

HOW TO TALK TO AN OLDER ADULT ABOUT SUICIDAL THOUGHTS



Conversations about suicide can be deeply uncomfortable, yet they're often essential. This is especially true when speaking with older adults, who may be quietly struggling with emotional pain, isolation, or a sense of hopelessness.

Many people hesitate to ask an older parent, grandparent, neighbor, or friend if they're having suicidal thoughts. It can feel intrusive, awkward, or even frightening. But asking the question—directly and compassionately—can be a powerful act of care.

WHY IT'S IMPORTANT

Older adults, particularly those aged 75 and older, have the highest rates of suicide of any age group, according to a recent study by Harvard researchers. Suicide risk increases with age, and factors like chronic illness, loneliness, grief, and reduced independence contribute to a mental health crisis in later life, according to the Centers for Disease Control.

Unlike younger individuals, older adults may not always show obvious signs of depression and are often less likely to ask for help. They may be more likely to speak about physical discomfort than emotional suffering, or they may downplay their struggles out of pride or fear of being a burden.

That's why it's so important to create space for honest, stigma-free conversations.

Check out the next page for more.

HOW TO BEGIN THE CONVERSATION

Start with observation, not judgement: Rather than confronting or diagnosing, gently reflect what you've noticed. For example: "You haven't seemed like yourself lately, and I've been a little worried. Would it be okay if we talked?"

Choose a quiet moment: Avoid rushed or public settings. Find a peaceful environment such as a walk, a car ride, or a relaxed conversation at home to reduce tension and make space for honesty.

Ask with kindness and clarity: It's okay to be direct. You might say: "When people feel overwhelmed by health issues or life changes, they sometimes think about ending their lives. Have you had thoughts like that?"

Use the word "suicide" instead of euphemisms like "hurting yourself." Clear language shows that you're open to hearing the truth, no matter how difficult.

WHAT TO DO IF THEY SAY:

YES

Thank them for trusting you.

Respond with warmth, not panic. Say something like: "I really appreciate you telling me. That takes a lot of courage."

Offer reassurance and support.

Let them know they are not alone. "We can figure this out together. I care about you, and I want you to be okay."

Collaborate on next steps.

Ask if they'd be willing to speak with a doctor, therapist, or crisis line. Offer to sit with them during the call, or help make the appointment.

Know when to escalate.

If they mention a specific plan or means to end their life, immediate professional intervention is essential.

NO, OR SEEM UNCLEAR

Even when the answer is "no," showing concern can be meaningful. Often, it opens the door for deeper conversations down the line.

People may hesitate to share their feelings openly. If the answer seems vague or deflective—"I don't know," or "Not really"—gently follow up with them.

You might say: "It sounds like you might be unsure, and that's okay. But I want you to know I'm here to listen if anything ever does feel overwhelming."

AFTER THE CONVERSATION

Support doesn't end after one conversation. Schedule a follow-up or check-in soon. This shows that your concern wasn't just a passing moment. Even small gestures, like sharing a meal or calling to say hello, can make a big impact.

Older adults, especially those who live alone or have limited social interaction, benefit enormously from consistent, caring contact.

WE CAN HELP.

Our hospital-based outpatient program is designed to meet the unique needs of older adults experiencing depression and/or anxiety related to life changes that are often associated with aging or a chronic diagnosis. Anyone can make a referral to our program, including self-referrals, provider referrals, or community consultations.

Call us today at