

Welcome to Elder Suicide Prevention Community Planning

June/July 2004

Community Meeting Overview

- The process
- The problem
- The 11 prevention concepts
- Public input

Advisory Committee

- Mariana Bornholdt, Gov's Comm. on Sr. Services
- Lynda Crandall, DHS – Seniors & Disabilities
- Jeanne Dalton, DHS – State Hospital
- Dianne DeVilliers, Coos Co. Mental Health
- Mark Kaplan, PSU
- Tim Malone, Deschutes Co. Mental Health Dept.
- Sandra Moreland, DHS – Mental Health
- Judy Strand, Cascadia Behavioral Health

Staff

- Mel Kohn, State Epidemiologist
- Janice Alexander, Injury Epidemiologist
- Deborah Profant, Violent Death Epidemiologist
- Lisa Millet, Manager Injury Prevention & Epidemiology Section
- Lee Anna Bennett-Ashworth, Administrative Assistant, Violent Death Reporting System

Contractors

- Mercedes Dekker
 - Literature review of suicide prevention for the aging population
- AGA Consulting
 - Key informant interviews, observers at community meetings, drafting state plan

Community Meeting Places and Hosts

- Baker City – Mary Jo Carpenter, Community Connections of Baker City
- Bend – Tim Malone, Deschutes Public Health Dept.
- Coos Bay – Diane DeVilliers, Coos Co. Mental Health
- Eugene – Al Levine, Lane Co. Mental Health
- Grants Pass – Gary McConnahay, Josephine County Mental Health
- Portland Metro – Judy Strand, Cascadia Behavioral Health

Planning Process

- CDC grant - \$50,000
- Advisory committee
- Epidemiological profile
- Literature review to establish broad prevention concepts
- Key informant interviews
- Community input – six sites
- Plan development, publication, dissemination
- Complete by November 2004

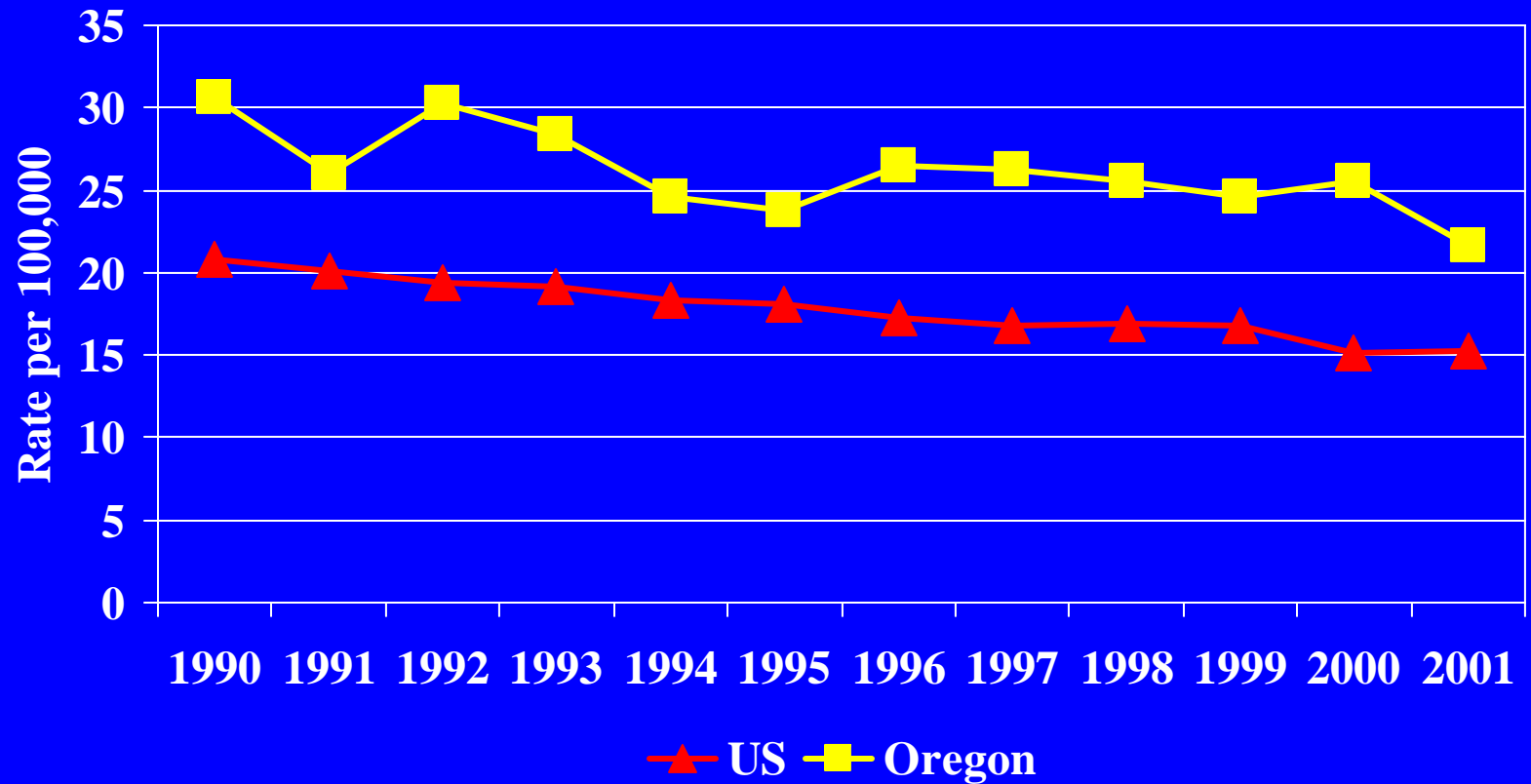
A Word About Oregon's Death With Dignity Act

