ADDRESSING SUICIDE
AMONG OLDER PEOPLE
IN EUROPE:

A call for targeted interventions and policy reforms

GAMIAN-EUROPE

AGE PLATFORM Europe

CONTENTS

EXECUTIVE SUMMARY

Executive Summary

This position paper addresses the urgent and overlooked issue of suicidality among older adults in the European Union (EU), and calls for immediate and targeted policy interventions to address this, specifically – enhanced mental health policies and services to tackle the unique challenges faced by older adults, including mental health issues, loneliness, and difficult socioeconomic circumstances.

Despite a general decline in suicide rates across the EU over the past decade, older adults remain disproportionately affected. In 2021, there were **51,962** deaths by suicide among adults aged 70 and above, accounting for **0.99%** of all deaths in this age group. With the population of older adults projected to increase significantly by 2060, the absolute number of suicides may rise, even if overall rates continue to decline.

Suicide rates among older adults in the EU show significant variation, influenced by diverse socioeconomic and welfare policies across Member States. The EU average for older adults in 2021 was 19.8 per 100,000, which is substantially higher than the EU population average of 12.5 per 100,000 for all ages. In every EU country, suicide rates for older adults are higher than the nationwide average for all ages, underscoring the disproportionate impact on this age group.

Several factors contribute to the increased risk of suicide among older adults, including:

Mental Health and Psychosocial Issues: Around 6% of older adults in the EU are diagnosed with depression or severe anxiety, both strongly linked to suicidality. Social isolation and loneliness are major risk factors, while social inclusion acts as a protective measure.

Physical Health and Chronic Illness: Chronic conditions, disabilities, and cognitive decline, such as dementia, often lead to pain, functional impairment, and feelings of hopelessness, heightening suicide risk.

Socioeconomic Factors: Financial difficulties post-retirement and the loss of social status and routine contribute to stress and mental health challenges. Economic stability plays a crucial role, with disparities across EU countries.

Stigma and Discrimination: Ageism and mental health stigma exacerbate feelings of hopelessness and lower self-esteem, limiting access to essential services and contributing to the underreporting of suicides.

Focus groups conducted with older adults, mental health professionals, and family members highlighted several key issues related to suicidality among older adults:

Social Isolation and Loneliness:

Reduced social networks and increased isolation, often due to the death of peers or reduced mobility, are highlighted as significant challenges. Technological barriers further exacerbate feelings of isolation among older adults who struggle with digital literacy, for example, leaving them unable to adminster their own finances without support.

Cultural Attitudes:

Changing family dynamics, including reduced intergenerational support and increased reliance on formal care, contribute to feelings of dependence and loss of autonomy among older adults. Ageism and negative stereotypes further marginalise this group, impacting their mental health and access to services.

Financial Stability & Socio-Economic Challenges:

Economic insecurity, insufficient pensions, and the high cost of healthcare are major stressors for older adults, leading to increased mental health challenges and a higher risk of suicide. Addressing this financial instability, particularly in Eastern Europe, through better pension schemes and social safety nets is crucial to reducing poverty-related mental health decline in older adults.

Community Involvement & Affinitive Relationships:

Engagement in volunteer work, community groups, and intergenerational initiatives provides a sense of purpose and fulfilment for older adults, helping to mitigate feelings of loneliness and hopelessness. This coupled with Close relationships with family, caregivers, and community members are vital in reducing loneliness and suicidal ideation, providing emotional support and security for older adults.

Integrated Care Models & Gatekeeper Training:

Integrated care models promote collaboration between healthcare providers, community organisations, and mental health professionals, offering holistic support for older adults' physical, mental, and social needs. Also,"Gatekeeper" services equip community members, such as neighbours and volunteers, to recognise distress in older adults and refer them to appropriate services. This grassroots support is key to early intervention and crisis prevention.

Given the complexity of the issue, this paper proposes several policy recommendations at both the regional, national and EU levels:

Integration of mental health services in primary care:

Integrating mental health services into primary care is essential for reducing suicide rates among older adults, through appropriate mental health screening assessments and treatment. This approach ensures that mental health is addressed alongside physical health, reducing stigma and improving healthcare efficiency.

Establish and monitor national suicide prevention strategies:

Every EU Member State should develop and adequately fund a comprehensive national suicide prevention strategy, involving diverse stakeholders and adopting WHO guidelines. Monitoring and evaluation are crucial to ensure these strategies' effectiveness.

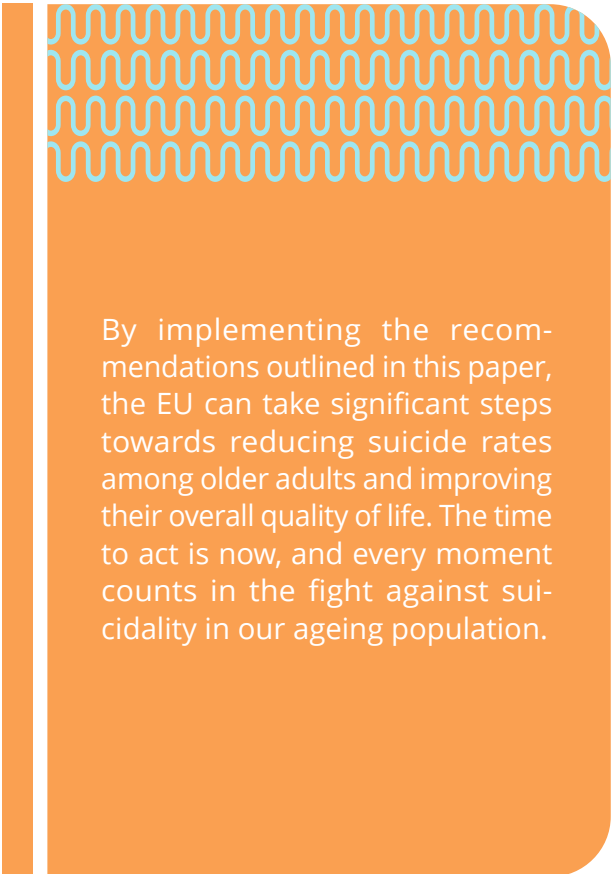**Increase availability of community-based resources:**

Expanding community-based resources, including social clubs, peer-support networks, and age-friendly initiatives, is vital for reducing social isolation and supporting mental health in older adults. These resources should be accessible in both urban and rural areas.

Enhance training for healthcare providers:

EU-wide training programmes should be implemented to equip healthcare providers with the skills needed to address the mental health needs of older adults. This includes training in cultural competence, recognising elder abuse, and intervening effectively in cases of depression and suicidal ideation.

Standardise data collection and monitoring:

Establishing a standardised system for collecting and monitoring data on mental health and suicidality among older adults is essential for informing policy and targeted interventions. This system should be centralised and accessible to policymakers, researchers, and healthcare providers across the EU.

By implementing the recommendations outlined in this paper, the EU can take significant steps towards reducing suicide rates among older adults and improving their overall quality of life. The time to act is now, and every moment counts in the fight against suicidality in our ageing population.

INTRODUCTION

Introduction

Despite a general decline in suicide rates across the EU, with deaths by suicide decreasing by almost 14% over the past decade, older people remain disproportionately affected.

EUROPEAN UNION

in 2021
51,962
deaths due to intentional self-harm for **adults aged 70+**

accounting for
0.99%
of all deaths

▶

11.64
deaths per

100,000
people

In 2021, there were **51,962** deaths due to intentional self-harm in the EU for adults 70+, accounting for **0.99%** of all deaths, or an average of **11.64** deaths per **100,000** people[1]. Demographic trends heighten the concern. The population of individuals aged 65 and above in the European Union is projected to increase by **74.4%** by 2060, and the group aged 80 and above is expected to grow even more, by around **163%**[2]. This ageing population trend suggests that the absolute number of suicides among older people may increase, even as overall rates decline.

