



Circumstances of Suicide Among Older Adults in Maryland

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MISSION AND VISION

MISSION

The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

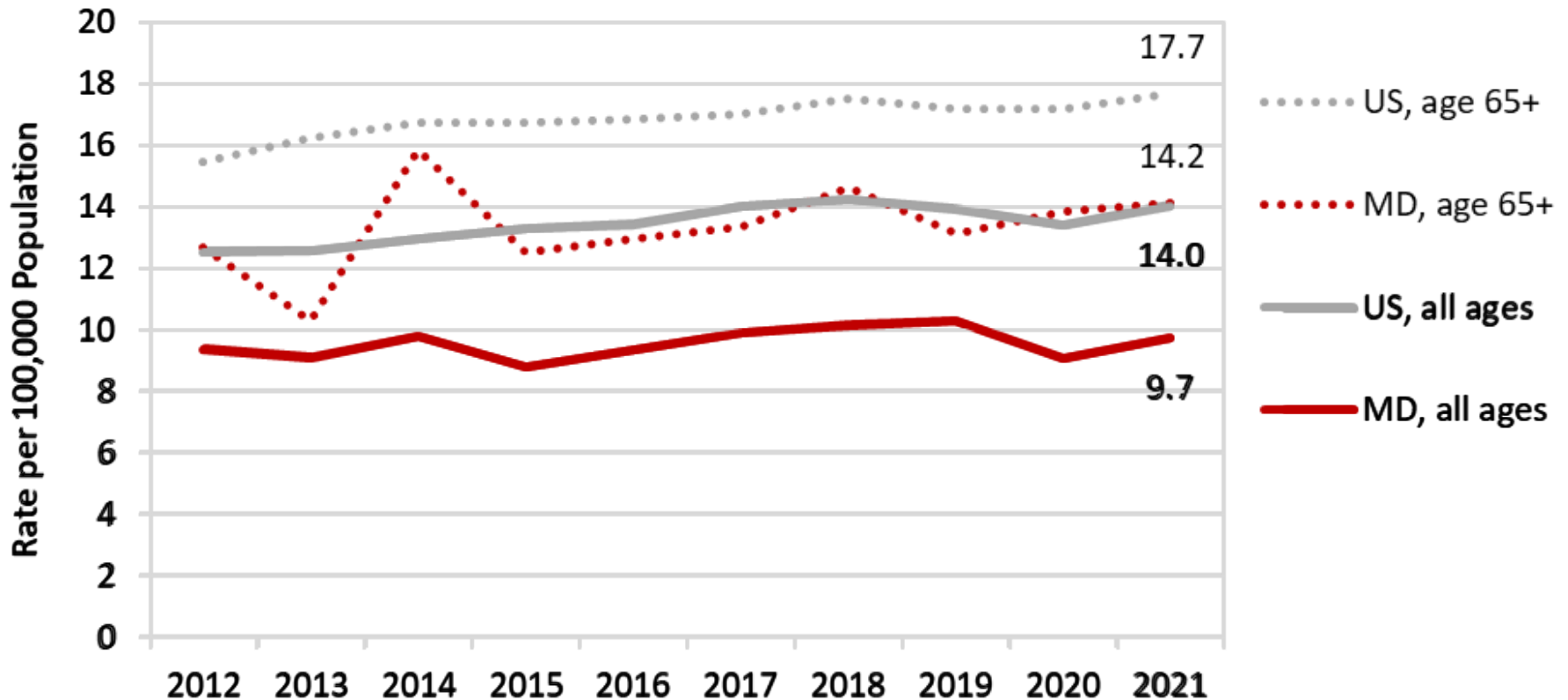
VISION

The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.

