OHIO'S VOICE FOR SUICIDE PREVENTION

OSPF

Ohio Suicide Prevention Foundation

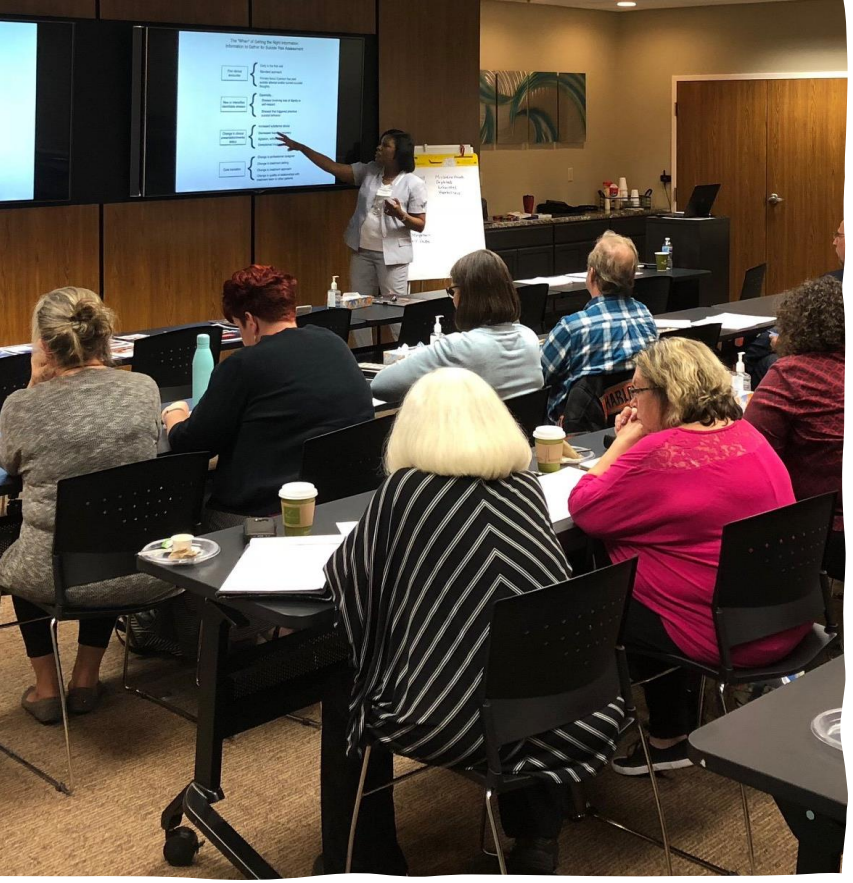
OhioSPF.org

Suicide Prevention In Older Adults:

CURRENT TRENDS AND RESOURCES TO ADDRESS

Acknowledgment

- We Acknowledge Suicide Loss Survivors
- Suicide Attempt Survivors
- Individuals Living with Chronic Suicidal Thoughts





OSPF: What We Do

Suicide Prevention Resources education, training, advocacy, and evidence-based programming focusing on at-risk populations such as youth, veterans, and middle-aged men.

Campaigns and Content

Provides pre-packaged campaigns and content that can be used on a state and local level to promote mental health and prevention.

Statewide Coalitions and Local Support

Support for local suicide prevention coalitions through technical assistance, training opportunities, regular communication, funding, and annual summits

Language Around Suicide

What is Suicide: Terms to know

Suicide: The act of intentionally causing one's own death.

Suicide Ideation: Thinking about or planning suicide.