Suicide rates among older people vary significantly across Europe and are influenced by various socioeconomic and welfare policies.

For example, in Europe, suicide accounts for **1.4%** of all deaths across all ages, with the highest rates observed however, among those aged over 70, followed by the 45-59 age group[3]. This variability underlines the complexity of the issue and the need for targeted interventions.

For each suicide, at least 6-10 people, relatives and close familyare directly affected and in some cases can go up to 80 who are more prone to also die by suicide or to face mental health problems/complicated bereavement[4] are directly affected and in some cases can go up to 80 who are more prone to also die by suicide or to face mental health problems/complicated bereavement.

---

[1]**Results from IHME Global Disease burden for 2021**
https://vizhub.healthdata.org/gbd-results/

[2]**Suicide among Older People in Different European Welfare Regimes -**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9222638/#:~:text=The%20number%20of%20people%20aged,2

[3]**Suicide Prevention in the European Region -**
https://pubmed.ncbi.nlm.nih.gov/32208758/#:~:text=Although%20the%20majority%20of%20the,59%20years.%20Europe%20accounts%20%E2%80%A6

[4]Rockett, I. R. H., et al. (2010). "Suicide misclassification in an international context: A systematic review of the literature." Injury Prevention, 16(5), 344-349.

Suicide is often underreported due to several factors, including the stigma associated with mental health issues, variations in how deaths are classified, and differences in the quality of reporting across countries and regions. In some cases, it is estimated that between 10-30% of suicides in general are not reported.

World Suicide Prevention Day, observed annually on September 10th, is an essential global platform to raise awareness about suicide and promote preventative measures. Established by the International Association for Suicide Prevention (IASP) in conjunction with the World Health Organization (WHO), the day aims to foster worldwide commitment and action to prevent suicide. It emphasises the importance of addressing mental health issues, reducing stigma, and promoting supportive environments for those at risk.

Aim

This paper advocates for better mental health policies and services for older people in Europe. By addressing the current situation, the paper will provide a comprehensive analysis of the challenges faced by older people regarding suicidality. It will highlight the unique factors contributing to poor mental health and an increased rate of suicidality, such as mental health issues, loneliness, and socioeconomic challenges.
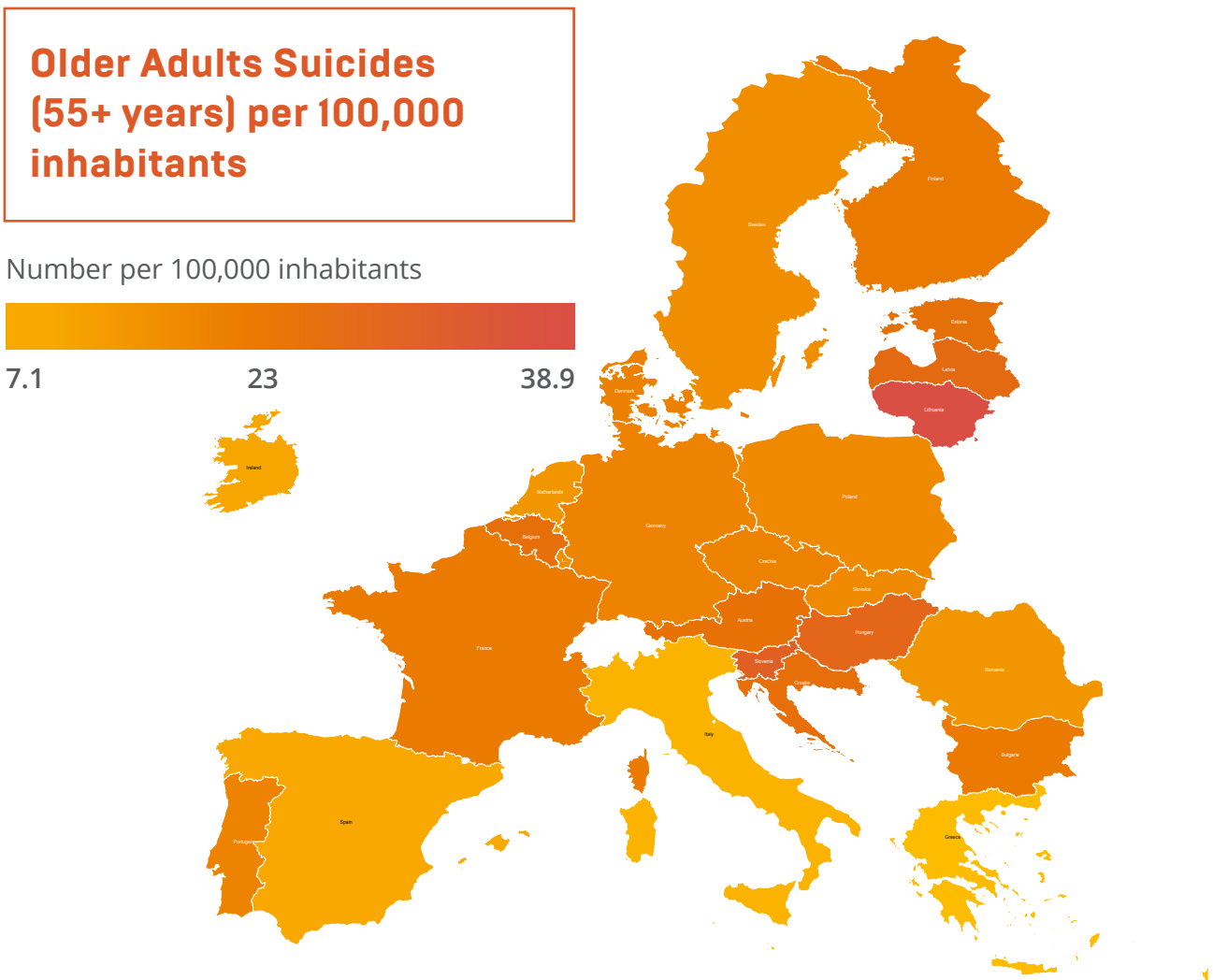
Drawing from successful initiatives across Europe and beyond, the paper will offer targeted policy reforms and interventions that can be adopted at the national level. These recommendations will focus on improving healthcare services, increasing funding for mental health programmes, and enacting policy changes to create a more supportive environment for older people. Additionally, it will add primary research perspectives from a focus group held with mental health professionals, representatives of older people and older people with lived experience regarding suicide along with a supplementary survey giving firsthand experience.

Ultimately, the goal is to influence policymakers and stakeholders at local, national, and European Union (EU) levels to highlight the current challenges and consequently implement changes that will significantly reduce the risk of suicide among older people and enhance their overall mental well-being.

Older people's suicide Rates and Trends

Recent data on suicidality at the EU level is scarce and often difficult to come by potentially due to the different metrics and variability in data collection methods that each Member State uses. This is coupled with chronic underreporting often due to the sensitivity of the topic and the vast amounts of stigma surrounding it.

Older Adults Suicides (55+ years) per 100,000 inhabitants

Number per 100,000 inhabitants

| 7.1 | 23 | 38.9 |

The latest available EU-wide data[5], from 2021, shows that the EU countries with the highest prevalence of death by suicide in older people[6], are Lithuania, Slovenia and Hungary with rates of **38.9**, **31.4** and **28** per **100,000** inhabitants[7] respectively. At the other end of the spectrum, the countries with the lowest levels of older people's suicide are Malta, Cyprus and Greece with **7.1**, **7.2** and **7.8** people dying by suicide per **100,000** inhabitants. While there is a fairly large disparity between all 27 Member States, The EU average for older people in 2021 was **19.8** reporting a much higher-than-average rate of suicide (compared to the total EU population average) which was **12.5**. Moreover, at the country level, in every EU country, these levels of older people's suicide are higher than the nationwide average for all ages indicating that

---

[5]From the Institute for Health Metrics and Evaluation's Global Burden of Disease

[6]Where older people are defined at 55 years and above

[7]100,000 per inhabitants used for country-comparison purposes as well as for clarity and consistency with standard public health measures.

older people are disproportionately affected compared to the rest of society.

