





# Evidence on the effectiveness of cognitive-behavioral therapy for reducing suicidal ideation in older adults: a rapid systematic review

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## Abstract

**Objective:** To evaluate the available evidence on the effectiveness of cognitive-behavioral therapy (CBT) in reducing suicidal ideation in older adults, and to analyze the therapeutic factors associated with its efficacy. **Method:** A rapid systematic review of articles published between 2000 and 2024 was conducted across international databases. Studies applying CBT-based interventions to older adults with suicidal ideation were included. Six studies were selected: two randomized clinical trials, one secondary analysis, one feasibility pilot study, and two ongoing protocols. **Results:** Problem-solving therapy (PST) demonstrated effectiveness in reducing suicidal ideation, with results maintained at follow-up. The Tele-PST modality showed significant reductions in ideation and hopelessness, while face-to-face PST mainly reduced hopelessness. Continuous Identity Cognitive Therapy (CI-CT) showed favorable preliminary results in a pilot study. The ongoing protocols, focusing on emotion-centered PST and online group interventions, explore new adaptations of CBT, although no results have been published yet. **Conclusion:** CBT, especially PST and its variants, appears to be a promising approach for reducing suicidal ideation in older adults. However, the evidence is still limited and preliminary, and larger, more robust trials are needed.

**Keywords:** Cognitive Behavioral Therapy. Problem Solving Therapy. Suicidal Ideation. Old Age. Telemedicine. Psychological Intervention.

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## INTRODUCTION

Globally, suicide rates and suicidal ideation among older adults have increased. This has become a major public health concern in countries like Chile<sup>1</sup>. Contributing factors include lack of social support, physical health issues, and negative views of aging<sup>2</sup>.

Internationally, suicide rates are higher among middle-aged and older adults<sup>3</sup>. In Chile, the problem worsens due to changes in family structures and the effects of aging<sup>4,5</sup>. The suicide rate among older adults in Chile is over 12 per 100,000. It is especially high for men aged 80 or older (39.5 per 100,000), leading to about 360 deaths each year in this group<sup>4,6</sup>. This is a silent crisis, often overlooked in public debate and health policies.

Suicide and suicidal ideation are complex and multicausal topics<sup>7</sup>. The World Health Organization (WHO)<sup>8</sup> defines suicide as “the act of intentionally carrying out an action to take one’s own life.”

Suicidal ideation involves any thought about ending one’s own life. These thoughts can be active (with a clear suicide plan) or passive (thinking about wanting to die)<sup>9</sup>.

Globally, suicidal ideation is a public health problem and is hard to manage. It affects families and communities<sup>5</sup>. Researchers study suicide to find biological, psychological, and sociodemographic risk and protective factors<sup>10,11</sup>.

At the health system level, risk factors are limited access to mental health care, insufficient professional training, and low preventive effectiveness. At the individual level, key factors include loneliness, isolation, depression, previous attempts, access to medications, and cortisol alterations<sup>9</sup>.

According to the WHO, old age is a process of accumulating cellular damage that leads to loss of physical and mental capacities. This increases the risk of disease and, ultimately, of death<sup>12</sup>. Aging is neither linear nor uniform. It is influenced by biological, social, and economic factors<sup>12</sup>.

Suicidal ideation affects older adults, so professionals must be ready to intervene<sup>5</sup>. In old age, this ideation is complex and multifactorial. It is shaped by both biological and external factors. Medical, psychiatric, and family problems also raise suicide risk<sup>2,5</sup>.

Loneliness and depression, risk factors for suicidal ideation in older adults, are linked to cognitive-behavioral interventions. CBT addresses dysfunctional thoughts, isolation, and fewer meaningful activities. It helps modify negative beliefs, promotes coping strategies, and encourages behavioral activation, which is key to reducing suicidal ideation in this group<sup>4</sup>. Specific risk factors include: a) male gender, b) chronic pain, c) age over 80 years, d) depression, e) low income, f) chronic sleep disorders, g) social isolation, h) memory problems, i) widowhood or separation, j) hearing or visual problems, k) illnesses limiting autonomy, l) access to lethal means, m) alcohol use, and n) previous suicide attempts<sup>4</sup>.

