

Canadian Coalition for Seniors' Mental Health



Suicide Prevention among Older Adults: a guide for family members



This guide complements the Canadian Coalition for Seniors' Mental Health (CCSMH) *National Guidelines for Seniors' Mental Health: The Assessment of Suicide Risk and Prevention of Suicide*.

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Disclaimer: This guide is intended for information purposes only and is not intended to be interpreted or used as a standard of medical practice.

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A full list of references is available at www.ccsmh.ca

Introduction

This guide was designed for family members and other people who provide social support to older adults, including friends, neighbours and community members. The purpose of this guide is to help you to recognize suicide risk factors and warning signs, and to know what you can do if an older adult in your life is at risk for suicide.

What is the Canadian Coalition for Seniors' Mental Health?

The Canadian Coalition for Seniors' Mental Health (CCSMH) was formed in 2002 **to promote the mental health of seniors by connecting people, ideas and resources**. Members of the CCSMH are organizations and individuals representing older adults, their family members and informal caregivers, health care professionals, researchers and policy makers.

In 2006, the CCSMH created the first set of Canadian national guidelines on seniors' mental health based on the most current available research. These guidelines were written for health care professionals who work with older adults. They recommend ways to improve the assessment, prevention, treatment and management of key mental health problems for older adults: mental health issues in long-term care homes, delirium, depression and risk for suicide. This guide is part of a series that covers the same topics for seniors, their family members and others who care about them.

The CCSMH will happily provide these resources on request. Call 416-785-2500, ext. 6331, or visit www.ccsmh.ca to download them at no cost.

Mental health problems are NOT an inevitable part of aging

Many people think that mental health problems are an inevitable part of growing older. This simply isn't true. People can have mental health problems at any age. Many, if not most, older adults experience emotional well-being. However, older adults may have unique stresses that impact their mental health and well-being. Dealing with illnesses, losing loved ones, and adjusting to new living arrangements are just some of the pressures older adults might face. Such problems can become so intensely painful that some older adults contemplate suicide. Suicide can result from hopelessness, extreme despair and intense emotional pain.



Older adults may be ashamed of their feelings of sadness, hopelessness and despair and try to hide them. Sometimes family and friends notice mental health problems, but are not sure what to do or how to help. Sometimes it's hard to know how serious the problems may be. Many mental health problems can be alleviated or treated successfully, but stigma and feelings of shame can get in the way. Ageism can also limit opportunities for older adults to get the help they need and deserve. Sadly, some people are dismissive of older adults and their problems, which can interfere with an older person's ability to get the help they need.

Many deaths by suicide can be prevented. Understanding the risk factors and warning signs associated with suicide among older adults is an important first step, which must be followed by quickly seeking appropriate professional help.

Definitions

Ageism is a way of thinking about older people based on negative attitudes and stereotypes about aging. Ageism can lead to age discrimination – treating people in an unequal fashion because of their age. Age discrimination can negatively affect older adults in all aspects of life.

Depression can cause people to feel persistently low in spirits and lose interest in things that used to give them pleasure. This is sometimes triggered by stressful events in a person’s life that impact their state of mind, their health, or their ability to connect with other people. However, sometimes it can happen for no apparent reason. When a person is severely (i.e. clinically) depressed, the chemicals in his or her brain may be out of balance. Other symptoms often include sleep and appetite changes and anxiety (see page 20 for more information).

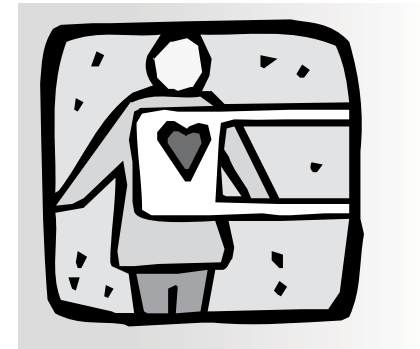
Mental health is the capacity of each person to feel, think and act in ways that allow them to enjoy life and deal with the challenges they face. The World Health Organization defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community.”

Self-injury or **self-harm** is the injuring or harming of one’s body. Self harm can take many forms. It can be motivated by emotional distress and unbearable inner turmoil. It may or may not result in death. People who injure themselves may or may not have a clear intent to die.

The terms “**seniors**” and “**older adults**” are used in this guide to refer to individuals over the age of 65, an admittedly arbitrary cut-off. Adults under 65 can experience a lot of the same life stressors and be at risk for suicide.

Stigma is defined as a mark of shame or disgrace. It often involves stereotypes, hurtful words and discrimination. Stigma around mental health is often based on society’s misunderstanding and lack of knowledge about mental health problems. Many people living with mental health problems say that society’s negative reactions to them can be worse than the illness itself. Because of stigma, many people don’t seek – or receive – the health care they need.

Suicide is a self-inflicted death involving at least a partial intent to die.



