Suicidality in Nursing Home Settings


This study, which examined suicide deaths in long-term care residents in the New York City metropolitan area from 1990 to 2005, sought to identify the characteristics associated with suicide in older adults living in long-term care and increase understanding of suicide risk in this area. Compared to older adults still living in their respective communities, older adults residing in long-term care facilities were relatively older but did not otherwise differ in terms of race and gender.

Method of suicide was significantly less likely to be due to firearms and more likely to be due to a long fall. Implications for prevention challenge the perception that long-term care protects residents from committing suicide because of the high surveillance, less access to lethal means, and opportunity for intervention by healthcare providers. Among the risk factors for suicide include anticipation of placement into a long-term care facility, low social support due to an abrupt or unplanned placement, and depression. Suggested methods to reduce suicide risk in long-term care residents include limiting access to high places, to open windows and roofs, and to stairwells. Residents should also be routinely screened and reassessed for suicide risk.


Reiss & Tishler report that as the proportion of older people residing in nursing homes increases, the need for psychologists and other mental health clinicians who work with older adults will increase as well. As of 2006, about 1.4 million
persons age sixty-five and older resided in nursing homes. Direct forms of suicide occurring in nursing homes include jumping, cutting, overdosing, drowning in the bathtub when unattended, and suffocating. According to recent data, 103 individuals completed suicide in nursing homes in 2003. Suicide attempts or self-harm behavior such as refusing food and medications is a much larger issue in nursing homes. Upon admittance, all residents should be screened for depression and suicidal ideation by standardized tools such as the Geriatric Depression Scale for cognitively intact residents and the Cornell Scale for Depression in Dementia for individuals with cognitive impairment. Psychotherapeutic interventions suggested include supervised peer volunteer programs, group cognitive therapy and reminiscence/life review therapy. Treatment can also involve medications. Music, books, photographs of residents, and interesting activities are some of the environmental modifications included in suicidal ideation treatments.


The rates of direct suicidal behavior and indirect self-destructive behavior cannot be accurately determined due to little existing literature. However, indirect self-destructive behavior is much more prevalent than active suicidal behavior. This article discusses the importance of clinicians being mindful to older adult issues in nursing homes. Low physical functioning, complicated medical issues and depressive symptoms are potential risk factors for suicidal thoughts and behaviors. Things to consider when treating nursing home residents with suicidal ideation include considering ethical issues such as competency/capacity, confidentiality, substitute decision makers, and advance directives as well as working with staff members, and involving family members. In addition, clinicians need to facilitate continued education for nursing home staff, collaborate with other disciplines and advocate for improved older adult mental health policies.


According to other research that has come out recently, nursing home residents are at an equal percentage with older people in the general population for frequency of suicides. This study desired to evaluate the prevalence of death/suicidal feelings, thoughts, and plans and any attempted suicides in a random, unselected sample of individuals age sixty-five and above that were living in nursing homes in the Veneto Region. They had 172 participants with a response rate of 59.7%. Five questions were asked of the participants and 30.8% admitted to having death/suicidal thoughts or plans during the month prior to the interview.
Residents eighty-five years and older were even more likely to report death/suicidal ideation. These suicidal thoughts, feelings, and actions can be accounted for by the multiple loses in their status, social role, relationships, and health, that all can come within a short period time.

The study was conducted to try and find ways for early detection of those at risk for suicide in nursing homes. The study showed that although many of the residents had thought about suicide, no one within the nursing homes had actually attempted suicide within the month prior to the interviews. The implications for nursing homes include that health providers and direct caregivers need to consider the high rates of suicidal thoughts and action among this specific population when treating. Suicidal thoughts should be evaluated longitudinally and great care should be taken when admitting patients into nursing homes. Allowing suicidal patients into a nursing home can save their lives through the aid found in support.


This is a study about suicides among older adults in nursing homes in Finland during a twelve-month period that emphasized the factors found to be associated with suicide in the general population. The study was conducted as a part of the National Suicide Prevention Project. The results indicated that all nursing home suicide victims had diagnosable mental disorders that occurred simultaneously with other somatopsychiatratically disorders. Thus, suicides in these settings were not expressions of difficulties in coping with pain and disability but expressions of diagnosable and potentially treatable disorders. This article is important for professionals working with older adults because it reinforces the importance of properly treating somatic diseases and mental disorders and not to assume that it is part of the aging process.


This article focuses on feelings of depression and hopelessness in older adults living in skilled nursing facilities and other types of continuing care and how this may lead to suicide. The authors developed a training curriculum, which they implemented in an experiment for staff to be able to identify the methods of suicide by older adults, to understand why dementia increases the risk of suicide, to focus on identifying hopelessness and major life changes, and to identify
primary and secondary treatment options. The results of the study indicated that after the training curriculum the majority of the staff was able to identify that death by gunshot is the most common method of suicide amongst older adults and they increased their knowledge on depression, hopelessness, and suicide.

--end