Depression and anxiety in older adults

People over 65 years of age are more likely to self-harm with suicidal intent than younger people and men over 80 years of age are nine times more likely to take their own lives, than women.

But are depression and anxiety just 'normal signs of ageing' and how significant are they in suicidal thinking?

At this forum Professor Brian Draper will address ageism, the stigma surrounding suicidal behaviour in older adults and how we understand mental illness and ageing.

He will discuss Australian and international research about more effective treatment and care of vulnerable older patients and clients and how this can aid in suicide prevention.

Who should attend?

GPs, psychologists, pharmacists, mental health and aged care clinicians and health professionals.

Dates and locations

Thursday	August 1	6.30 pm to 9 pm	Launceston
Saturday	August 3	10.00 am to 12 noon	Devonport
Tuesday	August 6	6.30 pm to 9 pm	St Helens

A light meal / refreshment will be served prior to the start of each presentation

Registration

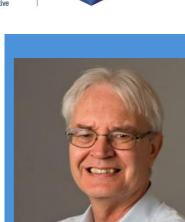
To register online: Click here

Please note: Numbers are limited so early registration is advised.

More information

Visit: www.primaryhealthtas.com.au/events Email: info@primaryhealthtas.com.au Call: 1300 653 169

These events are supported by Primary Health Tasmania (Tasmania PHN) as part of the Tasmanian Suicide Prevention Trial under the Australian Government's Primary Health Networks Program.



Professor Brian Draper is an expert on later life suicide prevention

Professor (Conjoint) School of Psychiatry University of NSW, Sydney

Clinical Lead, Older Persons Mental Health Service Prince of Wales Hospital, Randwick

Mental illness, including depression, is associated with a large percentage of suicide attempts.

However, research indicates that social disconnectedness and situational stress account for a larger proportion of suicidal thoughts and behaviour in older adults, than mood disorders.

Professor Draper's research suggests suicide prevention in late life must be a 'whole of life' strategy. This has implications for the way we support older adults to reduce the incidence of suicide.

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