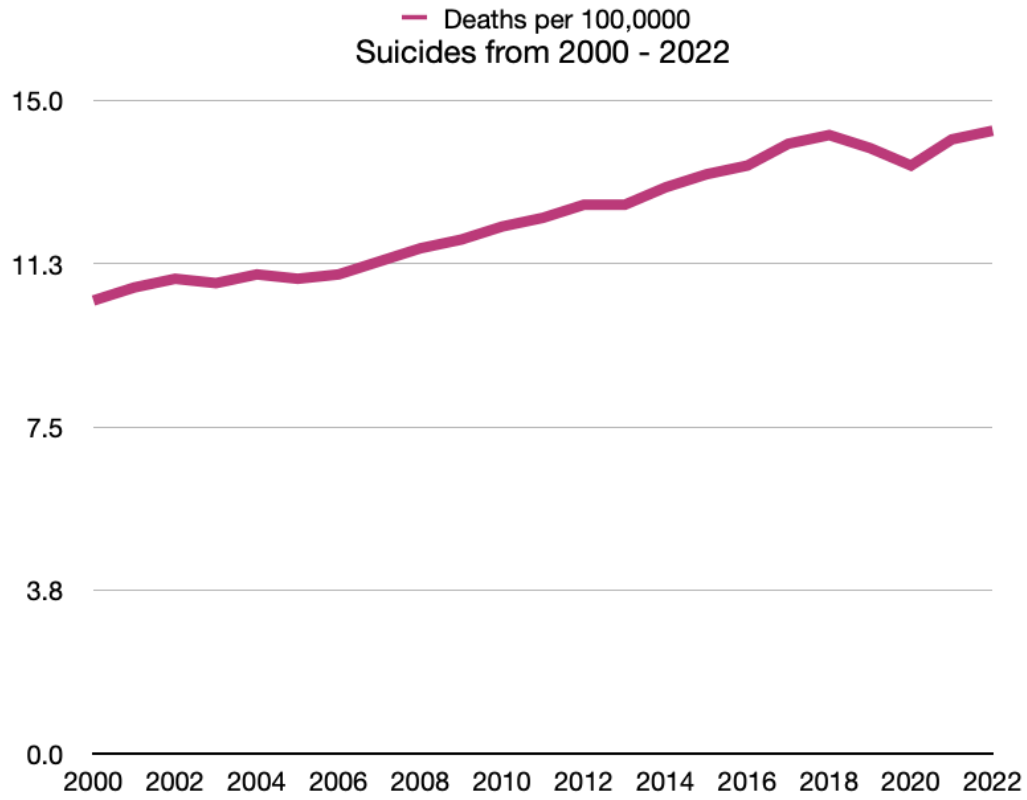
Suicide Attempt: The act in which an individual tries to kill themselves.

Self Harm: Purposely harming one's own body without the intent to die. Also known as Non-Suicidal Self Injury (NSSI)

