

Review Article

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THE EVALUATION OF SUICIDE IN ELDERLINESS PERIOD FROM THE PERSPECTIVE OF SOCIAL WORK

YAŞLILIK DÖNEMİNDE İNTİHARIN SOSYAL HİZMET PERSPEKTİFİNDEN DEĞERLENDİRİLMESİ

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ABSTRACT

The process of ageing is a process in which individuals lack of physical abilities and experience the losses of role and status. The process brings some problems in terms of biological, physical, economic, psycho-social and social aspects. In the context of psycho-social problems, some problems such as depression, anxiety, loneliness and suicide occur in individuals. Being one of these problems, suicide can be defined as the attempt of putting an end to the life due to biological, psychological or social reasons. The purpose of this review is to offer solution alternatives from the perspective of social work by identifying the reasons of suicide risks in the period of ageing. Another purpose of the study is to make contribution to the professional literature related to the suicide in old age and evaluate the suicide in old age and lay out the insights about the topic from the angle of social work. In this regard, first of all, the concepts of elderliness, ageing and suicide are defined. Then the risk factors of suicide in old age period are discussed and social work practices towards the elderly are introduced. Last of all, in the results and recommendations section, solution alternatives towards elderly suicides are provided within the scope of social work.

Keywords: Suicide, The Attempt of Suicide, The Elderly, Social Work with The Elderly.

ÖZ

Yaşlanma süreci bireylerin fiziksel olarak yetilerinin azaldığı, rol ve statü kayıplarının yaşandığı bir süreçtir. Süreç beraberinde biyolojik, fiziksel, ekonomik, psiko-sosyal ve toplumsal anlamda kişinin karşısına bazı sorunlar çıkarmaktadır. Psiko-sosyal sorunlar bağlamında bireylerde depresyon, anksiyete, yalnızlık, intihar gibi sorunlar ortaya çıkmaktadır. Bu sorunlardan biri olan intihar, bireylerin biyolojik, psikolojik veya sosyal sebeplerden kaynaklı olarak yaşamına son verme girişimi olarak tanımlanmaktadır. Bu derlemenin amacı yaşlanma sürecinde intihar riskinin nedenlerini belirleyerek sosyal hizmet perspektifiyle çözüm önerilerinin getirmektir. Getirilen çözüm önerileri sorunun çözümünde her mesleğin kendine özgü bakış açısı noktasında diğer meslek gruplarına yol gösterici olacaktır. Bunun yanı sıra yaşlılıkta intihara ilişkin mesleki literatüre katkıda bulunmak ve sosyal hizmet mesleği açısından yaşlılıkta intiharın değerlendirilmesi noktasında ortaya konacak sonuçlar önemlidir. Bu kapsamda; öncelikle yaşlılık, yaşlanma ve intihar kavramları açıklanmıştır. Ardından yaşlılıkta intiharın risk faktörlerine değinilerek yaşlılara yönelik sosyal hizmet uygulamaları tanıtılmıştır. Son olarak sonuç ve öneriler kısmında yaşlılarla sosyal hizmet kapsamında yaşlı intiharlarına ilişkin çözüm önerileri getirilmiştir.

Anahtar Kelimeler: İntihar, İntihar Girişimi, Yaşlılık, Yaşlılarla Sosyal Hizmet.

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INTRODUCTION

Elderliness has been a phenomenon whose definition has changed throughout the flow of history. While the elderly have been important individuals in some societies, some societies have ignored them. Various definitions of elderliness have been made so far. Ageing has different biological, psychological, sociological and chronological definitions. From chronological point of view, ageing is accepted as a situation that appears with getting older. While ageing comes in sight with the deformation of organs from biological perspective, ageing is a process that is connected to intelligence, learning and memory from psychological point of view. The sociological dimension of ageing is a process which is directly related to the decrease in the meaning imposed by the social environment to people and the decrease in the social support network.

With industrial societies, there has been a decrease in the amount of importance adhered to the elderly. Some factors such as transition from extended family to nuclear family, the changes in production relations, urbanization, and prolonged life expectancy caused a change in the role and status of the elderly. This situation led the decrease in social support system of individuals. With the aforementioned decrease, there has been a decrease in the amount of psycho-social problems of old age period. One of the problems arising with this increase is surely suicide.

