

OLDER ADULT SUICIDE

Adults over 65 are at highest risk for suicide. White males are at greatest risk and risk increases with age. The most widely used means among both males and females is a firearm. Studies have found that 20% of older adults saw an MD within 24 hrs of their suicide, 41% within 7 days, and 84% within one month of their suicide. Depression in older adults often goes unrecognized and untreated. Depression is NOT a normal aspect of aging.

Risk Factors

- Depression
- Alcoholism
- Losses (self identity; retirement; friends & loved ones; financial security; health; safety; independence)
- Social Isolation
- Ageism
- Poor Coping Mechanisms
- Availability of Lethal Means

Clues to Suicidal Behavior

- An overwhelming sense of hopelessness and helplessness
- Social isolation, withdrawal from usually pleasurable activities
- Signs of frequent drinking (alcohol on breath, frequent falls)
- Exaggerated physical complaints (aches, pains, etc.)
- Changes in weight, appetite, sleeping patterns
- Feelings of worthlessness, guilt, fatigue, low self esteem
- Difficulty thinking and concentrating
- Purchase of a firearm
- Neglecting self, home, finances, pets
- Verbal statements suggesting a desire to die
- Family or personal history of suicide attempts
- Sudden recovery of positive esteem; giving away personal items

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*Violence Prevention Coalition of Orange County
&
American Academy of Pediatrics*

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Intervention Strategies

- **Ask** – (You will not plant the idea by asking)
 - Are you thinking about suicide?
 - How would you do it?
 - Where are you going to do it?
 - Do you have the means to do it?
 - Have you stopped taking your medications?
- **Listen** – Encourage patient to express concerns and feelings. Show you really hear him without judging or trying to “fix” the situation.
- **Show You Care** – Tell the patient you want to help.
- **Limit Risk** - Arrange for someone to stay with patient until further help is available. Remove access to medications, sharp objects, and specially guns.
- **Refer**– Refer to a psychiatrist, psychologist, or licensed counselor for further treatment as soon as possible. Both individual and family therapy are vital and are more effective than medication alone.

Emergency Services

- If a patient is actively suicidal, emergency measures must be taken. In most cases this requires hospitalization in a psychiatric facility.
- If the patient and family are cooperative, this can be done on a voluntary basis.
- If not, an **involuntary 72 hour hold** under Welfare and Institutions Code 5585.5 (5150 for adults) must be made. You can receive assistance by calling a police officer or the OC Health Care Agency Evaluation & Treatment Services (ETS) 24 hours/day, 7 days/week @ (714) 834-6900.
- New Hope Counseling Hotline (714) 639-4673

Resources

- Orange County Behavioral Health Older Adult Services (714-850 8441) does home assessments for suicide and depression, linkage to resources & hospitalizations.

www.vpcoc.org

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