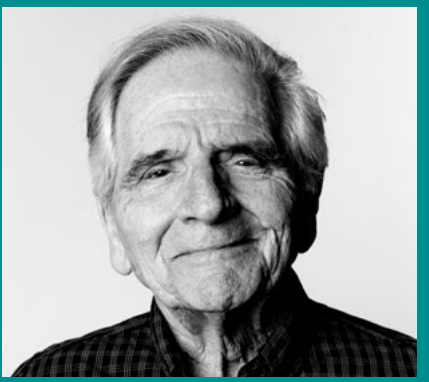
A SUICIDE PREVENTION TOOLKIT

Older adults and suicide prevention













Canadian Mental Health Association
Alberta
Mental health for all

centre *for* suicide prevention



IN THIS TOOLKIT

What to expect

Risk factors and how to address them

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How can institutions prevent suicide among older adults?

References

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In Canada, middle-aged adults die by suicide in the highest numbers and older adults—particularly older men—have the highest rates of suicide. Older adults' suicide attempts are also more likely to be fatal compared to younger populations (Statistics Canada, 2017; Statistics Canada, 2022).

People are living longer. The average global age is increasing; by 2050, the number of people over 65 is expected to increase from 12% to 22%, numbering 2.1 billion people (de Leo et al., 2022). In Canada, 20-25% of Canadians will be over 65 by 2030 (Statistics Canada, 2024). These rising numbers may impact suicide numbers significantly; we will need to focus on suicide prevention for older adults.

The good news is that suicide is preventable, and there are actions everyone can take to prevent suicide. Families, community members, organizations, and older adults themselves all have a role to play in suicide prevention. For instance, older adults can focus on supporting their mental health, and we can learn to look for the warning signs that someone is struggling and how to reach out to have a conversation with that person.

What to expect

This resource is a brief introduction to older adults and suicide.

You'll learn about statistics, warning signs for suicide, why older adults are at risk for suicide, and how these suicides can be prevented. You'll also learn how to have a conversation with someone you're worried about.



If you know someone who is actively thinking about suicide and immediately at risk, or if you're thinking about suicide, call or text the crisis line.

Suicide Crisis Helpline:
Call or text 9-8-8



Risk factors and how to address them

Certain factors can place older adults at a higher risk for suicide.

When a person is experiencing a combination of risk factors, and when those risk factors outweigh their protective factors, the likelihood that they may consider suicide is increased. These are some risk factors that affect older adults:



MENTAL DISORDERS (OR DELAYED TREATMENT)

Depression is the most common mental disorder among older adults who die by suicide (Sadek et al., 2024).

Depression in older adults is often missed as many of its symptoms, such as changes in sleep, appetite, and energy, may be interpreted by physicians as common symptoms of aging. This interpretation can lead to older adults either not receiving treatment at all or receiving delayed treatment. Delays in treatment affect both physical and mental health and can increase the likelihood that an older adult will consider suicide (Lima et al., 2021).

Due to barriers to care and stigma, older adults with mental health issues are also less likely to access mental health care and therefore may not be treated or diagnosed (Cosco et al., 2022; Lavingia et al., 2020). It is easier for older adults to access mental health care when they have community-based options and when psychiatric care is integrated into primary healthcare (Lavingia et al., 2020).



SUBSTANCE USE DISORDER (INCLUDING ALCOHOL)

After depression, alcohol use disorder is the second most common mental health disorder diagnosis among older adults who die by suicide. Alcohol use disorder increases the risk of suicide in both older men and women (Blow et al., 2006; Waern, 2003, as cited in Sadek et al., 2024). Research also indicates that opioid and benzodiazepine misuse is associated with suicidal ideation in older adults (Schepis et al., 2019).

Clinicians need to regularly screen older adults for substance use concerns and check in with them to determine how substance use is affecting their wellbeing. Treatment for older adults with substance use concerns also needs to be made more accessible.

