

# Suicide And Death Ideation in Older Adults Obtaining Aging Services

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**Objectives:** *To assess the frequency and correlates of death and suicide ideation in older adults accessing aging services. Design:* Cross-sectional. **Setting:** *Data for this study were collected via in-home interviews. Participants:* Aging Services Network (ASN) care management clients aged 60 years and older ( $N = 377$ ) were recruited for this study. **Measurement:** *The PHQ-9 and the Paykel Suicide Scale were used to assess death and suicide ideation. Correlates of death and suicide ideation were also examined. Results:* Fourteen percent of subjects endorsed current death or suicide ideation, 27.9% of subjects endorsed death ideation in the past year, and 9.3% of subjects endorsed suicide ideation in the last year. Current death and suicide ideation were associated with greater depressive symptoms. As compared with individuals without ideation, individuals with death ideation demonstrated higher levels of depressive symptoms, more medical conditions, and lower social support. Individuals with suicide ideation demonstrated higher depressive and anxiety symptoms and less perceived social support. Finally, as compared with individuals with death ideation, individuals with suicide ideation demonstrated higher depressive and anxiety symptoms and more alcohol misuse. **Conclusions:** *Death and suicide ideation are common among ASN clients. There were both differences and similarities between correlates of death and suicide ideation. ASN providers are uniquely situated to address many of the correlates of suicide ideation identified in this study; in order to effectively manage suicide ideation in an ASN setting, however, links to primary and mental health care providers are necessary.* (Am J Geriatr Psychiatry 2014; 22:614–622)

**Key Words:** Suicide ideation, death ideation, aging services

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Suicide in late life is a major public health concern;<sup>1,2</sup> late-life suicide prevention programs, however, are impeded by the fact that few older adults seek out formal mental health care.<sup>1</sup> Thus, late-life suicide prevention programs need to focus on alternative venues for care. One potential venue for

instituting interventions to decrease late-life suicide is organizations that provide services through the Aging Services Network (ASN). The ASN was initially developed as part of the Older Americans Act to help ensure that adults aged 60 and older have the supportive services necessary to maintain

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independent living.<sup>3</sup> Specifically, ASN organizations are charged with providing older adults access to services for nutrition, long-term care and supports, disease prevention, health promotion, and vulnerable elder rights protection.<sup>3</sup>

The ASN may be a useful venue for suicide prevention for several reasons. First, its provider agencies and organizations come into contact with a wide range of older adults, including healthy, community-dwelling older adults, older adults with functional impairment and high levels of disease burden, and older adults currently residing in long-term care.<sup>3</sup> Given the breadth of the ASN's reach, it seems likely that many older adults who are at increased risk for suicide may come into contact with ASN organizations. Second, research has demonstrated that older adults at risk for suicide often face problems that ASN organizations are particularly well positioned to address. For example, research has shown that older adults at risk for suicide are more likely to have experienced threats to independence<sup>4</sup> (i.e., physical illness and functional decline) and social isolation.<sup>5-7</sup> Finally, recent research examining distress in older adults accessing aging services has demonstrated high levels of depression and anxiety in this population.<sup>8,9</sup> Both depressive and anxiety symptoms are prominent risk factors for suicide in late life.<sup>1</sup>

Despite these indications that ASN organizations may be ideal settings for interventions designed to prevent suicide in late life, at the current time, little is known about levels of suicide risk among older adults who access aging services. Numerous studies have examined death and suicide ideation in community-dwelling older adults and in older adult patients in primary care clinics.<sup>10-16</sup> These studies have demonstrated a wide range of frequencies for both death (3.4%–27.5%) and suicide ideation (0.6%–6.3%).<sup>10-16</sup> Because evidence suggests that older adults who access ASN organizations are particularly frail and vulnerable,<sup>8</sup> it is not clear if the results of these previous studies accurately reflect the prevalence of death and suicide ideation in older adults who utilize ASN services. Sirey et al. have examined this issue among older adults receiving home-delivered meals,<sup>17</sup> a service typically offered by ASN agencies. They reported that 13% of subjects endorsed thoughts that they would be better off dead or of hurting themselves in the preceding two weeks.

More research is necessary, however, to determine if this high level of suicide ideation reflects the general population of older adults accessing aging services. Furthermore, it would be helpful to examine death and suicide ideation separately in this population as some evidence suggests that they may be distinct constructs.<sup>18</sup>

ASN organizations may be a unique venue for preventing suicidal behaviors in older adults who are particularly vulnerable; at the current time, however, not enough is known about suicide risk in this population. More information about suicide risk among older adults who access ASN services is needed in order to help us clarify the utility of using ASN organizations as a venue for programs designed to prevent suicide in older adults. As such, the current study had the following objectives:

- 1) To assess the frequency of death (i.e., thinking about or wishing for death) and suicide ideation (i.e., thinking of ways to end one's life or seriously considering taking one's life) in older adults accessing aging services.
- 2) To examine correlates of death and suicide ideation in older adults accessing aging services. Correlates were chosen in this study based on known risk factors for suicidal behavior in late life.<sup>1</sup>

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## METHODS

### Participants

Community-dwelling older adults (N = 377) who sought social services through one Monroe County ASN agency (Eldersource; <http://www.eldersource.org/>) between September 2005 and August 2007 were enrolled in the present study. Of 509 older adults who received a home visit from a care manager, 74.3% were enrolled. As reported elsewhere, the study subjects did not differ from the larger population of social services clients in terms of demographics.<sup>9</sup> Descriptive statistics for the sample are presented in Table 1.

### Procedures

Clients entering Eldersource who received an initial home assessment from social service care managers were recruited into this study. The clients had to be

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