ADULT PROTECTIVE SERVICES

Several reports were made due to self-neglect and concern from the victim’s family. The victim was known to have a long psychiatric history and was not compliant with his medication. The victim had been involuntarily committed on several occasions and attempted suicide twice by overdose. The reports were substantiated and the victim last had contact with the Department of Social Services a year prior to his death.

DEATH CERTIFICATE
The victim was a 62 year old male who died from an intentional overdose of methadone.

MEDICAL EXAMINER/ CORONER
The victim was a 62 year old male who was found unresponsive in his residence by a family member who checked on him every morning. EMS was called and the victim was pronounced dead on the scene. The victim had many health problems which resulted in significant pain. He was prescribed methadone to control the pain. According to his friends, the victim felt his condition was worsening and didn’t feel that he would get any better. The victim also had been diagnosed with bipolar disorder and was receiving treatment. The victim was described as depressed in the weeks leading up to his death due to his health condition and limited finances. There was no information on whether the victim had ever attempted or threatened suicide in the past and he did not leave a note. It was determined that the victim died from an intentional overdose of methadone.

LAW ENFORCEMENT
The victim was a 62 year old male who was found unresponsive in his residence after a family member requested authorities do a welfare check on the victim. The victim was found lying unresponsive inside his home with an empty medication bottle lying nearby. According to his family, the victim suffered from chronic pain after being injured in a motor vehicle crash several years earlier. He was prescribed methadone to control the pain and was noted to abuse his medication. This addiction to prescription medication led to the victim using crack cocaine as well. The victim had been diagnosed with bipolar disorder and was receiving treatment. He was described as depressed in the weeks leading up to his death due to his addiction, which had resulted in financial problems. The victim had attempted suicide in the past but the method is not known. The victim did not leave a note.

ADULT PROTECTIVE SERVICES (APS)
• Prior reports due to self-neglect
• Extensive psychiatric history, 2 previous suicide attempts by overdose
• Last contact with APS was 1 year ago

NORTH CAROLINA Violent Death Reporting System
Part of CDC’s National Violent Death Reporting System
Operated by the North Carolina Division of Public Health, Injury & Violence Prevention Branch
Collecting data since 2004

AN ELDER ABUSE SUICIDE IN NORTH CAROLINA
The example below tells the story of a typical elder maltreatment-related suicide in North Carolina, but to ensure confidentiality, it is not the story of an actual death. The example was created to illustrate the violent death data typically collected and linked in the North Carolina Violent Death Reporting System (NC-VDRS).
Elder maltreatment is an increasing problem across the U.S., and this maltreatment may contribute to suicide and homicide among older adults. Data from the North Carolina Violent Death Reporting System (NC-VDRS) show that for the 652 elder North Carolina residents who died as a result of violence from 2008 to 2009,

- 530 (81%) were suicide-related,
- 34% of all elder males and 48% of elder females had been characterized as having a current mental health problem by a medical professional, and
- 32% of males and 31% of females disclosed their intention to commit suicide to someone else.

Older adults, disabled adults and disabled emancipated minors served by North Carolina’s Adult Protective Services may be particularly vulnerable to abuse and neglect, and at risk for a violent death.

Few states have surveillance systems which allow them to adequately understand the magnitude of elder maltreatment in their state. North Carolina improved its elder maltreatment surveillance by linking data from the North Carolina Violent Death Reporting System (NC-VDRS) with records from the Division of Aging and Adult Services’ Adult Protective Services (APS), which works through 100 county social services departments to identify and serve adults in need of protective services.

New linked data
North Carolina quantified and described – for the first time – violent deaths among persons age 18 and above in care of APS. During 2005-2008:

- Most APS deaths were among females, but males accounted for over 60% of violence-related APS deaths.
- Violence-related APS deaths occurred most often among persons ages 45-54, while all other types of APS deaths occurred most often over age 75.
- Among adults in APS care who died from suicide, over 70% were identified as having a mental health diagnosis and almost 70% were receiving treatment at the time of their death.

Case-level data
Linking NC-VDRS and APS data provided important case-level information, including if the person had ever been or was currently in APS care at the time of death, and if so, the county social service involved at the time of death, the length of time in this care, and the type of protective services received.

Targeted services & improved programs
The Division of Aging and Adult Services used the linked data to work with APS in counties where these deaths occurred to better target elder maltreatment prevention programs and improve staff training to identify violent death risks, such as indications of suicidal ideation or prior attempts.

New adult fatality review process
Based on its collaboration with the NC-VDRS, the Division of Aging and Adult Services is developing an adult fatality case review protocol and data collection process that will be conducted for every adult in APS who dies.

APS can better target elder maltreatment prevention programs
NC-VDRS & APS data linked for the first time
Adult Fatality Case Review will be conducted for every adult who dies in APS care