AGEISM

Ageism occurs when a person experiences discrimination based on their age. It can apply to all ages but most commonly references discrimination towards older people (Van Orden, 2017). Ageism can be systemic and occur within institutions, such as the media (Reynolds et al., 2022). It can also be experienced in everyday interactions or internalized and self-directed. Internalized ageism and age discrimination can be risk factors for suicidal ideation (Gendron et al., 2024; Kim et al., 2020).

We can all help minimize ageism by asking ourselves about our own personal biases towards older people, acknowledging those biases and their impacts, and actively trying to work against them and finding examples to the contrary. People who interact with older people in clinical settings especially need to be aware of the impact of bias and discrimination and work to eliminate them.

ACCESS TO MEANS

Restricting access to means of suicide, through methods such as reducing access to firearms and safe firearm storage, enhances safety and is important for everyone, including the older adult population who are more likely to choose a lethal method of suicide (Conwell et al., 2011; Kaiser & Beaudreau, 2024). Clinicians and people who support older adults can take the *Counseling on Access to Lethal Means* course to help mitigate suicide risk related to means access.

PHYSICAL ILLNESS AND MOBILITY ISSUES

Older adults are more likely to experience physical illness and mobility issues. These issues, in and of themselves, do not increase risk of suicide but, when they are experienced alongside other factors like depression, psychological despair, or social isolation, there is a greater risk that a person may think about or attempt suicide (Sobering et al., 2022). The symptoms of physical illness, such as loss of mobility or pain, can cause people to become less independent and to think that they have become a burden to others (Jahn & Cukrowicz, 2011). A feeling of burdensomeness can increase the likelihood that someone will think about suicide.

FINANCIAL INSECURITY

Many older adults are living below the poverty line and available financial supports often do not provide enough income to ensure that they can live well. Financial insecurity can negatively affect mental health and poverty can increase the likelihood that an older adult will think about suicide. Ensuring older adults have financial security is one suicide prevention strategy (Ju et al., 2016; Sadek et al., 2024).

LONELINESS AND SOCIAL ISOLATION

Some older people may be susceptible to social isolation. In particular, the loss of a spouse can cause social isolation and loneliness (Sadek et al., 2024). Loneliness can lead to mental health concerns such as anxiety, depression, and psychosis, as well as to thoughts of suicide (Mann et al., 2022). 58% of Canadians 50 and older have experienced loneliness (Bull et al., 2023).

Outreach programs that connect older adults to support centres and other people can reduce social isolation and loneliness; improving wellbeing and belonging. Taking courses, joining clubs, joining a community centre, and engaging with family, friends, and neighbours can also help improve wellbeing and belonging.

COGNITIVE IMPAIRMENT

Early cognitive decline and early dementia diagnosis can be risk factors for suicide. Some older adults may experience a decline in their cognitive abilities as they age, although it is not inevitable. However, a severe decline in cognition can lead to mild impairment or dementia, which can be addressed with clinical interventions (Randhawa & Varghese, 2025).

Dementia may decrease a person's ability to cope with stress, socialize, and be physically active. If they also experience feelings of helplessness and a sense of being a burden, this may lead to thoughts of suicide (Van Orden et al., 2017). Dementia and other forms of cognitive decline can also make it difficult for physicians to spot other suicide risk factors, such as depression (Sobering et al., 2022).

GRIEF

As people get older, they tend to experience more loss. With this experience, they may become more resilient and better prepared to handle the loss of loved ones. However, grieving loved ones, especially a spouse, partner, or friend, can affect their mental health and be a significant risk factor for suicide in older adults (Sadek et al., 2024). Grieving the loss of a career through retirement can also be a significant stressor (De Leo & Giannotti, 2021).

Providing referrals to bereavement support groups and encouraging older adults to connect to multi-generational communities can provide a balance to these losses and mitigate risk.

SYMPTOMS OF MENTAL DISORDERS

The experience of depression later in life can be quite different than earlier in life; it is experienced with feelings of regret, lack of social connection, social and societal exclusion, boredom and emptiness, or a lack of meaning and purpose. The psychological pain caused by these feelings and experiences can lead to suicide ideation; even if depression is treated, suicidal thoughts may still happen if psychological pain is present (Heisel et al., 2016).

