Geriatric Mental Health Alliance Of New York

SUICIDE PREVENTION FOR OLDER ADULTS

Suicide rates rise in later life, and the proportion of people who are older is going to rapidly increase. In addition, more recently born cohorts of people have higher rates of suicidal thoughts, attempts and completions throughout the lifespan. This suggests that people reaching old age in the coming decades may have more risk for suicide than previous generations of older adults.

In general, men are at significantly higher risk for suicide than women in old age. In the US, elderly non-Hispanic white males are at greatest risk for suicide, with white males over 85 years of age completing suicide at six times the rate of general population.

Older people today are much less likely than younger adults to report ever feeling suicidal or currently experiencing suicidal ideation. However, suicide attempts are more lethal for older adults. Possible reasons for this include increased frailty, increased isolation, and greater determination to complete suicide among older adults.

Due to the alarming likelihood of completion of suicide for older adults, intervention strategies must intensely focus on prevention strategies as well as detection and response for those elders who have already entered the suicidal crisis.

Risk Factors for Suicide Include:

- Depression
- History of prior suicide attempts
- Co-morbid general medical conditions, particularly those which cause pain and a decline in physical, social or occupational functioning
- Social dependency or isolation
- Family discord and losses
- Personality inflexibility or rigid coping styles
- Access to firearms

Opportunities to access older adults who are at risk for suicide include: primary medical care settings, long term care settings, home health services, senior centers, senior housing, naturally-occurring retirement communities (NORCs), or in any other setting where older adults regularly receive services. Prevention, detection and treatment strategies should focus on these access points.

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Levels of Preventive Interventions

Indicated: focus on those who have symptoms and are currently at risk
Selective: focus on high risk groups, as opposed to specific individuals
Universal: focus on an entire population

Stages of Preventive Interventions

Primary Indicated Intervention:

- Depression detection in medical settings through the education of primary care providers regarding office-based mental health screening and diagnosis
- Depression detection in community settings through the education of "gatekeepers," or people who regularly come into contact with older adults, such as postal workers, customer service workers, shop owners, law enforcement officers, bank personnel, plumbers, home repair workers, case managers, etc.
- Treatment of depression through collaborative care management

Primary Selective Intervention:

- Optimize function and minimize pain through geriatric assessment and treatment teams in medical settings
- Optimize function and minimize pain through home health care in community settings
- Decrease social isolation and increase social support through community-based outreach, senior centers, home visits, caregiver support, and in-home technology

Primary Universal Intervention:

- Reduce ageism among general public and among professionals serving older adults by increasing awareness of the positive potential of older age
- Increase older adults' access to treatment and to psychosocial and other services
- Legislative reform in policies which regulate delivery of medical care and social services to older adults to ensure greater numbers of older adults receive necessary mental health services

Secondary Universal Intervention:

- Reduce shame about help-seeking through public and professional education about mental illness and suicide
- Limit access to lethal means of self-harm through public education regarding the safe storage of hazardous materials, safe use of medications and alcohol
- Limit access to firearms, the presence of which constitute a significant risk factor for suicide among older adults

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This tip sheet on geriatric mental health is based on the Geriatric Mental Health Alliance of New York's best practices lecture given by Yeates Conwell, MD, in May, 2005.