Suicide is an attempt of individuals to kill themselves due to various reasons. Individuals are likely to attempt suicide in particular periods of their lives. These suicide attempts are often seen in adolescence period; however, there appear suicide attempts in every period of one's life owing to the factors affecting him. One of these periods is definitely the period of elderliness. The attempts or acts of suicide can be seen in individuals, particularly for many reasons such as chronic disease, loneliness, loss of status and relatives, and meaninglessness of life.

The present review aims to explain the risk factors of suicidal behavior in the elderly and the theoretical background of these acts, evaluate elderly suicides in different periods, and suggest solutions for elderly suicides within the scope of social work. For this purpose, a literature review was conducted and an evaluation was made with the studies on elderly suicides in the literature in the discussion section. In the conclusion section, solution suggestions related to elderly suicides were proposed from the perspective of social work.

CONCEPTUAL FRAMEWORK

The Concepts of Elderliness, Ageing and Suicide

Ageing which is defined as a period of individuals' lives is a physiological process that consists of functional and structural transformations occurring in organism (Turaman, 2001, p.23). Elderliness is a process which is impossible to avoid in biological, historical and socio-cultural manner and contains unique problems within itself (Konak and Çiğdem, 2005, p.23). Besides, elderliness is called as the phase of losses including certain problems such as cognitive and physical decline, the end of the productive role, change in social status, weakening of the support mechanism, and loss of health. (Cited from Işık, Haran et al., 1991, s.26).

The most explicit description related to when old age begins has been done by World Health Organization (WHO). WHO classified old age in three groups in 1972: 65-75 years early old age, 76-85 years middle old age and over 86 years advanced old age. With the progress in technology, the classification of old age period was updated in 2015. According to new old age classification of WHO, 66-79 years refer to middle old age, 80 years and over refer to old age (<https://www.who.int/ageing/publications/wo>).

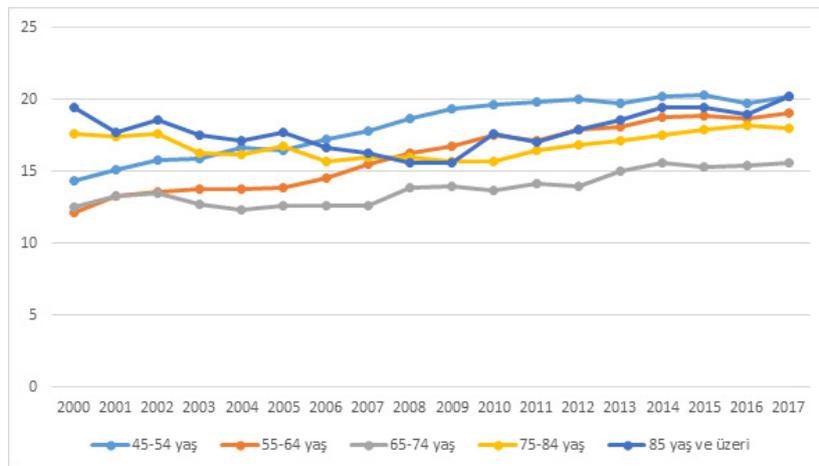
The fact that there is not an explicit age classification paves the way for evaluating elderliness as a phenomenon in a broad perspective. The absence of a clear age classification paves the way for a wider evaluation of old age. To evaluate the issue in this regard, it can be advocated that the number of psycho-social problems in elderliness is also high and it gains different dimensions as parallel to the progress. The following problems can be considered in this regard: financial inadequacy, loss of status, depression, living alone, loss of mental and physical ability. Suicide act, which can be encountered in all ages, becomes more evident with the effect of physical, mental and social losses particularly in elderliness.

