

## Elder Suicides in Illinois, 2015

Risk of suicide is highest among middle-aged and older adults (Figure 1). In Illinois, elder adults (ages 60 and up) had a suicide rate of 12.0 per 100,000 from 2011 to 2015. Table 1 shows a comparison of the rates of elder suicides in Illinois, the Midwest and the U.S. over a 10-year period.

Here we present information on the circumstances surrounding elder suicides in six Illinois counties — Cook, DuPage, Kane, Lake, McHenry and Peoria — in 2015. Using data from the Illinois Violent Death Reporting System (IVDRS), we describe characteristics and circumstances surrounding these deaths.

Table 2 describes the demographics, weapon type, location and additional details surrounding suicide deaths among adults 60 years of age and older. Among the decedents, 80% were male and 85% identified as Non-Hispanic White. Firearm was the most commonly used weapon type (47%). Victims were more likely to commit suicide at their residence (85%), during the spring season (36%) and on a weekday (75%).

Based on available toxicology findings, 23% of victims tested positive for alcohol, followed by antidepressants and opiates (19.5% each), as shown in Figure 2.

**Table 1.** Suicide rate per 100,000 by region, 2006-2015

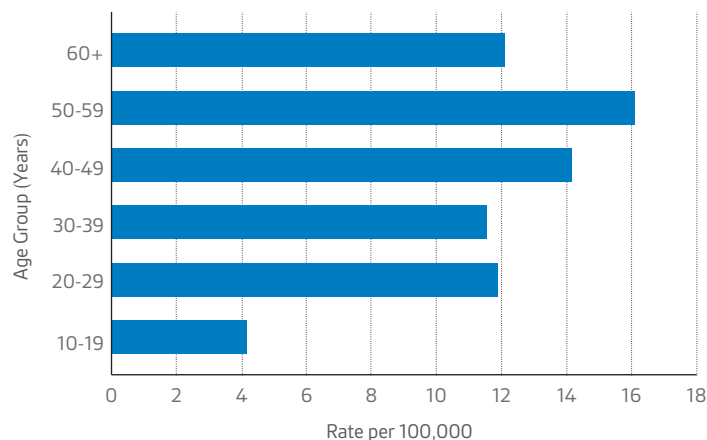
Region	Rate
United States	15.4
Midwest	13.3
Illinois	11.3

Source: WISQARS National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

**Table 2.** Suicide victim characteristics

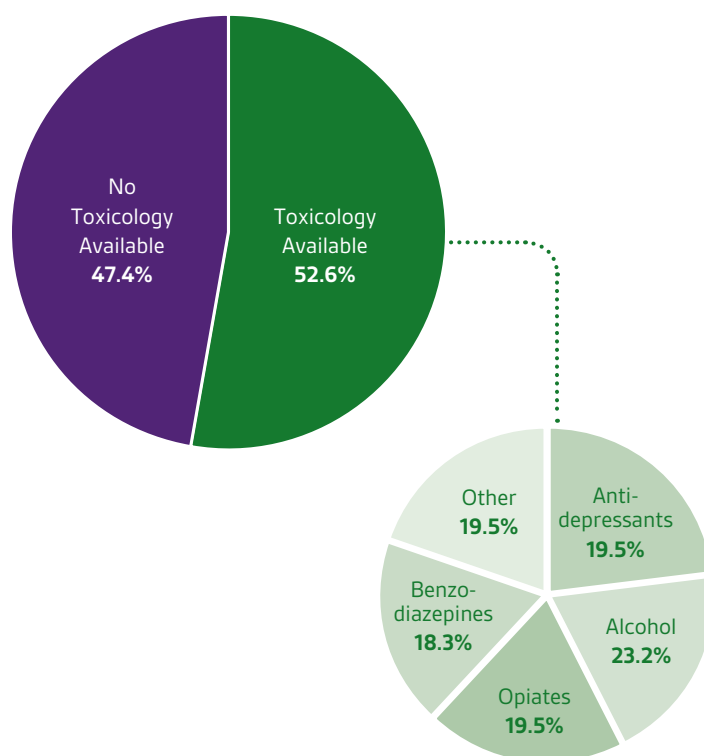
Total N		156
Average age		71.0
Demographic characteristics		%
Sex	Male	79.5
	Female	20.5
Race/ethnicity	White, Non-Hispanic	85.3
	Black, Non-Hispanic	6.4
	Hispanic	4.5
County of injury	Cook	66.7
	DuPage, Kane, Lake, McHenry, Peoria	33.3
Injured at residence	Yes	84.6
	No	15.4
Weapon type	Firearm	47.4
	Hanging/strangulation/asphyxiation	28.9
	Poisoning	14.1
	Other	9.6
Season, n=155	Winter (Dec–Feb)	21.9
	Spring (Mar–May)	36.1
	Summer (Jun–Aug)	24.5
	Fall (Sept–Nov)	17.4
Weekday/weekend, n=152	Weekdays (Mon–Fri)	75.0
	Weekend (Sat–Sun)	25.0