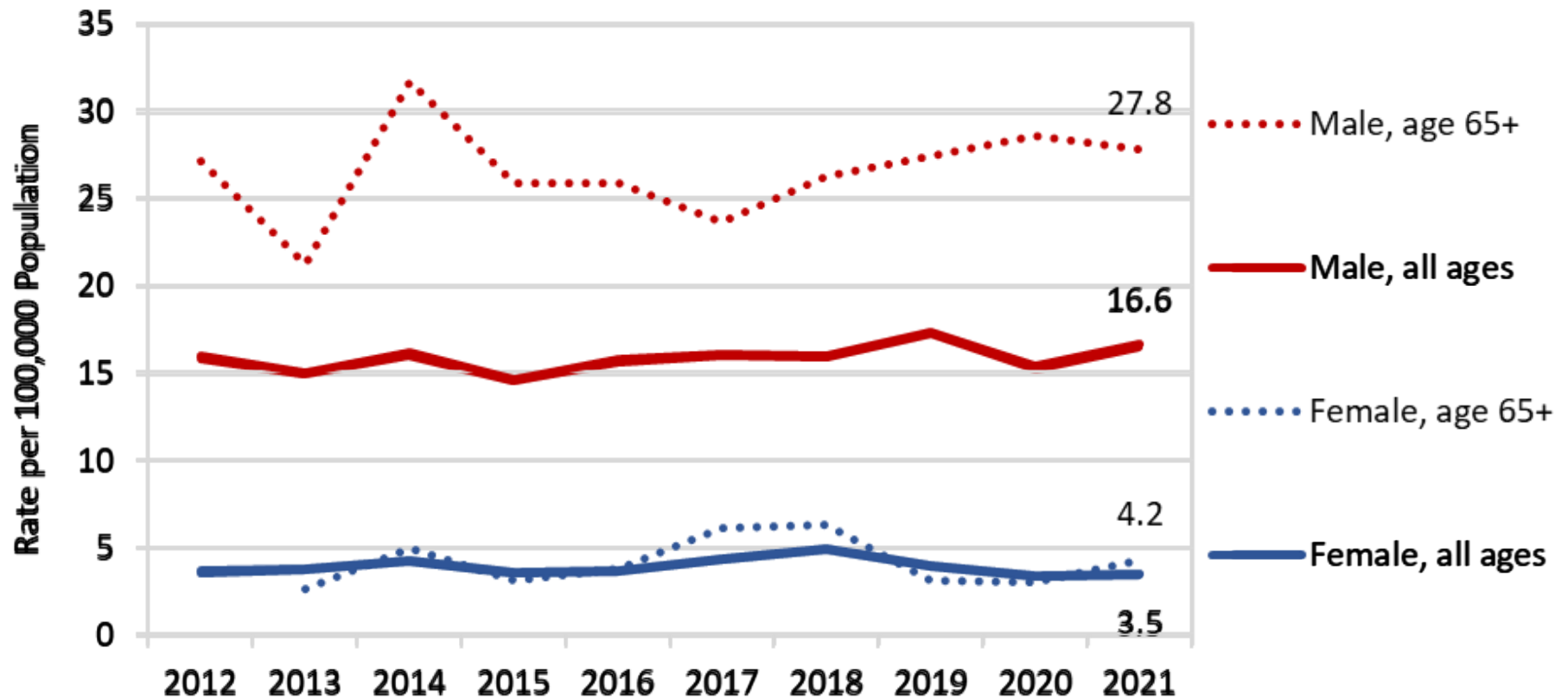
Why focus on older adults?