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The concept of suicide has been a research interest in scientific studies since the Enlightenment period and the 20th century. Undoubtedly, the change in thought in the 19th century (the replacement of scientific explanation with the progress in positive sciences over religious explanation) has been primary factor in the increase of scientific studies about suicide. According to Richman, "suicide is a kind of communication; it means crying for help; it means asking for help; it is a method of threat or revenge; it means regret and confession". No matter whether it is verbal or non-verbal, communication used in the meaning of suicide is a message, which can be direct or indirect. With reference to this point, the suicide of the elderly individual can be regarded as "the scream of help" and "the scream of loneliness" (Güler, 2017, p.182-185). There are three types of behavior related to suicide, which are: the idea of suicide, the attempt of suicide and the act of suicide. The idea of suicide causes the attempt of suicide and the attempt of suicide sometimes causes the act of suicide. The attempts of suicide and the acts of suicide are dealt differently by various professionals. To enlighten the issue, sociologists accept the attempts of suicide and the acts of suicide as a social problem, psychologists approach these concepts as a psychological problem and social anthropologists review the above-mentioned concepts as a problem of nation (Teğin, 2014, p.2). The prevalence of suicide idea in society is between 13.5% and 35% (Özgüven, 2008, p.3). In another study, the ranking of countries' suicide rates on the basis of 2020 population density is provided. The study concludes that maximum suicide cases is in Lithuania with the rate of 31.9 per thousand and then Russia comes with the rate of 31 per thousand. The least rate of suicide cases belongs to Barbados with the rate of 0.8 per thousand and then Antigua comes with the rate of 0.5 per thousand (<http://worldpopulationreview.com/co.>, 2020).

Fuse designated three models indicating the connection between age and the frequency of suicide, which are Hungarian model, Japanese model and Scandinavian model. It is stated that there is a direct proportion between the suicide rate and the increase in ageing in Hungarian model. In Japanese model, there are two peak points, which are the lowest and the highest suicide rates. Of these peak points, the period when the lowest suicide rates appear refers to the young adulthood while the period when the highest suicide rates appear refers to the elderliness. In Scandinavian model, the suicide rate in middle age reaches its peak level and this rate decreases in elderliness (cited from Fuse: Turan, 2008, p.36).

Considering the aforementioned models, elderly suicides display an increase in Hungarian model axis. Global suicide rates are high, particularly among elderly people who are over the age of 75 (Droper et al., 2013, p.2). Despite the fact that global suicide rates are high, different authors have various comments on suicide rates in elderliness. According to Özel et al. (2007, p.57), the rate of desire for death among the elderly people stands



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for 39.2 % but the idea of suicide and the number of suicide attempts keep the rate between 1.5% and 4.6%.

Suicide in elderliness period has increasingly taken place throughout history. The rates of suicides in the world are found in a report released by American Foundation for Suicide Prevention (AFSP) in 2017. Graph 1 below displays suicide rates of elderly people:

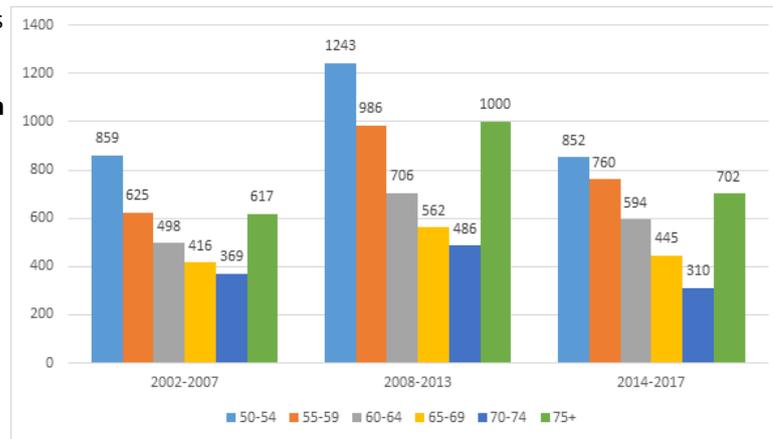
Graph 1. Suicide Rates of Elderly People between 2000 and 2017

The report provides with the suicide rates of people who are over 45 years old. According to Graph 1, the most frequent suicides were tracked with the individuals who are over 85 years old (%20.2). In other words, 20 of every 100 individual put an end to his / her life by committing suicide (<https://afsp.org/about-suicide/suicide-statistics/>).