Suicide Data Related to Older Adults

CDC Report 2022 – Released November 30, 2023

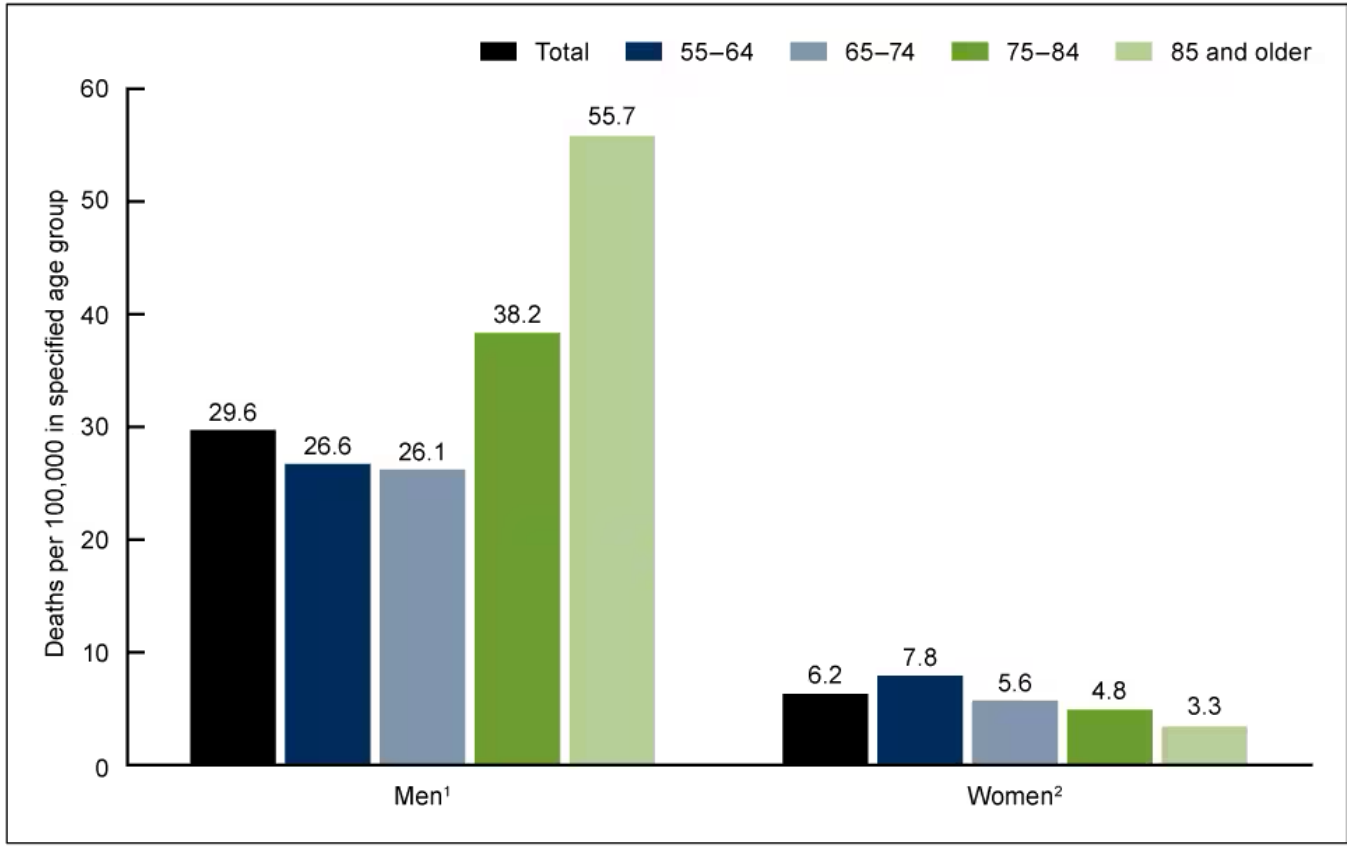
- Record number of suicides in the U.S. – 49,449 – 132 every day. Among these suicides that took place in the U.S., 10,433 were attributed to people age 65 and up
- Mostly firearm-related – about 27,000 suicides by firearms
- Youth suicides decreased by (18% decrease for 10-14 year olds and 9% decrease in 15-24)
- White adults had the highest rate
- Men still had the most suicides, but women increased 4%
- More than twice the number of homicides



Suicide in Older Adults

- Suicide is one of the leading causes of death in Ohio and the U.S., and rates are on the rise—especially among people age 65 and over.
- While older adults comprise just 16.8% of the population, they make up approximately 22% of suicides.
- Men age 75 and older face the highest overall rate of suicide.
- Older adults tend to plan suicide more carefully. They are also more likely to use more lethal methods.
- Among people who attempt suicide, one in four older adults will die, compared to 1 in 200 youths. Even if an older adults fails a suicide attempt, they are less likely to recover from the effects due to frailty or underlying health conditions.

Figure 1. Suicide rate among adults age 55 and older, by age group and sex: United States, 2021



[1]Rates for men were significantly higher than rates for women for all age groups, $p < 0.05$.
[2]Significant linear trend by age group, $p < 0.05$
NOTES: In 2021, the overall U.S. suicide rate was 14.5 per 100,000 population. Suicide deaths are identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0. Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db483-tables.pdf#1.
SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file.