Much like the prevalence of many other mental health conditions and overall suicide rates, suicide deaths of older people are a gendered issue with males showing higher rates across all 27 EU countries.

Only four countries, Sweden, Belgium, the Netherlands and Denmark, have levels of men dying by suicide less than 3x those of women[8]. The two countries with the highest levels of male older people dying by suicide mirror those countries with the overall highest levels of suicide, Lithuania (**76** per **100,000**) and Slovenia (**55** per **100,000**).

Male / Female ratio (Number per 100,000 inhabitants (55+) (2021)
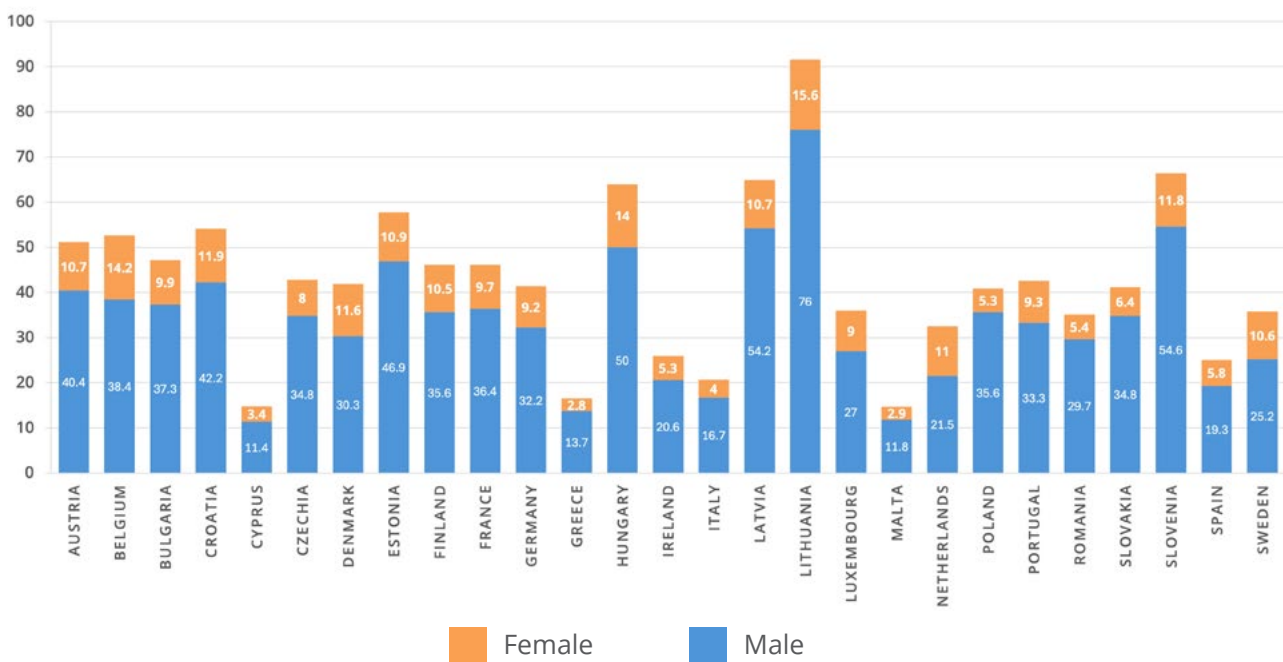
There are reasons to feel more positive when looking back across the last decade (data from 2010). Except for Greece which witnessed an increase in suicide rates among older people[9], the rest of the EU 27 saw medium to large decreases in suicide rates in older people with 23 Member States experiencing a decrease in double digits and 8 of those with a more than **20%** decrease in deaths by suicide.

This appears to follow the general trend of national-level declines across all ages in suicide throughout the EU. It must be noted, however, that the declines for older people were less significant in all but five EU countries compared to the overall country rates[11]. The lower levels of declining rates over the last decade again point to the fact that compared to the rest of society, older people face a higher risk of death by suicide across the EU.

---

[8]Belgium =2.7x, Denmark =2.6x, Sweden =2.4x, Netherlands =2x

[9]Greece saw a 38% increase in suicide rates mainly due to increased male rates between 2010-2021

[10]Hungary and Poland saw the largest decreases with 29 and 28 percent respectively

[11]See annex/appendix 1 for a detailed table of comparable rates between older people and the national average

Total percentage of suicides between 2010 and 2021
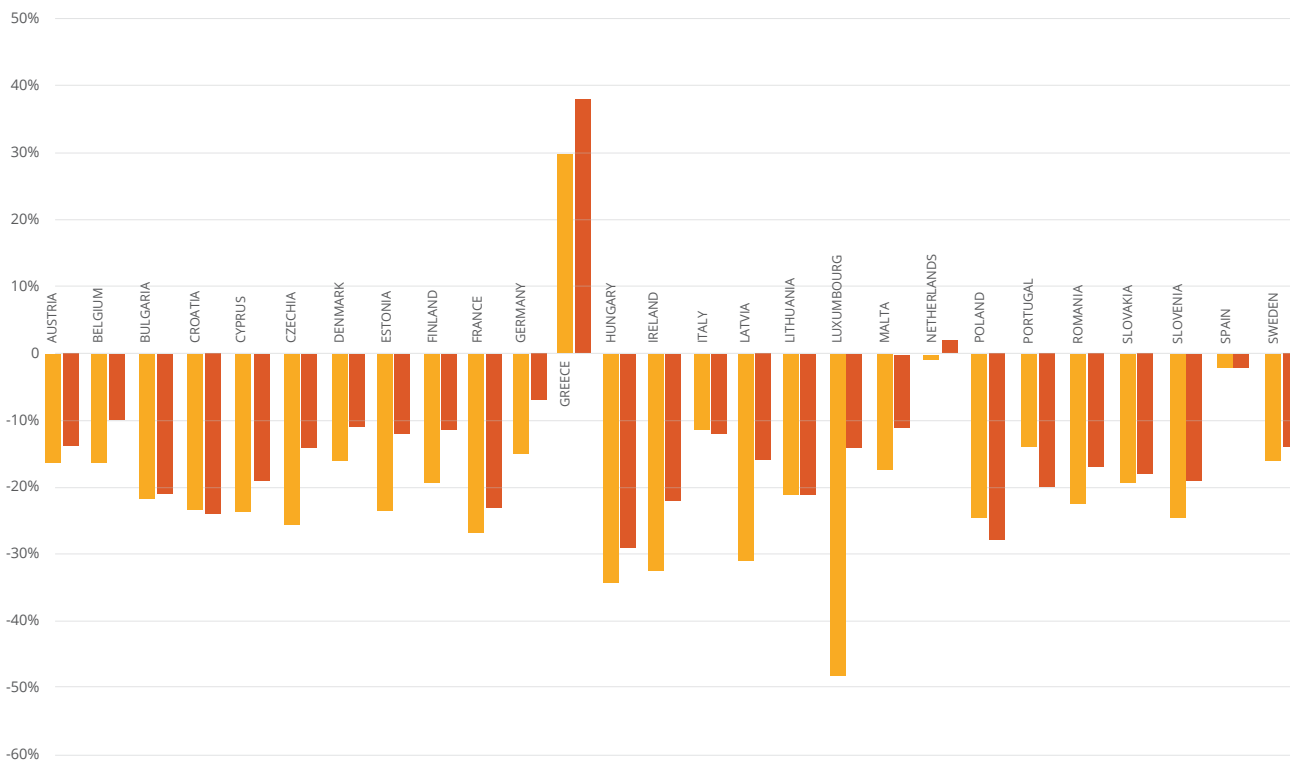
| All ages | 55+ years |

While it is an undeniable success that the rates of suicides among older people have decreased, more work needs to be done due to the higher rates of suicides within the older population.

