Suicide and aging: special issue of Aging & Mental Health

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To cite this article: Natalie Sachs-Ericsson, Kimberly Van Orden & Steven Zarit (2016) Suicide and aging: special issue of Aging & Mental Health, Aging & Mental Health, 20:2, 110-112, DOI: 10.1080/13607863.2015.1099037

To link to this article: http://dx.doi.org/10.1080/13607863.2015.1099037

Published online: 07 Nov 2015.
INTRODUCTION
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Older adults have higher rates of suicide than younger individuals in most countries worldwide (Heron et al., 2009; World Health Organization, 2003, 2014). With the size of the older adult population rising dramatically throughout the world (Kinsella, Wan, & U.S. Census Bureau, 2009; United Nations, 2015), we can, therefore, anticipate a very large rise in the number of older adults who will die by suicide in coming decades (Conwell, Duberstein, & Caine, 2002). In the United States, a specific contextual factor is that the large Baby Boomer generation, which is now reaching old age, as well as later cohorts who carry with them greater suicide risk (Phillips, 2014). Mental illness is a potent risk factor for late-life suicide (Conwell, Duberstein, & Caine, 2002). Thus, the scientific investigation of suicide in aging adults is an extremely important focus for the readership of Aging & Mental Health.

In this special issue of Aging & Mental Health, we explore a range of topics salient to suicide and aging. We examine theories of suicide and aging, including the examination of suicide from a developmental and lifespan prospective. We focus on how early developmental factors such as adverse childhood experiences (ACE) may have enduring consequences to suicide risk in late life. We also report on worldwide epidemiological rates of suicide in older adults, etiological factors in aging and suicide — including the effects of disability and health problems on suicide — as well as assessment, treatment, and prevention of suicide.

In the current special issue, the first manuscript by Stanley, Hom, Rogers, Hagan, and Joiner, (2016) proposes that in the scientific investigation of suicide it is imperative to have an explanatory framework — a theory — that will help explain the phenomenon, identify mechanisms that point to clinical interventions, expose gaps in our knowledge, and point to future areas for scientific inquiry. In their manuscript, they review the leading psychological and sociological theories of suicide and discuss the theories’ applicability to suicide among older adults.

Fiske and O’Riley (2016) discuss evidence for life span differences in the etiology of suicidal behavior. In particular, they focus on the importance of control as it relates to suicide in late life and highlight the Motivational Theory of Life Span Development (Heckhausen, Wrosch, & Schulz, 2010). They suggest that successful aging involves adaptation to changes as one’s control over important aspects of life may diminish. Indeed, they suggest that such adaptation is normative in aging. However, they propose that individuals who do not adapt to developmental changes are at an elevated risk for suicidal behavior.

Shah, Bhat, Zarate-Escudero, DeLeo, and Erlangsen et al. (2016) report on worldwide suicide rates (from 51 countries) in five-year age-bands after the age of 60. Research to date has typically aggregated suicide rates of older adults after the age of 60. Characterizing suicide rates for the narrower five-year age-bands may inform the investigation of risk and protective factors specific to narrower age-bands leading to development of preventative strategies. Shah et al. (2016) found that for men suicide rates generally continued to increase with age, though there was a slight decline for the 95–99 year age-band. In women, suicide rates continued to increase from 60–64 to 85–89-year age-bands, and then declined slightly for the 90–94 and 95–99-year age-bands. The authors concluded that the overall global suicide rates for each of the eight five-year age-bands are sufficiently large to constitute a public health concern.

Sachs-Ericsson, Rushing, Stanley, and Sheffler (2016) present converging evidence that the sequelae of ACE, including childhood abuse (e.g., sexual, physical, emotional/verbal abuse, neglect) and other ACE (e.g., family dysfunction, parental loss, parental psychopathology, and substance abuse) have pronounced effects on suicidal behavior in late life. ACE negatively affects core areas of development leading to fundamental changes in the developmental trajectory of biological, psychological and behavioral processes; these processes exert influence on suicidal behavior throughout the lifespan. Through the interaction of biological and psycho-social processes with the stressors that frequently occur in late-life suicidality in older adulthood emerges.

Mellqvist Fässberg et al. (2016) describe how physical illness and functional disability, which become increasingly common in late life, contribute to suicidal behavior. Summarizing data from a large number of quantitative studies, the authors conclude that suicidal behavior is associated with functional disability and numerous specific conditions in older adults. A common theme in qualitative studies was that the illnesses and disabilities were experienced as threatening independence, sense of usefulness, value, dignity, as well as pleasure with life. The authors point out that most suicide prevention initiatives for older adults focus solely on depression screening and comment on the importance of integrating mental health into primary care, medical specialty services and geriatric health care settings as a potentially effective strategy for identifying and treating suicidal older people with physical conditions.