As a result of the literature review, it was concluded that the data on elderly suicides before 2000 are limited. In the literature, these data were mostly reviewed on a country basis (Yip et al., 1998; Kua, H. E., 1989; Kim, 2016; Chia et al., 2010; Zhong et al., 2016; Etzersdorfer et al., 1993; He et al., 2001; Heikkinen et al., 1995; Ho et al., 2011; Hoxey et al., 2000; Ko et al., 1995; Kua, H. E. et al., 2003; Lotrakul, 2006; Pitkala et al., 2000; Pritchard et al., 2002; Shah, 2007; Shah et al., 2009; Takahashi et al., 1995; Voracek, 2008). The absence of a general analysis on historical data across the world causes limited comments related to elderly suicides.

Turkey also shows Turkish Statistical Institute display that the

Graph



Turkish Statistical Institute (Graph 2).

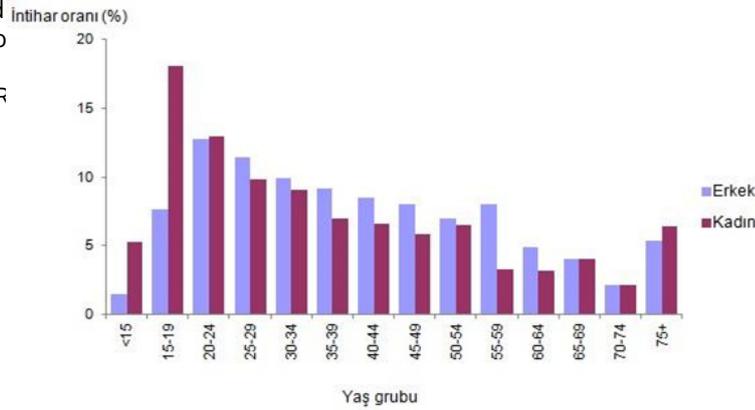
o 50-75+

Suicide rates of the individuals who are over the age of 50 in Turkey between the years of 2002 and 2017 are provided by Turkish Statistical Institute. The number of suicides can be seen in Graph 2. While presenting the data, a scale was administered in the following periods: 2002-2007, 2008-2013 and 2014-2017. When the rates of elderly suicides are examined between 2002 and 2007, it can be seen that 50-54 years age scale is the group where the most deaths are seen with 859 people; the following group refers to the people who are over 75 with the highest number of deaths. Also it is explicit that the period between 2008 and 2013 refers to the years when the most people committed suicide. It is seen that 1243 people between the age of 50 and 54, 986 people between the age of 55 and 59 and 1000 people over the age 75 ended their lives by committing suicide. Besides, it is tracked that the people who are aged between 50 and 54 reached the highest number of suicides (852) in the period of 2014-2017; then the people who are aged between 55 and 59 appear with the

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most suicide cases (760) and the last group includes the people who are over 75 years old with 702 suicide cases. When total numbers of people in the age groups are examined, it can be concluded that the most people belong to the age group 50-54 years old (2954 people); 2371 people ended their lives by committing suicide among the individuals who are between 55 and 59 years old and 2319 people who belong to the group of over 75 years old put an end to their lives via suicide. Considering the individual suicide rates, it is seen that 10 are in the group of 50-59 years old and over 75 years old (http://tuik.gov.tr/PreTablo.do).

Graph 3. The R



According to the most recent 2015 data set of Turkish Statistical Institute which was released in 2016, considering the age distribution of suicide cases among men and women in Turkey, it is seen that women committed suicides more than men in the age group of 15-19 years old. On the other hand, there is a balanced distribution among other age groups. While the suicide cases are equal for both genders within the age groups of 65-69 years old and 70-74 years old, it is obvious that women committed suicide more than men in the age group of over 75 years old (http://www.tuik.gov.tr/PreHaber).

When the research literature of suicide in elderly people in Turkey is examined, it is clear that Turkey falls behind the international literature. The studies carried out in Turkey related to the issue mostly contribute to the literature in the format of reviews (Ceyhun, 1994; Aydemir, 1999; Duru and Özdemir; 2009; Aslan and Çicekoğlu, 2014; Güler, 2017). However, there appear three studies in which case presentation and empiricism can be found (Gündoğar, 2007; Karbeyaz et al., 2017; Hösükler et al., 2017). It is clear that the literature related to the topic is quite limited in Turkey.