- Oregon voters twice approved a referendum (in 1994 & 1997) that allows patients with a terminal illness with 6 months or less to live to request medication that will hasten death
- In 2003 42 people died as a result of ingesting medications that hastened death
- These deaths by law are not classified as “suicides”
- These deaths are not a focus of this prevention plan

Elder Suicide Data

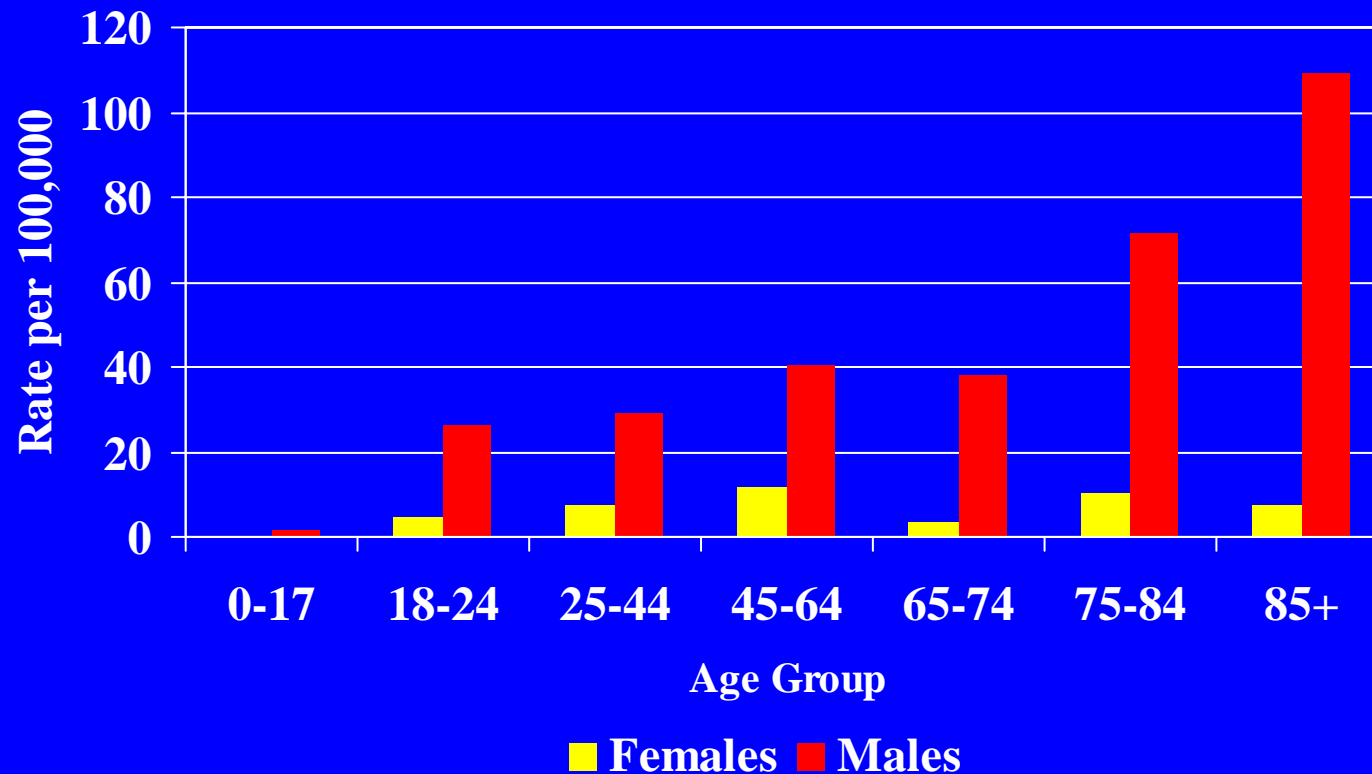
- Compare US & Oregon
- Age distribution
- Gender differences
- Methods
- Circumstantial data