**Rates, patterns, trends, and
lethality of means**

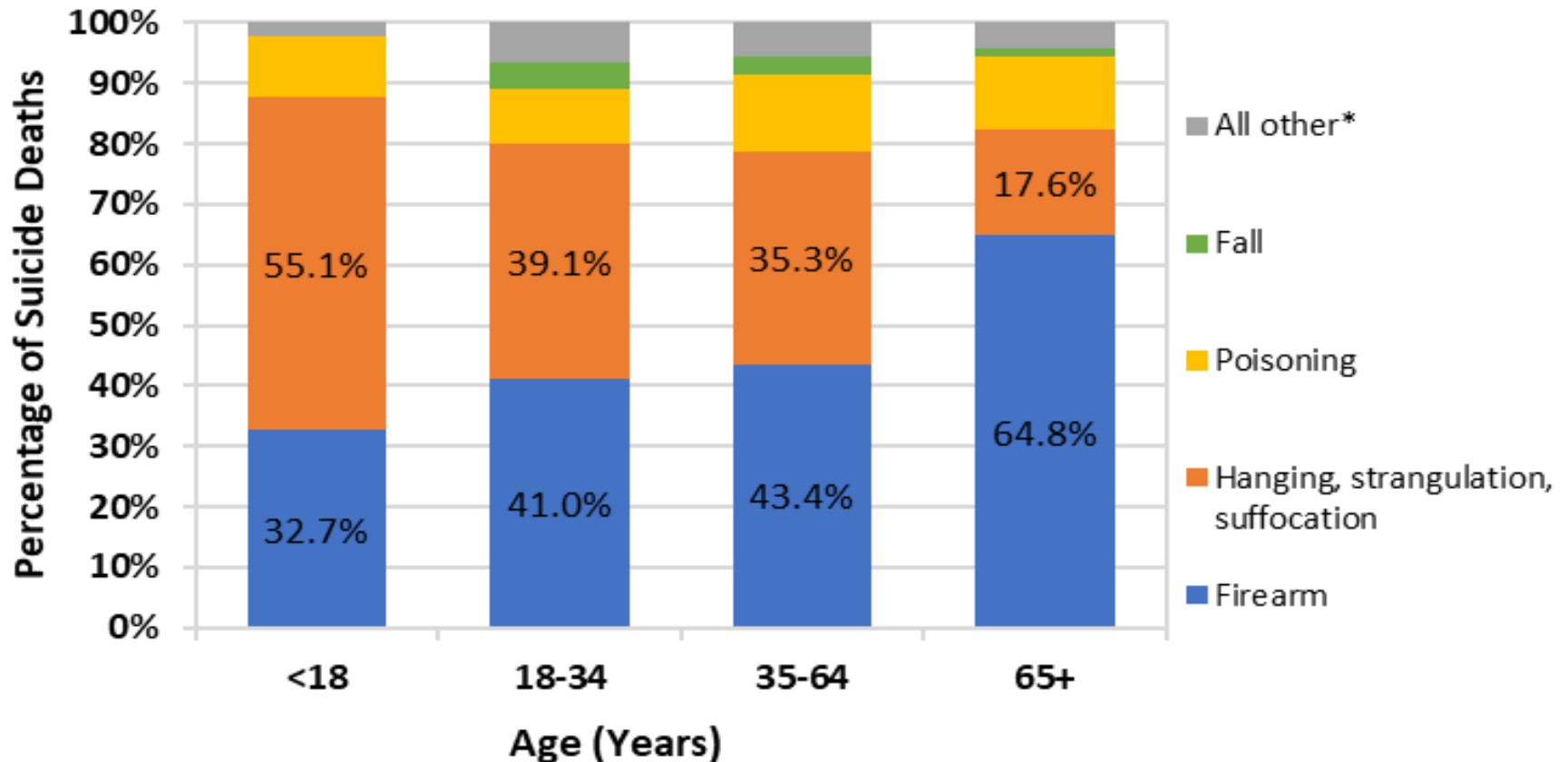
Suicide rate: United States vs. Maryland



Suicide rate among Maryland residents: male vs. female



Primary weapon used in Maryland suicide deaths, by age group, 2020-2021



*All other includes: blunt instrument, explosive, drowning, fire/burns, motor vehicle, other transport vehicle, sharp instrument, and others.

