

STATEMENT OF CHAIRMAN GORDON H. SMITH

U.S. Senate Special Committee on Aging
A Generation at Risk: Breaking the Cycle of Senior Suicide
September 14, 2006

Good morning and thank you all for being here.

Today's hearing focuses on an issue that is of particular importance to me—that of mental illness and suicide prevention. As many of you know, my son Garrett lost his battle with mental illness three years ago. Since that time, I have felt a call to action to shed light on the struggle of millions of Americans coping with a mental illness. As my wife Sharon and I became involved with the issue of suicide prevention, we were overwhelmed by the personal stories of those battling mental illness. Sharon and I now share in a fraternity of sorrow with those who have lost loved ones to suicide.

Though it is not a common perception, seniors are at a much higher risk for suicide than other age groups. While those over age 65 account for only 13 percent of the U.S. population, they account for 20 percent of the nation's suicides. And the problem only worsens with age. Compared with suicide rates of younger men, suicide rates in men over the age of 85 are two to three times higher. Statistics such as these are very alarming and that is why this hearing is so important. It is critical that we raise public awareness of this issue and discuss ways to reduce these startling statistics.

Suicide across the age spectrum is becoming an epidemic. There is work being done at the federal level, but we still have a long way to go. The Aging Committee has served as a forum to examine the needs of seniors and highlight ways to better serve them. This committee was the first to bring this important issue to light with a hearing in 1996, and I hope today's work will serve as a call to action.

It is a sad irony that as medical technology evolves to extend lives, seniors are choosing to end theirs. Retirement should be a time to relax, travel and spend time with family. Unfortunately, seniors often are exposed to circumstances that can lead to depression—such as social isolation, physical illness and the death of loved ones. I think it is very important that we understand that depression is neither a weakness nor a normal part of aging. Depression at any age is a very real disease. No one should suffer in silence.

What many fail to realize, is that suicide is entirely preventable. The senior population, however, presents unique challenges. As a generation, seniors are less likely to talk about their symptoms or seek help. More than any age group, seniors suffer from the stigma associated with mental illness and many are unaware of or are too ashamed to pursue treatment options.

Fortunately, there are ways to help seniors in dealing with these issues. Studies show that 77 percent of seniors saw their primary care physician within one year of their suicide

and 58 percent saw their primary care physician within one month. Clearly the primary care setting is a critical component of suicide prevention and intervention. This hearing will examine the quality of mental health care given to seniors and will look for ways to improve upon the ability of primary care doctors to recognize the signs of depression among their senior patients.

Today we will hear the results of a ground breaking study that demonstrates the effectiveness of serving the mental health needs of seniors in a primary care setting. I also am pleased to note that my home state of Oregon has a particularly innovative model of suicide prevention and is the only state to implement a comprehensive suicide prevention plan for seniors. I am looking forward to learning more about their efforts today, and that of several other experts in the field of suicide prevention. It is a pleasure to have all of our witnesses here and I truly appreciate you sharing your experiences with us today.

With that, I'll turn to Senator Kohl for his opening remarks.