Key messages about suicide in later life

1. **Older adults have high rates of suicide.** If someone you know expresses the wish to die or to kill himself/herself, take it seriously.
2. Suicide typically results from overwhelming emotional pain. With appropriate help, **many suicides can be prevented.**
3. By learning about **suicide warning signs**, you can learn to recognize when an older adult may be at risk for suicide and in need of help.
4. **When you talk with someone about suicide, you WILL NOT make that person suicidal.** Don't be afraid to ask questions. If you are worried that your family member is thinking about suicide, seek immediate help from a health care professional or a mental health counsellor.
5. Depression can lead to suicide in later life. **If an older adult in your life is depressed, seek professional care.** Depression can be treated.
6. **A person who is suicidal can get better, with the appropriate help and support.** Being suicidal is not a life sentence. No one is fated or doomed to die by suicide.
7. **Suicide prevention is everyone's business – learn to do your part.** You are not alone. Develop relationships with health care providers and learn about the resources and supports in your community.

What can I do to help prevent suicide?

Suicide prevention is everybody's business. We each have a role to play. It is important to know what your role is, as a family member, friend, colleague, neighbour or concerned community member.

If you are not a mental health professional, nobody expects you to become one. Your primary role is to be aware of warning signs that an older adult might be at risk for suicide, and to intervene in an appropriate way.

Things you can do to help reduce a person's risk for suicide:

Get help immediately if you hear or see an older adult:

- Threatening or saying that they want to hurt or kill themselves
- Looking for ways to kill themselves (collecting lethal implements)
- Talking or writing about death, dying or suicide



Never leave a suicidal person alone. Stay with them until care providers are on the scene. If necessary, the police can be very helpful in these circumstances.

Learn the warning signs that an older adult may be at risk for suicide (IS PATH WARM – see page 22). Watch for these signs and be prepared to intervene quickly by contacting a doctor, mental health professional, crisis service or emergency medical service.

Ask if the older adult is feeling like giving up, wanting to die or thinking about suicide.

Ask questions directly but gently. Try not to overwhelm the person, but be aware that asking about thoughts of suicide will not plant the idea in the mind of someone who is not already thinking about it. The burden of wanting to die is never so great that it cannot be alleviated, at least in part, by sharing it with another.

Ask about their feelings.

- *Do you feel tired of living?*
- *Have you ever felt that life isn't worth living?*
- *Do you ever wish you would die in your sleep?*
- *Have you been thinking about harming yourself?*
- *Have you been thinking about ending your life?*

If they acknowledge any of these feelings or thoughts, ask if they have a plan in mind for how they might go about hurting themselves, killing themselves, or hastening death. Then get help (see page 27).

Ask about and remind them of their reasons for living.

- *What has kept you from harming yourself?*
- *Who or what makes life so worth living that you would not harm or kill yourself?*
- *What makes it possible for you to endure your current difficulties?*
- *What makes you feel even a little bit better?*



Listen in a supportive and non-judgmental way.

Give the person your full attention and listen to them in a calm and accepting way. Avoid the urge to problem-solve or give advice. Try not to judge or argue. Try not to push too hard. Offering support or gently expressing concern and then letting them respond can lead to a more fruitful discussion than trying to force the point.

Show your concern. You might ask, “Is everything alright?” or share that “I’m worried about you” or “You don’t seem yourself lately.”

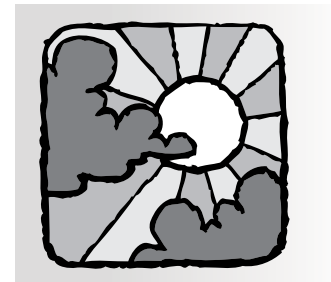
Express empathy by saying things like, “I realize that things have been difficult lately” or “I can appreciate that things have not turned out the way you hoped they would and that’s been hard on you.”

Let them know you’re glad they opened up with you. For example, you might say “I really appreciate your sharing the way you feel with me” or “I know how hard it can be to talk about these things – I really admire you for doing so.”

Acknowledge their pain. Let them know that help is available, and that you are going to help connect them with appropriate care providers.

Talk about hope.

Some older adults feel that their life has lost meaning and purpose. Encourage your relative to talk about the things or people that make them feel hopeful. Take the time to talk about what makes their life worth living and explore why they feel that their life has lost its value. Provide reassurance and offer practical help and support whenever you can, but never try to take on the role of therapist. Mental health professionals who have been trained to work with suicidal people are available.



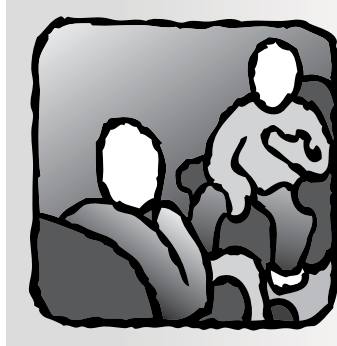
Don't be discouraged if they don't want to talk.

It can be extremely upsetting to offer hope to a family member who doesn't appear to want it, who might be in denial, or worse yet, who might resent your involvement. Try not to take these reactions personally. Try to remember that people sometimes say things that they don't fully mean when in intense emotional pain. It may be helpful to involve another person in these discussions (such as another family member, a friend, an acquaintance or a health care professional), especially if you fear that your concerns won't be listened to or if you are worried about jeopardizing your relationship with your family member. Alternatively, you can share information with your relative's health care professional, and suggest that the professional discuss sensitive topics with him or her.

Confidentiality and family members: don't keep secrets.

Never promise to keep thoughts or plans for suicide secret. If necessary, tell someone, "I need to hear what you have to say before I can promise to keep it secret."

