

# SUICIDE PREVENTION AMONG OLDER ADULTS

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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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## Background & Facts

- Elder suicide is an increasing public health phenomenon worldwide.
- Proportionately more countries have experienced an increase in their elder suicide rate than a decline-- twice as many countries in Europe and five times as many in Asia.

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## Background & Facts (cont.)

- In almost all industrialized countries, older adults have the highest suicide rate among all age groups.
- Suicide rates increase with age and are highest among Americans aged 65 years and older.
- From 1980-90, the U.S. experienced a reversal in a half-century downward trend in the elderly suicide rate.

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## Background & Facts (cont.)

- In 2002, while older individuals comprised only 12.3% of the U.S. population, they accounted for 17.5% of completed suicides.
- There is one elderly suicide every one hour thirty-five minutes.
- 15 older adults die by suicide each day in the United States.

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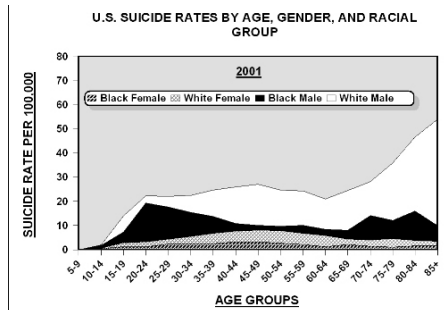
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Source: National Institute of Mental Health  
Data: Centers for Disease Control and Prevention, National Center for Health Statistics

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## Background & Facts (cont.)

- From 1980-1998, the largest relative increases in suicide rates occurred among those 80-84 years of age.
- In 2000, rates ranged from 12.6 per 100,000, among 65-74 year olds, to 19.4 per 100,000 persons aged 85+.
- This is nearly double the overall U.S. rate.

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## Background & Facts (cont.)

- White men over the age of 85 are at the greatest risk of all age-gender-race groups.
- Men accounted for 84% of suicides among persons aged 65 years and older.
- The number of men's suicides in late life is 5 times that for women (men's rates are 7.6 times those of women)

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## Background & Facts (cont.)

- The rate of suicide for women declines after age 60 (after peaking in middle adulthood, age 40-54).
- Suicide rates among the elderly are highest for those who are divorced or widowed.

Source: American Association of Suicidology and  
CDC National Center for Injury Prevention and Control

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## Background & Facts (cont.)

- There are regional differences in overall and elder suicide rates.
- Suicide (all ages) rates are highest for the Mountain (16.2/100,000) and lowest in the Middle Atlantic (eg NY, NJ) (7.9/100,000) regions of the United States.

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## Risk factors

- Risk factors for suicide among older persons differ from those among the young.
- Alcohol or substance abuse plays a diminishing role in later life suicides.

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## Risk factors (cont.)

- 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.
- A number of studies in the U.S. and Europe show that the presence of cancer increases the risk of suicide.

Source: American Association of Suicidology and  
CDC National Center for Injury Prevention and Control

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## Risk factors (cont.)

- Comprehensive studies are consistent in showing very high levels of psychiatric morbidity.
- Personality traits have been repeatedly shown to be associated with late-life suicide (IOM, 2002)

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## Risk factors (cont.)

- As many as 3/4 of depressed older Americans are not receiving the treatment they need, placing them at an increased risk of suicide.
- Most older suicide victims have contact with health care providers in the year before their suicide.
- Elderly persons are less likely to reach out by calling a crisis line than their younger counterparts.

Source: American Association of Suicidology and CDC National Center for Injury Prevention and Control

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## Methods of Choice

- Although older adults attempt suicide less often than those in other age groups, they have a higher completion rate.
- Firearms are the most common means of completing suicide among older adults.

Source: American Association of Suicidology and CDC National Center for Injury Prevention and Control

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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
  - Gotland, 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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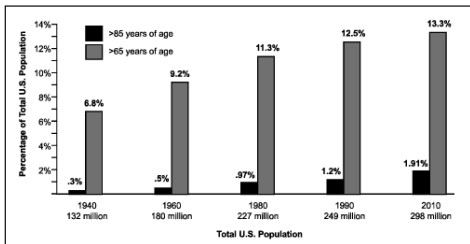
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## The Growing Elderly Population



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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- 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 108<sup>th</sup> Congress)**

**Medicare Mental Health Modernization Act (S.646/H.R.1340)**

To expand and improve coverage of mental health services under the Medicare program

**Positive Aging Act of 2004 (S.2572/H.R.4694)**

To make mental health services for older adults an integral part of primary care services in community settings and other senior settings.

**Medicare Mental Health Co-payment Equity Act (S.853/H.R.2787)**

To eliminate discriminatory co-payment rates for outpatient psychiatric services under 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/qnirc/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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