

What are the risk factors for suicide in late-life?

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This literature review paper is an examination of several types of late-life suicide risk factors and how they contribute to the problem that is late-life suicide. The limitations set for this research include only using population statistics of adults aged 65 and older. This topic is important to consider because of its unspoken prevalence in families, communities, and in society. Ignoring this subject would let an entire generation slip through the cracks of a civilization that they helped create for those that would come after them. It is the duty of this generation to consider the most senior population in society.

This underrated problem is more widespread than most would imagine. The older adult population is 12 percent of the total U.S. population, but are 18 percent of all suicide deaths. In 2002, the suicide rate of individuals aged 65 and over was more than 15 per every 100,000 and the ratio increases in severity with age (American Association for Marriage and Family Therapy, n.d.). This alarming factor is coupled with the estimate that elder suicide may be underreported by as much as 40 percent due to more silent forms of suicide that may have been employed, such as starvation (American Association for Marriage and Family Therapy, n.d.). The Centers for Disease Control and Prevention (CDC) estimated that in 2011, more than 9,000 older adults died by suicide. Not only is suicide in late-life widespread, but it is also more lethal than suicide among other age groups (Greenlee & Hyde, 2014), because older adults are frailer, more likely to have a plan, and more determined to die compared with other age groups (Administration on Aging [AOA] and Substance Abuse and Mental Health Services Administration [SAMHSA], 2012).

I was personally affected by this problem for the first time on January 21, 2017 when my great-grandfather took his own life. As a result, I have been affected by this issue every day

since, wondering what can be done to help such a vulnerable population. However, I am not the only one affected by this issue. It boldly interrupts and changes the lives of individuals and families every day. Lives are changed when life is lost, and with each passing, the world will never be the same.

### **Problem Exploration**

The research has been divided into three categories, each with its own set of subtopics. The categories of risk factors are physical, psychological, and social. However, it has been established that the categories are hard to distinguish one from the next due

#### **Physical Risk Factors**

**Physical illness.** Physical illness can increase the risk of suicide in late-life; however, risk varies depending on the type of disease that the individual has. For example, illnesses that increase the risk of late-life suicide are cancer, neurological disorders, pulmonary disorders, genitourinary conditions, sensory impairment, and insomnia (Fiske, O’Riley, Widoe, 2008). Illnesses that specifically increase the risk of late-life suicide are cancers of the breast and prostate, seizures, chronic lung disease, incontinence and renal failure, and hearing and vision impairment (Fiske et al, 2008).

**Pain.** In 2008, a research study was completed that looked at the connection between chronic pain and suicidal ideation and suicide attempts. Results found that individuals who suffered from one or more chronic pain conditions experienced more suicidal ideations and suicide attempts (Ratcliffe, Enns, Belik, & Sareen, 2008). Chronic migraines were associated with the strongest link between chronic pain and suicidal ideation and attempts (Ratcliffe et al., 2008).

#### **Psychological Risk Factors**

**Mental illness.** In an article titled “A nation-wide evidence-based data analysis of repeated suicide attempts,” researchers studied repeated suicide attempts in Taiwan (Chien, Lai, Chung, Pai, & Chang, 2013). They found that of the 1,004 patients hospitalized for repeated suicide attempts, 67 percent had been diagnosed with one or more mental illnesses (Chien et al, 2013).

Within the spectrum of mental illnesses, depression is a well-established risk factor for suicide in late-life. Some symptoms of depression are associated with a higher immediate risk of suicide in older adults (McGirr, Renaud, Sequin, Alda, Benkelfat, Lesage, et al. 2007). The symptoms of depression that were more likely to be a risk factor for suicide were weight or appetite loss, insomnia, feeling unvalued or having misplaced guilt, and recurring thoughts about death or suicide. Alternately, fatigue, impaired concentration, indecisiveness, weight or appetite gain, and hypersomnia were symptoms of depression found to be associated with a decreased risk of suicide (McGirr et al., 2007). Depression can be a side effect of some of the medicines that are commonly taken by older adults (Neel, 2012).

**Loss.** In an article called “Social Isolation Increases Risk of Suicide Among Elderly,” research from the University of Ibandan in Nigeria resulted in the conclusion that those who had lost a spouse through death, separation, or divorce were five times more likely to have made suicidal plans when compared with those who were still married (De la Hey, 2013). According to the article, the when an individual loses a spouse, it can create social isolation in their lives.

### Social Risk Factors

**Economic.** Research indicates that economic factors, such as economic insecurity, play a role in suicide in late-life (U.S. Preventive Services Task Force, 2014). As individuals age, many of them have fewer resources financially and, as a result, have more doubts about the future

(Greenlee & Hyde, 2014). Economic influences, combined with other risk factors such as depression, social isolation, functional impairment, physical ailments, and pain, can lead to hopelessness in many older individuals (Van Orden & Conwell, 2011).

**Isolation.** As was previously established, the loss of a spouse can result in a loss of social support. This loss can lead to social isolation among the elderly (De la Hey, 2013). This year, a study was completed that sought to examine the associations of isolation and loneliness among older adults over a six-year period. They used two measures of functional status to determine the correlations: walking pace and difficulties in daily living. Research found that loneliness was associated with an increase in difficulties with activities of daily living, and both social isolation and loneliness were found to relate to a decrease in pace at follow-up. It was the conclusion of the researchers that loneliness and social isolation can become risk factors for poor health outcomes in late-life (Shankar, McMunn, Demakakos, Hamer, & Steptoe, 2017). In connection with previously stated research, poor health outcomes are connected with an increased risk of suicide (Fiske et al, 2008). As a result of the connection between poor health outcomes and physical illness, social isolation is a risk factor for suicide in late-life.