Never promise secrecy if there's a risk of suicide. If someone will only tell you what is on his or her mind if you promise to keep it a secret, you still must not make this promise. If they indicate that they're considering suicide, you must get them the professional help they need. It is better to potentially risk losing a friendship than to lose a family member or friend to suicide. Never accept or assume complete responsibility for the individual at risk for suicide. Don't assume that risk will decrease on its own over time – get help!



Urge the older adult to seek appropriate professional help or accompany them to health care services.

(see pages 27-32).

Limit or remove access to lethal means, if safe to do so.

Don't put yourself at risk of being harmed trying to protect a family member, friend or acquaintance. If a weapon is involved and you are worried about your health and well-being, as well as that of the older person, contact the police and let them know the specifics of the emergency. Make sure to mention your concern about "suicide risk."

Take care of yourself.

Helping a suicidal person is stressful. Providing care and support for someone at risk for suicide can feel overwhelming and depressing. Don't take on too great a load, and make sure to get the support that you need for yourself. Seek help from family and friends, your physician or other health care provider and/or clergy. Family members can also call a distress line to get support for themselves and information about services in the community.

If you are caring for a family member, it is important to take care of yourself too. Caregivers run the risk of burnout.

How do I know if someone is at risk for suicide?

Suicide is frightening and painful. Many of us fear losing a loved one, friend or community member to suicide. News of a death by suicide can bring about a range of feelings: sadness, loss, grief, pain, confusion, anger and guilt. Losing someone to suicide can make us feel helpless. It can make us wonder, “Did I miss something?” or “Did I contribute to the problem?” or “Could I have helped prevent this tragedy?” Most people at risk for suicide communicate their intense emotional pain either directly or through clues and cues. We can each learn how to identify someone who might be at risk for suicide.

Factors that can increase a person’s risk for suicide in later life include:

- Thoughts of suicide, a plan for suicide or a desire for death
- Personal history of suicidal thoughts or actions
- Having lost someone to suicide
- Mental disorders
- Psychological factors
- Emotional pain
- Medical illnesses and chronic conditions that limit a person’s ability to perform everyday activities
- Difficult life events
- Social factors
- Demographic risk factors
- Lack of resiliency

If you believe that an older adult may be at risk for suicide and are looking for information on what to do next, go to page 27.

Thoughts of suicide, a plan for suicide or a desire for death

It is not uncommon to think about death as we get older. However, wanting to die or thinking about suicide is not the same as contemplating one’s mortality. Rather, these are signs of emotional pain that require immediate professional help.

What to look for

- Direct statements of suicidal intent, such as “I wish I were dead” or “I’d be better off dead” or “I’m going to kill myself.”
- More indirect statements of a wish to die, such as “I feel like a burden on others” or “I won’t be around much longer” or “I will soon see (someone who has died) again” or “I can’t keep doing this – it’s getting too hard” or “No one will miss me.”
- Stockpiling or acquiring potentially lethal implements.
- Writing a suicide note, writing a “good-bye letter,” making a suicide plan or pact, taking out life insurance, making funeral arrangements or writing a will.
- Giving away prized possessions, discarding or shredding photographs, letters or documents, giving away or putting down pets may be a sign of risk. (Note: older adults who are moving from a house into an apartment, condominium, retirement residence or nursing home may be required to give away some possessions)
- Preparing as if going away on a long trip when a trip has not been planned (for example, paying off bills, cancelling the newspaper, telephone or mail service).

Personal history of suicidal thoughts or actions

Suicide risk may be higher for people with:

- A history of suicidal thoughts or self-harm
- A family history of suicide or self-harm

Note: Knowing someone who died by suicide may potentially increase one’s risk for suicide. However, no one is fated or doomed to die by suicide.

Mental disorders

Research suggests that as many as 80–90% of older adults who died by suicide were suffering from a diagnosable mental disorder. Having a mental disorder or a family history of mental disorders can increase a person’s risk for suicide. People who have required treatment or been hospitalized for mental health problems have a higher lifetime risk for suicide.

Research has indicated that the mental disorders most commonly associated with risk for suicide are:

Any mental disorder can increase a person’s risk for suicide. The risk is higher for people who have more than one mental disorder. The risk may be higher still for people who have a mental disorder and medical illness, especially if they are also experiencing other stressors, a sense of loss or other difficult life events.

- Depression and mood disorders (including bipolar affective disorder or “manic-depression”)
- Substance/chemical misuse (including misuse of alcohol, drugs or medications)
- Psychotic disorders (including schizophrenia and delusional disorders)
- Personality disorders

Psychological factors

Suicide rarely occurs “out of the blue,” although it may appear that way. Most older adults who die by suicide had been suffering intense psychological pain. Hopelessness, or the belief that life will not improve, has been shown to increase a person’s risk for suicide at all ages. Mental suffering, feelings of loneliness, isolation, emptiness, of being a burden on others, and the perception that everything is meaningless can dramatically increase a person’s risk for suicide.

People with certain personality traits or behaviours also tend to be at higher risk for suicide in later life. These include emotional instability, being introverted or avoiding social interactions, being rigid or being emotionally closed. Others who may be at higher risk for suicide include people who have unrealistic expectations of themselves, difficulty connecting with others or sustaining meaningful relationships, and those who are highly impulsive and/or aggressive.

