



# SUICIDE PREVENTION AMONG OLDER ADULTS

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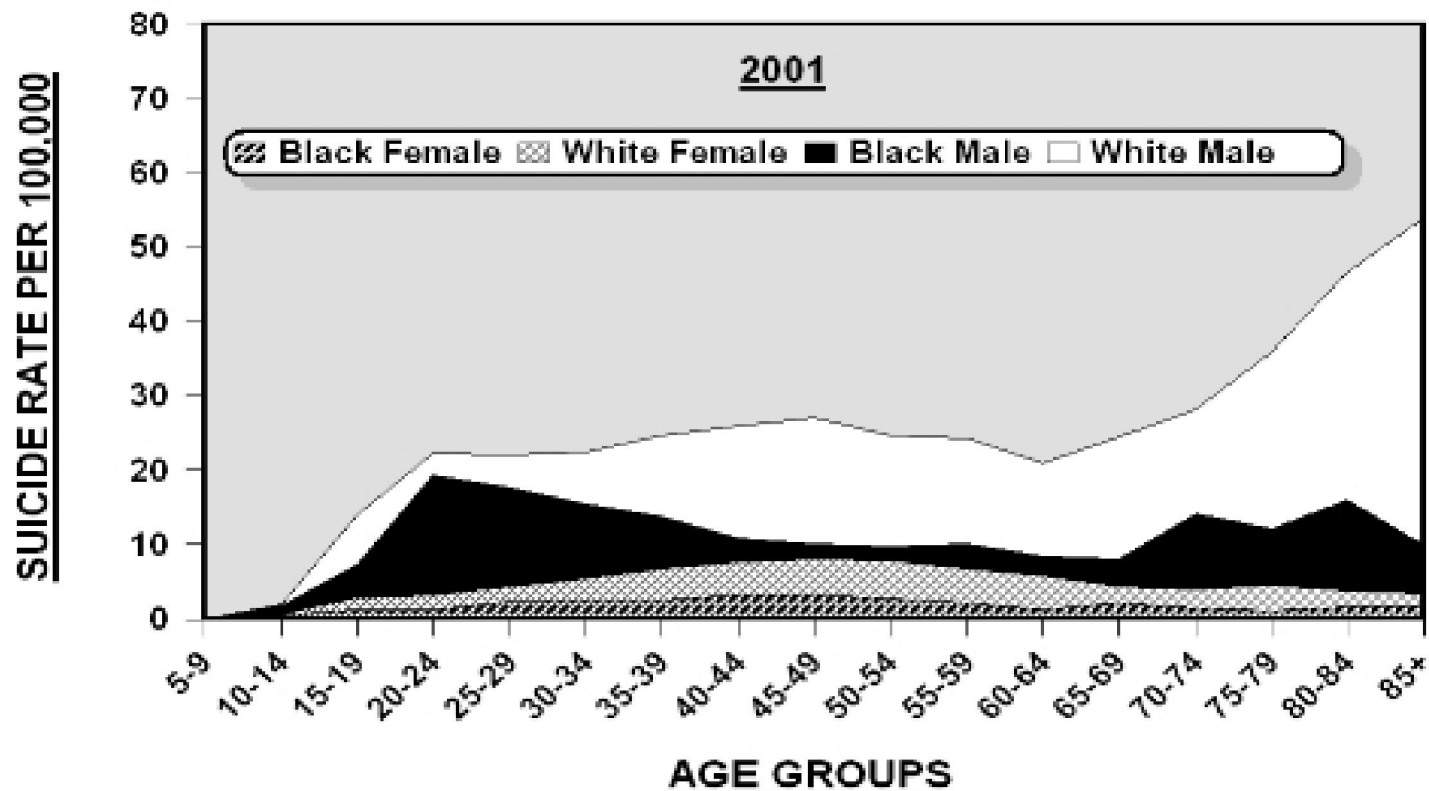
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# Objectives