Factors Influencing Suicide Rates

Suicidality[12], in general, is influenced by a myriad of factors. There are individual factors such as mental health issues[13], substance abuse and trauma as well as relational, and community which can include family dynamics, social isolation, and lack of community support.

Other important contributors are societal, cultlural and socioeconomic factors such as economic instability, social inequality, media influence and public health policies. All of these can also be underpinned by other psychosocial factors such as stigma and taboos that can detrimentally influence the mental health and rates of suicidality in people.

> With older people, there is a unique set of challenges that have an enhanced influence on this demographic.

Mental Health Conditions and Psychosocial Factors

Mental health issues affect all different segments of society across the EU and also the globe. In 2023, a Eurobarometer survey showed that 46% of EU citizens reported having emotional or psychosocial problems in the past year[14]. The same survey showed that 35% of older people have experienced a psychosocial issue. When it comes to diagnoses for depression and severe anxiety, around 6% of older people across Europe have both or one of these conditions which have a known link to suicidality[15 16 17].

Social isolation and **loneliness** in older people have been identified as a major contributor to suicidality.

Conversely, increased social inclusion appears to be a protective factor and has large effects on the prevention of suicide[18].

---

[12]Where suicidality is defined as past suicidal thoughts, intentions and attempts.

[13]These mental health issues may be brought on by things such as: berievement, informal care burden, physical health issues or disability leading to a mental difficulty to cope among other things.

[14]EU Mental heatlth related statistics

[15]Defined as having anxiety disorders

[16]https://ourworldindata.org/grapher/anxiety-disorders-prevalence-by-age

[17]https://ourworldindata.org/grapher/depressive-disorders-prevalence-by-age

[18]Cambride study 1

Physical health and Chronic Illness

The presence of chronic illnesses and physical health problems, such as pain and disability, is seen to deteriorate mental health in the form of feelings of hopelessness and despair which in turn can lead to an increasing risk of suicidality. These problems coupled with cognitive decline and conditions such as dementia have also been seen to play a role. More specifically, older adults are more likely to live with chronic conditions such as cancer or chronic obstructive pulmonary disease (COPD) which have been proven to increase the risk of suicide due to disruption of daily activity and functional impairment[19]. The way chronic disease and/or disability are supported by medical and social care can have an important impact on how these are perceived by an individual.

Socioeconomic factors

For older adults, financial difficulties and reduced economic status or changing social status after retirement can add to stress and mental health challenges.

Adjusting to retirement and losing a structured daily routine paired with social inclusion and recognition in the professional world can impact mental well-being.

These factors of course vary between different European countries due to their complex and diverse nature. However, it appears that increased suicide rates in older adults are linked to economic factors such as the ability to dedicate money to personal matters, buy basic goods and social deprivation.

These factors coupled with social factors such as self-perceived health and social inequality are also correlated to increased suicide in older adults[20].

[19]Cambridge study 2

[20]https://www.cambridge.org/core/journals/international-psychogeriatrics/article/eurold-preliminary-results-of-the-ecological-study-on-suicide-and-its-associated-socioeconomic-variables-in-people-over-85-in-europe/9B792573EF7B-3CFE4BB4EAE03A25B4CF

Stigma and Discrimination

Stigma towards ageing on one side, mental health problems on the other, and a combination of both stigmas may contribute to differences in suicide rates in a country. We hypothesise possible mechanisms explaining this link, including stigma as a stressor and social isolation as a consequence of stigma. Stigma towards older adults often takes the form of ageism which is known to have detrimental effects on mental and physical health.

Ageism is seen as a risk factor for suicide as it can promote the belief that depression is a normal part of ageing and weaken protective factors such as self-esteem, self-efficacy and hopefulness[21]. Overall, both stigma and discrimination towards older people have been shown to increase mental health conditions such as depression and also have physical outcomes such as shorter life expectancies[22] .

[21]https://www.nami.org/anxiety-disorders/ageism-mental-health-and-suicide-risk-in-older-men/
[22]https://news.yale.edu/2020/01/15/harmful-effects-ageism-older-persons-health-found-45-countries

The role of welfare policies and healthcare systems.

Welfare policies and healthcare systems in individual countries or regions play a crucial role in addressing suicidality in older people.

Social policies

Social policies offer vital support when it comes to suicidality in older people by mitigating economic insecurity and promoting mental well-being. In general, they should address the previously discussed variables, such as socioeconomic factors, to help reduce the risk of suicide among older adults. Social policies that provide robust safety nets in the form of adequate pensions, health and social care benefits and services have been proven to significantly lower the risk of suicide. Good examples of this are found within Northern and Western Europe countries, such as Sweden, Norway and the Netherlands[23], with more generous social policies, that tend to have lower rates of suicide compared to countries with less comprehensive welfare provisions.

> Other social policies that should be used to target suicidality in older people are those that focus on social support and inclusion as well as specific mental health policies.

Economic security provided by these helps reduce stress and financial anxiety, which are important factors in preventing suicide, particularly for those with insufficient income[24].

These can come as community centres offering social activities and community involvement via age-friendly initiatives that help increase a sense of belonging and reduce feelings of loneliness and hopelessness[24]. The World Health Organisation's framework for age-friendly cities and communities can give important guidance in this respect.[25]

Mental health support, including access to counselling, psychologists and psychiatric care, is an essential component of welfare policies looking to target suicide rates in older adults. Community-based interventions including peer support groups, helplines and mental health promotion activities tailored to older people's needs are known to provide significant help, particularly in rural or under-resourced areas where access to healthcare services may be limited[26]. Finally, policies that promote integrated care models to include mental health as a component of primary care by inserting mental health services into regular health check-ups are important in providing a holistic form of care which is crucial in mitigating suicidality for the older population[27].

---

[23]https://www.mdpi.com/1660-4601/19/12/7003

[24]https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-10592-4

[25]An age-friendly city or community is health promoting and designed for diversity, inclusion, and cohesion, including across all ages and capacities.' https://www.who.int/activities/creating-age-friendly-cities-and-communities

[26]https://www.oecd-ilibrary.org/sites/82129230-en/1/3/2/1/10/index.html?itemId=/content/publication/82129230-en&_csp_=e7f5d56a7f4dd03271a59acda6e2be1b&itemIGO=oecd&itemContentType=book

[27]https://www.who.int/publications/i/item/9789241550109

Healthcare systems

Healthcare systems are pivotal for mental health and suicidality challenges across all populations. For older people, the quality, accessibility and coordination of healthcare services are crucial in mitigating the risk factors associated with suicide in this population. Access to comprehensive geriatric care is important for aiding in the early detection and management of mental health issues such as anxiety and depression. As mentioned in welfare policies, integrated care models are key with their regular assessments and coordinated care which has been demonstrated to reduce hospital admissions and improve mental health outcomes in older adults[28].

Another important aspect of the healthcare system and its role in mitigating suicide in older adults is the availability of tailored geriatric-specific mental health services. Ensuring the availability of these is paramount along with tackling access barriers such as stigma and insurance limitations is vital to facilitate easy access to mental health professionals[29]. This needs to be coupled with continuity of care as there is a real risk of increased suicidality due to poor follow-up care or discontinuity in their treatment. Once again coordination between primary care providers, mental health professionals, and social services is essential to ensure ongoing support and monitoring.

