B4Stage4 Preventing Suicide in Older Adults

Have you ever suffered from depression? Have you experienced increasing social isolation in recent years, the death of loved ones, or feelings of hopelessness? You may be at risk for suicidal thoughts or actions.

If you or someone you know has thought about suicide, you are not alone. In 2013, the highest suicide rate (19.1%) was among people 45 to 64 years old. The second highest rate (18.6%) occurred in those 85 years and older. According to the CDC, an estimated 10,189 older Americans (ages 60 and up) died from suicide in 2013. Notably, suicides are particularly high among older, white males (32.74 suicides per 100,000 people). In fact, the rate of suicide in the oldest group of white males (ages 85+) is over four times higher than the nation's overall rate of suicide.

Identifying Warning Signs for Suicide

A person who may be thinking about suicide likely does not want to die, but is in search of some way to make pain or suffering go away. Older people who attempt suicide are often more isolated, more likely to have a plan, and more determined than younger adults. Suicide attempts are more likely to end in death for older adults than younger adults, especially when attempted by men. But suicide is 100% preventable. Use the checklist below to determine if you or someone you know may be showing warning signs of suicidal thoughts.

Check for Risk Factors

Suicidal thoughts in older adults may be linked to several important risk factors and warning signs. These include, among others:

- Depression
- Prior suicide attempts
- Marked feelings of hopelessness; lack of interest in future plans
- Feelings of loss of independence or sense of purpose
- Medical conditions that significantly limit functioning or life expectancy
- Impulsivity due to cognitive impairment
- Social isolation
- Family discord or loss (i.e. recent death of a loved one)
- Inflexible personality or marked difficulty adapting to change
- Access to lethal means (i.e. firearms, other weapons, etc.)
- Daring or risk-taking behavior
- Sudden personality changes
- Alcohol or medication misuse or abuse
- Verbal suicide threats such as, "You'd be better off without me" or "Maybe I won't be around"
- Giving away prized possessions

Preventing Suicide

It is crucial that friends and family of older adults identify signs of suicidal thoughts and take appropriate follow-up actions to prevent them from acting on these thoughts. Suicidal thoughts are often a symptom of depression and should always be taken seriously.

Passive suicidal thoughts include thoughts of being "better off dead." They are not necessarily associated with increased risk for suicide, but are a sign of significant distress and should be addressed immediately.

In contrast, active suicidal thoughts include thoughts of taking action toward hurting or killing oneself. An example of an active suicidal thought would be answering ves to the question "In the last two weeks, have you had any thoughts of hurting or killing yourself?" These thoughts require immediate clinical assessment and intervention by a mental health professional. If someone you know has a suicide plan with intent to act, you should not leave them alone—make sure to stay with them until emergency services are in place.

If you or someone you know is experiencing passive or active suicidal thoughts, or has described a plan with intent to act, it is essential that you intervene and get help from a mental health professional immediately. A timely and appropriate intervention can prevent suicide, and addressing issues sooner rather than later often results in better treatment outcomes.

In a Crisis

If you or someone you know is in crisis and would like to talk to a crisis counselor immediately, call the free, 24/7, confidential National Suicide Prevention Lifeline at 1-800-TALK (1-800-273-8255). In cases of emergency, call 911 immediately.

Medicare Helps Cover Mental Health Services

Worrying about health insurance costs should never be a barrier to treatment. Visit the Medicare QuickCheck® on MyMedicareMatters.org/lp/mha to learn more about all of the mental health services available to you through Medicare.

Medicare Part A

Medicare Part A (hospital insurance) helps cover mental health care if you're a hospital inpatient. Part A covers your room, meals, nursing care, and other related services and supplies.

Medicare Part B

Medicare Part B (medical insurance) helps cover mental health services that you would get from a doctor as well as services that you generally would get outside of a hospital, like visits with a psychiatrist, clinical psychologist or clinical social worker, and lab tests ordered by your doctor. Part B may also pay for partial hospitalization services if you need intensive coordinated outpatient care.

Medicare Part D

Medicare Part D (prescription drug coverage) helps cover drugs you may need to treat a mental health condition.

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Sources

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