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

## U.S. SUICIDE RATES BY AGE, GENDER, AND RACIAL GROUP



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

# The Numbers

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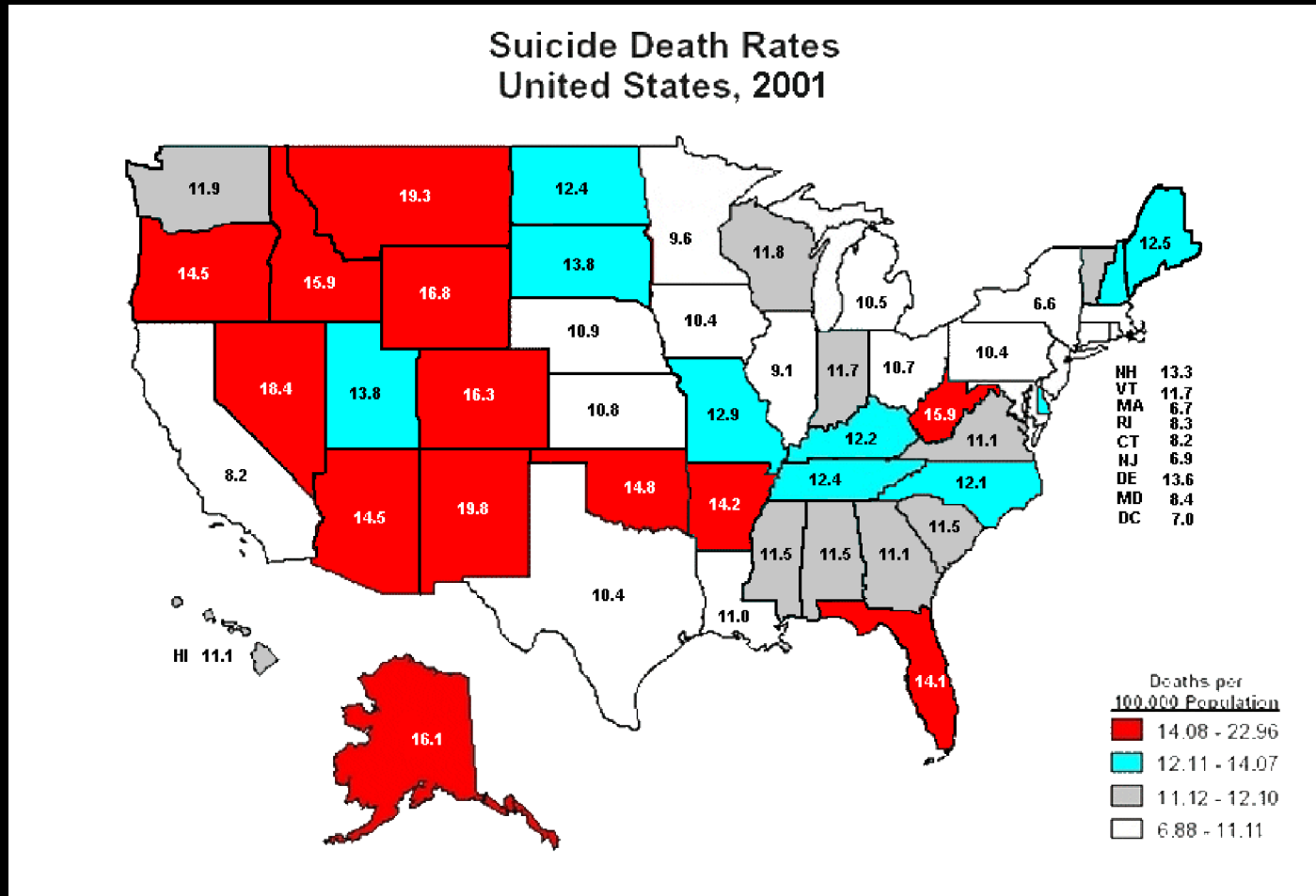
- i In 2002, 5,548 Americans over the age of 65 died by suicide.
- i Firearms were used in 72% of suicides completed by adults over the age of 65 in 2002.

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



[www.spanusa.org](http://www.spanusa.org)

# Regional variations



Source: Centers for Disease Control and Prevention, 2001

# Risk Factors for Elderly Suicide

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

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

# The Extent of the Problem

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- i In 2002, older individuals comprised 12.3% of the U.S. population and accounted for 17.5% of completed suicides.
- i 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)

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- i 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
- i 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.



## 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

# Attempts and Completions

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

*Source:* American Association of Suicidology

# Opportunities

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- | 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*