Finally, an important part of the reduction in older people's suicide rates rests in the healthcare systems' training and education of staff.

Initiatives that underscore the necessity of targeted education and training programmes to equip healthcare providers with the skills and knowledge needed to effectively support older adults at risk of suicide are imperative. These may include training for nurses and other healthcare professionals in suicide risk assessment, especially focusing on older adults who may present with less obvious symptoms of mental distress[30]. Another important factor when it comes to education is making sure that there are specific frameworks to focus on suicidality among the older population. These frameworks are used to develop training curricula, evaluate existing training programmes, and ensure that healthcare providers are well-equipped to identify and manage specific suicide risks in older adults.

It is important to acknowledge that many of the chronic physical health conditions and disabilities that become more frequent, or more developed, in older age may impact mental health. The way physical health and long-term care services are provided can integrate this aspect by also screening for mental health challenges, including a mental health dimension into care plans and referring individuals with physical health challenges to specialised mental health care services. In particular, access to palliative care can be facilitated early in the care pathway of a person with a chronic disease to alleviate pain and help support the mental or emotional challenges associated with a certain condition[31].

---

[28]https://academic.oup.com/ageing/article/51/12/afac287/6931745

[29]https://www.ncoa.org/article/suicide-and-older-adults-what-you-should-know

[30]https://link.springer.com/referenceworkentry/10.1007/978-3-030-42003-1_24

[31]See the InAdvance Project results, notably its policy recommendations (https://www.inadvanceproject.eu/_files/ugd/86b89d_d94210a18f4642cdb5a4c5088d137a65.pdf) and Guidelines for the implementation of evidence-based palliative care interventions (https://www.inadvanceproject.eu/_files/ugd/86b89d_0bdaa4d9ee2b40c98f3d6e2fa7c44dea.pdf)

FINDINGS FROM FOCUS GROUPS AND SURVEYS

Focus group results

To ensure that the academic research aligned with the lived experience perspective, a group of older people with experts with lived experience related to suicide, professionals (e.g. psychologists, older people advocates, counsellors) and family members were interviewed. They emphasised the following important factors that need to be considered when it comes to the prevention of suicide in older adults[32].

General challenges for older people

Suicidality remains deeply interconnected to mental health issues and older adults are not the exception. A typical scenario would include an individual experiencing in late life multiple chronic and physical health problems and seeing their mental health deteriorate. This is further compounded by financial issues, particularly for women over 75 years, shrinking social networks (due to the death of friends), reduced social activities, lack of mobility (e.g. not being able to continue driving, physical immobility), and a general lack of care and support. On top of this, older people feel an acute awareness of time passing, which contributes to anxiety and a sense of urgency.

The key points concerning the general challenges are:

- **Health Issues**

   Older adults often face chronic health conditions that can exacerbate mental health problems.

- **Multi-morbidity**

   The presence of multiple health issues complicates treatment and increases mental health vulnerability.

- **Polypharmacy**

   The use of multiple medications can lead to adverse interactions and worsen mental health conditions.

- **Grief and Loss**

   Loss of peers, friends, and family members can lead to profound grief and a shrinking social world.

- **Mortality Awareness**

   Increased awareness of one's mortality can lead to existential anxiety and depression.

- **Elder Abuse**

   Psychological and Emotional: Older adults are vulnerable to elder abuse. Elder abuse is not always physical; it can also be psychological. Older people may experience control over their decisions, social lives, and personal freedoms. Many older people are hesitant to report or confront abuse due to fear of conflict with family members or social stigma. They may prioritise preserving relationships over their well-being.

- **The Complexity of Caregiver Relationships:**

   Caregiver relationships can be complex, with some caregivers genuinely believing they are doing the right thing, even when their actions are restrictive or controlling. An example may be a daughter who believes she is caring for her immobile mother, restricts her independence by not allowing her to cook or have friends over, which isolates the mother further.

---

[32] 59 survey respondents and 10 focus group participants

Social Connections and Isolation

Reduced social networks and isolation are major issues for older people. With age, people's social circles tend to become much smaller. These experiences become a stark reality for many older people, knowing that they, too, will pass away which can also precipitate a fear of dying. While digital telehealth solutions are often heralded as cost-effective interventions, particularly for rural areas or communities with limited accessibility to services, older adults who may not have digital literacy are often left behind with the rapid advancement of such technologies, and these technologies might enforce a sense of lack of social interactions and remoteness. This digital divide is felt both in terms of communication and social connections as well as access to innovative mental health services such as telepsychiatry, telepsychology and the like.

The key points regarding social isolation and loneliness are:

- **Isolation:** Older adults often experience isolation due to the death of peers, relocation of family, and decreased mobility. Social isolation may or may not translate into feelings of loneliness, based on the individual's feelings associated with it.

- **Shrinking Social Networks:** As friends and family members pass away or move, older adults may struggle to form new connections.

- **Technological Barriers:** Digital divide issues can exacerbate feelings of isolation as some older adults may struggle with new technologies or feel that face-to-face interaction is increasingly substituted by digital means of communication.

- **Community Involvement** - Engagement in community groups or activities can help mitigate feelings of loneliness.

- **Volunteer Work** - Encouraging older adults to volunteer can help maintain social connections and provide a sense of purpose.

Cultural Attitudes

Cultural attitudes can affect mental health and suicidality in a myriad of ways. Intergenerational support from younger relatives, such as children, has changed with the introduction of residential care homes. This can be for reasons such as geographical mobility, work, childcare, lack of space, or inability to meet their health and other needs. It may also be due to the change in the cultural expectations themselves within different communities. In many cultures, older generations may also be hesitant to share emotional or mental health struggles, which exacerbates isolation and deterioration of mental health.

The key points concerning the cultural attitudes are:

- **Changing Family Dynamics:** Traditional family structures that support long-term care are changing, leading to, in some cases reliance on formal care, often in the form of residential care, but increasingly also home and community-based care. It must be mentioned, however, that 80% of long-term care is still provided by informal carers[34].

- **Ageism:** Older adults often face negative stereotypes and discrimination based on their age, leading to marginalisation and reduced access to essential services, which can significantly affect their mental health and overall quality of life.

- **Independence vs. Dependence:** Older adults may struggle with feelings of dependence and loss of autonomy.

- **Cultural Expectations:** Different cultures have varying expectations for long-term care for older persons, which can impact mental health and well-being.

Financial stability

Financial poverty is experienced by many older people throughout Europe. This is especially the case in Eastern European countries (the Baltics, Romania and Bulgaria), where at-risk poverty rates and inequality among older people are high. How financial constraints affect an older person depends on their previous life circumstances and whether they have developed resilience against financial distress or not. If suddenly their pension income is lower than what they expected, or if increasing costs for health and energy are not met by increases in old-age income, it can be difficult to manage their finances, potentially leading to unexpected debts.

The key points concerning financial stability are:

- **Economic Insecurity:** Financial instability and poverty among older adults can lead to increased stress and mental health issues.

- **Cost of Care:** The high cost of health and long-term care can be a significant burden.

- **Pension and Benefits:** Insufficient pensions and social benefits contribute to financial stress.

- **Financial Management:** Older adults may face challenges in managing their finances, especially if cognitive decline is present.

- **Elder Abuse - Financial:** This is where they may be coerced or feel obligated to prioritise their family's financial needs over their own, leading to significant hardship even when they are cognitively intact. There are also cases of inheritance pressure where family members may anticipate inheritance and may psychologically manipulate or restrict older people to gain control of their assets.