Protective factors

Certain factors or circumstances can guard a person against thinking about suicide and increase their resiliency.

These are some of the protective factors that have been shown to enhance wellbeing and may prevent suicide by building resilience in older adults (Maynard et al., 2024):

PURPOSE IN LIFE

Having purpose in life builds resilience and is a strong protective factor against suicide, feelings of hopelessness, and suicidal thoughts (Ki et al., 2024; Reynolds et al., 2022). Having purpose means having goals and direction in life, and can include having a daily routine, taking care of a pet, or taking courses.

TIMELY ACCESS TO MENTAL AND PHYSICAL HEALTH CARE

Receiving effective and timely physical and mental health care contributes to mental wellbeing in older adults. If treated, people with mental disorders can have positive mental health and wellbeing. Physical health issues, such as chronic pain, may increase the likelihood that a person will think about suicide but proper treatment for these issues can alleviate suffering and give hope.

MEANING IN LIFE

Having meaning in life refers to "living life in fulfilling ways," which can look different for everyone (George & Park, 2017; Heisel et al., 2016). Work often gives meaning to people's lives and as they retire, they may need to shift to other activities that cultivate meaning. Men in particular, especially those who have prioritized work above other aspects of their lives, may experience a loss of meaning upon retirement (Heisel et al., 2020). Cultivating deep social connections with friends and the community is one way someone might find meaning in life.

WELLBEING

Psychological wellbeing builds resilience and guards against suicidal ideation. Wellbeing can be affected by a range of factors, including autonomy, personal growth, positive relationships, and self-acceptance (Maynard et al., 2024; Ryff & Keyes, 1995). Developing and maintaining wellbeing is important for older adults who may experience a loss of independence and relationships with the passing of time. Cultivating wellbeing can look different for everyone, and may include: having a healthy lifestyle, engaging with community and social supports, and engaging in meaningful activities (Joshi et al., 2024).



SOCIAL SUPPORTS AND CONNECTION

Social supports and connection contribute to psychological wellbeing and prevent suicide among older adults. Relationships provide a safety net because when someone is thinking about suicide, they have people around them to offer help and to be asked for help. Social connection can also create a sense of belonging, which can help shift our perspective when facing hardship. A sense of belonging reminds us that we are not alone (Conwell et al., 2011). Older adults with strong social supports also tend to have healthier lifestyles (they're more active, less likely to use substances excessively), which also contributes to resilience (Substance Abuse and Mental Health Services Administration, 2020).

Connections can come from anywhere and can include friends, family, neighbours, seniors' centres, religious organizations, and online communities. Community organizations like the Canadian Mental Health Association and Men's Sheds are great places to find connection through programming.

PHYSICAL ACTIVITY AND OTHER HEALTHY ACTIVITIES

Older adults who frequently exercise in moderation (150 minutes or more each week) are significantly less likely to experience depression compared to those who do not exercise at all (Sadek et al., 2024). This includes walking, stretching, and strength exercises.

Other healthy activities can also protect older adults against adverse mental health. This can include activities that support cognition, such as board games or brain training puzzles, and other behaviours such as breathwork and meditation (Sala et al., 2019).

Examples of resilience

Meaning-Centered Men's Groups

Meaning-Centered Men's Groups are 12-session community-based groups for men 55 years and older who are struggling with the transition to retirement. The groups draw from research and focus on cultivating meaning in life and building camaraderie through guided discussion. These groups have been found to improve sense of meaning in life, psychological wellbeing, life satisfaction, satisfaction with retirement, and general health. They've also been found to significantly reduce symptoms of depression.

Programs like Meaning-Centered Men's Groups are especially relevant for adults facing retirement and other life transitions, due in part to the increasing tendency for self-reflection, increasing capacity for spirituality, and greater potential perception of meaning with age (Heisel et al., 2020).