**Figure 1.** Suicide rate per 100,000 by age group in Illinois, 2011-2015



Source: WISQARS National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

**Figure 2.** Toxicology findings among victims (not mutually exclusive categories)



Among decedents, 32% had suicidal thoughts or previously attempted suicide and a quarter had a previous history of mental health treatment; 7% of decedents committed suicide within a year of finding out about a cancer diagnosis (Table 3).

Among those with only a documented mental health issue (19%), the most common mental health issues included depression, anxiety and alcohol abuse. For those with only a documented physical health issue (32%), the most common physical health issues included chronic pain, diabetes, cardiovascular disease and hypertension; 37% of decedents had both a physical and a mental health issue (Figure 3).

Circumstances surrounding the suicide deaths are shown in Table 4. Nearly half of the decedents (42%) were in pain at the time of death. More than a third (39%) were found deceased during a well-being check. It was not uncommon for suicides to follow a recent hospitalization (38%) or a loss of independence such as a move to an assisted living facility (30%). A quarter of decedents committed suicide following a dispute with a family member/partner or after expressing feelings of isolation. One-fifth (20%) of decedents had financial problems leading up to their death such as eviction notices or being unable to work and support their family and 12% were grieving the loss of a loved one.

Of the decedents that left a suicide note on scene, 27% indicated they were tired of living in pain (Figure 4).

**Table 3.** Health issues (not mutually exclusive categories)

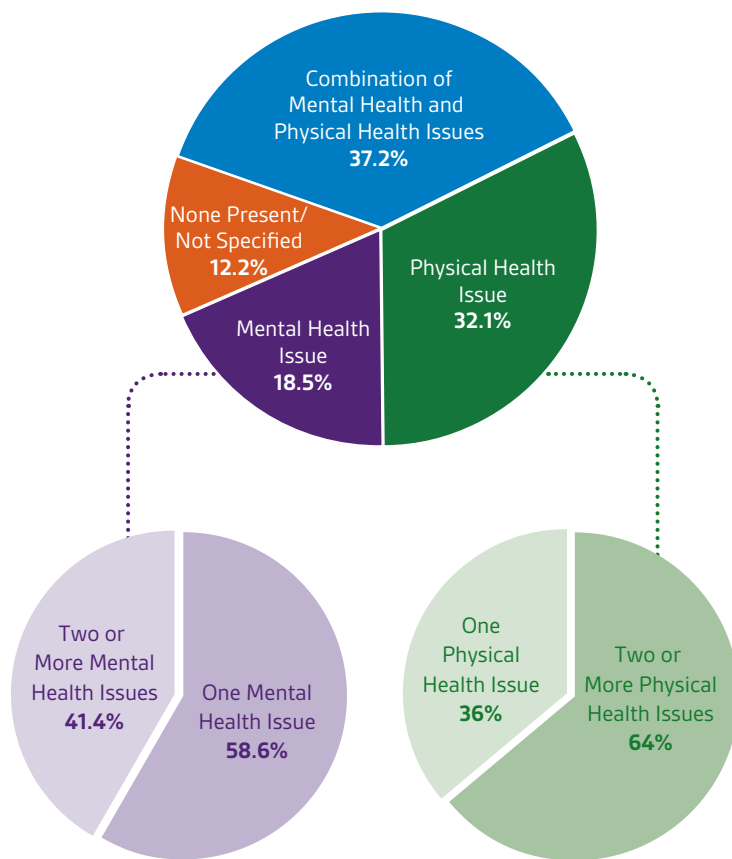
Issue	%
History of suicidal ideations and/or attempts	32.1
History of mental health treatment	25.0
Decedent was in mental health treatment at time of injury	21.2
Cancer diagnosis within one year of death	7.1

