

# Overview: Suicide in Older Adults

## Highest Ranked Warning Signs

1. Someone threatening to hurt or kill themselves.
  2. Seeking access to pills, weapons, or other means.
  3. Someone talking or writing about death, dying, or suicide.
- Most adults (93 percent) would do something if someone close to them was thinking about suicide.
  - While most people (67 percent) said that if they were having thoughts of suicide they would tell someone, men are significantly more likely than women to say they would not tell anyone if they were contemplating suicide.

(Anxiety and Depression Society of America, 2013)

## Suicide Rates in Canada

When suicide deaths are examined across age groups, persons aged 40 to 59 have the highest rates. Forty-five percent of all suicides in 2009 (1,769 out of a total of 3,890) were in this age group, compared with 35% for those aged 15 to 39, and 19% for those over the age of 60. This has been a persistent trend in Canada, yet contrasts with suicide trends in many other countries where the rate of suicide tends to increase with age.

(Statistics Canada, 2015)

## 5 Action Steps for Helping Someone in Emotional Pain

1. **Ask:** “Are you thinking about killing yourself?” It’s not an easy question but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.
2. **Keep them safe:** Reducing a suicidal person’s access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.
3. **Be there:** Listen carefully and learn what the individual is thinking and feeling. Findings suggest acknowledging and talking about suicide may in fact reduce rather than increase suicidal thoughts.
4. **Help them connect:** [References an American hotline – note the Kelowna 24-hour crisis line is **1-888-353-2273 or province wide is 1-800-SUICIDE (1-800-784-2433)**]. You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.
5. **Stay Connected:** Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.

(National Institutes of Mental Health, 2016)

## Suicide Warnings from Older Adults

### “To what extent, in what ways and to whom were warnings given?”

Fourteen of the 23 elderly people in the study had given warnings in one or more ways in accordance with the consensus description. Most of them had talked a lot about death, and had repeated over a period of time that they did not wish to live any more. Many of them had said that it was better to die than to live the life they then had. Several had said that they wanted to end their lives, and some had been open with the care staff about suicide plans. These individuals had discussed with their helpers their motives for their wish to take their own lives, and some of them had in a way tried out their argument with the care provider. In some examples the elderly person had shown relatives a weapon/ammunition and had asked the relative to take care of it for them. Some of them had been concerned about putting their affairs in order since, as one person had said, “I’m going to die soon.” An elderly man had told his carer, who was going away for some weeks: “I won’t be here any more when you get back.”

The informants’ reactions had four main themes: not taken seriously, helplessness, exhaustion, acceptance.”

## Identified Risk Factors for Suicide

Personality traits or signs of depression such as rigidity, not welcoming new experiences, being emotionally reserved, extreme valuing of independence, lack of trust in others.

Depression, hopelessness, chronic pain, declining health, loss of independence or risk of losing independence, social isolation.

(Kjølseth & Ekeberg, 2012)

## Presentation Readings (References)

**Anxiety and Depression Association of America. (2013). 1) Understanding the facts; 2) Resources for professionals. Retrieved from <http://www.adaa.org/>**

This US-based website provides resources for people who are coping with anxiety and depression.

**Juurink, D. N., Herrmann, N., Szalai, J. P., Kopp, A., & Redelmeier, D. A. (2004). Medical illness and the risk of suicide in the elderly. *Archives of Internal Medicine*, 164(11), 1179.**

The study used coroner's records of suicides in people ages 66 and older. The researchers also used prescription records from the six months preceding the deaths, to identify whether the individuals had any of seventeen illnesses associated with suicide. They found that older persons with multiple illnesses may have been at greater risk of suicide. The researchers referenced other studies which found that older adults use more lethal methods to commit suicide, and are less likely to have discussed their plans with anyone.

**Kjølseth, I., & Ekeberg, Ø. (2012). When elderly people give warning of suicide. *International Psychogeriatrics*, 24(9), 1393.**

This study examined 23 suicides of persons aged sixty-five and older in Norway. More than half of those who committed suicide had spoken up before committing suicide, but they did not receive much preventative support. The authors discuss the underlying themes (not taken seriously, helplessness, exhaustion, acceptance), and make recommendations for taking suicide warnings from older adults more seriously. See reverse for further details.

**Miller, A. (2013, July 29). Canada's elderly at high risk of suicide, experts warn. *CTV News (The Canadian Press)*. Retrieved from <http://www.ctvnews.ca/health/health-headlines/canada-s-elderly-at-high-risk-of-suicide-experts-warn-1.1388778>**

This news report referenced research to state that older people are at higher suicide risk than teenagers, and that there are significant barriers preventing seniors from accessing mental health support.

**Registered Nurses' Association of Ontario. (2008). *Assessment and care of adults at risk for suicidal ideation and behavior*. Toronto, ON: Registered Nurses' Association of Ontario.**

Illustrates comprehensive best practices for nursing and other health care providers around dealing effectively with suicidal expressions in adults. Elaborates on numerous evidence-based practice recommendations, each paired with a vignette for practice reflection.

**Smith, A. R., Silva, C., Covington, D. W., & Joiner Jr, T. E. (2013). An assessment of suicide-related knowledge and skills among health professionals.**

The researchers tested the knowledge and skills of physicians and other health professionals who were trained in either ASIST (Applied Suicide Intervention Skills Training), QPR (Question, Persuade, and Refer), or other types of training, or those who had no training. They found that those with ASIST and QPR training had the highest levels of knowledge and skills, though not on all items tested, and that overall the participants demonstrated levels of knowledge and skills that were encouraging. The study identified gaps, such as knowledge of suicide rates in special populations (which would include older adults).

### Additional Resources

**Canadian Association of Suicide Prevention. (2016). Retrieved from [www.suicideprevention.ca](http://www.suicideprevention.ca)**

This website has pages dedicated to high risk groups, including a page on seniors.

**National Institute of Mental Health – US Department of Health and Human Services. (2016). Retrieved from <https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtm>**

NIMH provides a comprehensive listing of risk factors and signs and symptoms of suicide.

**Suicide Rates: an overview. (2015). Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/82-624-x/2012001/article/11696-eng.htm>**

Statistics Canada provides a summary of the findings on suicide from the 2009 Canadian Census.