When all these studies and data are examined, it is seen that elderly suicides increase by years. This increase reveals that elderly suicides are social problems; however, the society's interest in elderly suicides is low. According to Tufan (2002, p.207), the society's interest in the suicides of the elderly is lower than the suicides of young people and there are specific reasons behind this reality, which are:

- The fact that the death of young people is more pathetic since they are at the beginning of their lives,
- Difficulty of identifying the reasons for the suicides of the elderly,
- Presenting therapeutic precautions for young people more than the elderly,
- The fact that suicide is a "taboo" for society and low interest towards the issue by people

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The Risk Factors in Elderly Suicides

There appear some reasons behind the realization of suicidal act. The attempts of suicide or suicidal behaviors in elderliness can occur owing to biological, psychological or social factors. The previous studies on suicide-related factors in elderly adults focused on the causes such as mental illness, physical and functional disorders, loneliness, low income, the addiction of alcohol and drugs, and stressful events such as grief and loss of relatives.(Ngui, 2015, p.2). In addition to the above-mentioned causes, some factors such as the loss of one of family members, social isolation, diseases, weakness of religious belief, and loss of status that come with the advancement of age can be listed. (Hösükler et al.2017, p.159). Zengin et al. (2015: 281) reached the conclusion that elderly individuals, who attempted suicide in Turkey, committed suicide because of the following factors: loneliness, retirement, adjustment disorder and anxiety. These factors can interact with each other. Elderly people may commit suicide by getting influenced from a single factor, or they may attempt suicide or commit suicide under the effect of more than one factor. In general terms, the factors which trigger suicide in the elderly are listed as biological, psychological and social factors.

Biological Factors

One of the most important factors in elderly suicides is biological factors. The diseases which increase the risk of suicide in the elderly are as follows: chronological diseases, heart diseases, nerve diseases and cancer (Ekici et al., 2001, p.168). In suicide cases, the rate of somatic diseases varies between 23% and 72%. Physical diseases rank number one among the reasons of suicide in Turkey. According to a report published by Turkish Statistical Institute in 2014, the causes of 52.9% suicides were unknown and the rest of suicide cases included a disease at the rate of 17.9% (Avcı et al., 2017, p.3). In another study on deadly cancer patients, it was reported that 17% of the patients stated a desire for the accelerated death, which was associated with the measurements of depression, hopelessness, limited physical functionality, and lack of social support (Cole et al., 2014, p. 2).

Psychological and Social Factors

Psychological and social factors are other risk parameters of suicide in the elderly. Depression, stress, and mourning appear among psychological factors. In a study about elderly suicides, it was revealed that 71% of elderly suicides were caused by psychological diseases and more than half of the elderly people were found to be in a depressed mood during suicide attempts (Conwell, Raby and Caine, 1995, p. 175). Suffering from a psychological disease causes the individual not to be satisfied with the life and results in suicide attempt. Social factors can be uttered as other factors of suicide in the elderly. These factors can be listed as follows: divorcement, racial discourses in some regions, the loss of income and status, and the feeling of loneliness. (Aslan and Hoccoğlu, 2014, p.303). The loss of social support is an important risk factor for suicide among elderly people. As people get older, significant changes occur in common social support networks. Loss of social ties can occur with retirement, loss of movement ability, death of spouse, the end of friendships, deterioration of health and separation of adult children from home (Yeates et al., 2015, p.5). Erel et al. concluded that 88% of elderly suicides were committed by the individuals living alone (Erel et al., 2011, p. 308).

Loss of employment due to retirement and elderliness is also a risk factor for suicide in older adults. The results of the studies reveal that anxiety and stress levels of the elderly people can increase as a consequence of retirement. Role theory assumes that compliance with identity role throughout the retirement process facilitates an individual's sense of well-being and loss of role-related activities creates psychological unconformity, decreased life satisfaction, stress, depression and anxiety (Yeates et al., 2015, p.7).

All these factors cause suicide act in the elderly people. Besides, the academic studies indicate that the number of elderly suicides is high. The high number of elderly suicides led to the development of some theories. Among these theories, the following ones can be listed: Durkheim's sociological theory, hopelessness theory and emotion dysregulation theory.