**Statistically significant difference between age groups.

Reasons to focus on age 65+

- Suicide rates are highest for adults age 65+
 - Particularly men
- Suicide rates are increasing overall and for age 65+
- Firearms used more often by this age group than all younger age groups
 - Lethality of means

Methods

Analysis and statistical testing

Circumstances

1. Current mental health problem
 2. Perceived by self/others to be depressed
 3. Current treatment for MH/SUD problem
 4. History of treatment for MH/SUD problem
 5. Alcohol dependence/problem
 6. Non-alcohol related SA problem
 7. Addiction other than alcohol/SUD
 8. Criminal legal problems
 9. Civil legal problems
 10. Job problem(s)
 11. Financial problem(s)
 12. Recent eviction/loss of housing
 13. Problems with intimate partner
 14. Relationship problems with family
 15. Problems with friend or associate
 16. Argument or conflict led to death
 17. Suicide of family/friend
 18. Death of family/friend (not suicide)
 19. Anniversary of traumatic event
 20. Physical health problem(s)
 21. History of attempting suicide
 22. History of suicidal thoughts/plans
 23. Disclosed thoughts/plans within last month
 24. Left a suicide note
- * *“Problems at school” not applicable*

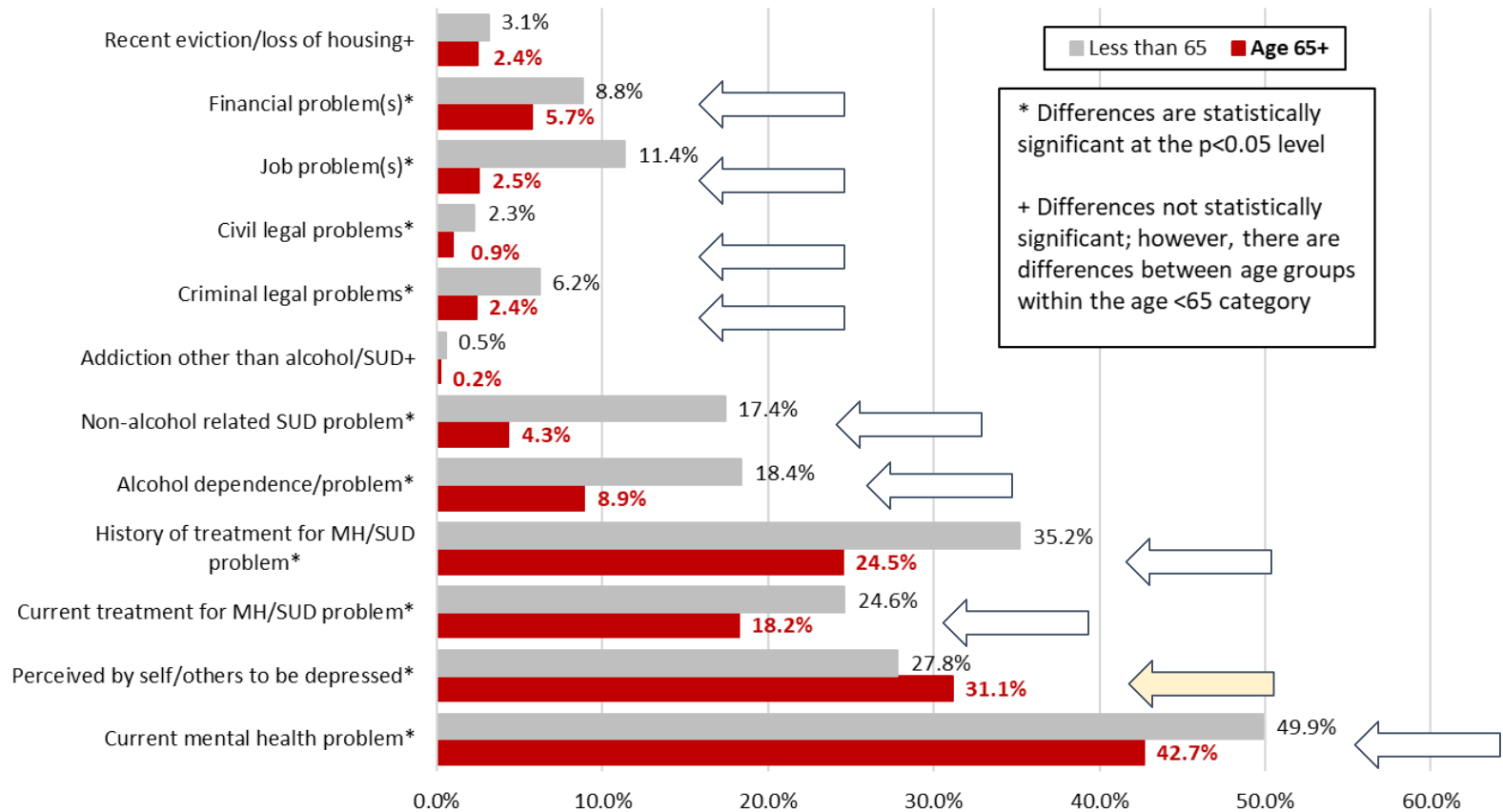
Demographics and results

Maryland Suicide decedent demographics, 2012-2021 MVDRS

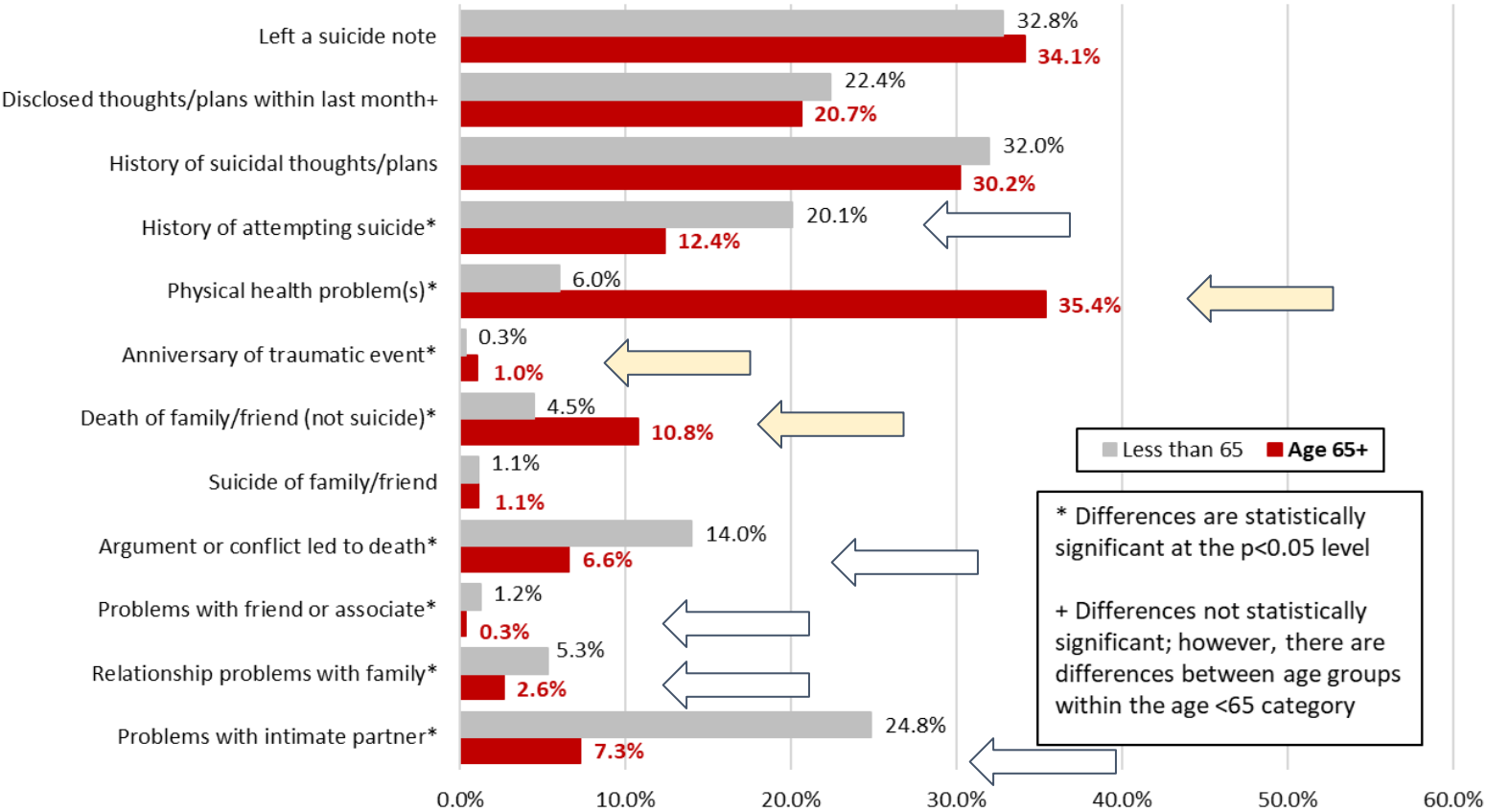
	Age 64 and younger (n=4831, 80.3% of decedents)	Age 65 and older (n=1186, 19.7% of decedents)
Race/ethnicity*	71.9% White NH 18.4% Black NH 4.8% Hispanic	87.7% White NH 7.9% Black NH <1% Hispanic
Biological sex*	78.1% male 21.9% female	82.7% male 17.3% female
Military service*	11.7%	40.7%

