

OLDER VERMONTERS



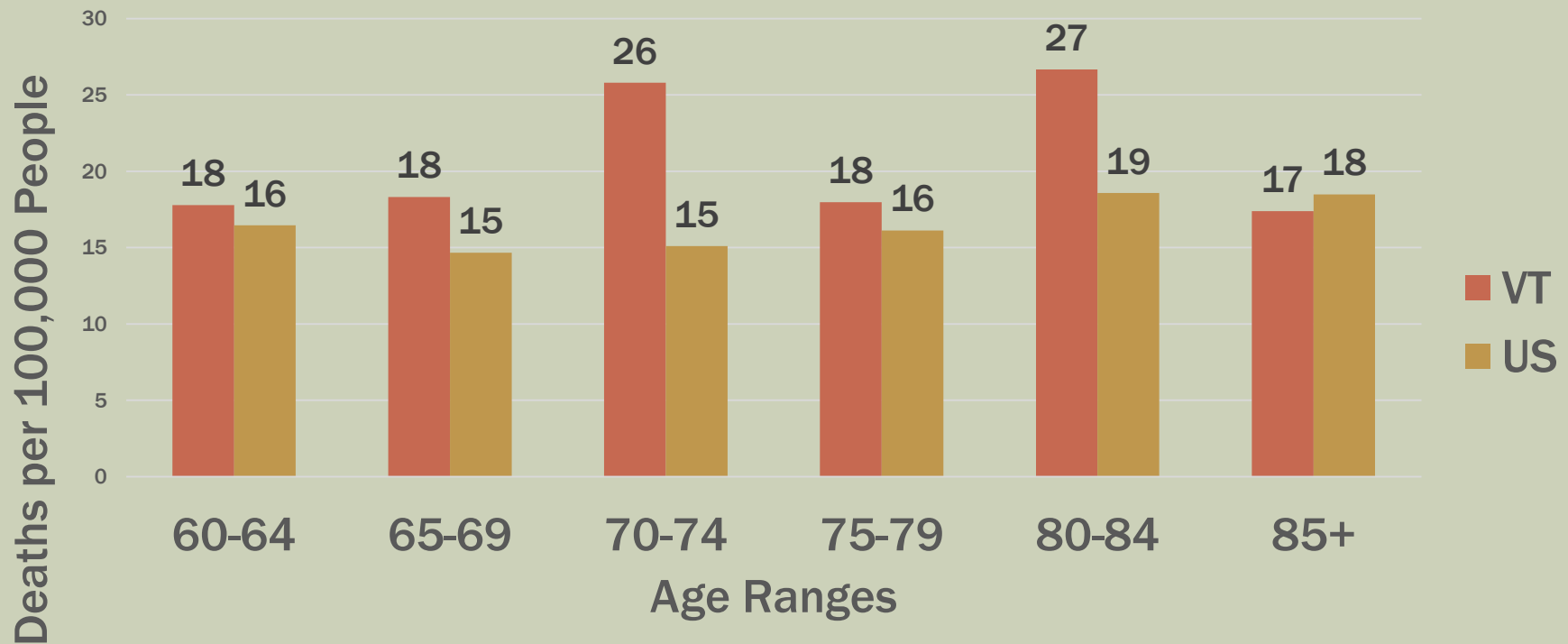
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OLDER VERMONTERS HAVE HIGH RATE OF SUICIDE

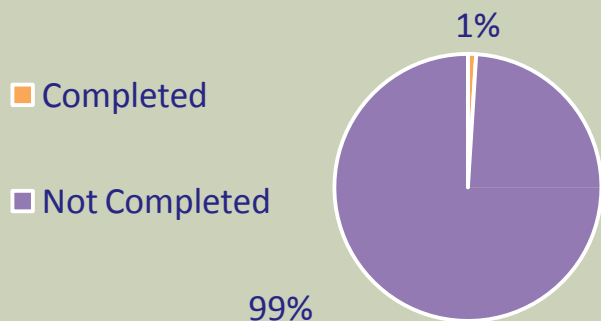
Older Adult Suicide Death Rates VT and US (2011-2015)



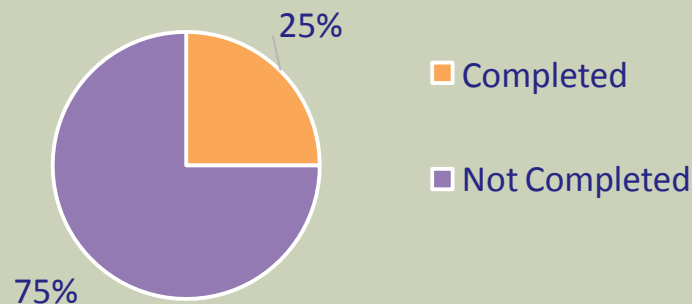
Source: CDC WISQARS

Although older adults attempt suicide less often than those in other age groups, they have a much higher completion rate.

Suicide Attempts (All Ages)



Suicide Attempts (Age 65+)



Why?

- More health problems and frailty
- Tend to keep plans private and avoid interventions
- Less likely to live with others or to be detected immediately after attempt
- More likely to use a firearm as the method of suicide

RISK FACTORS FOR SUICIDE

- Depression
- Marked feelings of hopelessness
- Co-morbid medical condition(s) that significantly limit functioning and life expectancy
- Chronic pain and declining role function and loss of independence
- Isolation, loss and lack of social connectedness
- Access to firearms
- Substance abuse or misuse
- Prior suicide attempt
- Prevalence of suicide in age group

CHALLENGES TO ADDRESSING SUICIDE PREVENTION IN OLDER VERMONTERS

- Isolation of many older adults due to lack of mobility, transportation and/or access to social support (all exacerbated in rural areas)
- Isolation due to major life change or loss (loss of family, friends, job/income, independence/home, sense of purpose, etc.)
- Failure of health care system to identify and treat many older adults with depression and/or substance use problems
- Symptoms of depression may be viewed as part of another medical condition or as a normal part of aging
- Symptoms of substance abuse/misuse viewed as caused by another medical condition or by cognitive impairment and dementia
- Ageism and implicit bias directs public attention/resources/support to other age groups

CULTURAL CONSIDERATIONS

- Older Vermonters come from a generation that does not like to ask for help
- 40,000 older Vermonters live alone, many in rural areas
- Older Vermonters fall into other high-risk groups – New Americans, LGBTQ, those with mental illness – at risk of being even more isolated than the average older Vermonter
- Older Vermonters often internalize ageism, believing that they have lost their purpose as they have aged

RECOMMENDATIONS

- Routine screening and referral for depression and suicide ideation across provider types and networks
- Optimize independent functioning and increase social connectedness (increase access to transportation, volunteerism, community engagement, etc.). Support health promotion/disease prevention programs and interventions to ensure a healthier, more independent older population
- Integrate mental health services into medical services and aging services; increase resources to expand the reach of eldercare clinicians
- Provide education to older adults and to their professional and family caregivers to raise awareness about later life signs of depression, substance abuse or misuse, and risk for suicide
- Address ageism in our organizations, policies, programs and culture. Begin by changing the way we talk about aging

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