2024 Suicide Report Data ODH

FIGURE 8. Number of Suicide Deaths by Age and Sex, Ohio, 2024

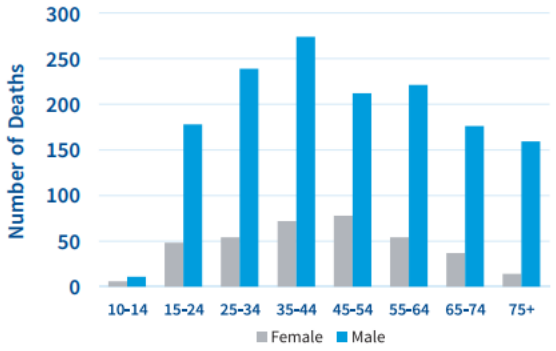
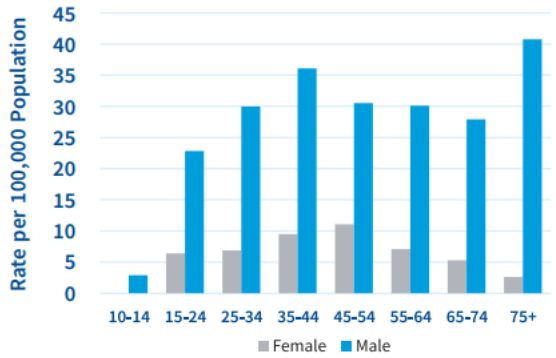


FIGURE 9. Rate of Suicide Deaths by Age and Sex, Ohio, 2024



- Males have consistently higher rates of suicide death compared with females. In 2024, males accounted for 80% of total Ohio suicide deaths.
- In 2024:
  - Among males, those aged 35-44 had the highest number of suicide deaths (274 deaths), while those aged 75 years and older had the highest rate of suicide deaths (40.8 deaths per 100,000 population).
  - Among females, those aged 45-54 had both the highest number and rate of suicide deaths (78 deaths with a rate of 11.1 deaths per 100,000 population).