Suicidal ideation in older adults requires a multidimensional approach that includes pharmacotherapy, crisis intervention, and psychotherapy<sup>13</sup>. Psychotherapy not only addresses the main symptoms of suicidal ideation but also promotes resilience and improves quality of life, constituting an effective and comprehensive long-term intervention<sup>14</sup>. The most recent evidence shows that psychotherapeutic interventions enhance protective resources such as sense of purpose, psychological well-being, and adaptive coping styles, strengthening resilience and contributing to suicide prevention<sup>15</sup>.

Psychotherapy effectiveness means an intervention improves symptoms and well-being<sup>16-18</sup>. Cognitive-behavioral therapy (CBT) and dialectical behavior therapy (DBT) are the top-proven therapies for reducing suicidal ideation<sup>5</sup>.

Cognitive-behavioral therapy has been favorably adapted to recurrent problems of old age, such as grief, chronic illnesses, and loneliness, helping individuals develop specific skills to cope with difficulties<sup>19</sup>. In addition, in the context of limited resources, it offers

the possibility of brief and effective interventions to reduce suicidal ideation, with a simpler format<sup>20</sup>.

Its effectiveness centers on immediate cognitive change through the development of concrete strategies to cope with the stressors typical of older adulthood, such as functional losses, grief, isolation, mild cognitive deficits, and transitions in social roles. Likewise, it allows for the interruption of the spiral of suicidal thoughts through cognitive restructuring and strengthens practical skills for managing stress and loss, making it particularly relevant for this age group<sup>21</sup>.

Evidence from meta-analyses and systematic reviews shows that interventions based on cognitive-behavioral therapy, including its digital modalities, are consistently associated with small to moderate reductions in the intensity of suicidal ideation. Randomized clinical trials report beneficial effects both for treatments specifically aimed at suicide prevention and for “indirect” interventions focused on depressive or anxious symptoms<sup>22,23</sup>. Meta-analyses of digital interventions with a cognitive-behavioral focus have shown significant reductions in suicidal ideation and depressive symptoms, although their effects on anxiety and hopelessness are more modest<sup>24</sup>.

Factors influencing the effectiveness of CBT have been identified, including the mode of delivery (face-to-face vs. digital), the duration and frequency of sessions, the measures used to assess ideation, and the combination with pharmacotherapy or group interventions<sup>25</sup>. These reviews highlight methodological limitations, including heterogeneity across studies, limited long-term follow-up, and a scarcity of research focused on older adults.

CBT shows promise for reducing suicidal ideation in older adults. However, limited and preliminary evidence means larger trials with representative samples and longitudinal designs are still needed to determine its definitive effectiveness and identify therapeutic mechanisms<sup>22,25</sup>.

Given the clinical urgency of the topic and the need to synthesize the available evidence efficiently, a rapid systematic review design was chosen to address the

question: What evidence exists regarding the clinical efficacy of cognitive-behavioral psychotherapy in reducing suicidal ideation in older adults, and what therapeutic mechanisms and clinical factors explain its effectiveness in this group?

This review aims to synthesize what is known about the effectiveness of CBT in reducing suicidal ideation in older adults and to directly analyze which therapeutic factors within CBT most contribute to this outcome.

## METHODOLOGY

The research conducted corresponds to an exploratory rapid systematic review aimed at analyzing the available scientific evidence. The PRISMA method guidelines were followed<sup>26,27</sup>. A bibliographic search was conducted across the most relevant databases for clinical trials (WOS, SCOPUS, PubMed). A “snowball” search strategy (snowball sampling) was also carried out to identify additional resources beyond the main search. The snowballing technique is a complementary strategy that allows the identification of relevant studies from the references of the included articles (“backward”) or from those that cite them (“forward”). In rapid reviews, this technique optimizes time and broadens search coverage, helping retrieve literature that may not appear through traditional strategies<sup>28,29</sup>.

