Suicide Risk Factors in the Elderly

The following risk factors were identified by Kennedy (2000) for suicide:

1. **widowed/divorced**
2. **retired/unemployed**
3. **living alone**
4. **poor health**
5. **abusing therapeutic drugs**
6. **depressive illness**
7. **serious financial problems**
8. **changes in life roles**
9. **alcohol abuse/dependence**
10. **hopelessness**
11. **family history of suicide**
12. **in the midst of bereavement**
13. **history of suicide attempts**
14. **access to firearms**
15. **radical lifestyle change**
16. **anniversary of loss**

Osgood & Covey (1994) identified the following additional risk factors:

17. **loss of personal dignity and self-esteem**
18. **loss of cognitive function**
19. **frequent room changes within a long-term care facility**
20. **loss of personal possessions**
21. **feelings of rejection and abandonment**
22. **loss of love**

Behavioral cues that someone may be planning suicide:

1. **stockpiling medications**
2. **purchasing a gun**
3. **making or changing a will**

4. **putting personal affairs in order**
5. **giving money or possessions away**
6. **donating one's body to science**
7. **sudden interest or disinterest in religion**
8. **self-neglect**
9. **difficulty performing household or social tasks**
10. **deterioration of relationship behaviors**
11. **a general down-turn in health status**
12. **failure to thrive**
13. **scheduling an appointment with a physician for vague symptoms (studies have shown that elders who have completed suicides had seen their physicians in the weeks prior to the suicidal act).**

What to do

(excerpts from Arbore, 1998; Free Lance Interviews with Expert Physicians et al., 1998; Glass & Reed, 1993; Osgood, 1987; Osgood, 1992; Rice, 1997; Valente, 1993; Valente, 1993-94; Conwell, 1997; Kohr & Phoenix, 1999; Whall, 1987; Boxwell, 1988; McIntyre, 1996; Raskob, 1998)

1. **Evaluate the lethality of the plan. How specific is the plan? What is the chosen method? How available or accessible is the means of suicide?**
2. **Determine if the suicidal individual holds any homicidal thoughts as well, and towards whom.**
3. **Ask what has kept the individual from carrying out the plan thus far. The answer to this question might illuminate the presence of protective factors that can be used to help the individual think about alternative options.**
4. **Reduce or eliminate imminent danger.**
5. **Never leave an individual alone who is actively suicidal.**
6. **Involve family members or significant others who care so they can stay with the individual until the crisis has passed and the individual is receiving and benefiting from mental health care.**

7. **These measures, as well as the decision to hospitalize, should be conducted with sensitivity, keeping the individual informed of the actions that are necessary to take, and the reasons for the actions. If possible, enlist the individual's cooperation.**
8. **Initiate a no-suicide contract if possible. If the individual demonstrates a high risk of suicide or is angry and manipulative, it is not wise to rely on a no-suicide contract as a preventative measure. A no-suicide contract is neither a guarantee that the suicide will not happen nor is it a substitute for clinical judgment. If the use of a no-suicide contract is deemed appropriate, a mental health professional should be the person to implement it. When it is appropriate to use them, no-suicide contracts should include the following componenets:**
    a. **An agreement from the individual not to harm him/herself.**
    b. **An agreement that the individual will contact the mental health care provider if the individual's suicidal impulses become unmanageable.**
    c. **An agreement from the mental health care provider to be available to the individual for a specified period of time, usually until the individual returns for a follow-up visit or another part of the intervention has taken place (e.g. when the individual has met with a psychotherapist for evaluation and therapy).**
    d. **Contact phone numbers for the mental health care provider.**
    e. **Both the individual and the mental health care provider sign the contract. A copy is given to the individual and the original is kept with the mental health care provider/agency.**