Emotional pain

The experience of intense emotional pain can be a suicide risk factor.

What to look for

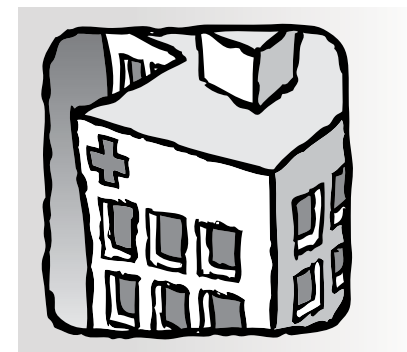
- Agitation or being easily upset
- Angry outbursts or blaming others
- Extreme frustration or irritability
- Thoughts of hurting or killing themselves and/or others
- Being anxious, fearful or stressed
- Being withdrawn, sullen or moody
- Crying or being tearful
- Mood swings
- Feeling or acting guilty
- Being emotionally flat or blunted
- Acting strangely – for example:
 - being paranoid (thinking that others are out to get them or hurt them)
 - hallucinating (thinking they see, hear, smell or feel things that others don't experience)
 - dissociating (“zoning out” or looking “spacey”)
 - saying things like “I don't feel human anymore” or “I feel strangely cut off from the world”
- Seek help if someone who has been very depressed suddenly looks calm or at ease. This can be a sign that this person has made the decision to kill him or herself.

Medical illness and chronic conditions that limit a person's ability to perform everyday activities

Certain illnesses and conditions are associated with an increased risk for suicide. These include:

- Neurological disorders
- Cancer
- Respiratory diseases
- Sensory loss (for example, loss of vision or hearing)

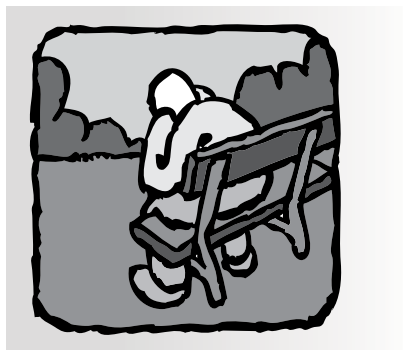
An older adult's risk for suicide may increase as a result of having a medical illness, experiencing intense physical pain, fearing that they might have or might develop a serious or life-threatening illness (such as cancer or dementia, including Alzheimer's disease), or might become functionally impaired or dependent upon others for activities of daily living. Although terminal illness can raise thoughts of death and even thoughts of suicide, most older adults who have died by suicide were not terminally ill.



Difficult life events Later life has been described as a “season of losses.” Although all older adults deal with various life transitions and losses as they grow older, those who feel overwhelmed by them may be at risk for suicide.

Examples of such difficult life events include:

- Retirement or unemployment
- Financial difficulties
- Widowhood, loss of friends and family to illness or death
- Living far from or moving away from family and friends
- Loss of independence (for example, moving in with one’s children, losing a driver’s license, decrease in socioeconomic status)
- Change in residence (leaving the family home for financial or health reasons or due to bereavement, moving into a residential care facility, moving in with children or other family members)
- Medical problems or loss of functioning



Social factors

Social isolation can increase an older adult’s risk for suicide. For example, older adults who tend to have interpersonal conflict, who have suffered the loss of social relationships, who are not in close contact with family members or friends and/or live far from others may be at increased risk. An older adult may also be at higher risk if he or she:

- Lacks a confidant and adequate social supports
- Feels like a burden on others
- Has poor access to care providers

Demographic risk factors Suicide rates tend to be higher among:

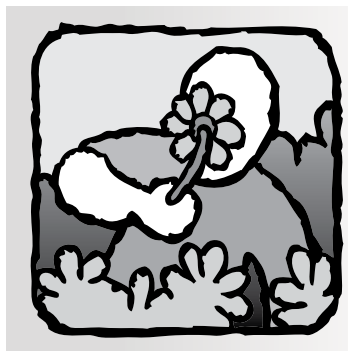
- Older adults
- Men
- Caucasians (whites)
- Some research also suggests that older Asian adults have high suicide rates.
- Although many people think that First Nations/Inuit/Metis people are at high risk for suicide, this is primarily the case for youth and not for older adults, who tend to have lower rates of suicide than Caucasians.

Note: Demographics suggest that some groups might be at higher risk for suicide. However, individuals from any cultural, ethnic and age group may be at risk. Most people who belong to an at-risk group never become suicidal.

Lack of resiliency

A certain resiliency – or ability to recover from illness, depression or adversity – can help protect people against suicidal thoughts and behaviours. Older adults who lack resiliency may be at higher risk for suicide. Among older adults, suicide risk may be lessened by:

- Being engaged in social activities and relationships
- Being active in community, religious, spiritual or social groups
- Pursuing a hobby or interests
- Engaging in a healthy lifestyle (including exercise, proper diet and sleep regimens, and little if any alcohol consumption)
- Experiencing and/or seeking a sense of meaning or purpose in life
- Seeking appropriate mental health care



Depression and older adults

Depression is the most common mental health problem associated with suicide in later life. However, not all suicidal older adults are depressed, and not all depressed older adults are suicidal. Nevertheless, detecting and treating depression can help reduce a person's risk for suicide.