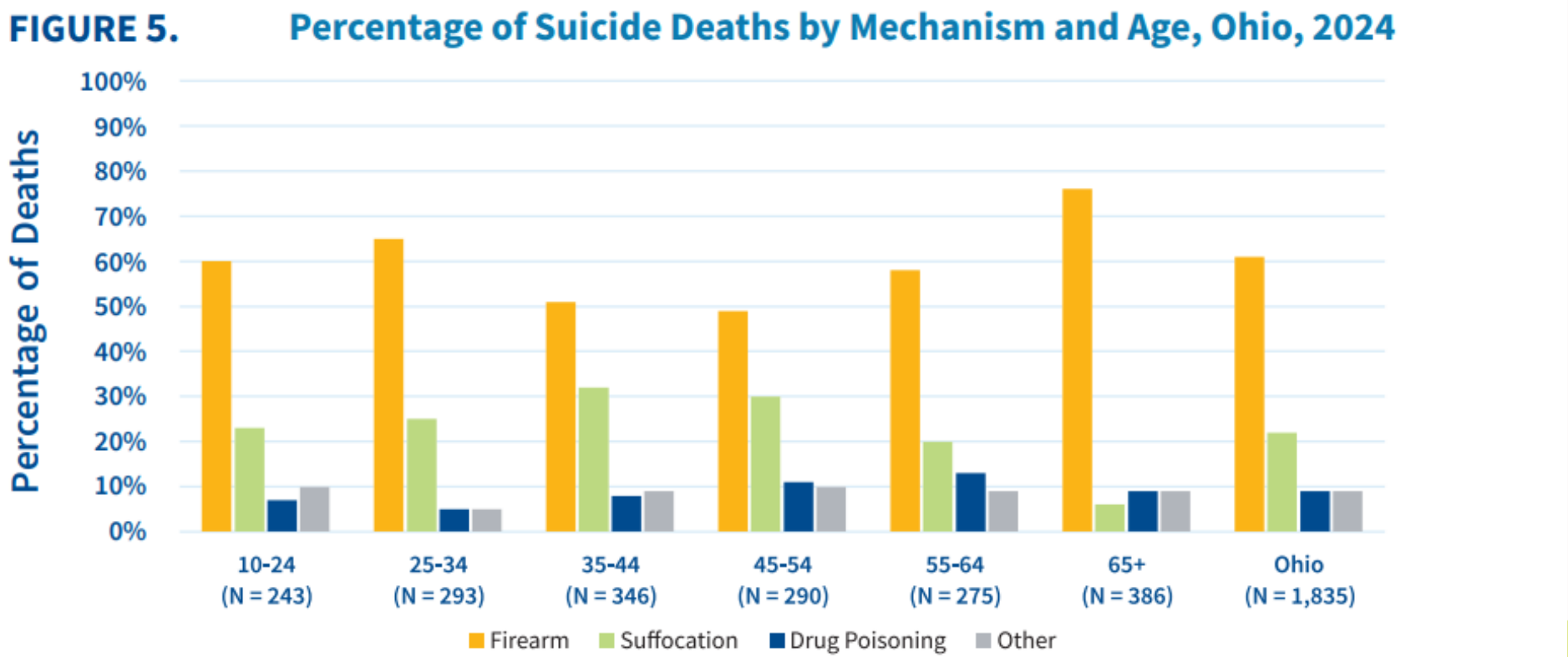
2024 Suicide Report Data ODH

TABLE 3. Number of Suicide Deaths by Demographics and Mechanism, Ohio, 2023-2024

Mechanism	Firearm		Suffocation		Drug Poisoning		Other		Total Suicide Deaths[1]	
	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024
Age										
10-24	142	146	60	55	21	18	27	24	250	243
25-34	168	191	96	73	21	14	24	15	309	293
35-44	123	178	106	110	27	28	28	30	284	346
45-54	151	143	59	88	44	31	27	28	281	290
55-64	176	160	50	54	34	35	32	26	292	275
65+	271	293	36	24	26	35	28	34	361	386
Sex										
Female	137	152	76	83	89	88	34	41	336	364
Male	894	959	331	323	84	73	132	116	1,441	1,471
Race/Ethnicity[2]										
Asian/Pacific Islander, Non-Hispanic	6	9	13	17	2	0	4	3	25	29
Black, Non-Hispanic	129	122	31	26	18	13	12	15	190	176
White, Non-Hispanic	863	949	342	335	150	139	144	134	1,499	1,557
Hispanic	18	17	17	23	3	5	5	2	43	47
Ohio Total[3]	**1,031**	**1,111**	**407**	**406**	**173**	**161**	**166**	**157**	**1,777**	**1,835**

1. Total includes all suicide deaths among Ohio residents by the presented demographic.
2. Other race and ethnicity groups are not presented due to small numbers.
3. Total includes all suicide deaths among Ohio residents by the presented mechanism.

2024 Suicide Report Data ODH



Why Is Suicide Impacting Older Adults

Suicide – Multifaceted "Perfect Storm"

- Usually not a single event
- Intersection between burdensomeness and loneliness
- Factors that influence suicide
  - Mental health issues
  - Genetic factors
  - Biological factors – Epilepsy, TBI
  - Past experience – ACE's and Trauma
  - Life stressors - financial, relationship, etc
  - Interpersonal connections – withdrawing, lack of connection to others
  - Access to Means
  - Don't really want to die – just want pain to go away



Why Older Adults?

- Grief over the loss of a loved one
- Loneliness and social isolation
  - 1 in 2 over 60 are at risk for social isolation
- Access to Means
- Loss of self-sufficiency
- Greater stigma around mental health
- Chronic illness and pain
  - Patients with chronic pain have elevated risk of suicidal ideation and behavior, including suicide attempts and completed suicides.
- Cognitive impairment
  - Researchers found that older adults with mild cognitive impairment and dementia had a higher risk for suicide.
- Financial issues
  - Research has shown that people who experience stress from financial issues are 20 times more likely to attempt suicide than those who do not experience this type of stress.