Heisel, Neufeld, and Flett (2016) draw our attention to the merit of investigating mitigating effects of resilience (e.g., positive psychological factors) in buffering suicide
along with negative factors when assessing suicide risk and planning psychological services for older adults. They suggest that a fundamental change is needed in the approach to understanding suicide and its prevention in later life, aiming to enhance knowledge regarding factors that contribute to the promotion of mental health and well-being rather than a sole focus on risk factors. In their manuscript they investigated the roles of ‘Reasons for Living’ and ‘Meaning in Life’ in promoting mental health and well-being and protecting against suicide ideation among community-residing older adults. In their longitudinal study, the authors concluded that key positive psychological factors, such as ‘Reasons for Living’, confer unique protection against despair, rather than merely serving as the polar opposite of psychological risk factors. Further, ‘Meaning in Life’ is an existential variable that may have a robust protective role against later life suicide ideation.

The reliable and valid assessment of suicide risk in older adults is of crucial importance to researchers studying suicide and most importantly to clinicians who are on the front-lines identifying individuals who are at risk and thus in need of further intervention. In their manuscript, Heisel and Flett (2016) investigated the psychometric properties of the Geriatric Suicide Ideation Scale (GSIS; Heisel & Flett, 2006) among community-residing older adults. The scale is a 31-item, multidimensional, 5-point Likert-scored measure, a suicide ideation assessment tool specific to the experiences and reporting styles of at-risk older adults. Their findings suggest strong measurement characteristics for the GSIS with community-residing older adults, including impressive consistency over time.

Over the last decade there has been a considerable body of research investigating the mental health problems associated with caregiving of older adults with dementia. Often times the caregivers are family members who are also an older adult – frequently a spouse. O’Dwyer, Moyle, Zimmer-Gembeck, and De Leo (2016) examined suicidal ideation in individuals who care for family members with dementia. They present a cross-sectional survey conducted with 566 family carers of people with dementia. They report that these family carers have high rates of suicidal ideation, with depression serving as a risk factor and reasons for living serving as a protective factor. In contrast to the general population, increasing age was also a protective factor. The authors concluded that interventions designed to diminish depression and increase reasons for living may reduce suicidal ideation in family carers.

Research on suicide prevention in older adults is of high priority. Sakashita and Oyama (2016) comment that research in this area has found that programs addressing the needs of high-risk older adults often led to a reduction in suicide rates or decreased suicidal ideation. However, the more successful programs are typically multifaceted, include different types of preventative strategies, and address the various steps along the suicide pathway. In the current issue, Sakashita and Oyama (2016) conducted an overview of studies that assessed the impact of suicide prevention interventions on suicide rates in elderly people in Japan. Specifically, they assessed six quasi-experimental studies of community-based interventions providing universal depression screening, subsequent care, and education to elderly people in Japan. There were two types of community-based interventions: screening interventions and crisis helplines. Universal first-stage screening (a universal prevention program) took the form of a semi-structured clinical interview in an at-risk population with positive first-stage results. This first stage was used to detect and refer individuals with depressive episodes to health professionals (a selective prevention program). Then, the referred individuals were offered subsequent care support (an indicated prevention program). Results showed a decrease in suicide rates among women exposed to the intervention and subsequent care; there was a decrease in suicide rates among men exposed to the psychiatric care support pathway. The authors concluded that interventions should feature a close link between universal, selective, and indicated prevention strategies, with different approaches tailored to the size and risk profile of the target individuals. Successful interventions appear to hinge on systematic links between multi-level prevention interventions.

In the service of promoting high quality research in late-life suicide, we concluded this special issue with an examination of research issues in suicide and aging (Van Orden & Conwell, 2016). Importantly Van Orden and Conwell highlight the need for research that examines the effectiveness of selective interventions that target groups at risk. They note that such interventions should occur well before the development of an acutely suicidal state in older adults. They highlight the importance of determining if thoughts of and wishes for death in later life are a normative response to the nearing of the end of life and coping with challenges associated with the aging process. Furthermore, they suggest that future research will focus on suicide prevention programs that are feasible, acceptable, and effective across diverse settings. They stress the importance of investigating how these interventions work (i.e., mechanisms), as well as how they are implemented (i.e., fidelity). The authors end with a note to listen to the voices of older adults using a patient-centered perspective to better understand the needs of older adults. As Heisel and Flett (2016) in this issue also suggested, research on resiliency and potential protective factors for suicide in older adults is of great relevance in future research.

The editors of this special issue, Natalie Sachs-Ericsson, Kimberly Van Orden, and Steven Zarit, hope that the following articles will confer better understanding of suicidal behaviors in late life, and stimulate future research in the understanding, treatment, and prevention of late-life suicide.

**Disclosure statement**

No potential conflict of interest was reported by the authors.

**References**