Major Depressive Disorder (also sometimes referred to as “clinical depression”) is a mental disorder involving five or more symptoms that occur simultaneously for at least two weeks in duration. These symptoms must include:

- **Either** intense sadness **or** a profound lack of interest or lack of enjoyment of activities that the individual has typically enjoyed, or both, and four of the following symptoms (three if both sadness and lack of interest are present):
- Sleeping problems
- Significant appetite or weight change
- Feeling chronically tired or lethargic
- Feeling slowed down or very agitated
- Feeling guilty or worthless
- Feeling confused or having difficulty making decisions
- Thinking of suicide or engaging in self-harm

Not all depressed older adults appear sad. The experience of depression can vary among different people and across different cultural groups. Some older adults tend to experience depression through physical symptoms (like aches and pains), rather than emotional ones (like feeling sad, empty, hopeless or guilty). Some older adults will deny feeling depressed, although they might feel that way, because

they were raised not to “air one’s dirty laundry,” because they do not want to “be a burden on others,” or simply because they do not recognize that they are depressed. If you notice that your family member is behaving differently, this could be a sign that he or she is depressed.

Depression is not an inevitable part of aging; it is a mental health problem that can be detected and treated, very often with good results. Research findings generally support treating depression with a combination of psychotherapy and antidepressant medications. Appropriate treatment is critical, because depression can increase a person’s risk of developing medical problems and of dying as a result of those medical problems. Failing to treat depression can also dramatically increase an older adult’s risk for death by suicide. If you suspect that an older adult may be depressed, get him or her to a doctor or mental health provider as soon as possible. A health care provider will be able to assess whether he or she is depressed and, if needed, offer treatment.

More information on depression is available in the **CCSMH Depression in Older Adults: a guide for seniors and their families**. Visit www.ccsmh.ca or call 416-785-2500, ext. 6331, to get a copy.

Suicide warning signs

The American Association of Suicidology recently created a list of common suicide warning signs. The mnemonic **IS PATH WARM** may help you remember these warning signs. Take the time to learn these signs and make sure to get professional care for an older adult exhibiting any of them. See the next page for more details about each of these warning signs.

Is this warning sign present?		Yes
I	Ideation	
S	Substance abuse	
P	Purposelessness	
A	Anxiety / agitation	
T	Trapped	
H	Hopelessness / helplessness	
W	Withdrawal	
A	Anger	
R	Recklessness	
M	Mood changes	

Important! An older adult who has **any** of these warning signs may be at risk for suicide. If an older adult displays any of these warning signs, seek immediate medical, mental health or emergency treatment.

Ideation

Thinking of death or wanting to die, or thinking of suicide or of engaging in self-harm may indicate that a person is at risk for suicide. Does your relative or an older adult you know communicate such thoughts or wishes? For example, have you heard them say things such as:

- *I might as well kill myself.*
- *I'd be better off dead.*
- *It's just getting to be too much for me – there's no use anymore.*
- *I've been collecting pills, just in case things get much worse some day.*

Has the person injured him or herself, either with or without the stated intention of dying? Each of these is a warning sign that should be taken seriously.

Substance abuse

Alcohol or drug abuse or the inappropriate use of medications or other substances can reduce a person's inhibitions and may make the person impulsive. This may increase their risk for suicide. People sometimes use substances like alcohol or drugs to try to feel better. This typically only makes things worse. Does an older adult you know use excessive amounts of alcohol, drugs and other substances, or misuse prescription medications?



Purposelessness

Lack of meaning or purpose in life can increase a person's feelings of hopelessness and worthlessness, and sometimes lead to thoughts of suicide. Does an older adult you know indicate or give the impression that he or she has nothing to live for?

Anxiety / agitation

People who are extremely anxious or worried may feel like everything is falling apart, may think of suicide as a way out, and may use that energy to engage in self-harm behaviour. Does an older adult you know show signs of severe anxiety, agitation, irritability or frustration?

Trapped

Many older adults thinking of suicide indicate that they want a way out of a painful emotional state or what may feel like a hopeless set of circumstances. Does an older adult you know appear to feel trapped, feel unable to get help or not know where to go for help, or say things like "There's no way out" or "I'd just like to get away from everything"?

Hopelessness / helplessness

Feeling that there is no hope for the future, and feeling helpless to do anything to change one's circumstances or to do the things that one was once able to do without difficulty, can tremendously increase a person's risk for suicide. Does your relative report feeling helpless because he or she can no longer do even simple things anymore? Does he or she report feeling pessimistic or hopeless about the future?

Withdrawal

When we experience emotional pain, we may turn inward to take care of ourselves, or cut ourselves off from those around us. Emotional pain needs to be shared with others (including close supportive family or friends, and ideally a mental health professional) to make it bearable. Does an older adult you know appear to be isolating him or herself from others? Has he or she stopped seeing friends, stopped taking part in hobbies or activities, or stopped going for medical appointments? Social withdrawal can be a warning sign that someone is at risk for suicide.

