



# Suicide Risk and Older Adults

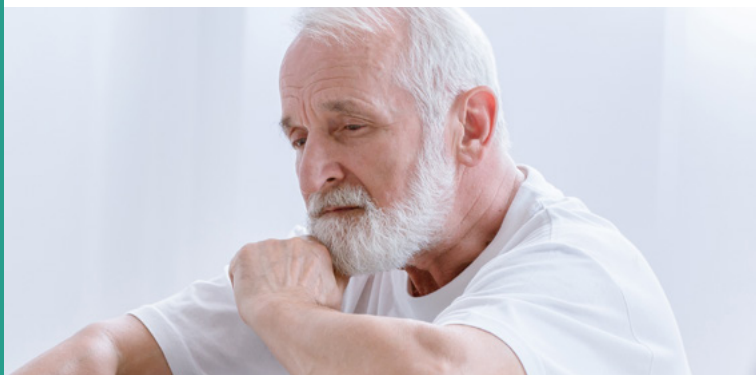
This handout accompanies the [online module](#) from the E4 Center on this topic



Older adults may experience and talk about mental health concerns differently than younger adults. Older adults also are at increased risk for death by suicide. Building your understanding about older adult mental health can help you more effectively support older adults (and possibly their caregivers) during a crisis. Be attentive to common life transitions, grief, medical conditions, medications, substance use, cognitive function, and social support, as these can all affect older adult mental health. Check your own beliefs and attitudes about aging and older adults to help ensure that they get the proper support and referrals that they may need. Consult with your supervisor if you are concerned about issues that may need immediate attention or emergency services.

## Key Facts

- White men aged 75 years and older are at greatest risk for death by suicide, according to <https://afsp.org/suicide-statistics/>.
- Some factors that increase the risk for death by suicide cannot be changed, such as age and race, but others can be addressed to reduce risks, such as social isolation, substance misuse, and management of physical and mental health conditions.
- Older adults are more likely to use a gun to die by suicide; they are less impulsive, and more likely to plan carefully to end their lives. Older adults who are socially isolated, experiencing pain, having financial problems, are noticing a decline in their independence or cognition, and/or are feeling like they are a burden to others are at the greatest risk of having suicidal thoughts and behaviors.
- Older adults are less likely to share their suicidal thoughts and plans with others.
- Positive social interactions result in a sense of meaning, purpose, connectedness, and belonging. These prosocial feelings protect against suicide.
- Asking about suicide does not encourage a suicide attempt. In fact, asking direct questions about suicidal thoughts can build trust and can normalize the experience.



## Practical Strategies

Be fully present with the person. Listen actively, reflect and validate the older adult's emotions. Convey your support. Older adults are less likely to disclose their thoughts of and plans for death by suicide, so it is important to ask direct questions without judgment. Showing that you want to better understand their feelings can help the person feel heard. Reassure them that speaking with you about their challenges is a positive step toward getting help. organization that addresses social isolation.

- **Understand the cultural differences in how depression and distress are expressed.** A person's cultural identity influences what they consider normal behavior and how their feelings are expressed. If you are not familiar with the cultural background of the older adult, be present, curious, and check to confirm your understanding. If possible, seek consultation from your organization.

- **Learn about the person's social support network.**

Some people may not have a person in their life who is willing or able to listen to their problems, understand their distress, or detect that they are considering suicide. Ask about the people in their life and opportunities they get for connection.

- **Check for the presence of lethal means.** Follow your organization's guidelines for asking about gun ownership, availability of ammunition, and safe gun storage. Discussions about firearm access can be difficult. Be aware that approximately 37% of older adults live in a home where guns are present. Also ask about accessibility of medication as a possible means - inquire about types and amounts of medications in their house. At times, you may need to discuss who can hold onto these items to keep this person safe.

- **Assess for health issues.** Many physical health conditions increase the risk of suicide. People may mourn the loss of independence or ability to be active. If the person has a health condition that needs evaluation and treatment, follow your organization's guidelines for making a referral.

- **Ask follow-up questions if an older adult denies thoughts of planning for suicide.** Comments such as, "What is the point of living like this?" or "No one would miss me if I was gone" may be cries for help. Check for warning signs of self-neglect (e.g., poor personal hygiene, changes in weight, or not taking prescribed medications). If concerned, follow your organization's guidelines for contacting Adult Protective Services.

- **Identify a person's reasons for living.** Ask the older adult what keeps them going when times get tough. Some reasons for living can include religious beliefs, close relationships with others, and pets. Help the older adult identify ways that they have successfully coped in the past during difficult times. Ask if they have someone that they can turn to for support and companionship.

## Suggestions for What to Ask and Say

If health information is volunteered by the older adult, learn how their health is influencing their mood and suicidal thinking. People who are dealing with health challenges can feel very alone and find it difficult to identify solutions to their problems. Social connections are critically important during difficult times. Questions to ask include:

**EXAMPLE:** "How is your health in general?"

**EXAMPLE:** "Who is important in your life?"

**EXAMPLE:** "Who is aware of your health challenges?"

**EXAMPLE:** "Who might be able to assist you in dealing with your health challenges?"

A suicidal crisis can be intense and unpredictable and can escalate rapidly. Knowing if guns and ammunition are accessible is important.

**EXAMPLE:** [remember to ask just one question at a time.] "Earlier you mentioned that you own a gun. Where is it stored? Do you have a gunlock or weapon safe? Do you store ammunition with your guns?" "Do you have a person in your life who can hold onto your weapons to help you remain safe?" If the answer is "no," ask if the person would be willing to explore ways to limit or delay access to the weapon in order to avoid making an impulsive, but permanent choice of using it.

## Learn More:

*Suicide and Older Adults: What You Should Know*, The National Council on Aging. <https://ncoa.org/article/suicide-and-older-adults-what-you-should-know>

Video on firearm safety and how to have firearm safety conversations with patients and families: Reducing Harm — Having Conversations about Firearm Storage, New England Journal of Medicine. <https://www.nejm.org/doi/full/10.1056/NEJMp2310000>

*How to Talk to your Patients about Firearm Safety*, The American Psychological Association published. <https://www.apa.org/monitor/2020/11/career-firearm-safety>

The CALM (Counseling on Access to Lethal Means) online course is free and focuses on reducing the risk of suicide by lethal means: <https://zerosuicidetraining.edc.org/enrol/index.php?id=20>

The Suicide Prevention Resource Center has excellent resources about older adults and suicide: <https://www.sprc.org/>

The Substance Abuse and Mental Health Services Administration (SAMHSA) has valuable resources for professionals to use with older adults at risk for death by suicide: <https://www.samhsa.gov/resources-serving-older-adults>