**Table 4.** Circumstances surrounding death (not mutually exclusive categories)

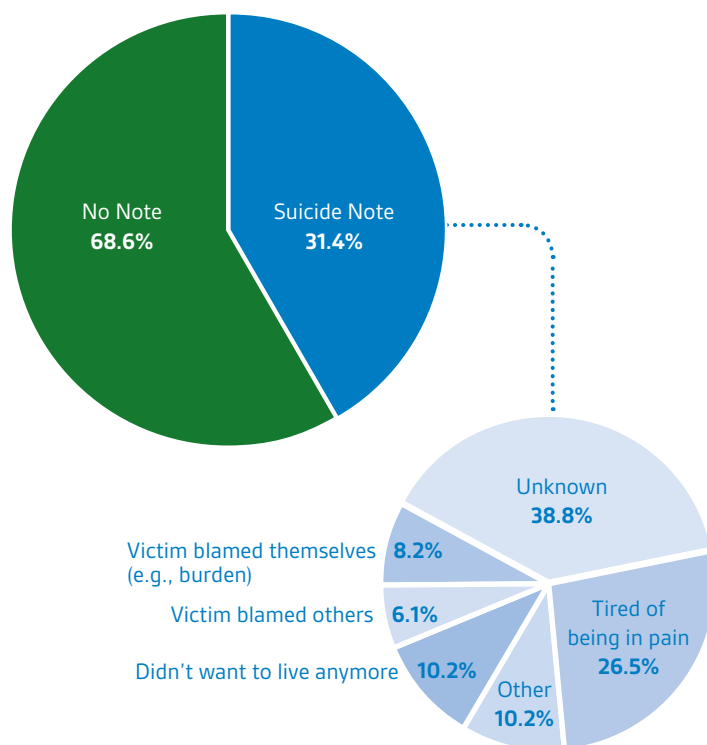
Circumstance	%
Victim was in pain at time of death	41.7
Well-being check	39.1
Contact made by victim prior to death (e.g. note or text)	38.5
Recent hospitalization/advanced diagnosis/change in health status	37.8
Dependency or functionality issues	29.5
Relationship issues or lack of connectedness	25.0
Financial conflicts	19.9
Bereavement/Loss of a loved one	12.2
Palliative or hospice care	8.3

These data indicate that a good proportion of elders who commit suicide experience problems such as uncontrolled pain, loss of functionality, chronic debilitating conditions, mental health conditions, financial pressures and social isolation. Because the aging population often has access to coordinated systems of care, supported living environments and health coverage through Medicare, there are many potential avenues for prevention. Among those to consider are: improved pain management for chronic conditions, enhanced case management services, social support groups and a supported living options to avoid unnecessarily restrictive environments. Caregivers for the elderly, especially if they are family members, also require resources and support, particularly if they are caring for an elder who has expressed suicidal ideation or made prior attempts. Because protective factors — such as social connections that are meaningful

**Figure 3.** Physical health and mental health issues among decedents



**Figure 4.** Suicide note details among victims who left a suicide note



to the elder and coping skills to help accept and adapt to serious health conditions and loss of function — have been shown to be preventive, interventions that address these issues are recommended.

Below, we highlight a few resources for suicide prevention among this population.

## RESOURCES



### Institute on Aging 24-hour Friend Line

1.800.971.0016

Institute on Aging's 24-hour toll-free Friendship Line is the only accredited crisis line in the country for people aged 60 years and older, and adults living with disabilities.

[ioaging.org/services/all-inclusive-health-care/friendship-line](http://ioaging.org/services/all-inclusive-health-care/friendship-line)



### National Suicide Prevention Lifeline

1.800.273.8255

The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

[suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)



### National Alliance on Mental Illness (NAMI)

1.800.950.NAMI

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. Find help in a crisis or text "NAMI" to 741741.

[nami.org/Find-Support/Family-Members-and-Caregivers/Preventing-Suicide](http://nami.org/Find-Support/Family-Members-and-Caregivers/Preventing-Suicide)



### Illinois Area Agencies on Aging

Area Agencies have the primary task of planning and coordinating services and programs for older people in their respective areas. Like the Department on Aging, Area Agencies are not, as a rule, direct service providers. Area Agencies contract with local agencies which provide services to the older people who live in the same community.

[illinois.gov/aging/PartnersProviders/Pages/aaa-main.aspx](http://illinois.gov/aging/PartnersProviders/Pages/aaa-main.aspx)

## RATE PER 100,000

A rate, or per capita value, helps compare values among groups of different sizes. To find out if, for example, one city has higher levels of suicide than another, you need to determine a per capita suicide rate. That is, the number of suicides for each person in that group. To keep from using a small decimal, statisticians typically multiply the result by 100,000, and give the result as the number of suicides per 100,000 people.

## DATA SOURCE

The Illinois Violent Death Reporting System (IVDRS) is part of the National Violent Death Reporting System, which pools information about the "who, when, where, and how" of violent deaths to provide a more complete picture and develop insight into "why" they occur.

## CONTACT INFORMATION

For more information on the Illinois Violent Death Reporting System, please contact:

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