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То:	All Providers
From:	PerformCare
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Subject:	Suicide Prevention #12: Considerations in Working with Older Adults

For July, PerformCare would like to raise awareness of the epidemiology, unique risk factors, and warning signs for suicide pertaining to older adults. Older adults are a vulnerable population for death by suicide. According to the National Council on Aging (2022), suicide rates amongst older adults are high relative to the population at large. While older adults make up 12% of the overall population, they account for 18% of deaths by suicide. Of the 46,000 deaths by suicide in the US in 2020, 9,137 occurred in those ages 65 and above. Men 65 and older die by suicide at the highest rate. Older adults die more often from a suicide attempt, due to well thought out plans and access to lethal means. This speaks to the importance of means restriction in treatment efforts, as discussed in prior communications. One in four suicide attempts in those 65 or older will result in death. Older adults have a more difficult time recovering from a non-fatal suicide attempt.

Older adults present with unique risk factors that should be considered in treatment and crisis response planning. These include being more isolated from others, increased risk of mental health concerns, grief and loss of loved ones, use of substances, and chronic or frequent physical illnesses, pain and disabilities. All of these risk factors can be addressed in the therapeutic process by helping to build in protective factors as part of treatment. This includes a thorough assessment of these risk factors and effective treatment for mental illness or substance abuse, helping the person to build connections in the community, and collaboration with physical health providers.

The American Association of for Marriage and Family Therapists outlines specific *warning* signs one should look for that may suggest contemplation or preparing for suicide in older adults. These include a preoccupation with death, a lack of interest or engagement in activities or socialization, not following through with medical appointments and medication regimens, giving away valuable items and making arrangements for death such as changes to a will, an overall sense of hopelessness, and expected loss of a loved one. They note suicide intent being the most significant precursor as with any person with chronic suicidal thinking.

## <u>References</u>

https://www.aamft.org/AAMFT/Consumer\_Updates/Suicide\_in\_the\_Elderly.aspx

https://ncoa.org/article/suicide-and-older-adults-what-you-should-know

https://sprc.org/populations/older-adults/