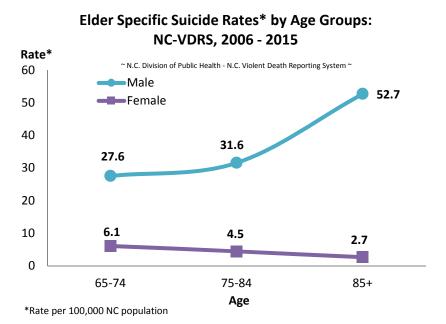


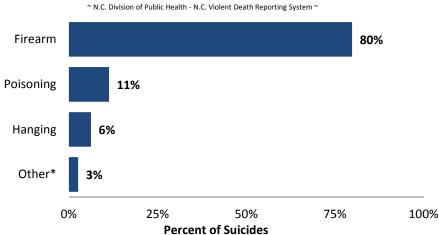
ELDER SUICIDE IN NORTH CAROLINA, 2006 - 2015

The North Carolina Violent Death Reporting System (NC-VDRS) is a CDC-funded statewide surveillance system that collects detailed information on deaths that occur in North Carolina resulting from violence: homicide, suicide, unintentional firearm deaths, legal intervention and deaths for which intent could not be determined. NC-VDRS is a multi-source system that gathers information from death certificates, medical examiner reports and law enforcement reports. The goal of this system is to aid researchers, legislators, and community interest groups in the development of public health prevention strategies to reduce violent deaths. NC-VDRS began collecting data in January 2004. This document summarizes deaths among North Carolina residents ages 65 and older completing suicide for the years 2006 - 2015.



- From 2006 to 2015, 1,362 North Carolina residents ages 65 and older died as a result of violence. Of these violent deaths, 1,140 were suicide (83.7%).
- The elder suicide rate was 16.3 suicides per 100,000.
- Eighty-two percent of elder suicides were among males.
- The suicide rate peaked among males 85 and older, and the suicide rate was consistently higher for males compared to females for all age groups.
- Among females, the suicide rate peaked among those ages 65-74.
- Ninety-three percent of elder suicide victims were identified as non-Hispanic (NH) white. The remaining seven percent were identified as NH black, NH Asian, NH American Indian, or Hispanic.



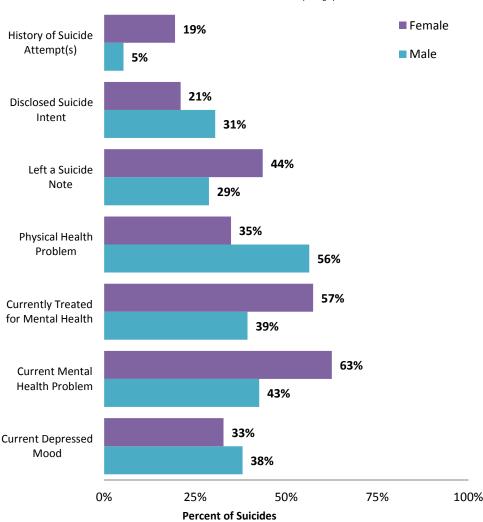


- Overall, the most common method of suicide among elder suicide victims was firearms (79.8%), followed by poisoning (11.3%) and hanging/strangulation/suffocation (6.2%).
- Three percent of suicides were completed using a method other than firearms, poisoning or hanging.

^{*}Other methods include: sharp instrument, fire/burns, motor vehicle and other.

Elder Suicide Circumstances*: NC-VDRS, 2006 - 2015





- Nearly half (38.0%) of elder male suicide victims with circumstance information were characterized as having a current depressed mood at the time of death compared to 32.8 percent of females.
- Sixty-three percent of elder female and 0.4 percent of elder male suicide victims had a current mental health problem when they completed suicide.
- Twenty percent of elder females had a history of prior suicide attempts, whereas only 5.4 percent of elder males had a history of prior suicide attempts.
- Fifty-six percent of males and 34.9 percent of females had a physical health problem.

More information on suicide prevention efforts can be found at:

State Resource Partners

N.C. Division of Mental Health,

Developmental Disabilities and Substance Abuse Services

www.ncdhhs.gov/mhddsas

North Carolina Office of the Chief Medical Examiner

www.ocme.dhhs.nc.gov

The Triangle Coalition for Suicide Prevention

Contact: Phil Morse

www.trianglesuicideprevention.org

North Carolina Mental Health and Aging Coalition

www.med.unc.edu/aging/cgec/nc-mental-health-and-aging%20

National Resources

The Suicide Prevention Resource Center

www.sprc.org

The American Foundation for Suicide Prevention

www.afsp.org

The National Suicide Prevention Lifeline

(for suicide crisis calls)

1-800-273-8255

The North Carolina Violent Death Reporting System is supported by Cooperative Agreement 5U17/CE002613-04 from the Centers for Disease Control and Prevention (CDC).





N.C. Division of Public Health / www.publichealth.nc.gov / Injury Epidemiology & Surveillance Unit/ 919-707-5425 N.C. Violent Death Reporting System / 919-707-5432 State of North Carolina / Department of Health and Human Services / www.ncdhhs.gov

N.C. DHHS is an equal opportunity employer and provider. 2006 - 2015 FINAL Data 8/17

Please see the NC-VDRS 2014 Annual Report for additional data and technical information.

^{*}Circumstances are known for 94% males (n=878) and 96% females (n=195).