

Understanding and Preventing Suicide in Older Veterans



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Issue

The size and age distribution of the Veteran population is such that the highest number of Veteran suicides occurs among the ages 55-and-older cohort even though the ages 18–34 cohort has the highest rate of suicide.¹ This is because most Veterans are over age 54, with a median age of 65 (the median age of the non-Veteran population is 44).² Clinicians can help prevent suicide in Veterans ages 55 and older by providing lethal means counseling,³ considering the role of health-related concerns and functional limitations on suicide risk,⁴ using integrated approaches to care that address both physical and mental health concerns,⁵ and making use of interventions that promote social connectedness.⁶

Key Findings

Suicide Risk

- Most suicide attempts in late life are lethal. The odds of using a firearm in a completed suicide attempt are nearly three times greater for Veterans ages 65 and older than they are for younger age cohorts.³
- Among male Veterans ages 60 and older, 6% report current or recent (past two weeks) suicidal ideation. Most older male Veterans who endorse current or recent suicidal ideation do not receive mental health treatment.⁵
- Veteran suicide decedents ages 45 and older more commonly reported physical health problems than younger Veteran suicide decedents.³ Physical health problems that lead to functional limitations are associated with suicide risk among the general population,⁷ and are more prevalent among Veterans ages 65 and older than in the general population.³
- An analysis of comorbidity in Veterans ages 65 and older who were last seen in primary care before their first documented suicide attempt identified five comorbidity clusters: minimal comorbidity (23.2%), chronic pain and osteoarthritis (30.1%), depression and chronic pain (22.9%), depression and another medical comorbidity (16.5%), and high comorbidity (7.3%).⁸ Those in the high comorbidity group were most likely to have been seen by a mental health

professional in primary care and least likely to have completed suicide.⁸ Those in the minimal comorbidity and chronic pain and osteoarthritis groups were most likely to have completed suicide, with more than 80% using a firearm.⁸

- Times of transition, such as returning from incarceration and moving to or from residential long-term care (e.g., nursing homes, assisted living facilities, or continuing care retirement communities), may be periods of especially pronounced risk for adults ages 50 and older.^{9,10} Among people ages 55 and older in the general population, 2.2% of suicides were associated with residential long-term care, and 43% of those were associated with transitioning into or out of residential long-term care.⁹ Among older Veterans, suicide risk was elevated during the six months following discharge from a VA nursing home.¹¹
- Social connectedness has been shown to be a protective factor against suicidal ideation for Veterans ages 60 and older regardless of combat history.⁵

Mental Health

- Veterans ages 65 and older who report posttraumatic stress disorder (PTSD) symptoms have an elevated prevalence of mental distress and suicidal ideation compared with those who do not report either PTSD symptoms or a history of trauma.¹² Older Veterans who report PTSD symptoms are also more likely than older Veterans who either do not report PTSD symptoms or a history of trauma to report poor health, tobacco use, and low social support.¹²

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- Among Veterans ages 50 and older who have dementia, about 25% are diagnosed with at least one comorbid mental health disorder.¹³ The prevalence of mental health disorders and suicidal behavior differs between dementia subtypes, with frontotemporal dementia having the highest prevalence followed by vascular dementia, Lewy body dementia, mixed dementia, and Alzheimer's disease.¹³
- Among Veterans ages 60 and older, perception of stigma related to mental health is associated with decreased mental health care utilization.¹⁴ And negative beliefs about mental health care, such as distrust of mental health professionals, are associated with decreased mental health care utilization in older Veterans who experience distress.¹⁴
- Veterans ages 55 and older who resist negative age stereotypes, such as believing it is normal to be depressed when older, are at lower risk for suicidal ideation, anxiety, and PTSD than Veterans who endorse these stereotypes.¹⁵
- Major depressive disorder and physical health problems were the strongest risk factors found for suicidal ideation among Veterans with a history of combat, while generalized anxiety disorder was the strongest risk factor found for suicidal ideation among Veterans with no history of combat.⁵
- Longitudinal data of Veterans who served between World War II and the Vietnam War show that depression and anxiety symptoms decreased until age 60, after which they increased. But Veterans exposed to combat experienced a steeper increase in symptoms after age 60, even after other factors, such as self-rated health, were accounted for.¹⁶
- Exposure to trauma from a life-threatening illness or accident is associated with suicidal ideation in adults ages 55 and older in the general population, with the diagnosis of a life-threatening illness associated with nearly triple the odds of suicidal ideation.¹⁷
- More than a third (35.9%) of adults ages 65 and older report adverse childhood experiences (ACE). Having experienced any ACE is associated with past-year psychiatric and substance use disorders and with lifetime suicide attempt.¹⁸
- Veterans ages 60 and older with a history of combat who served in World War II, the Korean War, or the Vietnam War are more likely to experience suicidal

Combat Exposure and Trauma

Suicide among older Veterans is a complex phenomenon that requires attention to many risk factors, such as combat exposure, previous experiences of trauma, health problems, transitions in care, and physical limitations. The high prevalence of firearm usage among older Veterans who attempt suicide suggests the importance of lethal means counseling to preventing suicide in older Veterans. Though older Veterans have a high prevalence of factors associated with suicidality, few older Veterans who experience distress engage in mental health treatment.¹⁴ Social connectedness may represent a protective factor against suicide for older Veterans, and interventions to improve social connectedness represent a promising direction for suicide prevention efforts in this population.¹⁹

Ways You Can Help

- Assess, monitor, and treat Veterans of all ages for suicide risk, and develop safety plans with older Veterans that include their families and caregivers. Screen older adults, even patients without a positive depression screen, for lethal means access and provide means safety counseling and resources in primary care and beyond.^{8,20}
- Screen older adults for PTSD if they endorse a history of trauma, even if the traumatic event occurred long ago. PTSD symptoms in older adults may present decades after the initial exposure to trauma.⁸ Veterans who screen positive for PTSD should be assessed and monitored for suicide risk. For more information, consult the VA/DoD Clinical Practice Guidelines on the Management of Posttraumatic Stress Disorder and Acute Stress Reaction:
www.healthquality.va.gov/guidelines/MH/ptsd.



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- Screen older adults who have been through a life-threatening accident or illness for suicidal ideation and other risk factors for suicide, since they may be at elevated risk.¹⁷ Provide extra support and appropriate referrals to help mitigate distress and risk.
- Ensure added support and care is provided to older Veterans as they transition from the hospital, rehabilitation centers, or nursing homes to another level of care.

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

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