However, its application is limited by the quality and currency of the initial studies, which may introduce selection bias and omit recent evidence. In addition, as it is not fully reproducible, it may reduce methodological transparency; therefore, it is recommended to use it as a complement to structure systematic searches<sup>29,30</sup>. This review was not registered in PROSPERO, as it corresponds to a rapid systematic review. According to the recommendations of the Cochrane Rapid Reviews Methods Group, this type of review may omit such registration due to its accelerated nature and the need to synthesize evidence within abbreviated timeframes; nevertheless, the absence of registration is acknowledged as a limitation of the study, partially mitigated by the detailed and transparent description of the method used.

**Inclusion criteria:** Population: Adults aged 60 years or older presenting suicidal ideation; Intervention: Cognitive-behavioral psychotherapy; Comparator: Control group or usual treatment; and Outcome: Reduction in suicidal ideation, decrease in the frequency and severity of suicidal thoughts. Additional inclusion criteria: a) Peer-reviewed research, b) Studies published in English, Spanish, or French, c) Publication period between 2000 and 2024, d) Quantitative studies.

The temporal delimitation between 2000 and 2024 was defined based on the consolidation of cognitive-behavioral therapy, the updating of clinical guidelines for suicide prevention, and the emergence of digital interventions grounded in this approach, thereby enabling the integration of clinically relevant evidence aligned with contemporary developments in the field.

**Exclusion criteria:** a) Publications that do not present research results (comments, letters to the editor, viewpoints, books, book chapters, reviews, etc.), and b) studies written in languages other than those established. Based on the inclusion and exclusion criteria, the following search equation was determined: ((older AND adults) OR elderly OR seniors OR aged OR (people AND "over 60") OR elder\*) AND ((cognitive AND therapy) OR (cognitive AND behavioral)) AND suicid\*.

## DATA AVAILABILITY

The complete dataset supporting the findings of this study is available from the corresponding author upon reasonable request.

