

Suicide and the Elderly: Warning Signs and How to Help ¹

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Scope of the problem

Depression affects approximately 19 million Americans per year, and nearly one in 10 adults age 18 and older (National Institutes of Mental Health, 2000). Depression is often not recognized in the elderly, with many symptoms being incorrectly attributed to “normal aging.” Nearly 6% of the people in the United States over the age of 65 have a diagnosable form of Depression, and many others have depressive symptoms that could turn into Major Depression. Depression is associated with suicide attempts, particularly for older Americans.

The United States has witnessed a dramatic increase in the elderly suicide rate over the past two decades, and currently older Americans are disproportionately likely to commit suicide. While adults age 65 and over comprise only 13 percent of the U.S. population, they account for 20 percent of all suicide deaths. Older, Caucasian males appear to be the most vulnerable to committing suicide. In fact, the highest suicide rate in the nation is for Caucasian men ages 85 and older: 65.3 deaths per 100,000 persons, about six times the national U.S. rate of 10.8 per 100,000 (National Institute of Mental Health, 2000).

One of the problems contributing to the high suicide rates in older Americans lies in detection. Health care providers and researchers point out that many older people are uncomfortable talking with others-- especially mental health professionals--about their feelings. Due to the stigma surrounding mental health care, the elderly are far more likely to visit their primary care physician, rather than a mental health professional, when experiencing depression. It has been estimated that approximately 80 percent of the elderly who have committed suicide visited a doctor within a month prior to their death. All too often, signals that an older person is depressed and contemplating suicide are confused with signs of aging.

Those at highest risk

Identifying whether an individual is truly suicidal is difficult for even the trained professional. It is a real challenge to those with less training and exposure. Here is a list of common events or circumstances that may leave an older person at risk for suicide:

- Recent loss of a spouse, loved one, or pet

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- Debilitating or life-threatening illness
- Pain, especially if pain is severe, chronic, and/or inescapable
- Loss of independence and/or mobility
- Inability to live alone
- Loss of employment or productive activities
- Financial difficulties
- Depression
- Alcohol abuse and/or dependence
- Loss of role or stature in family and community
- Feelings of hopelessness and helplessness
- Physical, social, and emotional isolation

Warning signs

The following are common warning signs that an elderly person may be contemplating suicide:

- Statements about death and suicide
- Reading material about death and suicide
- Statements of hopelessness or helplessness (e.g., “I don’t know if I can go on.”)
- Disruption of sleep patterns
- Increased alcohol or prescription drug use
- Failure to take care of self or follow medical orders
- Stockpiling medications
- Sudden interest in firearms
- Social withdrawal or elaborate good-byes
- Rush to complete or revise a will
- Overt suicide threats

Helping

The keys to providing help for an elderly person contemplating suicide are:

1. Remaining aware of the common risk factors and warning signs,
2. Identifying health professionals in the community who may provide assistance, and
3. Talking openly with the person about your concerns.

The stigma or taboo of suicide is so powerful that many of us have strong negative feelings regarding talking about suicide with someone we suspect to be considering the act. We may tell ourselves:

- **They will get angry with me.** Many of us believe that any attempt to bring up the subjects of depression and suicide will be laughed off or angrily rejected. While this may be true, it is a small risk to take in comparison to the risk of an actual suicide attempt. While discussing these issues is not enjoyable, it may save someone's life.
- **I might put the suicidal thoughts into their heads.** This fear is commonly expressed by family members concerned about a loved one. In truth, it is unlikely that this conversation will convince a person to attempt suicide. The majority of people who attempt suicide have considered it for many weeks prior to the attempt. It is extremely unlikely that a caring question from another would convince a person, whether truly depressed or not, to commit suicide.
- **I won't know what to say.** This one is valid. Most of us don't know how to ask a loved family member or friend whether he/she is contemplating suicide. This shouldn't stop us from caring enough to bring up the issue. The key is to be sensitive, honest and straightforward in your questions (e.g., “John, I have been worried about you lately. You seem pretty down. I've noticed that you aren't seeing your friends any more, and you've talked about not wanting to go on. Would you really want to die?”) The

other key is to just listen. Let the person know that you're tuned into him/her, that you are interested in what he/she is thinking, and that you are willing to listen to his/her story. These are the most important messages that you can give when talking to someone about suicide.

- **I wouldn't know what to do if they were contemplating suicide.** The key to handling this obstacle lies in your preparation. Before you talk with the person in question, make sure you know a bit about the resources available for helping those who may be suicidal:
 1. The local community mental health unit is a good place to start. They often have suicide hotlines and emergency inpatient crisis stabilization units available if the danger of suicide is high. Check the front of your telephone directory--or the Internet, if you have access.
 2. A psychologist, psychiatrist or other therapist is another good option if the individual does not appear to be seriously contemplating suicide presently. Getting counseling might help someone who is depressed, and could prevent the problem from worsening. However, scheduling an emergency appointment with one of these health care professionals may be difficult, so this is not a good option if someone is currently suicidal.
 3. The person's family or personal physician is also an option, especially if the individual has concerns about speaking with a mental health professional or would usually be more comfortable talking with a practitioner that he/she already knows.
 4. And finally, if other options are not available, and you are unsure whether the person is immediately at risk for suicide, get help if you need it and see that the individual is taken to the nearest emergency room where he/she can be evaluated by a team of health care professionals.

Remember, you never have to be alone in seeking help for your loved one.

References

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