

Sharing Data to Prevent Older Adult Suicide | 2015–2018

Older Adult Suicide

In Washington state, the suicide rate among older adults (**65 years and older**) has been higher than the national rate since 2010. In 2018, it was 22 per 100,000, with **256 suicides** in Washington, compared to 17 per 100,000 in the U.S. Nearly **80%** of older adult suicides were males, **45%** were veterans, and more than **90%** were Non-Hispanic whites.

Suicide not only takes a tremendous emotional toll on families and friends, but also has medical costs for individuals and families and lost productivity for employers. In 2018, the total medical cost was **\$1 million** and the cost in lost productivity was **\$55 million** for older adults.

What Happened and Why

The Washington Violent Death Reporting System (WA-VDRS) is part of the National Violent Death Reporting System (NVDRS) that collects more than 600 unique data elements from death certificates, coroner/medical examiner reports, law enforcement reports, and toxicology reports on **who, when, where, and how** of suicides to help us better understand **why** they occurred.

Between 2015 and 2018, 4,090 suicides were reported into WA-VDRS. Of those who died from suicide, **19%** were older adults. Approximately **80%** of the suicides occurred at home; **54%** had physical health problems; **33%** had a history of suicidal thoughts and/or plans; **13%** had a family member or friend die recently; and more than **20%** disclosed their suicide thoughts or plans to intimate partners, family members, health care workers, friends, colleagues, or neighbors.

#BeThe1To

The National Action Alliance for Suicide Prevention and the National Suicide Prevention Lifeline promote #BeThe1To's five action steps for communicating with and supporting someone who may be suicidal. **Visit #BeThe1To for information about how and why to take action.**

WA-VDRS Older Adult Suicides

MALES	FEMALES
73% died by firearm	40% died by poisoning
33% had mental health problem (66% depression)	52% had mental health problem (72% depression)
15% had treatment for a mental health/ substance abuse problem	34% had treatment for a mental health/ substance abuse problem
36% left a suicide note	48% left a suicide note
9% had a history of suicide attempt	24% had a history of suicide attempt

Examples of physical or mental health problems: depression with substance abuse; progressive bone cancer and chronic pain; with multiple health issues such as diabetes, COPD, asbestosis, cancer, strokes, bipolar disorder, anxiety disorder, and PTSD.

ASK



- Ask the tough questions directly, "Are you thinking about killing yourself?"

BE THERE



- Listen to their reasons for feeling hopeless and in pain.
- Listen with compassion and empathy—no dismissing or judgment.

KEEP THEM SAFE



- Ask if they've thought about how they would do it.
- Separate them from anything they could use to hurt themselves.

HELP THEM CONNECT



- Connect them with a support system such as their family, friends, clergy, coaches, co-workers, or therapists.
- Encourage them to call 800-273-TALK (8255).

FOLLOW UP



- Check in on a regular basis.
- Making contact in the days after a crisis can make the difference in keeping them alive.

Suicide Is Preventable — Everyone Can Play a Role

Suicide prevention requires a comprehensive approach that occurs at all levels of society. The Centers for Disease Control and Prevention (CDC) has developed a set of strategies to help states, communities, and individuals reduce risk and increase resilience:

- **Create** protective environments
- **Promote** connectedness
- **Teach** coping and problem-solving skills
- **Identify** and **support** people at risk
- **Lessen** harms and **prevent** future risk
- **Strengthen** economic supports
- **Strengthen** access and delivery of suicide care

For planning and prevention resources, visit [CDC's Suicide Prevention](#) website.

More Resources

Support Line: Institute on Aging's 24-hour [Friendship Line](#) is the only accredited crisis line in the country for people aged 60 years and older, and adults living with disabilities. Toll free: 800-971-0016.

Prevention: Substance Abuse and Mental Health Services Administration ([SAMHSA](#)) provides suicide prevention information and other helpful resources to behavioral health professionals, the general public, and people at risk.

Washington Listens: A free, anonymous service for anyone in the state. [WA Listens](#) provides support to people who feel sad, anxious, or stressed due to COVID-19 and current events.

Means: Reducing a suicidal person's access to highly lethal means is an important part of suicide prevention. Learn more about means reduction at [Harvard's Means Matters](#).

Location: The majority of Washington suicides occur in the home. Learn how to reduce access to lethal means before and during a crisis at [Washington's Safer Homes](#).

Circumstances: Suicide is complex and many factors contribute to thoughts of suicide. Learn more from [CDC's Vital Signs](#).

Lived Experience: If you are thinking of suicide or made a suicide attempt, know that help is available. Along with supportive family and friends, people who have experienced thoughts of suicide and suicide attempt survivors have created strong peer communities. Learn more at [Now Matters Now](#).

Postvention: It's important to support the individuals, families, and communities affected by suicide loss, to reduce the cycle of trauma and suicide risk. Learn more at the [American Foundation for Suicide Prevention](#).

Be Part of the Solution

Preventing suicide involves families, communities, partnerships, peers, and working across sectors.



Crisis Help



Chat: [SuicidePreventionLifeline.org](#)

Talk: 1-800-273-TALK (8255)

En español: 1-888-628-9454



Talk: 1-800-273-TALK (8255) PRESS 1 to connect with the Veteran Crisis Line

Chat: [veteranscrisisline.net](#)

Text: 838255



Support for increased stress due to COVID-19: [WAListens.org](#)

Talk: 1-833-681-0211