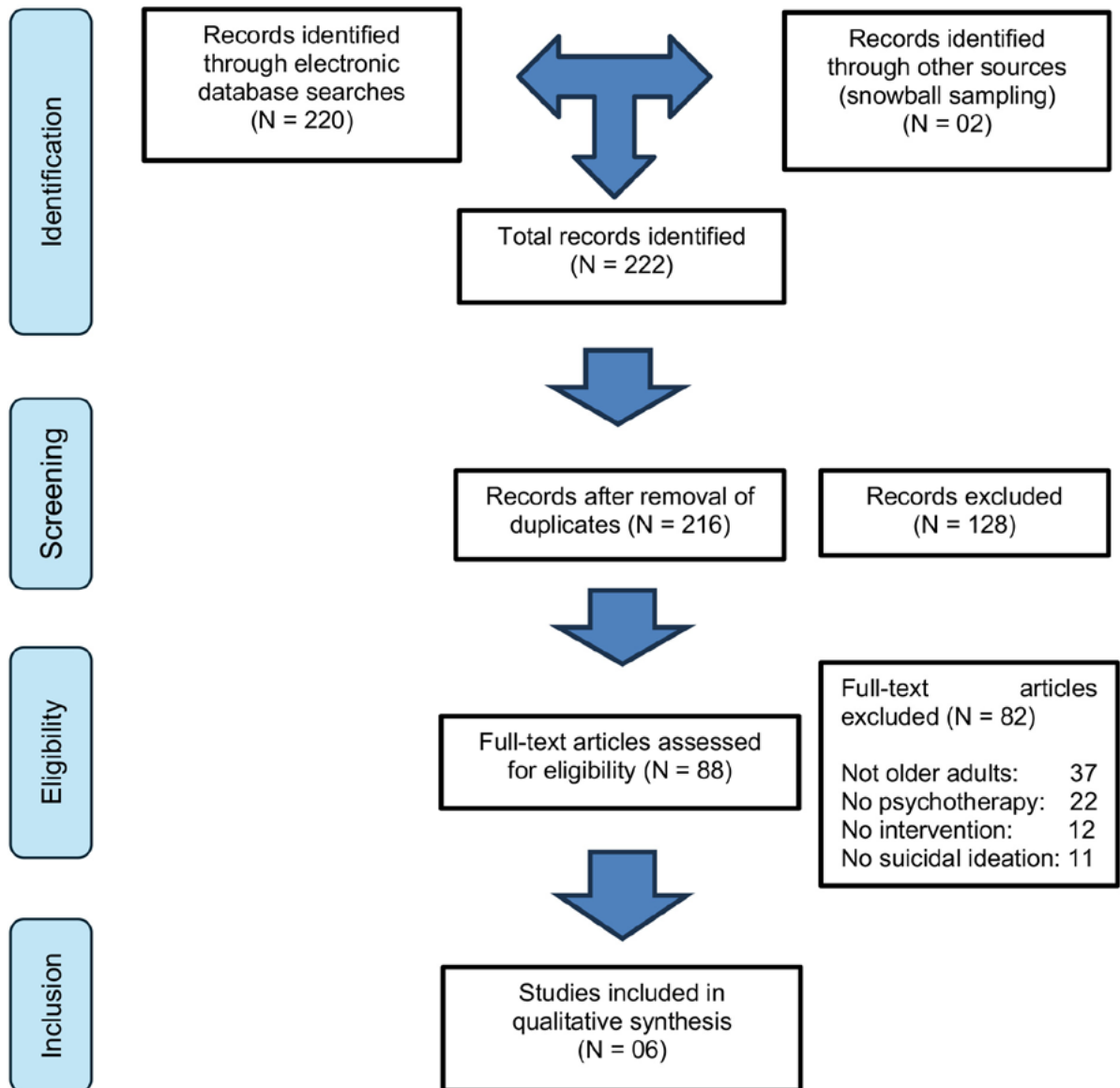
## RESULTS

The complete process carried out in the present study can be observed in the PRISMA flow diagram (Figure 1).

**Identification process:** The results from the consulted databases yielded 222 records. In this initial phase, duplicate documents were removed, resulting in 216 records.

**Screening process:** Of the 216 records, titles, abstracts, and keywords were reviewed according to the inclusion and exclusion criteria. This process was conducted by two independent reviewers (JM and CI), yielding 88 articles for eligibility assessment.

**Eligibility process:** Articles were examined in full text to decide which would be included in the study. Selection was carried out by the principal investigator (JM) and corroborated by a second reviewer (CI). Six (6) articles were selected for inclusion in the narrative synthesis; the identified studies are presented in data matrix 1.



**Figure 1.** Rapid systematic review flow diagram: “Evidence on the Effectiveness of Cognitive-Behavioral Therapy in Reducing Suicidal Ideation in Older Adults.” Concepción, CL, 2025.

Table 1. Description of the articles included in the review. Concepción, CL, 2025.