Men's Sheds

Men's Sheds is a program that addresses loneliness in older men and increases resilience by creating social connection and purpose. In the program, a group of men get together in their community to develop new skills, discover new interests, and make new friends. It takes place in a "backyard workshop" setting and "is grounded in the idea that men communicate more effectively when they're 'shoulder to shoulder' with other men" (Men's Sheds Canada, 2026).



Warning signs

People who think about suicide often exhibit warning signs.

Warning signs are indications that someone may be struggling. They are invitations for us to reach out and check in with that person. We can be more alert to warning signs when we are sensitive to those around us, and when we appreciate that anyone can have thoughts of suicide. Active listening can help us tune in to comments that may indicate that someone is struggling. Warning signs can include:

Any **SIGNIFICANT CHANGE IN BEHAVIOUR**

- Changes in appetite
- Changes in sleep

INCREASED SUBSTANCE USE

- Drinking more often than usual
- Using more cannabis than before, or outside of medical use

LOOKING for ways to die*

SUICIDE ATTEMPT*

THREATENING SUICIDE or talking about wanting to die*

*These warning signs indicate immediate suicide risk. Stay with the person who is exhibiting these signs and connect them to help.



In Canada, call or text the Suicide Crisis Helpline

9-8-8

WITHDRAWAL from friends and family

- Staying at home and not connecting with loved ones

RAGE, ANGER, IRRITABILITY

- Losing patience quickly or more frequently
- Becoming angry at things that never used to upset the person

STATEMENTS that indicate hopelessness or being a burden

- "Sometimes I just don't know what to do anymore..."
- "I hate relying on my family to do things for me. I'm such a burden to them."

NO SENSE OF PURPOSE IN LIFE or evident reason for living

- Not seeming to have any loved ones that they connect with regularly
- Saying things like, "I don't have anywhere to go or anyone to see."

Dramatic **MOOD CHANGES**

- Someone who is normally calm becomes really energetic and upbeat
- Someone who is normally upbeat becomes calm

RECKLESSNESS

- Driving while drunk or high

(National Institute of Mental Health, 2025)

How to talk to someone about suicide

Pay attention

Any noticeable change in someone's behaviour is a warning sign that they might not be doing well. This includes:

- Not calling or texting as much
- Drinking or smoking more than usual
- Appearing tired or distant
- Talking about how difficult life can be
- Being more irritable or angry



Start a conversation

Create a safe, open, and non-judgmental environment to have a conversation with the person you care about. For example:

- Over the phone
- While driving in the car
- Over food or drinks at home or a favourite restaurant
- While working on a project

Mention what you've noticed and be specific. For example:

> *"I haven't heard from you much these days. Is everything okay?"*

Keep the conversation going

- Ask questions and listen to what the person is saying
- Resist the urge to offer solutions
- Validate them. Acknowledge that their feelings are valid and let them know that you are there to support them:

> *"That sounds really hard, but thank you for telling me. Can you tell me more about it? I'm here for you."*

Stick to your role

- You're a friend, stranger, family member, former co-worker, etc. **— not a counsellor**
- Who else have they told? Encourage them to reach out to others

Still worried?

Ask directly:

> *"Are you thinking about suicide?"*

- If they say yes, don't panic
- Let them know you're there for them and connect them with readily accessible mental health supports
- Call or text **Canada's Suicide Crisis Helpline together at 9-8-8**

What can older people do to stay mentally healthy?

DO THINGS THAT YOU ENJOY AND THAT GIVE YOU A SENSE OF PURPOSE AND MEANING

- Volunteer
- Create a daily routine that you enjoy
- Make time for hobbies

ASK FOR HELP WHEN YOU NEED IT

If you notice your mental health starting to decline, seek help.

For example, if you're feeling down more often or having more negative thoughts, talk to a trusted person or reach out to more formal supports.

- These supports can include talking to a counsellor, calling 2-1-1, or visiting *211.ca*.
- If you're experiencing thoughts of suicide, call or text 9-8-8.

