

Suicide Prevention Programs

Review 7

Lapierre, S., Erlangsen, A., Waern, M., De Leo, D., Oyama, H., Scocco, P., . . . Quinnett, P., International Research Group for Suicide among the Elderly. (2011). A systematic review of elderly suicide prevention programs. *Crisis*, 32(2), 88–98. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21602163>.

Objectives	Examine the results of interventions aimed at suicidal elderly persons, and identify successful strategies and areas needing further exploration.
Studies Included	Nineteen studies published between 1995 and 2009
Participants in the Studies	Adults 60 and older (with major depression/dysthymia, mood disorders, callers to crisis line with low suicide risk, retirees with suicidal ideation)
Settings	Settings reported included; primary care, home visits, and community
Outcomes	Suicide rate, suicidal ideation, depression levels
Limitations of the Studies	Not all studies used measures of suicidality to evaluate the outcome of the intervention, and rarely did they aim at improving protective factors. Although all 19 studies hoped to reduce suicidality by targeting known risk factors for older adults, some did not evaluate this outcome measure but evaluated only the effects on depression or hopelessness.

Results

Most studies were centered on the reduction of risk factors (depression screening and treatment, and decreasing isolation), but when gender was considered, programs were mostly effective for women. The empirical evaluations of programs attending to the needs of high-risk older adults seemed positive; most studies showed a reduction in the level of suicidal ideation of patients or in the suicide rate of the participating communities. However, not all studies used measures of suicidality to evaluate the outcome of the intervention, and rarely did they aim at improving protective factors.

Five studies implemented "indicated" prevention programs, which targeted individuals who exhibit suicide risk behaviors or clinical depression, while four studies applied the "selective" type of prevention by targeting groups that face difficult situations (disability, isolation) that can make them vulnerable to suicide. Only the Japanese community-based outreach programs targeted entire populations and combined "universal," "selective," and "indicated" levels of prevention. All types of preventive interventions were useful for the population they reached. However, none stood out from the others with regard to effect on the various outcome variables. Interventions attending to depressed elderly individuals seemed to succeed through their personalized treatment plan and improved follow-up; use of telecommunications was an interesting tool for

vulnerable groups, while population screening and awareness programs were associated with reduced rates of elderly suicide in local communities.