6 times the elderly female suicide rate.

Source: National Center for Health Statistics,  
National Vital Statistics System



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## Attempts and Completions

- For all ages combined, ratio of attempts to completion = 25 to 1
- For young (15-24), ratio of attempts to completions = 100-200 to 1.
- For elderly (65+) , ratio of attempts to completions = 4 to 1.



Source: American Association of Suicidology

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## Opportunities

- Elders (55 and older) who complete suicide:
  - 77% have contact with PCP within a year of their suicide
  - 58% have contact with PCP within a month of their suicide



Source: Luoma et al., 2002

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## Suicide Prevention for Elders

- Treatment of Depression in Primary Care
  - PROSPECT (treatment guidelines & care management) found reductions in suicidal ideation and depressive symptoms.
  - IMPACT (depression care management) found reductions in depressive symptoms.
- Physician Education
  - Götland, Sweden
- Restricting Access to firearms
  - Intervention has not been evaluated. Good underlying evidence.
- Screening
  - Good instruments. Limited evidence.
- Community Outreach
  - Gatekeeper training (Spokane, WA)
  - TeleHelp-TeleCheck (Northern Italy)



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## The Policy Response




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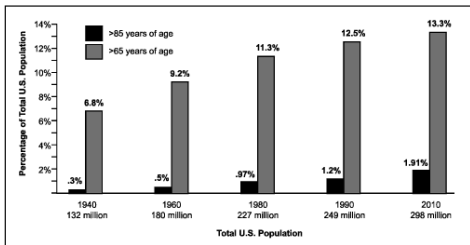
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## The Growing Elderly Population



Source: A Report of the Surgeon General, 1999




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## Call to Action To Prevent Suicide

- Suicide rates increase with age and are highest among white American males aged 65 years and older.
- Older adult suicide victims, when compared to younger suicide victims, are more likely to have lived alone, have been widowed, have had a physical illness. They are also more likely to have visited a health professional shortly before their suicide and thus represent a missed opportunity for intervention



Source: The Surgeon General's Call to Action to Prevent Suicide, 1999




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### National Strategy for Suicide Prevention

A Collaborative Effort of SAMHSA, CDC, NIH, HRSA

- Objective 4.6: By 2005, increase the proportion of State Aging Networks that have evidence-based suicide prevention programs designed to identify and refer for treatment of elderly people at risk for suicidal behavior
- Objective 7.9: By 2005, incorporate screening for depression, substance abuse and suicide risk assessment in primary care settings, hospice, and skilled nursing facilities for all Federally-supported healthcare programs (Medicaid, CHAMPUS/TRICARE, CHIP, Medicare).



Source: National Strategy for Suicide Prevention, 2001

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## Recommendations from the Institute of Medicine

- The National Institute of Mental Health (in collaboration with other agencies) should develop and support a national network of suicide prevention Population Laboratories devoted to interdisciplinary research on suicide and suicide prevention across the life cycle. National monitoring of suicide and suicidality should be improved.
- Because primary care providers are often the first and only medical contact of suicidal patients, tools for recognition and screening of patients should be developed and disseminated.
- Programs for suicide prevention should be developed, tested, expanded, and implemented through funding from appropriate agencies



Source: Reducing Suicide, A National Imperative (2002)

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### PRESIDENT'S NEW FREEDOM

### COMMISSION ON MENTAL HEALTH

- Recommendation 1.1: Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention.
  - "Public education efforts should be targeted to distinct and often hard-to-reach populations, such as ethnic and racial minorities, older men, and adolescents."
- Recommendation 4.4: Screen for mental disorders in primary health care, across the life span, and connect to treatment and supports.




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## Legislation (from the 109<sup>th</sup> Congress)

- Medicare Mental Health Modernization Act of 2005 (S.927)  
To amend the Social Security Act to expand and improve coverage of mental health services under the Medicare program.
- Medicare Mental Health Co-payment Equity Act (H.R. 1225)  
To eliminate discriminatory co-payment rates for outpatient psychiatric services under the Medicare program.
- Seniors Mental Health Access Improvement Act of 2005 (S. 784/H.R. 1447)  
To amend the Social Security Act to provide for the coverage of marriage and family therapist services and mental health counselor services under part B of the Medicare program.



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## SPAN USA's 2006 Public Policy Priorities

- Full funding for Garrett Lee Smith Memorial Act for 2006 (\$27 million)
- Pass mental health parity
- Funding for CDC for public health evaluation (\$5 million)
- Senior suicide prevention legislation



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## Additional Prevention Information

- Building Community Competence: The Role of Gatekeepers in Preventing Late Life Tragedies  
<http://www.sprc.org/library/BuildingCompetence.pdf>
- Elderly Suicide: Secondary Prevention  
<http://www.nursing.uiowa.edu/centers/gnirc/protocols.htm>
- The Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT)  
<http://www.sprc.org/whatweoffer/factsheets/prospect.pdf>



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