# Suicide Prevention for Elders

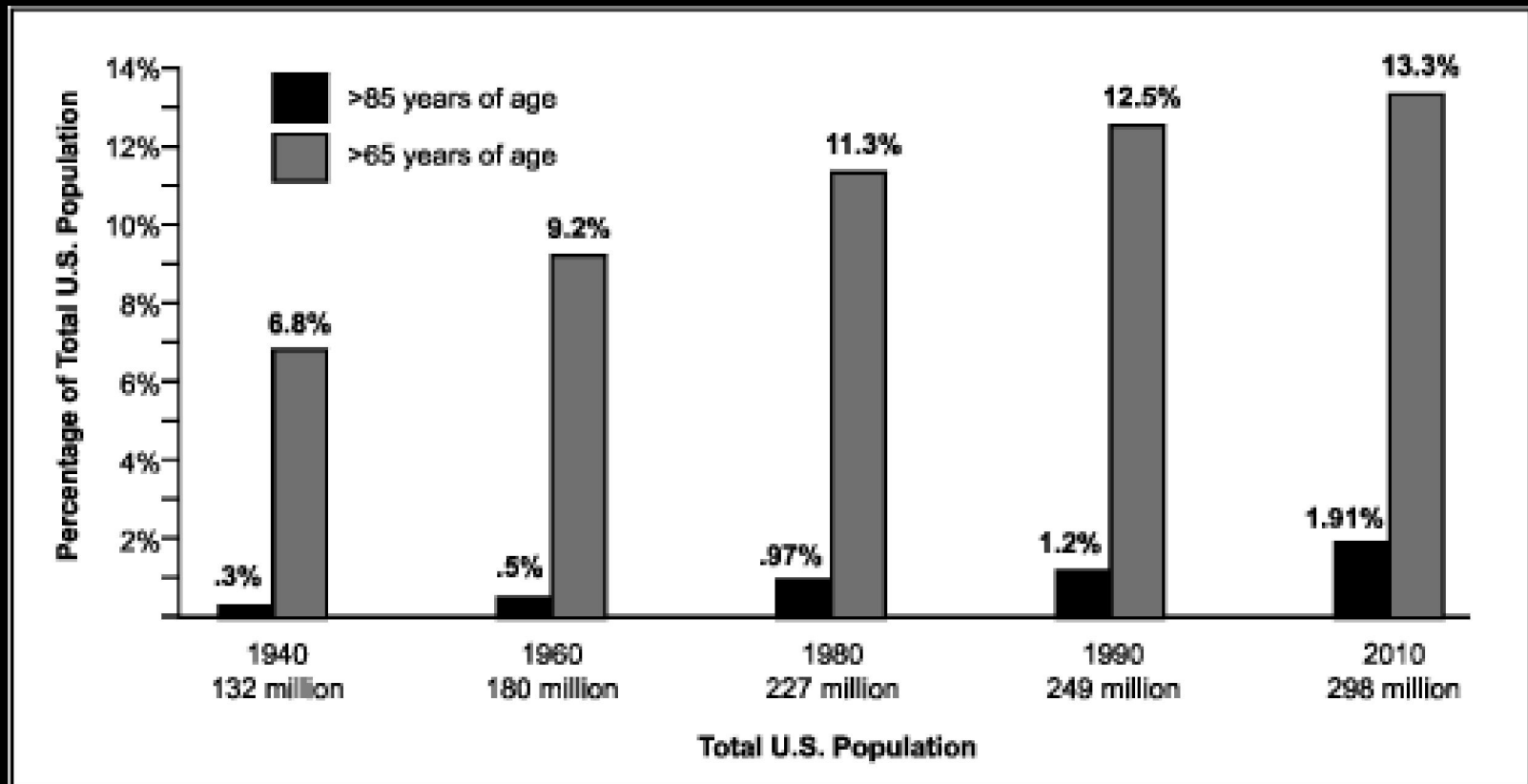
- | Treatment of Depression in Primary Care
  - | PROSPECT (treatment guidelines & care management) found reductions in suicidal ideation and depressive symptoms.
  - | IMPACT (depression care management) found reductions in depressive symptoms.
- | Physician Education
  - | Götland, Sweden
- | Restricting 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)

# The Policy Response

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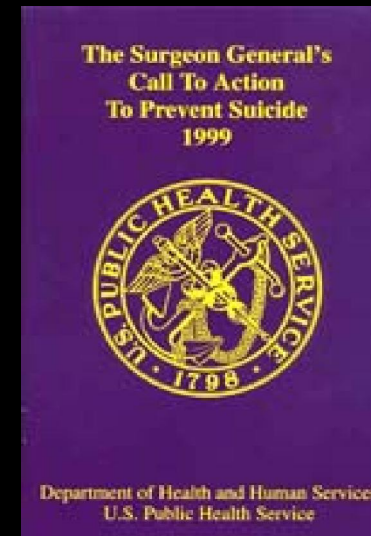


# The Growing Elderly Population



# Call to Action To Prevent Suicide

- i Suicide rates increase with age and are highest among white American males aged 65 years and older.
- i 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





- i 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
- i 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).



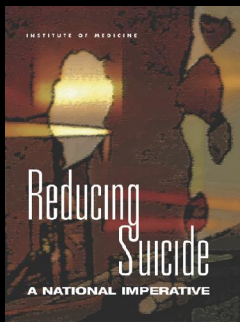
Source: National Strategy for Suicide Prevention, 2001

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# Recommendations from the Institute of Medicine

- i 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.
- i National monitoring of suicide and suicidality should be improved.
- i 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.
- i 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

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

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

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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.



## Other Relevant Legislative Priorities

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- 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

## Additional Prevention Information

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