

In This Issue

While global suicide mortality rates have been decreasing over the last 20 years, rates of suicide in older adults in the United States have been increasing during this same time period. Older adults, particularly older White males are at highest risk for suicide and suicide attempts made by other adults tend to be much more lethal. Despite these facts, providers often miss opportunities to assess for suicidal ideation in older adults. Education and training are needed to prepare clinicians working with older adults to assess and address suicidality. Increasing the availability and accessibility of mental health services for older adults is also key. In this issue of the *E4 Center's Hot Topics Newsletter*, we highlight the latest research focused on suicide prevention and protective factors in older adults.

Everyone can play a part in suicide prevention by spreading the word about the **988 Suicide and Crisis Lifeline** that offers 24/7 support for people of all ages

in suicidal crisis or mental health-related distress. For additional resources on the 988 National Lifeline, please refer to [988lifeline.org](https://www.988lifeline.org) or the [Substance Abuse and Mental Health Services Administration \(SAMHSA\) resource page on 988](#).



[Decoding Suicide Decedent Profiles and Signs of Suicidal Intent Using Latent Class Analysis](#) *JAMA Psychiatry*. March, 2024

Xiao and colleagues used latent class analysis to characterize distinct suicide profiles from 306,800 suicide decedents from 2003-2020 data from the National Violent Death Reporting System Restricted Access Database. Five profiles were identified. The largest profile they identified (Class 4) generally shared having experienced physical health problems. Class 4 included more older adults, veterans, widows, lower education, and rural community members. Class 4 was more likely to not disclose suicidal intent and less likely to leave a suicide note. Class 4 also had the lowest rates of known psychiatric illness or psychotropic medication usage. These analyses highlight potential targets for suicide prevention interventions as well as important modifiable risk factors.

[Rural community pharmacy approaches to lethal means management for suicide prevention](#) *Clinical Gerontologist*. August, 2023

Rural communities have high suicide rates, high proportions of older adults and veterans, and limited access to healthcare services. That said, 82% of rural communities have at least one community pharmacy which may serve an important role in suicide prevention for rural older adults. Lavigne and colleagues conducted an online survey of 61 rural pharmacists across seven southeastern states to determine the feasibility, acceptability, and appropriateness of eight lethal means management (LMM) interventions. Five of the eight LMM interventions were rated as very/extremely feasible, appropriate, and acceptable. The most highly rated interventions included medication therapy management, limiting prescription drug day supplies, blister packaging, dispensing naloxone, and pharmacy staff suicide prevention training. Many reported already using these interventions, but not necessarily for the purpose of LMM. Interprofessional training for LMM in pharmacies may represent an important key in rural suicide prevention, particularly for older adults.

Examining predictors of suicide by firearm in young, middle, and late adulthood *Suicide and Life-Threatening Behavior*. April, 2024

Docherty and colleagues examined mortality data from 11,512 suicide deaths in Colorado from 2009-2019 and determined that suicide by firearm (compared to other means) becomes more common with age and is most common in older adults. They found that particularly strong risk factors for using a firearm for suicide included older age, being male, being White, living in a rural community, and using marijuana prior to death. Those receiving mental health treatment had lower odds of using a firearm for all ages, but particularly for older adults. These findings suggest more effectively target suicide prevention interventions, particularly related to firearms, across the lifespan.

Thwarted Belonging and Perceived Burdensomeness During Middle and Older Adulthood: The Role of Generativity *International Journal of Aging and Human Development*. January, 2024

Gager and colleagues examine the role that generativity may play as a protective factor for suicide risk in middle-aged and older adults. Generativity is defined as a psychosocial construct characterized by a sense that one has successfully contributed to the younger generation through mentoring and guidance. Data from a sample of 457 participants from the Midlife in the United States Refresher (MIDUS-Refresher) study were analyzed to determine the relationships between generativity and thwarted belonging and perceived burdensomeness - two established psychosocial predictors of suicide. They found that generativity was associated with lower levels of thwarted belonging and perceived burdensomeness, even after controlling for hopelessness, depressive symptoms, financial stability, neighborhood quality, chronic health conditions, and demographic characteristics. These findings suggest that organizations and providers might benefit from creating and encouraging generativity-related activities as a suicide prevention strategy.

Association of 7-Day Follow-Up With 6-Month Suicide Mortality Following Hospitalization for Suicidal Thoughts or Behaviors Among Older Adults *American Journal of Geriatric Psychiatry*. January, 2024

Schmutte and colleagues examined data from 2015 Medicare data for 36,557 adults ≥65 years who were hospitalized for suicidal ideation or behaviors. Data were linked to the National Death Index to determine if there was association between seven-day follow-up care post-hospitalization and suicide risk at 30-, 90-, and 180-days. Thirty-nine percent of patients received follow-up care; this was associated with a 41% higher risk of suicide within 180 days. This relationship was strongest for Medicare Advantage enrollees, those without prior mental health treatment, and those who were admitted with suicidal behaviors. These results suggest that the nature and quality of such interventions should be examined and targeted to meet the needs of this high-risk group.

A narrative review: Suicide and suicidal behaviour in older adults *Frontiers in Psychiatry*. May, 2024

Sadek and colleagues published a narrative review describing suicidality in older adults. They highlight protective factors of suicidality in late life, including perceived social support, physical activity, and spirituality/religiosity. They also discuss suicide prevention as it pertains to older adults, particularly addressing ageism at multiple levels, providing support for those at risk for cognitive impairment, addressing firearm safety, suicide risk screening, and multidisciplinary approaches.

Upcoming Events

You can register for these events or learn more by going to our website at e4center.org/calendar

SEPT

Suicide Loss as a Crisis of Meaning: Implications for Grief Therapy

Speaker: Robert A. Neimeyer, PhD

1st, 2nd, and 3rd Friday of September from 11AM-1PM CT

Caregiving in Aging Families Series:

Speaker: Sara Qualls, PhD, ABPP

Families Age

September 6 @ 10:00 am - 12:00 pm CDT

Family Systems Shifting into Caregiving

September 13 @ 10:00 am - 12:00 pm CDT

Growing Caregivers into Successful Aging

September 20 @ 10:00 am - 12:00 pm CDT



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