Theories Related to Suicide in the Old Age

Suicide is a phenomenon that affects the sociological structure of the society as well as the individual. Hence, the theories about this subject have been developed in the fields of sociology and psychology. In the current study, Durkheim's

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Suicide Theory, Beck's Hopelessness Theory and Linehan's Emotion Dysregulation Theory are discussed. Durkheim's Sociological Theory

Durkheim is one of the first thinkers who put forward the systematic theory of suicide. According to Durkheim, there are four types of suicid typologies. The first of them is egoistic suicide, which appears as a result of deficiency in social integration (Stanley et al., 2015, p.114). According to Durkheim, who comments on egoistic suicide, it is explicit that the same relationships occur in every religious, family or political group and suicide rates increase as selfishness increases (Stones, 2008, p.82). Besides, Durkheim attributes the increase of suicide rates in the sense of egoistic suicide to the reduction of religious, familial and political integration (Breault, 1986, p. 629). Consequently, weakening of the social support systems leads individuals to loneliness, then suicide occurs.

Anomic suicide, the second typology of suicide, occurs when an adequate regulation is not provided in society. These suicides can happen when the current and future roles of individuals are not clear during the economic crisis (Stanley et al., 2015, p.114). From the point of Durkheim, social existence cannot be regulated by traditions in the societies where anomic suicide exists (Aron, 2014, p.243).

Altruistic suicide, the third typology of suicide, occurs when individuals are extremely integrated with society. The people who support this view believe that suicide brings social confusion and death. Fatalistic suicide, the fourth typology of suicide, occur among the prisoners and slaves in oppressive societies (Stanley et al., 2015, s.114). Durkheim puts forward that fatalistic suicides are frequently witnessed in conservative societies which limit individuals (Oktik et al., 2003, p. 4).
Hopelessness Theory

Beck put forward that suicidal behavior is caused by cognitive distortions. Suicidal behavior is defined as a solution and way out against hopelessness (Durak and Palabiyıkoğlu, 1994, p. 312). In order to cope with the state of hopelessness, the individual considers suicide and ending his life as a way out. Beck et al. advocated that the causal mechanism of suicide theory is hopelessness. Hopelessness was defined as the immutability of the situation and common negative and deadly thoughts about the future. In this model, hopelessness is seen as a single default cause of suicidal ideation (Stanley et al., 2015, p.114-115). Beck et al. detected that depression and hopelessness were associated with suicidal tendency in the patients who received inpatient treatment and attempted suicide and the authors concluded that when despair was taken under control, the suicidal tendency disappeared (Dilbaz and Seber, 1998, p.137).

Hopelessness can be a symptom of suicide idea in older ages. Szanto, Reynolds, Conwell, Begley and Houck detected that there was a significant relationship between perpetual hopelessness level and the attempt of suicide after adult patients, who suffered from emotion dysregulation, were treated in polyclinic environment. Among the patients living in retirement communities, hopelessness was identified as a single cause of suicide (Stanley et al., 2015, p.114-115). It is explicitly seen that the conducted researches coincide with the theory. In a study, it was detected that the factor related to suicide was hopelessness (Brezo, Paris and Turecki, 2005, p.192); another study revealed that the hopelessness levels of the people who committed suicide were higher than those who did not attempt suicide (Page et al., 2006, p.590). Considering the results of the research, it is explicit that hopelessness is closely related to the attempts or acts of suicide.

Emotion Dysregulation Theory

Emotion Dysregulation Theory developed by Linehan is a theory which supports that emotional disorder may be seen with the people who are defenseless emotionally and whose emotional indicators repeatedly fail in function (Reeves et al., 2010, p. 312-313). In this theory, which was originally developed in the context of borderline patients, Linehan puts forward that the background of suicidal behavior is in the interaction of emotional disorder and emotional extinction. Dialectical behavior therapy derived from this theory for the treatment of BDP. It also aims the deficits in emotional order by making use of traditional cognitive-behavioral techniques as well as emotional validity principles (Stanley et al., 2015, p. 116).

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Social Work with the Elderly

Elderliness is a process in which the individual experiences physical, mental and social decline with some problems. In this process, services offered to individuals should also be active. In this sense, the elderly are inside the disadvantaged groups. Thus, social work practices need to be structured for the elderly. In general, it seems that social work practices for the elderly were not collected in a single field. The fields of social work focusing on the elderly individuals are examined under three sub-fields, which are: geriatric social work, gerontological social work and medical social work (Berkman et al., 2016).