Suicide Rates Among Elderly Aged 65+, US & Oregon, 1990-2001

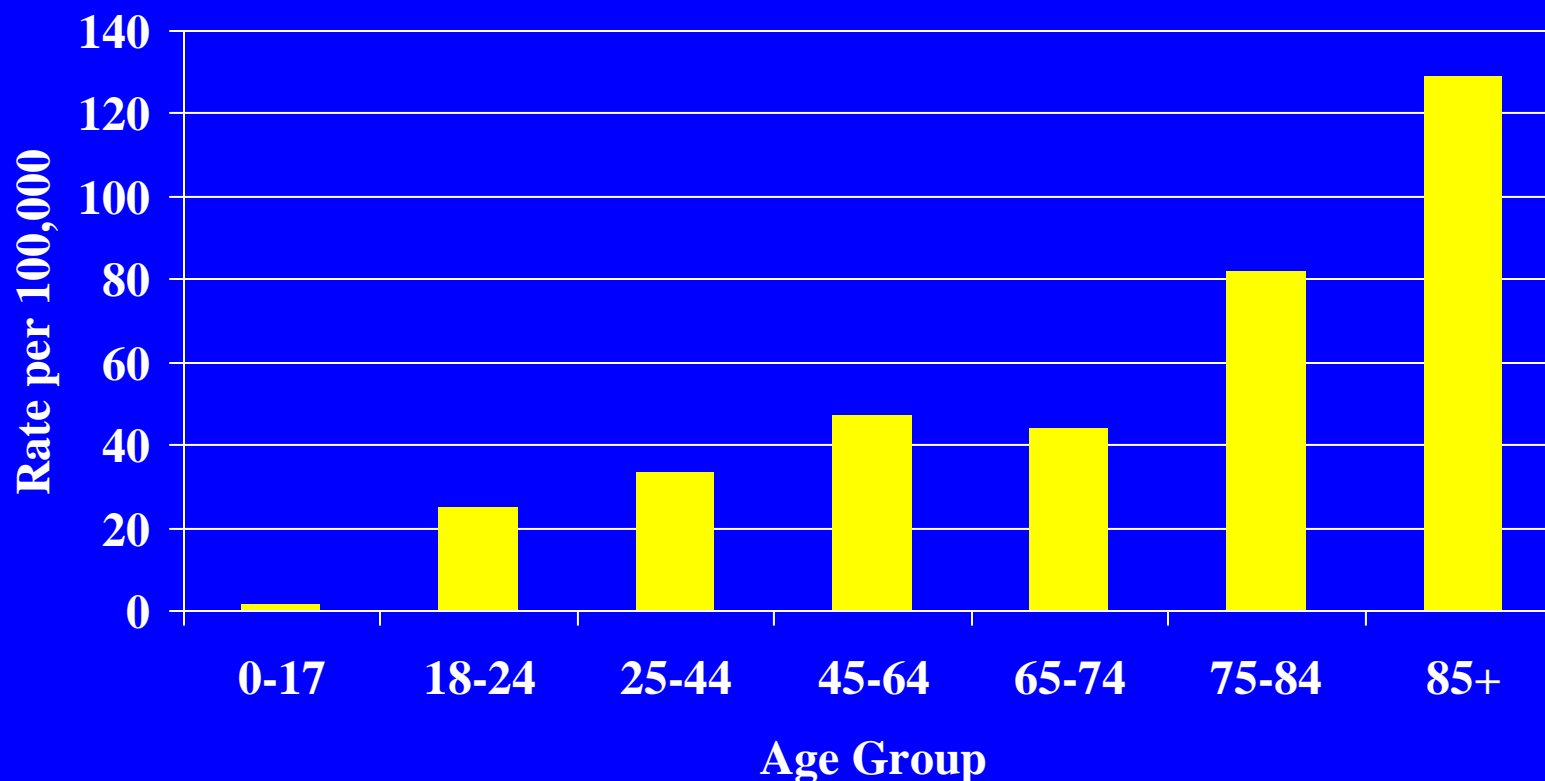


Oregon Vital Statistics, National Center for Health Statistics

Suicide Rates per 100,000 by Age & Gender, Oregon, 2003



Suicide Rates per 100,000 Among White Males by Age Group, Oregon, 2003



Suicide Frequencies, Percentages & Rates per 100,000 by Gender, Oregonians Aged 65+, 1999-02

| Gender | Frequency (%) | Rate per 100,000 |
|---------|---------------|------------------|
| Males | 373 (86%) | 51.9 |
| Females | 61 (14%) | 6.1 |
| Total | 434 (100%) | 25.1 |

Frequency and Percentage of Suicide by Race, Oregonians Aged 65+, 1999-02

| Race | Frequency (%) |
|------------------------|---------------|
| White | 428 (98.6%) |
| African American | * (0.2%) |
| Asian/Pacific Islander | * (1.2%) |

* Value is less than 5 occurrences

Suicide Methods, Oregonians Aged 65+, 1999-02

| Method | Frequency (%) |
|---------------------|---------------|
| Firearm | 341 (78.6%) |
| Poisoning | 40 (9.2%) |
| Suffocation | 35 (8.1%) |
| Cut/Pierce | 6 (1.4%) |
| Fall | 5 (1.2%) |
| Drowning/Submersion | <5 (0.2%) |
| Other | 6 (1.4%) |
| Total | 434 (100%) |

Suicide Circumstances, Oregonians Aged 65+, 2003

| | Males | Females |
|---|-------|---------|
| Reported to be currently depressed | 50% | 61% |
| Currently depressed and currently in treatment (meds/office visits) | 20% | 54% |
| Physical health problem(s) | 76% | 72% |
| Disclosed their suicidal intent | 27% | 39% |

Quality of Life Issues Documented, Oregon Suicides Aged 65+, 2003

- 58% had declining health
- 37% had a loss of autonomy or independence
- 35% had visited a physician in last 30 days
- 25% suffered from chronic pain
- 28% were isolated or lived alone

Elder Suicide Attempt Data

- Gender differences