Anger

Not all depressed older adults appear sad. Many appear angry, irritable or frustrated. Anger can lead to aggressive or violent behaviour, either towards other people or towards oneself, and can, in some cases, lead to suicide. Does an older adult you know appear increasingly angry, frustrated or irritated? Has he or she always reacted to stress by becoming angry or violent? Aggressiveness can be a warning sign that an older adult is at risk for suicide.

Recklessness

As we get older, we tend to become more cautious and take fewer risks. Some older adults have always been risk-takers, and may have always been very impulsive, perhaps with negative social or personal consequences. Others, who had been very careful, may start showing a reckless abandon and take part in risky activities, or may not seem to care about the consequences of their actions. For example, an older adult who can no longer drive safely may put off going to the doctor for fear of losing his or her license, and may continue driving with an expired or revoked driver's license.

Such recklessness can increase the risk for harm, whether intentional or otherwise. Does an older adult you know appear reckless or unconcerned whether his or her actions might hurt or kill him or herself or others? In a similar way, be aware that a car accident can indicate that an older adult is overwhelmed by his or her emotional pain and unable to concentrate. A car accident may also be an example of suicidal behaviour.

Mood changes

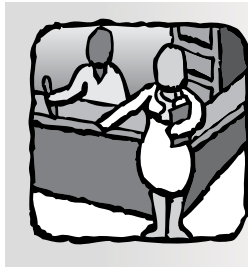
Dramatic changes in mood can be a sign of intense emotional difficulty, a medical problem or a mental disorder. Mood changes can make a person's behaviour unpredictable. Depression and agitation can be warning signs of suicide risk. Older adults who had been depressed, but suddenly appear much happier and energetic, may be at high risk for suicide. Does an older adult you know exhibit fluctuating or rapidly changing moods? Does his or her energy level change quickly with changing circumstances? Does their mood change suddenly over the course of a conversation, for no apparent reason?

What help can I get from health care providers?

It's critically important to seek help from a health care provider when someone is at risk for suicide. Help can range from having a health care provider talk to and support an older adult who is feeling lonely and isolated to seeking immediate emergency medical intervention for someone at imminent risk for suicide.

Family doctor, walk-in clinic or urgent care clinic

When a person is feeling low or depressed but does not acknowledge suicidal thoughts or plans, it may be appropriate to accompany him or her to a family doctor, walk-in clinic or urgent care clinic for an assessment. The doctor can then refer him or her to a mental health professional who has expertise in working with people who have mental health difficulties or are at risk for suicide, if deemed necessary.



Mental health care provider

You might also consider contacting a registered mental health care provider directly (for example, a psychologist, psychiatrist, psychiatric nurse or social worker – see page 31 for more details). These professionals have distinct approaches and provide unique services, which can include assessing and diagnosing mental health problems, providing psychotherapy or counselling, and prescribing medication and other treatments. People at risk for suicide can benefit from psychotherapy and possibly antidepressant medication. You can find phone numbers for these professionals in the phone book or by contacting their professional associations or an online referral service.

If an older person's initial experience with a mental health care provider is not satisfying, he or she might want to try contacting a different provider. It can sometimes take several tries before finding the right professional who connects well with that individual. You might advise him or her not to be discouraged if the first (or second or third) mental health professional doesn't "feel right" – perhaps the next one will. If the person's risk for suicide is high, encourage him or her to continue working with a mental health care provider, even if he or she doesn't like that professional much. It's better to have a professional who doesn't "feel right" than to have none at all. People living in small or remote communities may have fewer providers to choose from and less opportunity to be selective.

Emergency room / 911

When a person's risk for suicide is high (for example, if the person reports having thoughts of suicide or intends to kill him or herself, especially if the person has a history of suicidal thoughts or self-injury) or if you don't know how high the risk for suicide might be, take the person to the local hospital emergency department or contact emergency services (for example, dial 911 if available in your area). If you do not know the older adult and you think they might be at risk, don't spend a lot of time trying to gauge their level of risk. It is better to call a professional immediately.

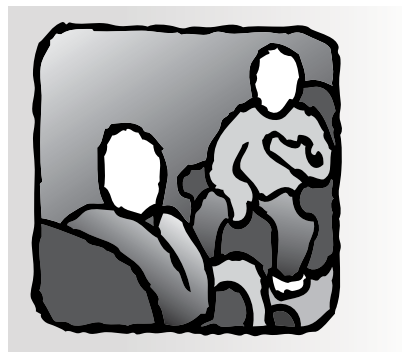


If the person has already injured him or herself, whether or not he or she intended to die, call 911 or the emergency number for your area. If you are very concerned that a family member is at serious risk for suicide and you can't convince them to go for help or accompany you to the hospital, you may need to call the police for assistance. The police may be able to help get the person to a hospital for an emergency assessment.

When you contact a health care provider, the police or emergency medical services, it is critical that you state clearly that you are concerned about “suicide risk.” This language requires that they take you seriously and intervene. Being indirect or using euphemisms might lead them to miss the potential danger. By being clear, your message can be taken seriously and acted upon quickly. When someone is at risk for suicide, do not be shy or quiet. Speak up, speak clearly and make sure that they hear you. If the first person doesn’t seem to hear you or doesn’t seem to be taking your concerns seriously, keep trying! A life might be at stake.

Confidentiality and health care professionals

Health care professionals will not necessarily contact family members or other social support providers of an older adult who is at risk for suicide. Bound by confidentiality, they are not at liberty to share information regarding their clients or patients unless risk for suicide is judged to be imminent. The law requires professionals who are worried about a client’s suicide risk to strive to ensure the client’s safety. This may involve referring the client for emergency medical or mental health care (possibly including a hospital stay), and/or involving the police (or Justice of the Peace) and may involve discussions with family members if the client refuses to comply with recommended life saving care. This is done to ensure the person’s safety, not to arbitrarily restrict their freedoms. The law requires professionals to extend confidentiality to emergency medical service providers, other mental health care providers and/or the police when the individual’s risk for suicide is judged to be imminent.



It is possible for a concerned family member to take an older relative to the hospital emergency department and for the health care providers at the hospital to not share the results of their assessment with them, because they are obligated to keep information about their patient confidential. Understandably, this can be extremely frustrating for family members, but don’t let this stop you from seeking appropriate help for an older adult who may be at risk for suicide. And remember, even if the professional cannot share any information with you, he or she can still listen. If you are concerned, share your concerns with the health care professional, and ask him or her to follow up with your family member and/or other appropriate professionals.

Different health care providers have different levels of knowledge, experience and skill in working with older adults at risk for suicide. Education is a two-way street. You can use this guide to help start a conversation – and share facts about – late life suicide with your health care provider.

Types of mental health care providers

Psychologists are mental health professionals who apply knowledge about how we think, feel and behave to help people understand, explain and change their behaviour. They can assess and diagnose mental disorders. Many psychologists also provide psychotherapy or counseling: one-on-one, couples, family and/or group therapy. Psychologists cannot prescribe medications unless they have pursued additional training in medicine or in pharmacology and are certified to do so. Unlike psychiatrists, the services of a psychologist are typically not covered by provincial and territorial health insurance plans; however, psychologists working in hospitals or medical clinics may have their services covered by provincial plans. Some extended, or work-based health insurance plans cover the services of psychologists. Psychologists often accept self-referrals although some request a referral from a doctor or other health care provider.

Psychiatrists are medical doctors who specialize in diagnosing, treating and preventing mental disorders. To make an appointment with a psychiatrist, you need to get a referral from a physician. Psychiatrists prescribe medications as well as other medical treatments and some provide psychotherapy.

In Canada, both psychiatrists and psychologists can assess, diagnose and treat depression and mental disorders.

Psychiatric nurses provide care in hospitals, facilities and communities. They are skilled in patient assessments, planning programs for their clients, and implementing and evaluating the effectiveness of the plans with clients. Many provide crisis and treatment intervention.

Social workers work in hospitals, community mental health centres, community agencies or private practices. They can help build partnerships between caregivers and families and work with various community services to help create supportive environments for clients. They can also educate and advocate for access to appropriate support services. Some social workers specialize in mental health issues and offer counselling and therapy services.

Psychotherapy (sometimes called “talk therapy”) is a form of mental health care that involves talking about and exploring one’s difficulties and discussing potential solutions or changes that can be made to help improve them. There are hundreds of different therapeutic approaches, and each involves a different philosophy and specific techniques. Clinical psychologists and psychiatrists are typically trained in the delivery of psychotherapy. Others who may be trained to provide psychotherapy include physicians, social workers, counsellors, psychiatric nurses, occupational therapists and members of the clergy.

Until recently, in certain parts of Canada anyone, regardless of training, could call him or herself a psychotherapist and provide psychotherapy without legal penalty. That is in the process of changing, as professional bodies are being established to regulate the practice of psychotherapy in various parts of the country. In the meantime, it is better to be safe than sorry. Ask about the professional training and credentials of someone you are considering meeting with for psychotherapy. Ask whether he or she is a member of a professional association or college. Health care professionals should not be offended by such a question. Discussing their professional credentials with prospective clients or patients should be a standard part of their job.

Summary: important facts about suicide in later life

- Older adults have among the highest rates of suicide of any age group in most countries worldwide.
- In Canada, the risk for suicide tends to increase with age, especially for men.
- The suicide rate of older Canadian men is roughly double that of the nation as a whole.
- Suicide is typically not about “dying with dignity,” but is rather a sign of deep emotional despair that can be addressed with treatment.
- If a person starts talking about a wish to die or expresses an interest in hastening their death (i.e. physician-assisted suicide, stopping their medications), this might be a sign that they’re suicidal or depressed.
- Signs of suicide risk must be taken seriously and acted upon quickly. Suicidal older adults typically use highly lethal methods when engaging in suicidal behaviour.
- Help is available. Treatment can reduce a person’s risk for suicide and enhance their sense of well-being.
- **Suicide prevention is everybody’s business. We each have a role to play – know yours!**

Crisis support in my community

In times of crisis, it can be difficult to respond quickly. Take a moment now to look for resources in the community and write them down.

911: Call for immediate assistance. Be prepared to give your street address and specific information about what is happening. You will also be asked if you need the police, ambulance or fire department.

Crisis Centre / Distress Line

Phone: _____

You can typically find this information in the front page of your local phone book or online. Crisis centres and distress lines can also refer you to other helpful resources in your area.

Hospital

Phone: _____

Address: _____

Family doctor: _____

Phone: _____

Mental health care provider: _____

Phone: _____

Clergy: _____

Phone: _____

Additional resources

In addition to this guide, the **Canadian Coalition for Seniors' Mental Health (CCSMH)** has produced three other booklets for seniors and their family members on the topics of delirium, depression and mental health issues in long-term care homes. These booklets were based on the CCSMH national guidelines for seniors' mental health that were created for health professionals.
Phone: 416-785-2500 ext. 6331
Website: www.ccsmh.ca



ASIST: Applied Suicide Intervention Training is a workshop for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. Created by an organization called LivingWorks, its website lists two-day workshops that are offered through a variety of organizations across Canada.
Phone: 403-209-0242
Website: www.livingworks.net

The **Canadian Association for Suicide Prevention (CASP)** is a non-profit organization that works to reduce the suicide rate and minimize the harmful consequences of suicidal behaviour. CASP has developed a blueprint for a Canadian suicide prevention strategy. **It is not a crisis centre**, but its website offers links to crisis centres and survivor support groups across Canada.
Phone: 204-784-4073
Website: www.casp-acps.ca or www.suicideprevention.ca

The **Canadian Mental Health Association (CMHA)** is a nation-wide, charitable organization that promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness. To locate a CMHA office near you, contact the head office in Ottawa or visit the CMHA website.

Phone: 613-745-7750

Website: www.cmha.ca

The **Canadian Psychological Association** is a national association that aims to promote the health and welfare of all Canadians through psychological research, education and practice. Its website offers helpful information on how to choose a psychologist, fact sheets, and listings of associations and regulatory bodies across the country.

Phone: 1-888-472-0657 (toll-free) or 613-237-2144

Website: www.cpa.ca/public

The **Centre for Suicide Prevention** is a non-profit information, education and research centre. It has a library with 39,000 documents on suicide and offers specialized training courses in suicide prevention and intervention. It is affiliated with the Canadian Mental Health Association.

Phone: 403-245-3900

Website: www.suicideinfo.ca

Centre for Research and Intervention on Suicide and Euthanasia (CRISE) is an interdisciplinary research centre affiliated with the Université du Québec à Montréal. Their objective is to reduce suicide and suicidal behaviours and to reduce the negative consequences of suicide.

Phone: 514-987-4832

Website: www.crise.ca/index_eng.asp

The **Mood Disorders Society of Canada** is a national, not-for-profit organization that is dedicated to improving the quality of life of people affected by depression, bipolar disorder and other related disorders.

Phone: 519-824-5565

Website: www.mooddisorderscanada.ca

The **Mood Disorders Association of Ontario** created a website called Check Up from the Neck Up to raise awareness about mood disorders and connect people with resources, so they can get help if they need it.

Phone: 1-888-486-8236 (toll-free) or 416-486-8046

Website: www.checkupfromtheneckup.ca

American Resources

The **American Association of Suicidology** is an organization dedicated to understanding and preventing suicide through education, research and resources. Their website features statistics and tools, current research, and information for people who have lost a loved one to suicide and for people who have survived suicidal behaviour.

Phone: 202-237-2280

Website: www.suicidology.org

The **American Foundation for Suicide Prevention (AFSP)** is the leading American not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide.

Phone: 1-888-333-AFSP (2377) (toll free)

Website: www.afsp.org

The **Suicide Prevention Resource Center (SPRC)** provides prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies, and to advance the American National Strategy for Suicide Prevention.

Phone: 877-GET-SPRC (877-438-7772)

Website: www.sprc.org

QPR Institute was founded by Dr. Paul Quinnett, a clinical psychologist and trainer for more than 35 years. QPR offers suicide prevention training programs, educational and clinical materials for the general public, professionals and institutions (QPR stands for Question, Persuade Refer).

Phone: 1-888-726-7926

Website: www.qprinstitute.com

International Resources

The **International Association for Suicide Prevention (IASP)** provides a forum for national and local suicide prevention organizations, researchers, volunteers, clinicians and professionals to share knowledge, provide support and collaborate in suicide prevention around the world.

Website: www.iasp.info

(information accurate at time of printing)

Local resources

Use this area to record contact information for organizations and other support services in your region.

The CCSMH would like to acknowledge the continued dedication of its Steering Committee members:

Canadian Academy of Geriatric Psychiatry (chair)

Alzheimer Society of Canada

Canadian Association of Social Workers

Canadian Caregiver Coalition

Canadian Geriatrics Society

Canadian Healthcare Association

Canadian Mental Health Association

Canadian Nurses Association

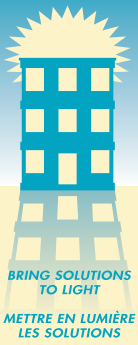
Canadian Pensioners Concerned

Canadian Psychological Association

Canadian Society of Consultant Pharmacists

College of Family Physicians of Canada

Public Health Agency of Canada (advisory)



Canadian Coalition for Seniors' Mental Health



The mission of the **Canadian Coalition for Seniors' Mental Health** is to promote the mental health of seniors by connecting people, ideas and resources.

To find out more about the CCSMH, visit **www.ccsmh.ca** or call 416-785-2500 ext. 6331.

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