ID	Article	Method	Participants	Intervention	Resulted
1	Gustavson, K. A., Alexopoulos, G. S., Niu, G. C., McCulloch, C., Meade, T., & Areán, P. A. (2016). Problem-solving therapy reduces suicidal ideation in depressed older adults with executive dysfunction. <i>American Journal of Geriatric Psychiatry</i> , 24(1), 11-17. <a href="https://doi.org/10.1016/j.jagp.2015.07.010">https://doi.org/10.1016/j.jagp.2015.07.010</a>	ECA	221 individuals aged 65 years or older with a diagnosis of major depression (according to the SCID for DSM-III-R) and executive dysfunction.	Twelve weekly sessions of Problem-Solving Therapy (PST) or Supportive Therapy (ST).	PST showed greater effectiveness than ST in reducing suicidal ideation, with improvements of 60.4% versus 44.6% at 12 weeks ( $p = 0.031$ ), with this advantage maintained at 36 weeks (OR = 0.50, $p = 0.05$ ).
2	Choi, N. G., Marti, C. N., & Conwell, Y. (2016). Effect of Problem-Solving Therapy on Depressed Low-Income Homebound Older Adults' Death/Suicidal Ideation and Hopelessness. <i>Suicide &amp; Life-Threatening Behavior</i> , 46(3), 323–336. <a href="https://doi.org/10.1111/sltb.12195">https://doi.org/10.1111/sltb.12195</a>	ECA	158 older adults aged 50 years or older (mean age 74 years), with multiple chronic conditions and functional limitations.	Participants received (1) in-person PST (Problem-Solving Therapy) with six home-based sessions, (2) Tele-PST with one initial in-person session and five sessions via videoconference, or (3) 30-minute support calls to provide support and monitoring (control).	Tele-PST significantly reduced suicidal ideation ( $d = 0.31$ ; $p = 0.009$ ; small-to-moderate effect) and hopelessness. In-person PST reduced hopelessness ( $d = 0.17$ ; $p = 0.002$ ; small effect), but not suicidal ideation ( $p = 0.165$ ).
3	Arslanoglou, E., Banerjee, S., Pantelides, J., Evans, L., & Kiosses, D. N. (2019). Negative emotions and the course of depression during psychotherapy in suicidal older adults with depression and cognitive impairment. <i>American Journal of Geriatric Psychiatry</i> , 27(12). <a href="https://doi.org/10.1016/j.jagp.2019.08.018">https://doi.org/10.1016/j.jagp.2019.08.018</a>	Secondary analysis of a randomized controlled trial.	63 older adults who completed 12 weeks of treatment, 26 of whom had suicidal ideation at baseline.	It does not focus on a specific intervention but rather analyzes the relationship between negative emotions and non-emotional symptoms of depression during two interventions of the randomized controlled trial: Problem Adaptation Therapy (PATH) and Supportive Therapy for Cognitive Impairment (ST-CI).	Older adults with suicidal ideation showed greater disability, lower social support, earlier onset of depression, and poorer memory performance. The study highlighted the central role of negative emotions during depression.
4	Wagner, B., Hofmann, L., & Maaß, U. (2020). Online-group intervention after suicide bereavement through the use of webinars: Study protocol for a randomized controlled trial. <i>Trials</i> , 21(1). <a href="https://doi.org/10.1186/s13063-019-3891-5">https://doi.org/10.1186/s13063-019-3891-5</a>	Randomized controlled trial protocol.	Adults bereaved by the suicide of a loved one.	A 12-session online group intervention, based on webinars, with a cognitive-behavioral approach, addressing themes such as feelings of guilt, stigmatization, and meaning reconstruction.	Ongoing protocol, with no results available yet. The intervention addresses guilt, stigmatization, meaning reconstruction, and the relationship with the deceased.

to be continued

Continuation of Table 1

ID	Article	Method	Participants	Intervention	Resulted
5	Sokol, Y., Ridley, J., Goodman, M., Landa, Y., Hernandez, S., & Dixon, L. (2021). Continuous Identity Cognitive Therapy: Feasibility and Acceptability of a Novel Intervention for Suicidal Symptoms. <i>Journal of Cognitive Psychotherapy</i> , 35(1). <a href="https://doi.org/10.1891/JCPSY-D-20-00023">https://doi.org/10.1891/JCPSY-D-20-00023</a>	Pilot/feasibility study.	17 military veterans with severe mental illness and suicidal ideation.	Group-based Continuous Identity Cognitive Therapy (CI-CT), with a duration of 4 weeks (three hours per session).	The intervention was feasible and acceptable, with preliminary reductions in suicidal ideation, depression, and hopelessness, largely maintained at the 1-month follow-up.
6	Beaudreau, S. A., Lutz, J., Wetherell, J. L., Nezu, A. M., Nezu, C. M., O'Hara, R., Gould, C. E., Roelk, B., Jo, B., Hernandez, B., Samarina, V., Otero, M. C., Gallagher, A., Hirsch, J., Funderburk, J., & Pigeon, W. R. (2023). Beyond maintaining safety: Examining the benefit of emotion-centered problem-solving therapy added to safety planning for reducing late-life suicide risk. <i>Contemporary Clinical Trials</i> , 128, 107147. <a href="https://doi.org/10.1016/j.cct.2023.107147">https://doi.org/10.1016/j.cct.2023.107147</a>	Randomized controlled trial protocol.	180 U.S. veterans aged $\geq 60$ years with suicidal ideation and diagnoses of depression, anxiety, or PTSD.	Six-session Emotion-Centered Problem-Solving Therapy (EC-PST), together with safety planning (SP).	Ongoing protocol, with no results available yet. It evaluates whether EC-PST provides additional clinical benefits to SP in reducing suicidal ideation and increasing reasons for living.