**Differences are statistically significant at $p < 0.05$.*

Behavioral health, life stressors, and substance use-related circumstances of suicide for Marylanders, by age group



Relationship and suicide-specific circumstances of suicide for Marylanders, by age group



Suicide decedents age 65 and older: Changes in circumstances over time

	2012-2019 (Pre-pandemic)	2020-2021 (COVID-pandemic)
History of treatment for mental health or substance use disorder*	26.1%	19.1%
Disclosed thoughts or plans within last month*	22.1%	15.7%

**Differences are statistically significant at $p < 0.05$.*

Non-statistically significant findings not shown.

Suicide decedents age 65 and older: Differences between male and female

	Male (Biological males)	Female (Biological females)
Addiction other than alcohol or substance use*	0%	1%
Recent eviction/loss of housing*	2.9%	0.5%
Physical health problem(s)*	36.9%	28.3%
History of attempting suicide*	10.1%	23.4%
Left a suicide note*	31.5%	46.8%

**Differences are statistically significant at $p < 0.05$.*

Non-statistically significant findings not shown.

Suicide decedents age 65 and older: Differences by race/ethnicity

	White (non-Hispanic)	Black (non-Hispanic)
History of treatment for mental health or substance use disorder*	23.4%	35.1%
Physical health problem(s)*	37.2%	21.3%
Left a suicide note*	35.3%	23.4%

**Differences are statistically significant at $p < 0.05$.*

Non-statistically significant findings not shown.

Suicide decedents age 65 and older: Differences by military service

	No service	Served in US Armed Forces
Current mental health problem*	45.1%	39.1%
Current treatment for MH/SUD problem*	20.8%	14.1%
History of treatment for MH/SUD problem*	27.1%	20.6%
Non-alcohol related SUD problem*	5.4%	2.9%
Physical health problem(s)*	30.8%	42.0%
History of attempting suicide*	15.4%	8.1%