Suicide Cues – Older Adults

- Loss of interest in activities they used to enjoy
- Giving away beloved items or changing their will
- Avoiding social activities
- Neglecting self-care, medical regimens, and grooming
- Exhibiting a preoccupation with death
- Lacking concern for personal safety

Addressing the Need for Resources

Older Adult Listening Sessions

- 6 Listening Sessions Across Ohio
- Rural, Suburban, and Urban Communities
- Key Take Aways

  - Lack of Family Connection and Support

  -Loneliness

  -Loss and Grief

  -Lack of Social Connectedness

  -Loss of Freedom and Independence

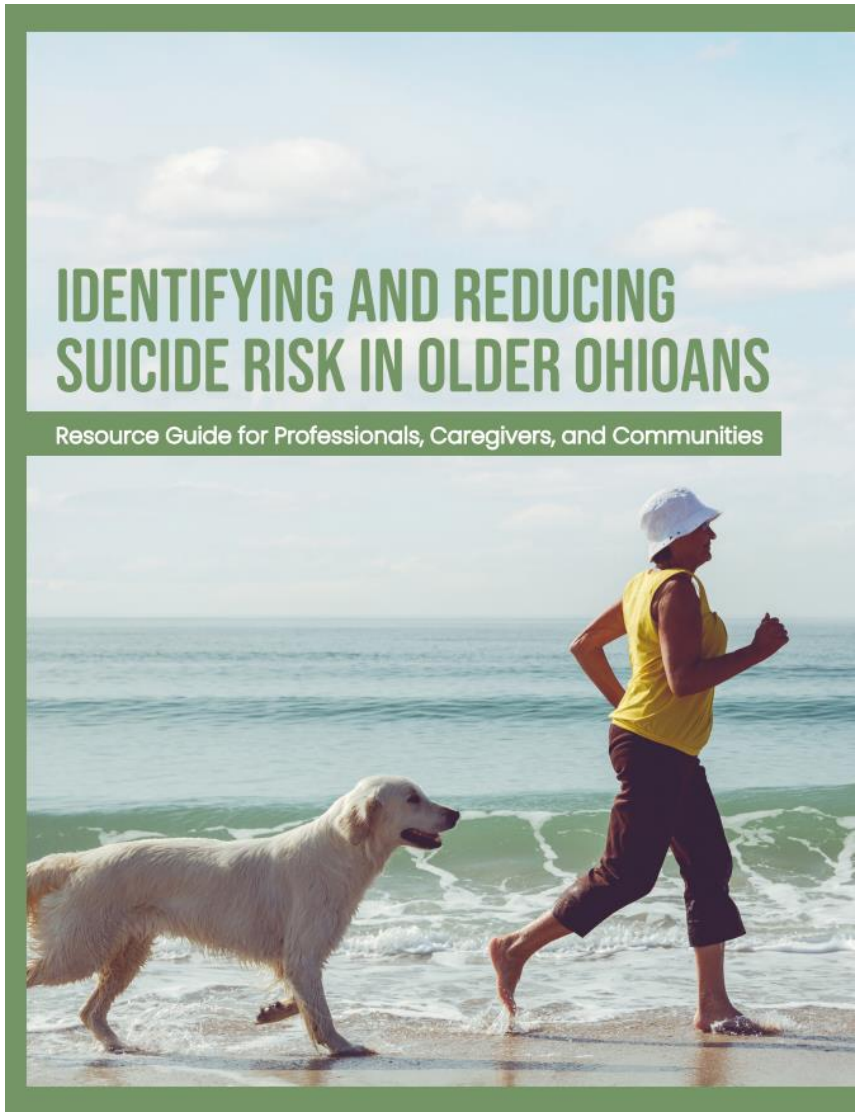
  -Transportation Barriers

  -Declining Physical Health

  -Feeling Like a Burden to Others

  -Housing Instability

Older Adult Toolkit



Toolkit

- A training resource for staff or volunteers
- A reference guide during safety planning
- A framework for community discussions
- A starting point for protocol review
- A companion to screening and follow-up procedures

What Else is Out There?