*Studies on Problem-Solving Therapy (PST):* Choi et al.<sup>31</sup> conducted a 36-week randomized controlled trial (RCT) to evaluate the effectiveness of in-person Problem-Solving Therapy (PST), tele-based Problem-Solving Therapy (Tele-PST), and Supportive Therapy (ST) in 158 adults (mean age 74 years) with depression, low income, and home confinement. The results indicated that Tele-PST was the most effective in reducing suicidal ideation, with a small-to-moderate effect size ( $d=0.31$ ;  $p=0.009$ ) and also decreased hopelessness in 36 weeks. In-person PST also reduced hopelessness with a small effect size ( $d=0.17$ ) but did not show significant differences in reducing suicidal ideation compared to ST ( $p=0.165$ ). In contrast, the comparison between in-person PST and ST did show significant differences in the reduction of hopelessness ( $p=0.002$ ).

Gustavson et al.<sup>32</sup> conducted an RCT with 221 individuals aged 65 years or older with a diagnosis of major depression and executive dysfunction. Participants were randomly assigned to two groups, one receiving psychotherapeutic interventions based on Problem-Solving Therapy (PST) and the other based on Supportive Therapy (ST). Results showed that PST was more effective than ST in reducing suicidal ideation, with improvements of 60.4% versus 44.6% at 12 weeks ( $p=0.031$ ), and these benefits were maintained at 36 weeks ( $OR=0.50$ ;  $p=0.05$ ).

*Studies on Continuous Identity Cognitive Therapy (CI-CT):* Sokol et al.<sup>33</sup> conducted a pilot feasibility study investigating a group-based Continuous Identity Cognitive Therapy (CI-CT) intervention over 4 weeks (three hours per session) with 17 veterans

with severe mental illness and suicidal ideation. This therapy combines elements of cognitive-behavioral therapy (CBT) with acceptance and commitment therapy (ACT), aiming to help individuals develop a coherent and positive life narrative, promoting a hopeful view of the future self. The results showed that this intervention was feasible and acceptable, achieving reductions in suicidal ideation, depression, and hopelessness. At the 1-month follow-up, most of these benefits were maintained. Additionally, an increase in continuity and positivity toward the future self was observed.

*Ongoing Studies:* Beaudreau et al.<sup>34</sup> is developing a randomized controlled trial (RCT) protocol extending through 2027. Its objective is to evaluate the effectiveness of a psychotherapeutic intervention based on Emotion-Centered Problem-Solving Therapy (EC-PST), together with safety planning (SP), compared to an intervention based solely on safety planning (SP), in reducing suicidal ideation and increasing reasons for living among U.S. veterans aged over 60 years with suicidal ideation, as well as diagnoses of common mental disorders such as depression, anxiety, or post-traumatic stress disorder (PTSD).

Wagner et al.<sup>35</sup> is conducting an RCT protocol to evaluate the effectiveness of a 12-session online group psychotherapeutic intervention, based on webinars and focused on CBT for suicidal ideation. This intervention is aimed at adults bereaved by the suicide of a loved one, addressing themes such as feelings of guilt, stigmatization, meaning reconstruction, and the relationship with the deceased. Results have not yet been published. Both studies are relevant, although they do not yet present definitive results.

*Studies on characteristics of older adults with suicidal ideation in clinical trials:* Arslanoglou et al.<sup>36</sup> conducted a secondary analysis of a randomized controlled trial comparing Problem Adaptation Therapy (PATH) and Supportive Therapy for Cognitive Impairment (ST-CI), identifying that 26 of the 63 older adult participants had suicidal ideation at baseline. This group showed greater cognitive disability, lower social support, earlier onset of depression, and poorer performance on memory tests compared to those without suicidal ideation. These findings suggest that suicidal ideation in older adults with depression

cannot be understood as an isolated phenomenon, but rather as part of a network of cognitive, social, and emotional vulnerabilities, reinforcing the need for comprehensive psychotherapeutic interventions that simultaneously address these clinical dimensions.

