

# Suicide

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



Older adults can be very complex, and it can be difficult to figure out what the person is experiencing. If the older adult you're speaking to is speaking abnormally or appears confused, it could be due to substance use, dementia, delirium, psychosis, depression, heart attack, stroke... the list goes on. Consult with your supervisor and consider whether it's appropriate to request an in-person safety check.



## Practical Strategies

Be fully present with the caller. Because older adults are less likely to disclose their thoughts of and plans for death by suicide, be attentive to their verbal cues and strive to convey that you accept and support them. Showing that you have the ability to understand their feelings can help the caller feel heard and understood. Validate that speaking with you about their difficulties is a positive step toward getting help and support. Give the caller realistic hope that things can get better.

- **Learn about the person's social support network.** Some callers may not have a person in their life who is willing or able to listen to their problems, understand their distress, and detect that they are struggling or considering death by suicide. Check to see if they are thinking about suicide even if they deny feeling depressed.

## Key Facts

- White men aged 65 years and older are at greatest risk for death by suicide.
- 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.
- Older adults who are socially isolated, experiencing pain, having financial problems, and feeling like they are a burden to others are at the greatest risk of having suicidal thoughts and behaviors.
- Unlike younger adults, 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 feelings protect against suicide.

- **Understand the cultural differences in how depression and distress are expressed.** If you are not familiar with the cultural background of your older adult caller, obtain consultation if possible. A person's cultural identity influences what they consider normal behavior and how their feelings are expressed. If consultation is not available, be present, actively listen, and check to confirm your understanding.
- **Check for the presence of lethal means.** Follow your crisis center'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 attend to the number and type of medications available to the older adult.
- **Assess for health issues.** Many physical health conditions increase the risk of suicide. People may mourn their loss of ability to lead an active life. If it is a health condition that needs evaluation and possible treatment, follow your crisis center's guidelines for making a referral.
- **Ask follow-up questions if an older adult denies thoughts or planning for death by 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., not eating well or taking prescribed medications). If concerned, follow your crisis center's guidelines for contacting Adult Protective Services.

- **Identify a person's reasons for living.** Knowing what keeps a person going during difficult times can be useful in helping the caller think about who in their social support network that they can turn to for assistance and companionship. Reasons for living can also include religious beliefs and animal companions.

## Suggestions for What to Ask and Say

If health information is volunteered by the caller, 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?"

The responses to these types of questions can be used to identify and then focus on the caller's greatest concerns. Because a suicidal crisis can escalate rapidly and be intense and unpredictable, 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. How many guns do you have? 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 help you remain safe?"

## Learn More:

The National Council on Aging published [Suicide and Older Adults: What You Should Know](#).

The American Psychological Association published, [How to Talk to your Patients about 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.

The [Suicide Prevention Resources Center](#) has excellent resources about older adults and suicide.

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.