[33]https://eurocarers.org/about-carers/

Preventing Suicidal Thoughts and Actions

Some older adults face added complications of physical pain that come with the various conditions that can be associated with ageing. For those who may have had suicidal ideation earlier in life, this can be exacerbated by everyday discomforts in the form of chronic conditions.

Polypharmacy and medication are therefore important areas for suicide prevention as suicides may be carried out through medication poisoning. This is facilitated due to the potential easier access to medication or cognitive deterioration leading to accidental overdoses. Polypharmacy may also have impacts on cognition or mental health (depression, anxiety) as a side effect.

The key points concerning suicide prevention are:

- **Risk Factors**

  Where possible, reduce the exposure of older adults to specific risk factors, like ageism and social isolation. Strengthening preventive health throughout the life-span can prevent some chronic diseases and mental health conditions from developing; correctly accompanying these conditions can help to make people more resilient to them

- **Stigma:**

  Reducing the stigma around mental health and suicide is essential to encourage open conversations, early intervention, and seeking help, which can prevent the escalation of suicidal thoughts and behaviours.

- **Access to Means**

  Monitoring and managing access to medication, avoiding overprescription and reducing access to other means of suicide is crucial.

- **Reducing overmedication**

  exploring the interaction between medication used in cases of multi-morbidity and its impact on cognition and mental health can help in avoiding side effects by choosing other drugs or adapting their dosage

- **Mental Health Support**

  Providing access to mental health services, including counselling and psychiatric care, can help.

- **Early Intervention**

  Having conversations about mental health and advanced directives early can prevent crises.

- **Providing early access to palliative care**

  Palliative care can help mitigate pain and other factors that can challenge one's mental health

- **Community and Family Support**

  Strengthening social support networks through community and family involvement is key to empowering them to detect and intervene to prevent suicide

- **Spiritual and Religious Support**

  For some, involvement in spiritual or religious communities can provide comfort and reduce suicidal ideation.

Retirement age, planning, living and continued employment

Retirement planning is critical. Much of this will depend on people's individual choices of where to live, and in what type of house (e.g. a supervised apartment, bungalow, etc.), and financial ability will determine what an older person can afford. Work in and of itself can also be beneficial for older people's mental health as it continues to give them a purpose and goal in life. Work also helps prevent financial difficulties and maintains social networks. One participant felt it was important for older people to have the opportunity to work for as long as they wanted to.

The key points concerning retirement age, planning living and employment are:

- **Retirement Living Choices:** Discussions around the financial ability to downsize and find suitable living arrangements that foster community and accessibility.

- **Pre-retirement Planning:** Importance of considering location, community, and individual preferences in pre-retirement planning to avoid isolation and maintain quality of life.

- **Work and Mental Health** - Continuing to work longer can be beneficial for mental health, particularly for jobs requiring cognitive engagement.

- **Choice to Work** - Emphasized the importance of allowing people to work as long as they want to maintain purpose and mental well-being, but not to oblige them to stay in jobs that do not support their mental and physical help.

Volunteering and community involvement

Voluntary work provides an important opportunity for meaningful engagement. it can increase social interactions/participation and networks, keep older people engaged, and prevent loneliness and isolation.

Volunteering by older adults is also a key contribution to community development and in some cases can be an economic boost.

Several community interventions are becoming more popular as a way to connect vulnerable people to various social or community activities.

The key points concerning voluntary work and community involvement are:

- **Volunteer Work** - Older people engaging in voluntary work find a sense of purpose and fulfilment while contributing strongly to their community.

- **Universities of the Third Age** - Popular in Poland, these institutions offer free educational and social activities for older adults, encouraging social participation.

- **Neighbour Support Initiatives** - Local government-organised neighbour support programs help foster community connections and provide assistance in urban and rural areas.

- **Intergenerational initiatives** - these are very popular among older persons and may reduce social segregation based on age as well as reduce ageism.

- **Social Prescribing** - General practitioners (or Link Workers) recommend community activities for older people, including walking groups and Men's Sheds, to support mental and physical health.

- **Community Groups** - Importance of community groups and voluntary sectors in providing support and engagement opportunities for older adults.

- **Neighbourly Support** - Programmes that encourage neighbours to help each other and form connections, especially in big cities where isolation is common.

Survey Results

We conducted a survey to incorporate lived experiences in understanding the mental health challenges faced by older adults.

The survey gathered 59 responses from 12 EU countries, including 21 experts with lived experience, alongside professionals and relatives. The key findings outline the major issues and potential interventions for improving support for older adults. Many of the findings echoed the themes discussed in the focus groups, particularly around social isolation, financial instability, and cultural challenges, reaffirming their critical role in suicide prevention efforts among older adults. The new key points have been summarised below.

- **Gatekeeper Training:**
  Gatekeeper services, which involve equipping community members, such as neighbours and volunteers, with the skills to identify signs of distress in older adults and refer them to appropriate services, were strongly emphasised. This grassroots-level support is seen as a vital early intervention tool to prevent crises before they escalate, ensuring that older adults receive timely help within their communities.

- **Integrated Care Models:**
  integrated care models that foster seamless collaboration between healthcare providers, community organisations, and mental health professionals. These models aim to provide holistic support addressing the physical, mental, and social needs of older adults, creating a comprehensive framework for care that promotes well-being across all aspects of life.

- **Affinitive Relationships:**
  Close, supportive relationships, whether with family, caregivers, or trusted community members, are crucial in buffering older adults against loneliness and suicidal ideation. Fostering these relationships can provide emotional support and a sense of security, helping to combat isolation and its associated mental health challenges.

- **Socio-Economic Challenges:**
  Addressing financial instability, particularly in Eastern Europe, is essential for improving older adults' mental health outcomes. There is a need for policy-level changes to address financial inequality, including advocating for better pension schemes and social safety nets. Ensuring financial stability can help reduce the mental health decline often associated with poverty and economic insecurity.

Regional Highlights:

- **France** emphasized the need for better access to mental health services, social engagement, and programs that foster social contacts

- **Italy** focused on integrated care models and highlighted the need for holistic approaches that address both mental and socio-economic challenges.

- **Germany** raised concerns around ageism, social isolation, and the stigma surrounding mental health issues in older adults, with strong calls for community-based programs and psycho-social services.

In conclusion, the survey highlighted the importance of community-driven solutions, better access to mental health services, and integrated care models to ensure a comprehensive support system for older adults.

POLICY
RECOMMENDATIONS

Policy Recommendations at the Regional/National Level

Due to the varied nature of policy, healthcare systems and resources within different EU countries, it is always challenging to have policy recommendations that apply to all. However, we believe the following recommendations are critical and apply to most if not all countries to prevent suicide among older people:

1 Integration of mental health services in primary care

The integration of mental health services in primary care is a key tool that has robust scientific evidence showing its effectiveness in reducing suicidal ideation and preventing suicidal behaviour. While upfront costs in training and education, some infrastructure adaptation and potential workforce expansion need to be factored in, these should be seen as initial "investments" for long-term benefits such as improved health outcomes leading to fewer complications and worsening conditions. Overall this will reduce hospitalisations and more expensive specialist care. Along with increased accessibility of mental health services, due to merging both physical and mental health checks simultaneously, this integrational approach is known to reduce the stigma associated with seeking mental health care.

The integrated approach for older adults is also essential to manage comorbid conditions. It ensures that treatments are complementary rather than conflicting. This can make everything more efficient verifying that there are no duplicate testing and that all providers are informed about the patient's overall health status.

Overall, the integration of mental health services in primary care not only enhances the overall efficiency and effectiveness of healthcare delivery but also promotes a holistic approach to patient wellbeing, ensuring better long-term health outcomes and reduced stigma around mental health issues.