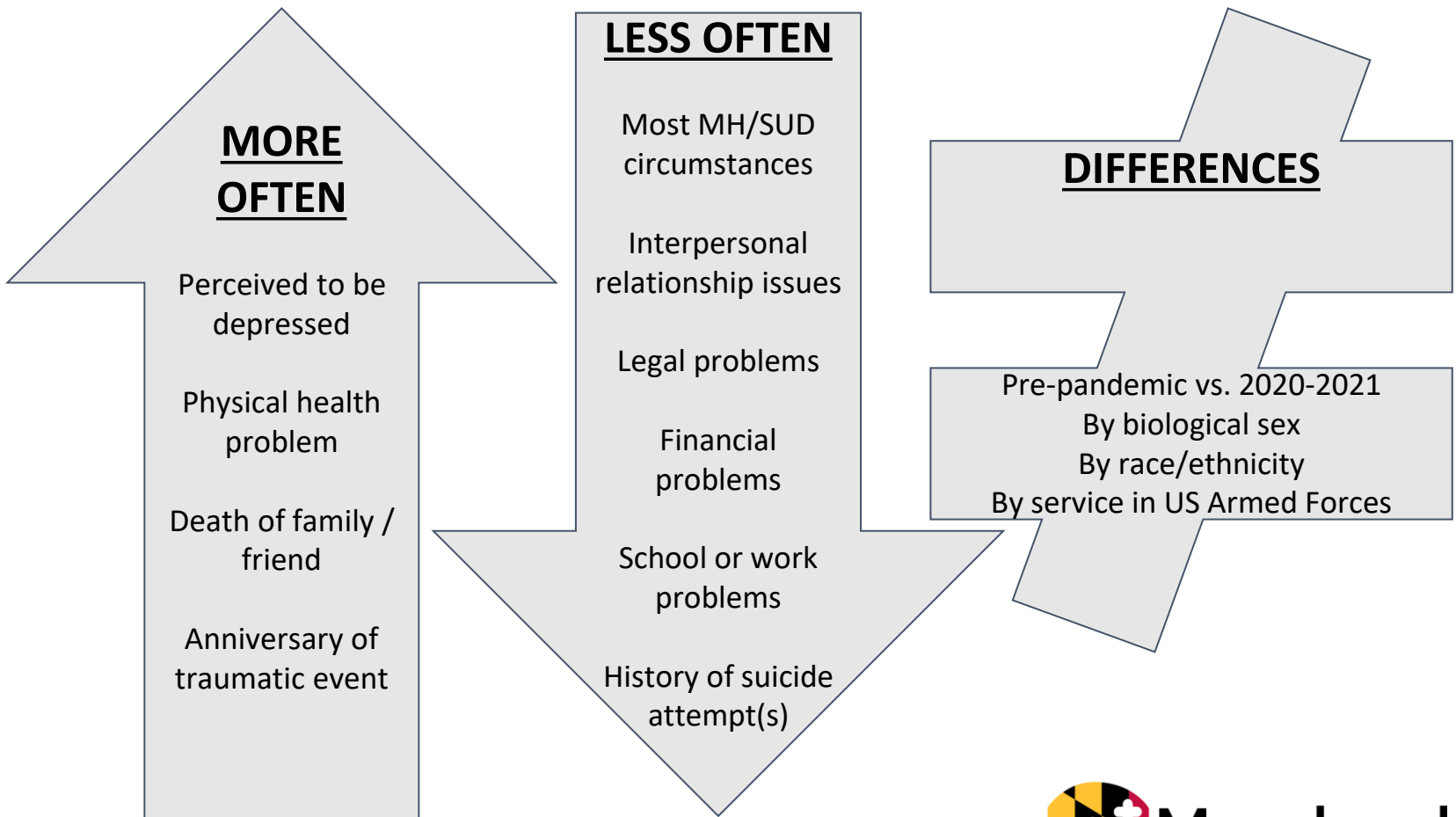
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Non-statistically significant findings not shown.

Key takeaways

Key Takeaways:

Suicide decedents age 65 and older



For more information

Web-based Injury Statistics Query and Reporting System (WISQARS)

<https://www.cdc.gov/injury/wisqars/index.html>

Maryland Violent Death Reporting System (MVDORS)

<https://health.maryland.gov/phpa/OEHFP/Injury/Pages/mvdrs.aspx>

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Maryland

DEPARTMENT OF HEALTH

Prevention and Health Promotion Administration

<https://phpa.health.Maryland.gov>