About 988

- 988 offers 24/7/365 call, text, and chat access to trained counselors, no matter where someone lives in the United States, when experiencing:
  - thoughts of suicide,
  - a mental health or substance use crisis, or
  - any other kind of emotional distress.
- Access is available through every land line, cell phone, and voice-over internet device in the United States.
- 988 operates through what is known as the National Suicide Prevention Lifeline network, which consists of over 200 locally owned and funded crisis centers across the country.

988 – the Crisis Hotline



Not just suicide call center – any type of crisis



Over 12,000 calls and texts per month



80% of calls resolved on the phone



Connect to local resources

Who Else Can Help?

- Healthcare professionals – Nearly 50% of people who die by suicide see their doctor within a month of killing themselves
- Area Agencies on Aging – Include questions on mental health
- Meals on Wheels – Include training on suicide prevention signs and symptoms
- Humane Society – People will return pets prior to suicide
- Church – Take down stigma around mental health and create social opportunities
- Everyone – Check in on neighbors and friends

Additional Resources

- Suicide Prevention Resource Center
- Institute on Aging Friendship Line 888-670-1360
- National Council on Aging
- SAMHSA

OSPF Training and Resources

Training

- QPR – General Public
- CAMS – Clinicians
- AMSR – Clinicians
- Vital Cog– Workplace

Resources

- Sources of Strength – Schools
- Life Is Better With You Here – African-American youth
- LifeSide Ohio – Gun Owners
- Man Therapy – Middle-age men
- Suicide Prevention Curriculum - Colleges
- Be Present Ohio - Youth
- To Be Me – LGBTQ+

QPR INSTITUTE
Question. Persuade. Refer.

Collaborative Assessment & Management of Suicidality

ZERO Suicide INSTITUTE
AMSR

THE OFFICE OF MAHOGANY MAN THERAPIST



SOURCES OF STRENGTH | OHIO

VitalCog
suicide prevention in the workplace

Contact Info

- Daniel Bennett
- Ohio Suicide Prevention Foundation
- Daniel.bennett@ohiospf.org
- 614-429-1528

Mental Health and Addiction Emergency or Crisis?

Mental Health and Addiction EMERGENCY

A mental health and/or addiction emergency is a life-threatening situation. An immediate response from law enforcement or medics is needed. A person may be actively trying to harm themselves or someone else. In other situations, a person may be out of touch with reality, be unable to function properly, or may be out of control.

Examples of mental health and addiction emergencies are:

- Active suicide threat.
- Threatening harm to self or others.
- Self-injury that needs medical attention.
- Severe intoxication.
- Inability to care for oneself.
- Apparent drug overdose.

If someone is having a mental health and/or addiction emergency, CALL 911.

What to expect when you call 911:

- A dispatcher will answer your call and ask about your emergency.
- Local law enforcement or paramedics will be sent to your location.
- In some cases, a crisis intervention team will accompany law enforcement.
- You will get help dispatched immediately.
- You may be transferred to 988, if appropriate.

911



Mental Health and Addiction CRISIS

A mental health and/or addiction crisis is not a life-threatening situation. Intervention may be possible without an immediate response by law enforcement or medics. A person may be thinking about hurting themselves or someone else or may be extremely emotionally upset or distressed.

Examples of a mental health and addiction crises are:

- Talking about suicide or planning to harm oneself.
- Talking about harm to self or others.
- Self-injury that doesn't need immediate medical attention.
- Overuse of alcohol or other drugs.
- Extreme depression, anxiety, or other mental illness symptoms.

If someone is having a mental health and/or addiction crisis, CALL 988.

What to expect when you call 988:

- A trained professional will answer your call.
- The professional will ask you to describe your crisis.
- In many cases, the professional will assist you over the phone and link you to additional care as necessary.
- In some cases, a mobile team will be sent to your location.
- If necessary, the person experiencing a crisis will be taken to a stabilization facility.
- You may be transferred to 911, if needed.

988



988 SUICIDE & CRISIS LIFELINE

mha.ohio.gov/988

MENTAL HEALTH & ADDICTION SERVICES Ohio

RECOVERY Ohio