

There should be no hesitation in referring patients to the local psychogeriatric service (see Table 2); the earlier these patients are referred, the better, as appropriate management can be instituted at the outset. Initial psychogeriatric assessment should ideally be carried out at home because it may provide invaluable information. Some patients may require psychogeriatric inpatient care and in small proportion use of the Mental Health Act may be necessary.

Any important life event that has contributed to the development of suicidal ideation should, where possible, be corrected. Input from a psychiatrist, psychologist, social worker or voluntary organisations like CRUISE may be needed to address issues related to bereavement. Social isolation and financial issues should also be tackled and may require input from a social worker. Social isolation can be reduced by day-centre attendance, luncheon clubs, befriending services, home care and home help, meals on wheels, or placement in a residential or a nursing home.

Physical illness and chronic pain are associated with suicide in the elderly and their treatment will undoubtedly be helpful. Such problems should therefore be clearly identified and vigorously treated by the general practitioner with help, if necessary, from geriatricians and other secondary services.

## Conclusion

All professionals working with the elderly should be aware that suicidal ideation is not uncommon in this age group, and that correlates of suicide and severity of the suicide risk require careful evaluation. If there is any concern, older individuals with suicidal ideation should be referred urgently to psychogeriatric services.

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