- Methods

Frequency & Percentage of Hospital Discharges After a Suicide Attempt by Gender, Seniors Aged 65+, Oregon, 2001

| Gender | Frequency (%) |
|---------|---------------|
| Males | 34 (44.2%) |
| Females | 43 (55.8%) |
| Total | 77 (100%) |

Methods Used by Frequency and Percentage in Hospitalized Suicide Attempts Among Seniors Aged 65+, Oregon, 2001

| Method | Frequency (%) |
|------------|---------------|
| Poisoning | 64 (83%) |
| Cut/Pierce | 9 (12%) |
| Other | <5 (5%) |
| Total | 77 (100%) |

Risk Factors

- Unchangeable factors
 - 65+
 - Male
 - White race
 - Personality traits: timid, shy, reclusive, hypochondriasis, hostile, rigid independence
- Mental health factors: 71-95% have a major psychiatric disorder at the time of death
 - Depression: (74%)
 - Dysthymia (a mood disorder)
 - Substance abuse disorders
 - Psychotic disorders

Source: Conwell Y. et al., 2002

Risk Factors

- Social factors
 - Recent stressful life events
 - Widowed or divorced status
 - Low social network/social isolation (27%)
 - Family discord
 - Access to lethal means
- Neurobiological factors
 - Central nervous system dysfunction:
predisposition to impulsive, aggressive acts

Source: Conwell Y. et al., 2002

Risk Factors

Physical illness in the absence of clinically significant mood disturbance has **NOT** been independently associated with increased suicide

Source: Conwell Y. et al., 2002

Break time -

Prevention Concepts

1. **PROMOTE AWARENESS** that suicide in older adults is a public health problem that is preventable.
2. Develop **Broad-Based Support** for elder suicide prevention.
3. Develop and implement strategies to **REDUCE THE STIGMA** associated with aging and with being a senior consumer of mental health, substance abuse and suicide prevention services.