**Perceived burdensomeness.** Perceiving oneself as a burden on others may contribute to late-life suicide by taking away from the individual's meaning in life (Van Orden., Bamonti, King, & Duberstein, 2012). To determine if suicide note themes might be an effective way to inform suicide prevention strategies, a research study was done that examined 42 suicide notes at a variety of ages from Northern Ireland. With a ratio of 40:3 percent, it was determined that elderly suicide notes were more likely than non-elderly suicide notes to contain the idea of 'burden to others' as a motive for suicide (Foster, 2003).

## **Difficulties**

The only difficulties the researchers cited was a lack of similar research in their field of study. A common platform among all the articles I read was that more research was needed in this field, specifically among the older adult population.

### **Theoretical Perspectives**

The theory that best relates to this issue is the activity theory. In Zastrow and Kirst-Ashman's textbook, *Understanding Human Behavior and the Social Environment*, the activity theory asserts that "the more physically and mentally active people are, the more successfully they will age (pg. 696)." It asserts that being physically and mentally active helps to maintain the physiological, psychological, and intellectual functions of the elderly. I think that the activity theory applies well to this topic because many of the risk factors for suicide are related to poor health outcomes, such as physical illness, pain, and depression. In my opinion, idea that remaining active, both physically and psychologically, can promote successful aging is an important topic to consider when combating suicide in late-life.

### **Gaps in the Literature**

**Researchers' suggestions.** The researchers cited various areas that needed more study. One such area was gender differences in late-life suicide. Another gap in available literature is racial diversity in late-life suicide because many studies have been done in countries with little racial diversity, so this area of research on the topic is lacking.

**My suggestions.** It is my suggestion that more recent studies need to be conducted that show support for the preceding studies. I found many studies on suicide in late-life that occurred over a decade ago, but not as many within the last ten years. Additionally, I think more research should be done on each risk factor independently to see how it relates to wellbeing. For example,

one could research how social supports contribute to well-being in life and how it correlates to social isolation being a risk factor for elder suicide.

### **Conclusions and Position**

#### **Main Findings**

Risk factors for late-life suicide can be broken into three categories: physical, psychological, and social risk factors. Physical risk factors include physical illness and pain. Physical illness can increase risk of suicide in older adults, however, the level of risk can vary depending on the illness (Fiske et al, 2008). Illnesses that increase risk of suicide are cancer, neurological disorders, pulmonary disorders, genitourinary conditions, functional impairment, and insomnia (Fiske et al, 2008). The presence of one or more chronic pain conditions was correlated with both suicidal ideation and suicide attempts (Ratcliffe et al, 2008).

Psychological risk factors include mental illness and loss. In a study of repeated suicide attempts in Taiwan, 67 percent of the patients studied had been diagnosed with one or more mental illnesses (Chein et al, 2013). Research from the University of Ibadan in Nigeria found that those who had lost a spouse were significantly more likely to have suicide plans (De la Hey, 2013).

Social risk factors include economics factors, social isolation, and perceived burdensomeness. Economic factors, such as economic insecurity, play a role in suicide in late-life (U.S. Preventive Services Task Force, 2014). Loneliness and social isolation can become risk factors for poor health outcomes in late-life (Shankar et al., 2017). Perceived burdensomeness may contribute to suicide late-life by eroding meaning in life (Van Orden et al, 2011). In a study of 42 suicide notes in Northern Ireland, notes of elderly suicides were more likely to contain the theme 'burden to others' (Foster, 2003).

## Possible Tension

There is no tension between the findings in the research and my personal views.

## My Position & Suggestions

It is my personal perspective that the older adult population in the U.S. should be given the concern that it deserves. The rates of depression, perceived burdensomeness, and isolation among this age group is unprecedented. In other cultures, the older one becomes, the more highly they are valued. Unfortunately, it seems to be that in the U.S. the older one becomes, the less valuable to society they are viewed. It is my belief that it should not be this way. They helped bring us to where we are as a society today. Therefore, it is our turn to help them.

It is my position that suicide in late-life is a complex issue that needs to be researched and understood by professionals working with this population. The risk factors of elder suicide include a wide variety of facets that make up life. These facets are closely related and cannot be easily separated. Because the risk factors cannot be easily separated, it is important for professionals working with this population to understand that each individual's case will vary greatly. This creates the need for a more comprehensive screening process among healthcare and social welfare professionals. Because depression is correlated with physical illness and is the most prominent risk factor for elder suicide, physically ill older adults should be regularly assessed for depressive symptoms and suicide risk if necessary. Community members should seek to include the late-life population into the community's social and recreation activities to ward off isolation and loneliness. Because suicide in late-life is a multi-faceted issue, strategies for suicide prevention need to be holistic and multi-faceted themselves.

**On the micro, mezzo, & macro level.** On a micro level, social workers and healthcare professionals can routinely screen older adults for suicide risk factors such as depression,

isolation, perceived burdensomeness, and loss. If the screen comes back with positive findings, the professional can then conduct a formal suicide risk assessment. At the mezzo level, social workers and community activists can promote the inclusion of the elderly into community activities to combat isolation. Social workers and other passionate individuals can also promote the education of elder suicide within the community. At a macro level, social workers can advocate for mandatory screening in healthcare. They can also obtain grants and funding for the creation of programs designed to combat the social risk factors of suicide in late-life.

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