While in some EU states a national suicide prevention strategy does exist, many do not. Furthermore, those that have them in place often lack adequate funding and/or monitoring. It is therefore recommended that a prompt development of comprehensive national suicide prevention strategies, led by governments, is recommended. These strategies should involve diverse stakeholders, including healthcare providers, community organisations, and civil society, to ensure a wide-reaching and inclusive approach.

Key Actions
(as recommended by the WHO[34])

- **Resource Commitment:** The allocation of necessary resources to research, community interventions, public awareness campaigns, and support services for individuals and families affected by suicide is recommended.

- **Decriminalisation of Suicide:** Legislative reforms to decriminalise suicide are supported to reduce stigma and improve prevention efforts, thereby creating a safer environment for individuals to seek mental health support.

- **Adopt WHO Guidelines:** The adoption of WHO guidelines and frameworks from resources such as "National suicide prevention strategies" and "Public Health Action for the prevention of suicide" is advised to guide the development and implementation of strategies.

- **Global Collaboration:** The promotion of the exchange of experiences and best practices through international platforms like the WHO MiNDbank is recommended to enhance the effectiveness of suicide prevention strategies globally.

In the absence of a national strategy, support for local suicide prevention activities, including supporting survivor groups, raising awareness, and advocating for vulnerable populations, is encouraged.

By adopting these recommendations, it is aimed to strengthen suicide prevention efforts, reduce suicide rates, and improve mental health outcomes across communities.

The implementation of a national strategy is recognised as a critical step in our commitment to enhancing public health and safety.

[34] https://www.who.int/activities/advocating-for-national-suicide-prevention-strategies

3 Increasing availability of community-based resources

Resources earmarked and mobilised for the creation of clubs, circles and centres for older people throughout different parts of the country and not solely in the larger cities. These initiatives should also be coupled with already established programmes such as the Universities of the Third Age[36] offering free educational and social activities for older adults, encouraging active participation. In addition to this, peer-support training programmes should be established so that peer-support programmes and networks can be set up where older adults can be connected with those going through similar experiences. Training community workers and gatekeepers such as meal delivery providers, in Applied Suicide Intervention Skills Training (ASIST)[37], or an equivalent, can help them recognise and respond to signs of mental distress and suicidality in older adults they interact with regularly. Since families are often the primary caregivers for older adults, social services should offer support, training, and resources to help them address mental health challenges. This could include counseling, respite care, and educational materials on managing mental health conditions. Initiatives to provide peer exchange and support can help reduce the sense of social isolation that many informal carers experience. Meetcaregivers[38] provide good examples of such initiatives.

It's important to raise awareness about less obvious forms of abuse, like psychological and emotional abuse, which often go unnoticed.

Media campaigns with sensitive storytelling on mainstream TV can help the public recognize these issues. Public campaigns on domestic abuse or harassment should also extend to the abuse of older people, educating both potential abusers and the public on what constitutes abuse.

Finally, it is important that "postvention measures"[39] are in place. Essential measures include immediate bereavement counseling, crisis intervention teams, and sensitive memorial services. Collaborating with the media for responsible reporting, offering educational programs to reduce stigma, and forming support groups are crucial. Additionally, ongoing follow-up care and targeted training for professionals can further support the community.

> Implementing these initiatives will significantly enhance the support system for older adults, ensuring their mental health needs are adequately addressed and promoting a community-based approach to suicide prevention.

---

[34]https://www.who.int/activities/advocating-for-national-suicide-prevention-strategies

[35]https://www.u3a.org.uk/

[36]https://prevent-suicide.org.uk/training/asist/

[37]https://meetcaregivers.com/online-family-caregiver-training-programs/

[38]interventions conducted after a suicide, largely taking the form of support for the bereaved (family, friends, professionals and peers).

4 **Training healthcare providers in providing culturally sensitive and age-appropriate care**

All elements of diversity are present in the ageing process, including cultural diversity, sexual orientation, religion and belief etc. Therefore, healthcare providers should receive specialised training adequate to the individual needs of older adults. This should involve making sure that they are aware of the diverse needs of older people related to mental health, fighting ageism and other forms of discrimination, and providing healthcare professionals with training to meet older adults where they are rather than expecting them to navigate the complex healthcare systems.

Examples such as the "Healthy IDEAS program"[39] which integrates depression awareness and management into existing case management services provided to older adults. To help professionals implement these, guidelines for psychological practice with older adults must be created and put in place to ensure a solid, standardised framework is being followed. Relevant stakeholders can draw inspiration, if lacking at the local or national level, from the recently approved "American Psychological Association's guidelines for psychological practice with older adults"[40] which is used as a comprehensive evaluation tool to assess the readiness of healthcare professionals to work with older adults.

By equipping healthcare providers with the necessary skills and knowledge to deliver culturally sensitive and age-appropriate care, we can ensure that older adults receive comprehensive, empathetic, and effective mental health services tailored to their unique needs.

---

[39] https://www.ncoa.org/article/evidence-based-program-healthy-ideas
[40] https://www.apa.org/practice/guidelines/guidelines-psychological-practice-older-adults.pdf

5 Cross and inter-sectorial collaboration for comprehensive support

It is important that older adults are being listened to not just by other members of the community but by healthcare professionals and providers too. Debates and events at the local level, attended by professionals, where older adults explain their wants and needs and whether they are being appropriately addressed. An annual event attended by local media, politicians and other relevant stakeholders would make sure that ongoing progress, reflection and evaluation could take place in a constructive environment. This would ensure close cooperation between critical stakeholders in society and make sure that older adults' healthcare needs are kept as a community-wide priority.

Various cities and communities also have models of co-decision-making by older adults on matters that concern them, such as the regional councils of older persons in some German länder.

Community-based programmes that focus on behavioural health for older adults can help reduce stress and improve mental health for both caregivers and those receiving the care. Examples such as Wellness Recovery Action Plan (WRAP)[41] should be followed and adapted for the local context. These involve providing structured support for older adults via group interventions to increase their ability to self-manage their conditions.

Finally, to make sure that initiatives are truly cross-sectional, it is important to create meaningful partnerships between healthcare entities and community-based organisations.

These partnerships can help address the health-related social needs of older adults, reduce health disparities, prevent unnecessary hospitalisations, and support older adults to remain in their homes. Organisations such as "The Better Care Playbook"[42] provide strategies and frameworks on how such partnerships can be implemented in practice. The EU Care Strategy and the Council recommendation on access to affordable, quality long-term care also promotes person-centred care which is best provided in one's home or community-based settings.

Fostering cross and inter-sectorial collaboration is essential for providing comprehensive support to older adults, ensuring their healthcare needs are met through a community-wide, inclusive approach that promotes ongoing progress, reflection, and meaningful partnerships between healthcare entities and community-based organisations.

---

[41] https://copelandcenter.com/

[42] https://bettercareplaybook.org/resources/addressing-complex-needs-older-adults-through-strong-community-based-organization-and

6 Adequate budget

For all the aforementioned policy recommendations to be effective, they must be supported by adequate budgets at both local and national levels. Financial investment is essential to cover the costs of integrating mental health services into primary care, establishing and maintaining community-based resources, providing specialised training for healthcare providers, and fostering cross-sectoral collaboration. Ensuring a sufficient budget allocation will facilitate the implementation of these initiatives, leading to improved mental health outcomes for older adults, reduced healthcare disparities, and enhanced overall community well-being.

A committed and well-funded approach will enable sustainable progress and comprehensive support for the mental health needs of older adults across diverse healthcare systems and infrastructures.