Prevention Concepts Cont.

4. Develop and implement **COMMUNITY-BASED SUICIDE PREVENTION PROGRAMS** for older adults.
5. Promote efforts to **REDUCE ACCESS** to lethal means and methods of self-harm by older adults
6. Implement **TRAINING FOR RECOGNITION AND ASSESSMENT** of at-risk behavior in and delivery of effective treatment to older adults.

Prevention Concepts Cont.

7. Develop and promote effective **CLINICAL AND PROFESSIONAL PRACTICES.**
8. Improve **REPORTING AND PORTRAYALS** of suicidal behavior, mental illness, and substance abuse among older adults in the entertainment and news media.

Prevention Concepts Cont.

9. Promote and **SUPPORT RESEARCH** on late life suicide and suicide prevention.
10. Improve and expand **SURVEILLANCE SYSTEMS**
11. **EVALUATION** of prevention programs

Example of Strategy Development by Concept

- Concept #4: Develop and implement **COMMUNITY-BASED SUICIDE PREVENTION PROGRAMS** for older adults.

Possible Strategies:

Outreach programs

Crisis centers and hotlines

Public Input Process

- Discuss each concept with two questions in mind:
 - What are examples of strategies or activities that your community is doing now?
 - What are strategies or activities that you would like to see implemented in your community?

Public Input Process Cont.

- Record your ideas on input sheets - handouts
- Get your ideas recorded on flip charts
- Send an email to: Lisa.m.millet@state.or.us

Concept 1: **PROMOTE AWARENESS** that suicide in older adults is a public health problem that is preventable.

- Strategies:
 - What are examples of strategies that your community is doing now?
 - What are strategies that you would like to see implemented in your community?

Concept 2: Develop **Broad-Based Support** for elder suicide prevention.

- Strategies
 - What are examples of strategies that your community is doing now?
 - What are strategies that you would like to see implemented in your community?

Concept 3: Develop and implement strategies to **REDUCE THE STIGMA** associated with aging and with being a senior consumer of mental health, substance abuse and suicide prevention services

- Strategies:
 - What are examples of strategies that your community is doing now?
 - What are strategies that you would like to see implemented in your community?

Concept 4: Develop and implement
**COMMUNITY-BASED SUICIDE
PREVENTION PROGRAMS** for older adults

- Strategies
 - What are examples of strategies that your community is doing now?
 - What are strategies that you would like to see implemented in your community?

Concept 5: Promote efforts to **REDUCE ACCESS** to lethal means and methods of self-harm by older adults

- Strategies
 - What are examples of strategies that your community is doing now?
 - What are strategies that you would like to see implemented in your community?

Concept 6: Implement **TRAINING FOR RECOGNITION AND ASSESSMENT** of at-risk behavior in and delivery of effective treatment to older adults.

- Strategies
 - What are examples of strategies that your community is doing now?
 - What are strategies that you would like to see implemented in your community?

Concept 7: Develop and promote effective **CLINICAL AND PROFESSIONAL PRACTICES.**

- Strategies:
 - What are examples of strategies that your community is doing now?
 - What are strategies that you would like to see implemented in your community?

Concept 8: Improve **REPORTING AND PORTRAYALS** of suicidal behavior, mental illness, and substance abuse among older adults in the entertainment and news media.

- Strategies:
 - What are examples of strategies that your community is doing now?
 - What are strategies that you would like to see implemented in your community?

Concept 9: Promote and **SUPPORT RESEARCH** on late life suicide and suicide prevention.

- Strategies:
 - What are examples of strategies that your community is doing now?
 - What are strategies that you would like to see implemented in your community?

Concept 10: Improve and expand **PUBLIC HEALTH SURVEILLANCE SYSTEMS**

- Strategies:
 - What are examples of strategies that your community is doing now?
 - What are strategies that you would like to see implemented in your community?

Concept 11: EVALUATION of prevention programs

- Strategies:
 - What are examples of strategies that your community is doing now?
 - What are strategies that you would like to see implemented in your community?

Reporting Summaries from Groups

Thank you for your interest

- Contact information: