

Elderly Suicidal Ideation

Karissa Goodman

Southern Adventist University

## Elderly Suicidal Ideation

### **Statement of the problem**

“Older adults have long had elevated rates of death by suicide compared to the general younger population” states Daniel L. Segal (2015). This is a fact that not many people realize about our elderly population here in the United States. “Adults over the age of 65 ... have the highest rates of suicide in North America and around the world” (Heisel, 2016). For my research, I have decided to look into what factors lead to suicidal ideation among elderly adults in the United States. This is a problem that I had never really thought about until I began my social work journey. Suicidal ideation can be defined as thinking of or planning to commit suicide which can range from having a detailed plan or just considering suicide (Nordqvist, 2018). XinQi Dong (2016) states “suicidal ideation has been found to be a significant risk factor for both suicide attempts and completed suicide among older adults ... in order to prevent suicidal behavior among older adults, knowledge of factors associated with suicidal ideation is crucial.” Research is showing how big of a problem this has become with this population, and that is why I have decided to look into the factors of suicidal ideation among the elderly here in the United States.

People are aging all around us. We ourselves are aging at this very moment. I know that I personally have reached a point in my life where I am seeing my grandparents age, some better than others. I have one grandmother in particular who is not doing very well as she ages. I have noticed how all aspects of her life (physical, emotional, mental, spiritual, and social) are being affected and being altered the older she gets. This is another reason as to why I have conducted the research in this paper. I also have developed a passion for this topic and am adamant about spreading awareness about this issue. “Suicidal ideation is strongly predictive of suicide itself”

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(Na, 2017) which shows how suicidal thoughts need to be taken very seriously. I am coming from the standpoint of if we know the risk factors, maybe we can help prevent them in the lives of people around us.

This literature review has been written with the hopes of answering the question of what factors lead to suicidal ideation among elderly adults in the United States. For my study I have looked into adults ages 60 and above. These adults must also be current residents in the United States and the time the studies were done. I have gathered my information from empirical articles from within the past ten years (2008-2018). This is a growing issue seeing as more of our residents of the United States are growing older. I believe that this is a very important issue that social workers need to be looking into. As a future social worker, I want to make the lives of others better and worth living. If we can identify some risk factors that lead to suicide ideation, then maybe we can do something about it together.

### **Problem Exploration**

Throughout my research, I have discovered various risk factors that contribute to suicidal ideation among elderly adults in the United States. The following section of this literature review will discuss and expand on those findings.

The first risk factor that I researched and studied was elderly abuse or mistreatment. “1 in 10 older adults has suffered from elder mistreatment in the previous year” (Dong, 2016) is a shocking fact that is very saddening. Elderly individuals have lived their whole life and may begin to lose their sense of independence. As a person ages, certain physical challenges start to appear making it harder for an individual to be on their own. Often times a person will lean on their family or a caretaker at a facility for support. But what happens if a child or caretaker is not supportive and decides to mistreat the elderly individual. Or if that elderly individual had abused

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their child while he or she was growing up and now the child is returning the favor. The abuse, mistreatment, and neglect are all factors as to why some elderly contemplate suicide. Dong (2016) does also recognize that “there is a dearth of research on its [elder mistreatment] association with suicidal ideation, a growing health issue among older adults.” I believe that more research needs to be done on this topic so that policies and programs can be put into place for those who are experiencing this type of abuse that is leading to suicidal ideations.

Education is the next factor that will be discussed. “The most abused elder people were illiterate or had low education which indicates that education and literacy are effective in changing the thinking horizon of people in old age ...” (Ghodousi, 2011). Throughout my research I discovered that older adults who had a lower level of education had more suicidal thoughts than those who had more years of education and had gone further with their learning (Na, 2017). The studies that I researched all seemed to agree that the elderly individuals who had lower levels of education, not completed college, and who were illiterate were more likely to be abused, mistreated, and have thoughts about committing suicide. While conducting this research, I have become aware about how all of this is connected. I believe that there is a link between not being educated, being abused, and to having suicidal thoughts. The three of these seemed to be intertwined together, which calls for more research to be done on this topic.

Another big factor that seems to lead to suicidal ideation among the elderly is what condition their mental state is in. One study in particular looked into the effect that depressive personality disorders have on an aging individual in relation to suicidal ideation. Before we get into that, the definition of a depressive personality disorder is as follows: “A depressive disorder is not a passing blue mood but rather persistent feelings of sadness and worthlessness and a lack of desire to engage in formerly pleasurable activities” (Depressive Disorders, n.d.). A study done

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by Daniel L. Segal (2015) sought to address the issue of suicide becoming a major issue among elderly adults in the United States. His study wanted to look at the relationship between personality disorders and suicidal ideation. His hope was to discover that these specific personality disorders were directly related to ideas and desires to commit suicide among elderly adults. The findings from his study showed that depressive personality disorders positively correlate to the thoughts and ideation of suicide among this population. Specific factors that contributed to this was an individual having a cynical outlook on life, feelings of gloominess, self-blaming, and being critical of others. It was shown that adults who do have a depressive personality disorder were more likely to have weak relationships with others which intensified the feelings of loneliness leading to even stronger suicidal ideations (Segal, 2015). Many tend to think that depression can be fixed quickly and will eventually pass, but this is not the case. For our elderly individuals, having a depressive personality disorder puts them at a higher risk of contemplating ending their own life.

“Suicide claims over 800,000 lives annually; some of the highest rate of suicide in the US and worldwide are found among older adults” (Heisel, 2016). Researchers have developed the Geriatric Suicide Ideation Scale (GSIS) to help identify certain factors and experiences that can possibly predict if someone in the sixties and above is likely to commit suicide. As our elderly population is expanding every day, suicidal ideation is becoming a bigger problem among our elderly here in the United States. Marnin Heisel and Gordon Flett, who conducted this study, found that adults who were 85 years old and above did produce higher GSIS scores than those who were younger. The researchers also found that older men are more likely to have suicidal ideations than woman are according to the results from the GSIS. One finding that I found particularly interesting was that widowed and married individuals scored lower of the GSIS than

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divorced or separated individuals (Heisel, 2016). I would have thought that widowed individuals would score higher on the scale, but according to this study they score rather low. I believe that this is a very useful tool and system to use. Developing exams and screenings like this can help us identify risk factors among our elderly population which can help us to better understand their needs.

Another study done by Marnin Heisel, Gordon Flett, and Eva Neufeld reveals that something needs to be done about the high rate of suicide among the elderly population in the United States and that we must understand the factors that lead to suicidal ideation among these individuals. These researchers assessed the participant's reasons for living (RFL) and their meaning in life (MIL) to see how these factored into elderly suicidal ideation rates (Heisel, 2016). It was found that participant's RFL and their MIL were both negatively related to suicidal ideation among the elderly population (Heisel, 2016). This means that the less reasons for living that an individual had, the more likely they were to contemplate suicide in their later years. The researchers also discovered that depression, loneliness, and despair were all risk factors among this population in relation to suicidal ideations. It was found though that older adults who did have a RFL were less likely to have suicidal thoughts (Heisel, 2016). Reasons for living may include having a career or hobby that keeps someone busy, having a family, owning a beloved pet, a strong sense of connection to friends, belief in a higher power, or whatever gives an individual a reason and meaning to keep going. When all of their reasons and meanings are taken away, suicidal ideations become stronger and harder to ward off. As humans, sometimes we can feel lost and as if our lives are worthless if we do not have a sense of meaning for our life. Developing hopeful and helpful criteria for our older adults is a step that should be taken in improving suicidal ideations among these individuals.

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“The rate of suicide increases with every decade of life past age 65. Relative to younger adults, suicidal attempts by older adults are more premeditated; involve more lethal means; and are more likely to result in completed suicide” says Jennifer Fanning and Robert Pietrzak (2013) who conducted a study on United States male veterans. These researchers studied male veterans ages 60 and older and evaluated them for the prevalence and risk factors of suicidal ideation. This study found that major depression and physical health problems were both strong risk factors for having suicidal thoughts which agrees with the findings that were stated previously. Another finding from this study discussed how combat veterans are more likely to have suicidal thoughts rather than non-combatative veterans and that 6.0% of these participants reported having current suicidal thoughts (Fanning, 2013). This article went on to discuss how these older male veterans were not receiving the mental health treatment they desperately needed. From reading this and learning about mental health and how important this is, I believe that it is imperative that we develop more programs that assist this population to give them the proper help that they deserve.

“Adults aged 65 years and older in the United States had a substantially higher death rate by suicide than the general population” (Mary, 2010) is yet another statistic identifying how big of an issue this is among our elderly population. A study done by Meghan Marty not only looked at risk factors for suicidal ideation, but at protective factors as well. More specifically, this study looked at various coping strategies and how they influenced suicidal ideation among the elderly. Positive coping mechanisms were positively related to a decrease in suicidal ideation and follow through (Marty, 2010). This then means that negative and dysfunctional coping strategies can be risk factors of suicidal ideation. The two most helpful positive coping strategies were found to be venting and expressions one’s emotions. These are positive coping strategies for elderly adults

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that led to them not contemplating suicide (Mart, 2010). I believe that people need to be trained on the differences between positive and negative coping mechanisms and how they can affect your life and the way you deal with certain situations.