---

[41] https://copelandcenter.com/
[42] https://bettercareplaybook.org/resources/addressing-complex-needs-older-adults-through-strong-community-based-organization-and

Policy Recommendations at EU level

Acknowledging that health policy is not an EU-level competency, it is still crucial to address mental health for older adults at the supranational level due to the significant public health implications. The EU can play a pivotal role by facilitating collaboration, providing funding, and setting guidelines that member states can adapt to their specific contexts.

EUROPEAN UNION

1 Promote social inclusion

Develop and fund initiatives aimed at reducing social isolation among older adults, such as community engagement programmes and support networks. Through the EU4Health programme or the European Social Fund (ESF+). EU-wide campaigns to raise awareness about mental health in older adults, aiming to reduce stigma and encourage help-seeking behaviours. More specifically, the EU4Health programme, with one of its key priorities being health promotion and disease prevention, can fund or co-fund community-based programmes, and support the creation of social clubs and centres for older people particularly in rural or underserved areas.

The ESF+ can help fund community engagement programmes such as peer-support networks, universities of the third age and community centres that provide a safe space for older adults to engage with others and receive the necessary support. Social inclusion and social connectedness projects that are designed to better integrate older adults into society can also be funded by ESF+ and the EU4Health programmes.

These can offer the opportunity for local and community-based organisations to create innovative projects leveraging their experience to ensure that older adults are socially included in everyday life.

Finally, The EU can leverage its reach to implement wide-reaching campaigns to raise awareness about mental health and suicide prevention in older adults, aiming to reduce stigma and encourage help-seeking behaviours. These campaigns can be part of larger health promotion strategies funded by EU4Health and ESF+, ensuring that they reach diverse populations across member states.

Promoting social inclusion for older adults by using EU4Health and ESF funds to develop community engagement programmes, peer-support networks, and social clubs. EU-wide campaigns can raise mental health awareness, reduce stigma, and encourage help-seeking, ensuring older adults receive necessary support and integration into society.

2   Standardise data collection and monitoring

Establish a standardised system for collecting and monitoring data on mental health and suicidality among older adults to inform policy and targeted interventions. This can be achieved by building on successful initiatives such as the European Core Health Indicators to develop a unified framework and try to ensure all Member States use consistent methodologies. The ageing of society means that disaggregation of data by age has to evolve as well to cover the entire spectrum of human life.

Cross-border data sharing needs to be promoted through platforms such as the European Health Data Space. All the data should be stored in a centralised EU database for mental health and suicidality, managed by the European Centre for Disease Prevention and Control or a similar entity. It should also be accessible to policymakers, researchers, and healthcare providers to inform evidence-based interventions.

To ensure that data collection and monitoring are being correctly carried out, the EU should organise workshops and training sessions for national and regional health authorities to promote best practices in data collection and monitoring. As above, programmes such as the EU4Health and the European Social Fund (ESF+), can be utilised to fund and support the standardisation of data collection and monitoring systems.

By establishing a standardised system for collecting and monitoring data on mental health and suicidality among older adults across Member States, consistency can be ensured. Utilising the European Health Data Space for cross-border sharing and maintaining a centralised database managed by an EU entity will enhance data accessibility for policymakers and researchers.

Funding should be secured through EU4Health and ESF+, and workshops should be organised to promote best practices in data collection and monitoring as well as enhance research within this field.

3 Enhance training for healthcare professionals

Implementing EU-wide training programs for healthcare providers is essential for recognising and addressing mental health issues specific to older adults, such as depression and suicidal ideation. In the specific, the EU can facilitate the development of standardised training curricula tailored to the mental health needs of older adults. In addition, elder abuse and neglect are often undetected factors that can lead to worsening mental health. These curricula should include modules on:

● **Recognition and Diagnosis:**

Training on identifying signs of elder abuse, depression, anxiety, and suicidal ideation in older adults.

● **Cultural Competence:**

Ensuring healthcare providers understand the cultural and social contexts that impact mental health in older adults.

● **Intervention Strategies:**

Providing practical skills and knowledge for effective intervention and support

A crucial tool would also be online training platforms to make training accessible to healthcare professionals across the EU. These platforms can offer flexible learning options, including webinars, interactive modules, and certification courses. This approach ensures that even healthcare providers in remote or underserved areas have access to quality training. Within these programmes, it is crucial to promote a multidisciplinary approach in training programmes, involving doctors, nurses, social workers, psychologists, and other allied health professionals.

It is also important as part of the training to encourage Member States to integrate mental health training into the Continuous Professional Development (CPD) requirements for healthcare providers. This ensures that professionals regularly update their skills and knowledge on the latest best practices and research in mental health care for older adults.

By implementing EU-wide training programmes, the EU can ensure that healthcare providers are well-equipped to recognise and address the unique mental health needs of older adults.

This comprehensive approach will improve mental health outcomes, reduce the incidence of depression and suicidal ideation, and enhance the overall quality of care for older adults across Europe.

CONCLUSION

Conclusion

Suicidality disproportionately affects older adults with current demographic trends only likely to further increase the absolute numbers of older adult suicides. While the rates vary across different EU countries, they are always at higher levels than the overall suicide rates of the population.

Key specific, and more general, factors that are known to influence these rates are mental health and psychosocial problems, physical health and chronic illness, socioeconomic factors and stigma and discrimination.

There is an important role for healthcare systems by providing accessible, coordinated services, including comprehensive geriatric care and tailored mental health support that can facilitate early detection, continuous management of mental health issues, and suicide risk reduction, emphasising continuous training for healthcare providers and care integration. Welfare policies can help by providing economic security, enhancing mental well-being, and fostering social inclusion and support through robust welfare benefits, community involvement, and integrated mental health care.

The focus groups that were held highlighted the key issues related to suicidality for older adults such as social connections and isolation, detrimental cultural attitudes, post-work life and future planning, age-specific prevention, financial stability and the importance of meaningful community involvement.

The survey further emphasised the importance of gatekeeper services for early intervention, integrated care models for comprehensive support, and fostering close relationships to combat loneliness and suicidal ideation.

It also highlighted the need for policy changes to address financial instability, particularly in Eastern Europe, to reduce poverty-related mental health decline among older adults.

Given the scale and urgency of the issue, it must be addressed at both a national and EU level.

At the national level, integrating mental health services into primary care is essential, and proven to reduce suicide rates and improve health outcomes through efficient management of comorbid conditions.

Additionally, developing and monitoring comprehensive national suicide prevention strategies, supported by adequate funding and broad stakeholder involvement, is vital. This should include increasing community-based resources, providing culturally sensitive training for healthcare providers, and fostering cross-sectorial collaboration to ensure a holistic approach to mental healthcare. Adequate budget allocations are necessary to support these initiatives, ensuring sustainable improvements in public health and safety for older adults. At the EU level, promoting social inclusion, standardising data collection, and enhancing training for healthcare professionals are essential. Initiatives like EU4Health and ESF+ should fund community programs and support networks to reduce isolation. A centralised EU database will facilitate informed interventions, while EU-wide training programs will equip healthcare providers to address the unique mental health needs of older adults effectively. These coordinated efforts will improve public health outcomes and ensure a supportive environment for older individuals.

Policy must be transformed into practice, theory into action, and commitment to real change by united efforts. The incidence of suicide among our older populations can only be hoped to be reduced and the quality of life for all our citizens truly enhanced through collective, targeted interventions.

> The time to act is now—every moment is counted in the fight against older adult suicidality.

Acknowledgements

Image credits: © Centre for Ageing Better | Photos of pages 9, 12, 14, 15, 36 and 37

Contact us

GAMIAN EUROPE

Avenue Marnix 17, 1000 Brussels, Belgium

www.gamian.eu

AGE PLATFORM EUROPE

Avenue de Tervueren, 168/2
1150 Brussels, Belgium
+32 (0)2 280 14 70

www.age-platform.eu