Suicide in Adults Aged 75 Years and Over in Cornwall: An Epidemiological and Case Study Analysis

Executive Summary

Suicide in older people has historically received less attention in research than suicide in younger age groups; this is possibly due to lower absolute numbers of suicides in older people, and possibly due to embedded ageism in the measures of disease burden that exclude people over 75 years of age. There is much heterogeneity between studies of suicide in older age groups and suicide rates are often aggregated in different ways making comparisons difficult. From a public health view, it is also necessary to study suicide at a local area level to determine whether there are any specific risk factors and to ensure carefully targeted preventive measures for local populations.

The study was requested by the Cornwall and Isles of Scilly Primary Care Trust (PCT), whose previous audits had shown that those aged 75 years and over were at relatively high risk of suicide in Cornwall. The present study aimed to explore the events behind the statistics and quantify the risk of suicide in older people in Cornwall, in addition to studying in depth the risk factors, methods, locations and warnings for suicide among older people, and consequently identifying some potential preventive measures. The Office for National Statistics (ONS) Public Health Mortality Files (PHMF) were primarily used for the study of suicide rates in the 75+ age group in Cornwall, while the coroner’s records and the PCT’s local suicide audit database provided more qualitative information on individual suicide cases (including some open verdicts) for this age group between 2006 and 2010. As stress and isolation are established risk factors for suicide in older people, a questionnaire survey of a small number of community dwelling people aged over 75 (n = 49) in one part of Cornwall was also carried out in 2012 to explore these factors in more detail.

There were some discrepancies between the data sources used in the study, mainly in terms of open verdicts reported by the coroner and the ONS; this is a matter that should be addressed if we are to ensure accurate and reliable suicide statistics. While suicide in the
75+ age group accounted for only a very small proportion of all-cause mortality in Cornwall, this group had a significantly higher risk of suicide than expected, with a rate 72% higher than the UK overall. Males aged 75 to 84 years (the ‘old old’) had a higher suicide rate than all other age groups in Cornwall, although the statistical significance of this cannot be reliably determined due to small numbers.

As previous studies of suicides among older people of all ages have shown, the majority of suicides in Cornwall took place at home. Jumping from a height and suffocation were the suicide methods most frequently used by the 75+ age group in Cornwall (accounting for 8/34 and 7/34 deaths respectively), which contrasted with previous reports where hanging and strangulation and self-poisoning were the preferred suicide methods of older people. Risk factors were similar to those identified by previous studies of suicides among older people in other regions of the UK and elsewhere in the developed world, with depressive illness, physical illness and bereavement most commonly contributing to suicide. Warnings were apparent in many cases, and included previous self-harm or attempted suicide, ideation or plans, behavioural changes and researching euthanasia.

Among those older people surveyed, feelings of isolation were prevalent, and the concerns revealed were closely related to the contributing factors in suicides. The greatest sources of reported stress were fear of losing independence, bereavement, physical health problems and fear of becoming a burden, in addition to isolation and loneliness and fear of hospital admission. Social groups or organised day trips for older people in rural communities, an advice service to assist with independent living, support groups for isolated or disabled elderly people, and improved public transport and internet access were identified by respondents as ways to reduce stress and improve the experience of ageing.

Effective preventive measures for suicide in the 75+ age group in Cornwall are likely to involve reducing access to means or high-risk locations, earlier detection and treatment of depression in the physically ill, more readily accessible bereavement counselling, social groups and support groups in rural areas, measures to help people to retain their independence in old age, and improving attitudes towards ageing. Communication between health services, councils, voluntary groups and the community as a whole will be needed to achieve these goals.