Tennessee's Older Adult Suicide Prevention Plan
Revised February 14, 2018

In 2009, the Tennessee Suicide Prevention Network assembled the Older Adult Suicide Prevention Plan Committee, a multidisciplinary workgroup charged with developing a plan for a coordinated and focused suicide prevention effort targeting Tennessee's older adults. The Committee used the Tennessee Strategy for Suicide Prevention (based on the National Strategy for Suicide Prevention) as its framework and consulted other plans developed in Oregon and Pennsylvania.

The Division of Health Statistics within the Tennessee Department of Health's Office of Planning, Policy, and Assessment provided data on suicidal behavior among older adults. The Committee reviewed data available from deaths, hospitalization, adult risk surveys, and research literature. The group also fielded suggestions from national and local experts, older adults, and medical and social service professionals during the development of the plan. A draft of the plan for public comment was presented at "Older Lives Count: Depression and Suicide in Mature Adults" held on May 28, 2009, in Nashville. Revisions of the Older Adult Suicide Prevention Plan were issued in 2013 and 2015. The current version was developed by the Strategies, Outcomes, and Evaluations Committee within TSPN's Advisory Council.

Suicide among older adults is a serious but rarely addressed public health problem. In any given year, over 7,000 older adults over the age of 65 die by suicide, in 2016 8,204 older adults in the United States. Older males have especially high rates of suicide: between 2011 and 2016 the rate among Tennessee males over the age of 65 (37.2 per 100,000) was more than seven times higher than that among women in Tennessee the same age (5.5 per 100,000). Between 2011 and 2016, 44,002 Americans over the age of 65 died by suicide. Many older adults who die by suicide have recently visited a primary care physician: 20% on the same day, 40% within one week and 70% within one month of the suicide.

As Tennessee's population ages, the problem of suicide among this age cohort is likely to rise accordingly unless something is done to prevent these deaths. In the US, persons 65 and over have the highest suicide rates of any age group. Their attempts tend to be well-planned and highly lethal. With the graying of the "baby boom" generation (a group which is already seeing elevated suicide rates), experts expect the number of late-life suicides to increase dramatically over the next 20 to 30 years.

Approach:

The Tennessee Suicide Prevention Network (TSPN) will address the problem of suicidal behavior in older adults through Statewide efforts by:

1. Organization of a statewide interagency committee featuring delegates from the Tennessee Department of Health, the Tennessee Department of Mental Health and Developmental Disabilities, the Tennessee Commission on Aging and Disability, the Tennessee Medical Association, the Tennessee Psychological Association, and the Tennessee Psychiatric Association.
2. Establishment of public/ private partnerships dedicated to implementing the Tennessee Strategy for Older Adult Suicide Prevention including AARP and other retirement programs, county aging offices, senior centers, mental health providers, primary care physician's offices, hospital discharge planners, emergency room staff, and representatives from the arena of Long Term Care, faith-based organizations and insurance companies.
3. Promotion of the inclusion of geriatric behavioral health issues in medical schools, nursing programs and allied health training programs.
4. Support of pilot projects that link and analyze information on self-destructive behavior from various distinct data systems; this includes Tennessee's possible inclusion in the National Violent Death Reporting System (NVDRS) and other reporting systems that collect information not currently available from death certificates.
5. Development and/or circulation of informational materials specifically directed to older adults; these should address suicide risk and protective factors, community resources, and specific issues facing older adults such as but not limited to late-life depression, coping with life changes, substance abuse and chronic illness.

The Tennessee Suicide Prevention Network (TSPN) will address the problem of suicidal behavior in older adults through Regional efforts by:

1. Recruitment of leaders of community groups, such as churches, United Way organizations, and senior centers to secure their support of and participation in the integration of suicide prevention into current programs; this may involve links to existing prevention programs related to substance abuse or other addictions.
2. Support of conferences on older adult suicide and suicide prevention.
3. Circulation of informational materials specifically directed to older adults; these should address suicide risk and protective factors, community resources, and specific issues facing older adults such as but not limited to late-life depression, coping with life changes, substance abuse and chronic illness.
4. Suicide prevention and crisis intervention training for seniors themselves through senior centers educational programs run by AARP and other retirement organizations.
5. Incorporation of suicide prevention workshops at annual meetings of professional groups and LTC associations.
6. Providing educational programs for family members of persons at elevated risk.
7. Identification of contacts to coordinate an increase in the number of evidence-based suicide prevention plans in community service programs, area agencies on aging, primary care sites, senior centers, and senior apartments.
8. Promote education around means restriction/reduction.
9. Promotion of procedure and/or policy change designed to assess suicide risk and the incorporation of suicide risk screening and suicide prevention training in hospital emergency departments, substance abuse treatment centers, specialty mental health

treatment centers, Long Term Care and other institutional treatment settings as well as provide materials.

10. Provision of training in suicide risk assessment for the aforementioned groups as well as emergency medical technicians, firefighters, police, and funeral directors.

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