### **Limitations and Gaps in Literature**

I do believe that there was enough information to thoroughly answer my research question. I also recognize that there are multiple other reasons why individuals do contemplate suicide and have those thoughts. One barrier to this research could be the fact that not many people are actually aware of this issue. When discussing my topic with friends and family, some responded saying that this probably is not as big of an issue as I thought it was. My research proved otherwise. I believe that when people think of suicide, the mainly thing of adolescents and young adults. This may have something to do with the media and how stories of younger suicidal attempts are more often on the front page than older individuals. Also, TV shows and movies have been portraying suicide more and more in the recent years, but are mostly portraying it from a young individual's perspective. These could be possible barriers to this topic and is one reason why I believe awareness needs to be brought to this growing issue.

### **Theoretical Perspectives**

According to Zastrow (2016) "The final stage of life, according to Erikson, involves the psychological crisis of integrity versus despair." Zastrow (2016) goes on to explain that integrity is being able to accept one's past and all that they have done as they are now facing the final stage of their life: death. He also describes despair as being the opposite of integrity in the sense that an elderly individual is now full of regret and shame about their past and they also wish that they could have made different choices in their lifetime. This theory of integrity versus despair can be applied to the topic of suicidal ideation among elderly individuals. Those who



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seem to be stuck in the “despair” phase are often miserable and either commit suicide or contemplate on doing it. Zastrow (2016) states “the highest rate of suicide is found not among male adolescents or male young adults, but among older men.”

For example, Zastrow (2016) discusses how a man typically finds his identity in his career and profession of choice. His whole life has been dedicated to that career, but then retirement comes. Since their career has provided them a meaning in life, older men are more likely to despair and contemplate suicide in hopes to end their suffering and misery (Zastrow, 2016). This can relate back into helping individuals find a meaning in their life once they have aged and can no longer do the activities that they once loved to do.

### **Conclusion and Position**

This literature review paper sought to answer the question of what factors lead to suicidal ideation among elderly adults in the United States. Various factors have been discussed throughout this paper such as elderly abuse or mistreatment, having lower levels of education, having a depressive personality disorder, not having a meaning in life or reason to live, and using negative coping mechanisms to deal with problems in life. “Preventing suicide is a leading public health and research priority” (Olson, 2017) which is why understanding the factors that lead to suicidal ideation is so important.

I agree with the findings from these studies. After working with elderly individuals and completing all of this research, I agree that this is a big issue and that addressing these risk factors may help in lowering suicidal ideation rates among our elderly population. The particular studies that discuss new intervention methods and programs to better assist this population have my full support. This is an issue in our country, and it is not going to just go away on its own.

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Recommendations that I have for all individuals is to raise awareness about this issue and understand the risk factors involved. For social workers, working on developing programs with our elderly and helping them understand that they are not alone and that there are positive ways to cope with their individual situations. I believe that our church can do a better job at reaching out to the individuals who suffer with suicidal thoughts. Having a church community that is open and warm to all members is a good first step. Also having a group from church go and visit those elderly individuals who may not physically be able to attend church on a weekly basis could help. The research has shown that having weak relationships can lead to suicidal ideations, so I recommend building strong relationships with our elderly population here in the United States.

Speaking from a micro approach in social work, I believe that we can educate ourselves on how to better assist these individuals on a one on one basis. Whether that be providing counseling to those who want it or taking the time build a strong relationship with specific individuals, these are possible ways to help this population.

A mezzo approach for this issue could possibly be the formation of small groups. These groups can be comprised of people in similar situations and from the same population so that our elderly know that they are not alone and they do not have to go through the end of their lives be themselves.

Raising awareness is where I would start on a macro approach to this issue. Raising awareness in schools, churches, hospitals, communities, and other organizations would benefit this issue in my opinion. Also, educating people on the risk factors associated with elderly suicidal ideation and the facts on it.

In conclusion, my research as shown me how important recognizing the risk factors of elderly suicidal ideation are. I believe that we need to become educated on this topic and the risk

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factors, raise awareness of the issue, and continue implementing and developing programs to assist our elderly population here in the United States.

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