Suicide in Missouri: Older Adults 65 and Over

In Missouri, nearly 90% of suicides among older adults were by white males in 2009.*

In 2009, 88% of all older adult suicides involved firearms in Missouri.

Suicide rates in Missouri are highest among white males 75 years old and over.

Suicides in Missouri are infrequent among older adult blacks with only 3 male and no female suicides in 2009.

- Older adults have consistently had the highest suicide rate of any age group, especially among white males ages 75 and over. Suicide rates of older white males are almost double those of older black males, and 10 times those of older females (see graph above).

- In 2009, there were a total of 127 suicides by Missourians ages 65 and over. One hundred fourteen (89.8%) of these were by white males and 10 (7.9%) were by white females. Three were by black males and there were no suicides among black females.

* Data are from 2009 unless otherwise specified. Missouri data are from the Missouri Information for Community Assessment (MICA). National data are from the CDC Web-based Injury Statistics Query and Reporting System (WISQARS).
Suicide Trends

- Among white males, rates decreased primarily among those 75 to 84 years old, with the greatest decline between 1990 and 2002. Rates among those 65 to 74 have fluctuated with slightly lower rates in 2009 than 1990.
- The suicide rate for white males ages 65 to 74 has recently been eclipsed by increasing suicide rates in white males ages 45 to 54.

- Suicide rates of older adults both in Missouri and nationally have been slowly declining over the past 20 years. In 1990, suicide rates among older Missourians peaked at almost 25 per 100,000. By 2009, rates had dropped to 15 per 100,000. The greatest period of decline was between 1990 and 2000.

Health and Suicide

- Studies show that up to 75% of older adults who die by suicide visited a physician within a month before death (Conwell, 2001).
- Depression and suicide are strongly related across all age groups including older adults. This is due to the strength of the relationship between depression and suicide and the prevalence of depression among older adults (Qin, 2011).
- The risk of depression in older adults increases when physical and/or mental illnesses are present and when ability to function becomes limited. Likewise, many persons with depression have high levels of medical, functional, and psychosocial comorbidities (MIMH, 2009).
- Cancer has been found to be strongly linked to suicide risk among those ages 65 and over (Fang et al., 2012).
- Around one-third of all nursing home residents have been found to suffer from depression and those newly admitted are 1.5 times more likely to die within 12 months of admissions (Wagenaar et al., 2003).
The vast majority of older adult suicide attempts/intentional self-injuries are among whites. In 2009, there were 143 suicides among whites compared to 9 among blacks.

Although suicide rates for older adults are higher among males than females, their suicide attempt/intentional self-injury rates are virtually identical.

The suicide attempt/intentional self-injury rate for older adults is lower than for any other age group, regardless of race or sex.

Among 65 to 74 year olds, suicide attempt/intentional self-injury rates are highest among white females. Among those 85 and over, rates are higher among white males.

Suicide attempt/intentional self-injury rates among older adult blacks are much lower than rates among older adult whites. In the figure below, the variance in the rates of white male and female older adults are illustrated separately; however, rates of black older males and females have been combined due to low incidence rates.

**The data were obtained from hospitals or emergency room records of individuals admitted to emergency rooms or who become inpatients due to intentional self-injuries. It should be noted that (1) not all intentional self-injuries are suicide attempts; (2) many suicide attempts do not result in hospital or ER admission; and (3) different racial, ethnic, and age groups may differentially seek treatment for intentional self-injuries.**
The use of firearms is the primary means of suicide among older adults in Missouri.

Older adult males are twice as likely than females to use firearms (88% versus 52%).

Older adult females are much more likely to use poisoning (29% versus 4%).

Among white males, the use of firearms as a means of suicide increases with age. In their early forties, around 50% use firearms to kill themselves. This jumps to 60% for those in the 45 to 54 year old age range. For those 65 to 74, the percentage who use firearms reaches 85%, and rises to 90% among those 75 years old and over.

****Firearms” include pistols, rifles, shotguns; “Suffocation” includes hanging, asphyxiation; “Poisoning” includes drug overdoses; “Other” includes jumping, cutting, drowning, and unspecified/other.

Missouri Institute of Mental Health at the University of Missouri-St. Louis

Information in this brief has been compiled for the Missouri Suicide Prevention Project by the Missouri Institute of Mental Health (MIMH) at the University of Missouri -St. Louis (UMSL), 5400 Arsenal Street, St. Louis, MO 63139. The Missouri Suicide Prevention Project is a joint project between the Missouri Department of Mental Health and MIMH.

For questions or more information about these data contact Collin Miller at collin.miller@mimh.edu.