Suicide and Older Adults

By Kenneth Norton LICSW

Suicide is a serious issue among older adults. There are a myriad of factors which contribute to this some of which will be addressed in this article. In NH, the suicide rates (per 100,000) are highest for males over the age of 75. Across the US, older adults account for a disproportionately high number of suicides. According to the Substance Abuse and Mental Health Services Administration, although adults age 65 and older account for 13% of the total population, they account for 20% of the suicides. This totals over 6,000 deaths per year. Like other suicide deaths, this number may be under reported. Most states generally require that "untimely" and "unattended" deaths be investigated. It is probable that the death of an older adult is less likely to be viewed as untimely and less likely that scarce resources will be expended to investigate the death. As with any suicide death there may also be pressure from the family to not rule it as a suicide. NH is very fortunate to have a thorough and professional Medical Examiners office so it is less likely these factors would impact statistics here, but we do hear this is an issue in other parts of the country.

An important factor to understand about older adult suicide is the low number of attempts vs. deaths. Among youth and young adults age 15-24 there is an estimated 100-200 attempts per death. By contrast over age 65 there is an estimated 4 attempts to every death. One reason for this is that older adults tend to have less ambivalence about dying and use much more lethal means. For instance over 75% of males and almost 40% of women age 65 or older who die by suicide use a firearm. Thus restricting access to lethal means should be an important consideration when working with older adults who may be at risk (see previous Spring 08 newsletter for more information)

Stigma plays an important role in older adult suicide. While attitudes toward getting help for mental illness or treatment for addictions/alcohol/substance use are improving for younger generations, this is not necessarily the same for older adults who often have negative views of counseling and are reluctant to ask for help. This is compounded by views regarding depression and older adults. Given that older adults are more frequently dealing with medical illnesses and the death of spouses, friends and family there is often an attitude of, "well of course they're depressed, I would be depressed too…" yet depression is not a normal part of the aging process and our failure as a society to recognize this can have lethal consequences.

Research is demonstrating a high correlation of depression with physical illnesses such as diabetes, seizures, heart disease, and cancer. However, depression often goes undiagnosed and untreated despite the fact that effective treatment is available; likewise for addictions and alcohol/substance use. Pain is serious risk factor for older adults. It is also a complicated one because medication to treat pain can also be used to suicide.

Other important risk factors for suicide in older adults with (or without) serious medical conditions is the issue burdensomeness. If they *perceive* that they are a burden to others this may increase their risk for suicide. Social isolation is also an important risk factor for suicide in this population. Individuals living in rural areas may be much more likely to be socially isolated particularly as they age and loss of a spouse, particularly for males, can significantly increase risk. Financial stress and/or a potential change in living situation, especially circumstances that increases dependency (e.g. move to a nursing home) are also significant risk factors for older adults.

One particularly disturbing statistic is that over half (58%) of adults over the age of 55 who die by suicide have had contact with a primary care provider within one month of their death (Louma, et al 2002). Health care providers (including social workers) are in a unique position to converse with older adults about important issues like loss, medical concerns, pain, burdensomeness, advanced medical directives, quality of life and end of life issues which can elicit information about depression and thoughts of suicide. This should not be a one time discussion, but should be a regular ongoing process. Health care providers should also be cautious about the

potential lethality of medications older adults have access to and consider limiting their quantity as an effective method of means restriction.

Education is an important suicide prevention tool for older adults and their caregivers. Whether it be posters, brochures, formal training programs, or informal discussions, it is important for older adults, caregivers and family members to learn about the symptoms of depression, the risk factors and warning signs for suicide as well as the resources available to assist an individual who may be depressed and/or at risk for suicide. One educational resource specific to older adults is NAMI NH's guidebook, "A NH Guide to Mental Health and Healthy Aging for Older Adults and Caregivers." This guidebook (viewable at www.naminh.org) was written for older adults with mental health concerns and/or mental illness and for their caregivers and family members. NAMI NH also offers an educational program for caregivers of older adults called Side by Side. For more information, contact Bernie Seifert bseifert@naminh.org.

There are a multitude of services and resources available to assist older adults. One of the best ways to learn about or access them is through Service Link. Service Link provides information and referrals older adults and their caregivers to connect them with resources and needed supports. There are Service Link offices in each county in NH. For more information call 1-866-634-9412 or go to www.servicelink.org.

It is everyone's responsibility to prevent suicide. Warning signs include: talking about death or dying, isolation, anger/rage, hopelessness, increased use of alcohol or other drugs and mood changes. If you are worried about someone you think is at risk of suicide call the National Suicide Prevention Lifeline 1-800-273-TALK (8255).

This is the seventh in a series of articles for the NH NASW newsletter on suicide prevention. Series articles include: Suicide Prevention: A Public Health Issue, Suicide Prevention Efforts in NH, Survivors of Suicide, Restricting Access to Lethal Means, Suicide Prevention and Veterans, No Harm Contracts, Suicide Risk in Lesbian, Gay and Transgender Youth, Clinicians as Survivors, Suicide and the Economy, and Media, New Media, Safe Messaging and Suicide Prevention. These articles can be viewed in the Newsroom/Articles section of the Connect website at www.theconnectproject.org. Ken Norton is the Director of NAMI NH's Connect Suicide Prevention Project and can be reached at (603) 225-5359 or knorton@naminh.org.