



To: OKLAHOMA SUICIDE PREVENTION COUNCIL

From: OKLAHOMA MENTAL HEALTH AND AGING COALITION

Re: SENIOR ISSUES

Date: MARCH 2009

The Oklahoma Mental Health and Aging Coalition submit this white paper for consideration by the Suicide Prevention Council in their efforts to create a comprehensive plan to address the lifespan.

Facts about seniors and suicide:

- § Persons age 65+ have the highest risk of suicide worldwide. In the majority of cases, it is the result of multiple factors that create a sense of hopelessness
- § The suicide rate for males is almost 4.5 times higher than females. Nationally, men account for an estimated 85% of suicides among those age 65 and older.
- § An estimated 20% of elderly persons who commit suicide visited a physician within 24 hours of the act; 41% visited within one week; 75% were seen by a physician within one month of their suicide.
- § In order of prevalence, firearms, overdose and suffocation are the three most common methods of suicide used by persons age 65+.
- § Approximately every 83 minutes, one adult age 65+ commits suicide in the U.S.
- § Approximately 500 Oklahomans commit suicide every year; 18% are senior suicides, while seniors make up 13% of the population.
- § White males over 85 have the highest rate in the country.
- § Seniors with depression less likely to express suicidal intent
- § Seniors choose lethal methods and are highly successful
- § Link between depression and suicide closer in old age than middle age; link even closer when chronic physical illnesses present

Senior risk factors for suicide:

- § Recent loss of a spouse, loved one or pet
- § Debilitating or life threatening illness
- § Severe, chronic and/or inescapable pain
- § Loss of independence
- § Diagnosis of major depression
- § Increased use of alcohol, prescription drugs
- § Access to firearms, other lethal methods

The Coalition submits the following strategies for your consideration in developing a prevention plan to address senior issues:

- § Preventative measures – education, screenings
- § Primary care physicians conduct depression and suicide screenings at each appointment
- § Conduct depression and suicide screenings during emergency room visits
- § Depression and suicide screenings are conducted at admission and during hospital stay
- § Increase QPR trainings at senior facilities and senior events
- § Increase QPR trainings for religious leaders who may intercede during the grief process of a senior
- § Cross-train professionals to recognize suicide risk factors for all age groups
- § Support a “Gatekeeper” program to recognize and intervene with socially isolated at risk seniors

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*Promoting the wellbeing of
older adults
by supporting mental health*