*Synthesis of the available evidence on the effectiveness of cognitive-behavioral therapy in reducing suicidal ideation in older adults:* The presented synthesis corresponds to a narrative synthesis, in which the studies were organized according to therapeutic modality, study design, and the outcomes evaluated—primarily suicidal ideation, hopelessness, and depressive symptoms—in order to facilitate a comparative integration of the findings.

The evidence on the effectiveness of cognitive-behavioral psychotherapy (CBT) in reducing suicidal ideation in older adults is limited but promising.

Problem-Solving Therapy (PST) has shown positive results: Gustavson et al.<sup>32</sup> found it to be more effective than Supportive Therapy (ST), with improvements of 60.4% versus 44.6% at 12 weeks ( $p=0.031$ ), maintained at 36 weeks ( $OR=0.50$ ;  $p=0.05$ ).

Choi et al.<sup>31</sup> demonstrated that Tele-PST significantly reduced suicidal ideation ( $d=0.31$ ;  $p=0.009$ ; small-to-moderate effect) and hopelessness, whereas in-person PST only reduced hopelessness ( $d=0.17$ ;  $p=0.002$ ; small effect) without impacting suicidal ideation ( $p=0.165$ ).

Another modality, Continuous Identity Cognitive Therapy (CI-CT), showed in a pilot study with veterans with severe mental illness preliminary reductions in suicidal ideation, depression, and hopelessness, with most benefits maintained at follow-up<sup>33</sup>.

Ongoing studies<sup>34,35</sup> are exploring innovative adaptations. Taken together, PST and its variants (Tele-PST, EC-PST), along with CI-CT, appear to be promising interventions, although more robust trials are required to confirm their effectiveness.

*Analysis of the therapeutic factors of CBT that effectively contribute to the reduction of suicidal ideation in this population:* The reviewed studies show that the effectiveness

of cognitive-behavioral psychotherapy (CBT) in reducing suicidal ideation in older adults depends on specific therapeutic factors.

Problem-Solving Therapy (PST) teaches skills to identify and address problems in a structured manner, which reduces hopelessness and depression—central variables in suicide risk<sup>31,32</sup>.

Adaptations such as Tele-PST facilitate access for homebound individuals and improve adherence<sup>31</sup>.

The management of negative emotions, incorporated in Emotion-Centered PST (EC-PST), aims to strengthen coping capacity in older veterans and target reductions in suicidal ideation<sup>34</sup>.

Meanwhile, Continuous Identity Cognitive Therapy (CI-CT) promotes a perception of continuity in the future self and increases hope, showing preliminary reductions in suicidal ideation and hopelessness<sup>33</sup>.

Overall, the evidence suggests that CBT contributes to the reduction of suicidal ideation through the teaching of problem-solving skills, the reduction of negative emotions, the strengthening of hope, and the adaptation of intervention formats that enhance accessibility and relevance for older adults.

## DISCUSSION

The results of this systematic review on the effectiveness of CBT in reducing suicidal ideation in older adults indicate that the available evidence remains limited. A critical evaluation of the methodological robustness of the studies, considering aspects such as sample size, blinding, and the validity of the instruments used, allows for a nuanced interpretation of the findings and helps delimit the degree of reliability of the conclusions drawn.

Six studies were identified, including clinical trials, a pilot feasibility study, ongoing protocols without results, and a secondary analysis of interventions with a different primary objective. Although the available evidence is limited and presents significant gaps, these works allow for some relevant reflections on the effectiveness of CBT in older adults.

The examined studies suggest that, within cognitive-behavioral therapies, Problem-Solving Therapy (PST) in its various formats may be potentially effective in reducing suicidal ideation in older adults. PST's emphasis on breaking down complex problems into manageable steps is particularly relevant for older individuals, who frequently face multiple psychosocial and health-related stressors. It may directly counteract tunnel vision and hopelessness—strong predictors of suicidal ideation in this population. However, the heterogeneity of the studied populations—veterans, individuals with executive dysfunction, bereaved adults, and older adults with depression—may limit direct comparisons between modalities and the generalizability of findings<sup>37</sup>. Greater clarity is needed regarding the specific impact of each modality, considering variables such as session duration, frequency, and specific content.