PRIORITIZE RELATIONSHIPS AND CONNECTION

Call, text, or visit friends and family – be sure to stay in touch.

If you are seeking more social connection, take part in a class or group activity.

- You can find activities and connection at seniors' centres like *Unison* in Calgary, *West End Seniors' Network* in Vancouver, and *The Good Companions* in Ottawa.
- Look up seniors' centres in your area. Your local Canadian Mental Health Association or Men's Sheds program are good places to find connection, too.

DO WHAT YOU CAN TO MAINTAIN YOUR PHYSICAL HEALTH

This can be as simple as eating more healthy foods, moving your body a bit every day, and limiting alcohol and cannabis consumption.

What can we all do to help reduce suicide among older people?

Older adults directly access mental health services much less than other adults.

When they do, they are less likely to report mental health issues and are also less likely to be referred to psychological therapy (Cosco, 2022; Lavingia et al., 2020). If an older person you know is experiencing mental health concerns, encourage them to seek mental health supports. For example, they can contact their local *Canadian Mental Health Association (CMHA)* or ask their doctor for a referral to a psychologist. They can also call 2-1-1 or visit *211.ca*.

If someone you know is exhibiting warning signs, **HAVE AN OPEN, NON-JUDGMENTAL CONVERSATION** with them. This toolkit includes a guide to having this conversation; you don't need to be a clinician to have a conversation with someone about suicide.

LEARN MORE about the issues older adults face, how suicide can be prevented in this population, and what warning signs look like for them. Reading this toolkit is a great start!

STAY CONNECTED to loved ones in your life that are older. Loss of social connection and isolation is prevalent among older adults, but we can help prevent this by staying connected.

OLDER ADULTS FACE AGEISM, but we can all play a role in reducing the discrimination faced by older adults by being aware of our own biases, treating them with respect, and avoiding making assumptions about them based on their age.

How can institutions prevent suicide among older adults?

HEALTHCARE

Intensive screening protocols help identify people who may be at risk for suicide, but many older adults are not properly assessed for suicide risk.

Integrating screening protocols in a primary care setting could help. In addition, healthcare providers need to be better trained in suicide risk assessment. Many older adults who die by suicide have seen their general practitioner shortly before their death and these deaths may be prevented with better training (Lavingia et al., 2020; Lima et al., 2021). ***Counseling on Access to Lethal Means (CALM)*** training teaches care providers how to talk about means of suicide and means safety.

Speaking with patients about means safety is especially significant with older adults as they tend to use more lethal means when they attempt and are more deliberate in their intentions (Yeates et al., 2011). Healthcare workers also need to understand that symptoms of aging and symptoms of depression sometimes overlap, and that a depression diagnosis for an older adult needs to be done more thoughtfully.

Clinicians can also use the free resource ***Canadian Clinical Guidelines on the Assessment of Suicide Risk and Prevention of in Older Adults*** by the Canadian Coalition for Seniors' Mental Health.

OTHER INSTITUTIONS

- Governments and community organizations that develop and promote public campaigns which focus on reducing ageism can help prevent suicide in this population. One example of a current campaign is *The Canadian Coalition Against Ageism's annual awareness week.*
- Post secondaries and governments can further existing research to better understand suicide in older adults, including warning signs and prevention.
- Governments and community organizations can develop and promote supportive resources for older adults, including social support resources, and ensure that older adults have outlets to discuss their feelings (Sadek et al., 2024).

MEN AGED 90+ HAVE THE HIGHEST SUICIDE RATE IN CANADA

In 2023, the rate was

33.9

per 100,000
for men aged 90+

9.2

per 100,000
for the general public

(Statistics Canada, 2025; Statistics Canada, 2026)

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We are CMHA Alberta and Centre for Suicide Prevention. For 40+ years we've been equipping people with knowledge and skills to respond to individuals considering suicide. We can equip you too.

We educate for life.

Canadian Mental Health Association
Alberta
Mental health for all

centre *for* suicide prevention

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