



SUICIDAL THOUGHTS: A Fact Sheet To Share

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Thoughts about mortality and talk about death or the dying process are perfectly normal in later life. Especially as loved ones and peers pass away, older adults may begin to think about arrangements they want to make, legacies they want to leave and concerns they might have regarding their own death experience.

Older adults have the highest rate of suicide of any other population, they have intent to succeed (less likely for an attempt to be a “call for help”) and they use the most lethal of means (firearms are most often involved). White males over the age of 80 are six times more likely to commit suicide than any other group – an alarming statistic.

Unfortunately, depression goes largely untreated among older adults (men are even less likely to get help) and depression is the disease behind a great majority of older adult suicides. When people feel hopeless, helpless, apathetic or full of despair, death begins to look like relief. Suicide becomes an attractive option. In this way, depression is deadly. All indicators show that when people are treated for depression, suicide is no longer appealing. For this reason alone, treatment for depression is critical.

Some suicides are “passive”, meaning that the older adult allows for death to happen by not taking measures to protect their lives. Examples of passive suicide include not eating, not taking essential medications, not seeking help for obvious medical conditions and putting oneself in harm’s way.

Many older adults are less open with their thoughts and plans for suicide. Because their wish is usually for death, rather than a call for help, they may be more secretive and more likely to deny their intent. They may not want to “burden” anyone with their thoughts or cause interference with their plans. An ironic symptom of suicidal intent is the appearance of overall happiness. People who have decided to attempt suicide often have a burst of energy and positive mood as they pave the way to what they see as relief.



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The following behaviors, expressions and circumstances should raise a red flag that an older person is at higher risk for attempting suicide:

- A past suicidal attempt
- Successful suicide by family member or close friend
- Series of losses
- Dramatic change in health conditions
- Giving away items with great personal meaning
- Suddenly getting all personal affairs in order
- Change in mood from depressed to enthusiastic
- Statements like “I wish I were dead” “I’m only a burden. You all would be better off without me.” “I can’t take this life anymore” “You just wait, I’m not going to be around much longer.”

Any hint or threat of suicide should be taken seriously. Asking a person about suicidal intent will not put the idea in their head or set a plan in motion. It is a life or death situation and you therefore need the courage to have the difficult conversation with someone who you think is suicidal. Ask them if they think about taking their own life. Ask them if they’ve thought about how they would try to die. Ask them if they have what they would need to carry out a plan for their death. If a person seems to have a plan, you should not leave them alone and you should report the situation immediately. If you have concerns or emergencies regarding suicide, call 911 or the Hopeline Network at 1 800 784-2433.

If you are thinking about suicide, you should know that there is help and treatment for your feelings and situations. With help, you will feel much better and find meaningful purpose in life. The thoughts and feelings you are having are most likely a symptom of a curable disease. Give yourself and your loved ones a chance by reaching out for help. You will look back with gratitude that you took a step to save your life and re-find happiness.