Geriatric and Gerontological Social Work

Although geriatric social work and gerontological social work are close to each other as a concept, they are two different fields. There is a patient care team at the core of geriatric social work. In geriatric care, social workers are included in this team. Geriatric social workers aim to strengthen individuals by eliminating physical, psycho-social, familial, cultural and other factors that prevent the well-being of elderly individuals and their relatives. Also social workers aim to help the elderly people get satisfaction from life, improve their problem solving skills and develop their life quality (Howe et al., 2001). When all these targets are taken into account, the role of the social worker in the geriatric care team is important.

Gerontological social work, on the other hand, is a field where the following tasks are carried out: evaluating the needs and functional capacity of the elderly, providing expert opinion on physical, mental and health-related issues, managing cases and patient care, evaluating and reporting elderly abuse, conducting long-term patient care, evaluating the quality of life conditions, making service plan and planning future patient care. Social workers in the field of gerontology should be acknowledged about the legislation, policy and social programs concerning the elderly (Yanardağ, 2019, p. 33). Gerontological social workers, with their special methods, provide support for elderly individuals to make their own decisions (Mellor and Lindeman, 1998).

Geriatric or gerontological social work fields include the practices to increase the welfare of the elderly. For this reason, social workers need to take part in the practices by fulfilling the role of social workers with regard to the welfare of the elderly. Also the field of medical social work focuses on the well-being of the elderly; however, medical social work functions more integrated with the healthcare field.

Medical Social Work

Medical social work is an applied branch of social work which aims to conduct applications to solve the problems originating from the disease which affect patients and their families, prevent diseases, help the patients and their families solve the psycho-social problems arising from the disease and enable to stay healthy (Cited from Friedlander and Barker, Özkan, 2018, p. 9).

Medical social work practices are divided into two branches: primary care and inpatient care for the elderly. Primary care services are defined as basic health care which is provided at an affordable cost for the welfare of everyone in society (Foster and Beddoe, 2012, p. 39). In another definition, primary healthcare services are defined as the medical services for the elimination of various factors harming human health and the protection of the society from the effects of these factors, treatment of patients, rehabilitation of those whose physical and mental abilities and competencies are weakened (Sevençan et al., 2010, p. 104). In Turkey, primary health care services are provided in family health centers and community centers. Social workers provide emotional support and counseling in these institutions to cope with the disease, treatment and the course of the disease (Özden, 2019, p. 235).

Social work practices for the elderly in inpatient services constitute the second step of medical social work practices. Social workers can have the role of "empathizing with the problems of individuals, supporting the patients to express their

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CONCLUSION AND RECOMMENDATIONS

Suicide in old age is a social problem which increases owing to the change in family types, long life expectancy and the elderly person's living alone, particularly after the Industrial Revolution. As mentioned in the first chapter, it was concluded that the number of elderly suicides escalated. Considering that elderly people are among the disadvantaged individuals, it is a must to increase and expand social work practices. Within the context of social work with the elderly, practices are carried out as gerontological and medical social work. Social work interventions which can be made against this social problem should be supported with the practices at micro, mezzo and macro levels. For this reason, the following recommendations are of great importance for the suicides of elderly people.

- Within the scope of gerontological and geriatric social work for the identification of the psychological problems of individuals, social workers, psychologists and psychiatrists should work in a multidisciplinary way.
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- With the increase of home care services, individuals will be encouraged to continue their lives within their families by increasing social supports. In this way, the levels of stress and anxiety will decrease in people and the idea of suicide will decrease in return.
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- It is a must to increase the practices of social work intended for the services of primary health care and inpatient treatment.
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- Professional practices increasing life quality should be carried out with a holistic approach so as to prevent social isolation in elderly individuals.
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- It is of great significance to develop the research towards identifying the causes of suicides in elderly people and start writing projects which are related to the issue.
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- The data on elderly suicides seem to be insufficient. Thus, a comprehensive database on elderly suicides needs to be created.
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- Supervision should be provided to all professional staff in the gerontological team by academics who are experts in their fields.
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- Psycho-social training should be provided for the individuals who attempted suicide but did not achieve, and treatment-rehabilitation processes should be carried out in a more systematic way.
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- An important step towards preventing suicide raises awareness about healthy aging in the society. In this context, meetings and seminars should be organized to increase awareness in the society.

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