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MISSISSIPPI ELDERLY SUICIDE PREVENTION CAMPAIGN LAUNCHES

September 2, 2010 (Jackson, MS) – For many people, depression and thoughts of suicide aren't necessarily thought of as problems older adults may be facing. Adults just don't think that their parents or that their spouse of four or five decades could consider that. But the statistics prove those commonly-held notions wrong. The highest suicide rate of any age group occurs among those aged 65 and older. There is an average of one suicide among the elderly every 90 minutes.

To combat this growing problem, the Mississippi Department of Mental Health (DMH) is launching a statewide suicide prevention and awareness campaign targeting the elderly and their caregivers. Often times, senior adults don't want to admit they are having problems with depression or even thoughts of suicide. It is important for caregivers to watch for warning signs such as changes in eating or sleeping, increased prescription drug use or stockpiling medications, and elaborate good-byes or social withdrawal. Other signs include a rush to complete or revise a will and statements about hopelessness such as "I don't know if I can go on."

"The main thing we want people to do is to begin to recognize warning signs, and build that support network," said Kathy Van Cleave, Director of DMH's Division of Alzheimer's Disease and Other Dementia. "The challenge you have with this age group is this is a 'hush-hush' generation. They typically don't seek help for mental health issues because of the stigma associated with mental health issues. Having to look at suicide prevention in the elderly is something that we, in mainstream mental health, typically haven't focused on before."

Though depression, stress, and suicide are often talked about in conjunction with mental health, not many people have specifically focused on those factors and how they affect the older population.

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While some individuals think depression is just a common part of growing older, that is not the case. Feelings of sadness and grief are normal; however persistent depression that affects your ability to function is not.

“People are looking at geriatric issues and issues within the elderly population, because the baby boomers recently turned 60,” said Van Cleave. “The attention is there, we’re seeing the prevalence there, but now we’re trying to figure out how to meet the needs of this baby boom generation, and the parents many of them are caring for. The needs in that spectrum of ages are very different.”

One significant difference between elderly populations and younger age groups is something that is inherent with aging: loss. As people age, retirement brings the loss of jobs, physical health may deteriorate, and friends and family members pass away. Those who have recently lost a spouse or loved one, been diagnosed with a life-threatening illness, have been experiencing financial difficulties, or who have lost their independence or mobility may be at specific risk for suicidal thoughts. Younger individuals in similar circumstances could be at risk as well, but many people simply don’t expect older adults to take their own lives.

“People have got to realize depression is not a normal part of aging,” Van Cleave said. “Alzheimer’s and dementia patients can be at a specific risk of depression and attempting suicide. Facing a disease that could rob them of their memories of the past, ability to live in the present, and hope for the future, some people may decide to attempt to end their own life.”

Depression among the elderly can be treated. In some cases, certain diseases and physical problems or medications can also lead to depression. Asking for help is not a sign of weakness; it is a sign of strength. If you or your loved one is having thoughts of suicide, it is important to share this information with your physician. According to the Department of Health and Human Services, it is estimated that 20% of elderly persons who commit suicide visited a physician within 24 hours of their act, 41% visited within a week of their suicide and 75% have been seen by a physician within one month of their suicide.

As part of the campaign, DMH will incorporate suicide prevention messages in presentations and information provided by the Division of Alzheimer’s Disease and Other Dementia to caregivers across the state. The campaign was launched at the 11th Annual Conference on Alzheimer’s Disease and Psychiatric Disorders in the Elderly on August 20.

If you or someone you know is talking, writing or thinking about suicide contact the National Suicide Prevention Lifeline at 1-800-273-TALK. For more information or educational materials, contact DMH’s Division of Alzheimer’s Disease and Other Dementia at 601-359-1288.

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