For example, Emotion-Centered PST (EC-PST) and Tele-PST are promising approaches. Still, their effectiveness may depend on tailoring to the individual patient context, including the degree of executive dysfunction, level of social support, and access to online resources. In this regard, the feasibility of telepsychotherapy in older adults is relevant, considering potential barriers such as digital literacy, access to devices, and socioeconomic inequalities, which may limit the implementation and effectiveness of these modalities.

Other studies provide complementary perspectives. The secondary analysis<sup>36</sup> highlights the role of negative emotions, cognitive disability, and low social support during depression in adults with suicidal ideation, suggesting that interventions must integrate these dimensions to be more effective.

Similarly, the pilot study<sup>33</sup> showed that Continuous Identity Cognitive Therapy (CI-CT) is feasible and acceptable, with preliminary reductions in suicidal ideation, depression, and hopelessness, supporting the relevance of working with the narrative of the future self as a therapeutic resource.

Ongoing protocols<sup>34</sup> are exploring the combination of EC-PST with safety planning in older veterans, while others<sup>35</sup> adapt a group-based online CBT program for adults bereaved by suicide.

Taken together, the reviewed interventions offer a range of options that could be implemented in clinical practice. The incorporation of digital tools, such as online sessions and home-based formats, represents innovations that expand access to psychological care for older adults with limited mobility or in contexts of public health crises.

The predominance of pilot studies and ongoing protocols highlights that conclusions regarding the effectiveness of CBT are largely preliminary. Nonetheless, both PST in its various formats (in-person, emotion-centered, and tele-based) and CI-CT share key therapeutic mechanisms, including the reduction of hopelessness, cognitive restructuring, and the strengthening of life purpose, which may explain their effects on suicidal ideation. Therefore, although these interventions appear as promising tools, their large-scale implementation should be accompanied by continuous and cautious evaluation. At the same time, clinical psychology can consider these methodologies to provide more accessible treatments tailored to the emotional, cognitive, and social needs of older adults.

*Strengths and Limitations:* Rapid systematic reviews are useful for synthesizing evidence with less time and resources than a traditional review, although they present limitations when interpreting their results<sup>37</sup>.

One of the main limitations of this study is the absence of a formal risk of bias assessment; however, a second reviewer examined the methodological process and the selected articles, following recommendations for rapid reviews<sup>36</sup>.

Additionally, relevant multimodal interventions may not have been identified with the applied search criteria. Future reviews could integrate multimodal programs to evaluate their impact, particularly in primary care settings or in resource-limited contexts.

*Suggestions for Future Research:* A key gap is the sustainability of effects, highlighting the need for studies with longer follow-ups to assess the persistence of benefits. Likewise, the reviewed studies emphasize the importance of expanding

research by implementing specific strategies that consider access to services, social support, and the presence of comorbidities. Current evidence remains insufficient in several dimensions, including small sample sizes, lack of long-term follow-up, absence of direct comparisons between therapeutic modalities, and limitations in population characterization, which restricts the generalizability of findings and the robustness of conclusions<sup>35</sup>.

Given the high prevalence of suicidal behavior in older adults<sup>4,32,33,35-39</sup>, this population could benefit from preventive interventions, such as early detection and the reduction of vulnerabilities (emotional disorders, physical health problems, loneliness, and safe medication management).

## CONCLUSIONS

The studies show that cognitive-behavioral therapy (CBT), particularly Problem-Solving Therapy (PST)—including its telehealth formats—is promising for reducing suicidal ideation in older adults. However, the available evidence remains limited, making it difficult to confirm with certainty its effectiveness in reducing suicide risk and highlighting the urgency of further research to consolidate these findings. Practically, these results suggest that mental health services, primary care, and community prevention programs could progressively integrate these interventions, adapting them to the specific needs of older adults to improve access and the effectiveness of suicide prevention.

## AUTHORSHIP

- Javier Muñoz – Study conception, data analysis and interpretation, article writing, and approval of the final manuscript.
- Carolina Inostroza – Study conception, data analysis and interpretation, critical review of the article, and approval of the final manuscript.

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