National Suicide Research Foundation

NSRF

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

School of Public Health

Self-harm in older adults: an evidence review

Dr Isabela Troya[1–2], Post-Doctoral Researcher

Tuesday March 23rd2021

Shropshire/Telford Older Persons Mental Health Prevention Group

1. School of Public Health, University College Cork, Ireland
2. National Suicide Research Foundation, Ireland

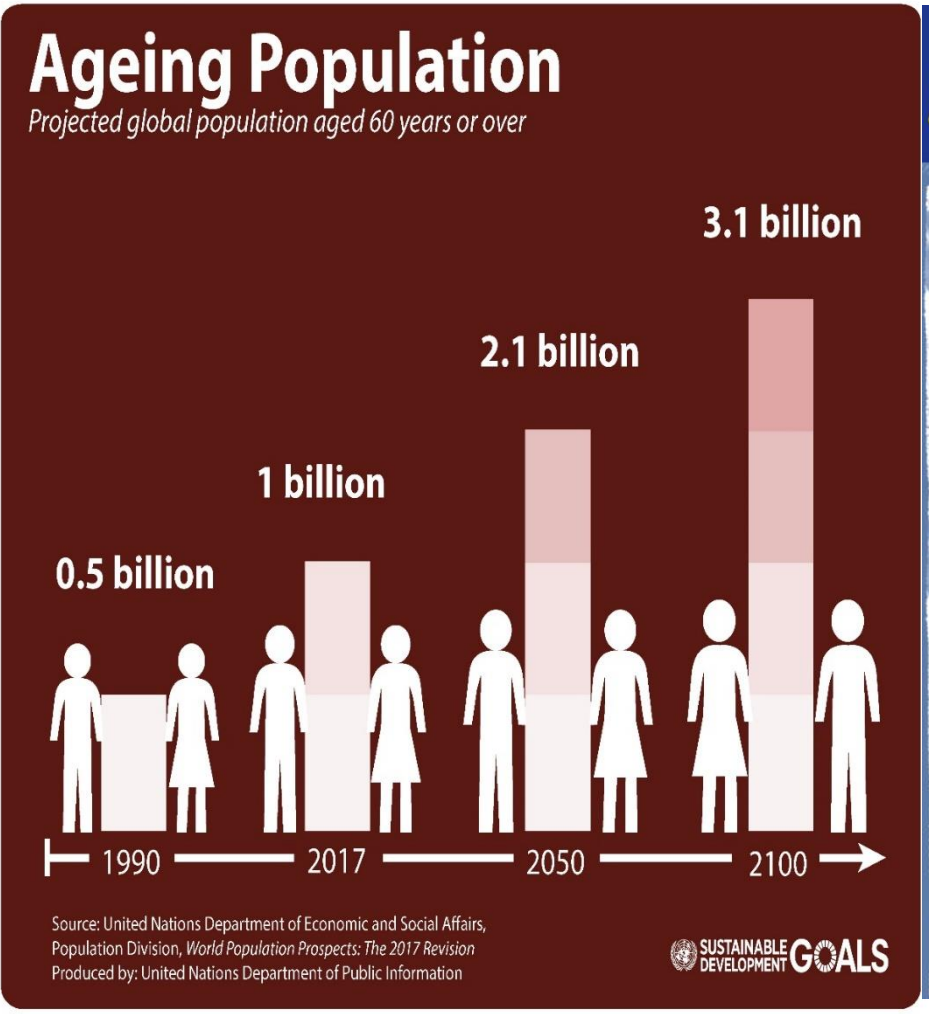
NIHR | School for Primary Care Research

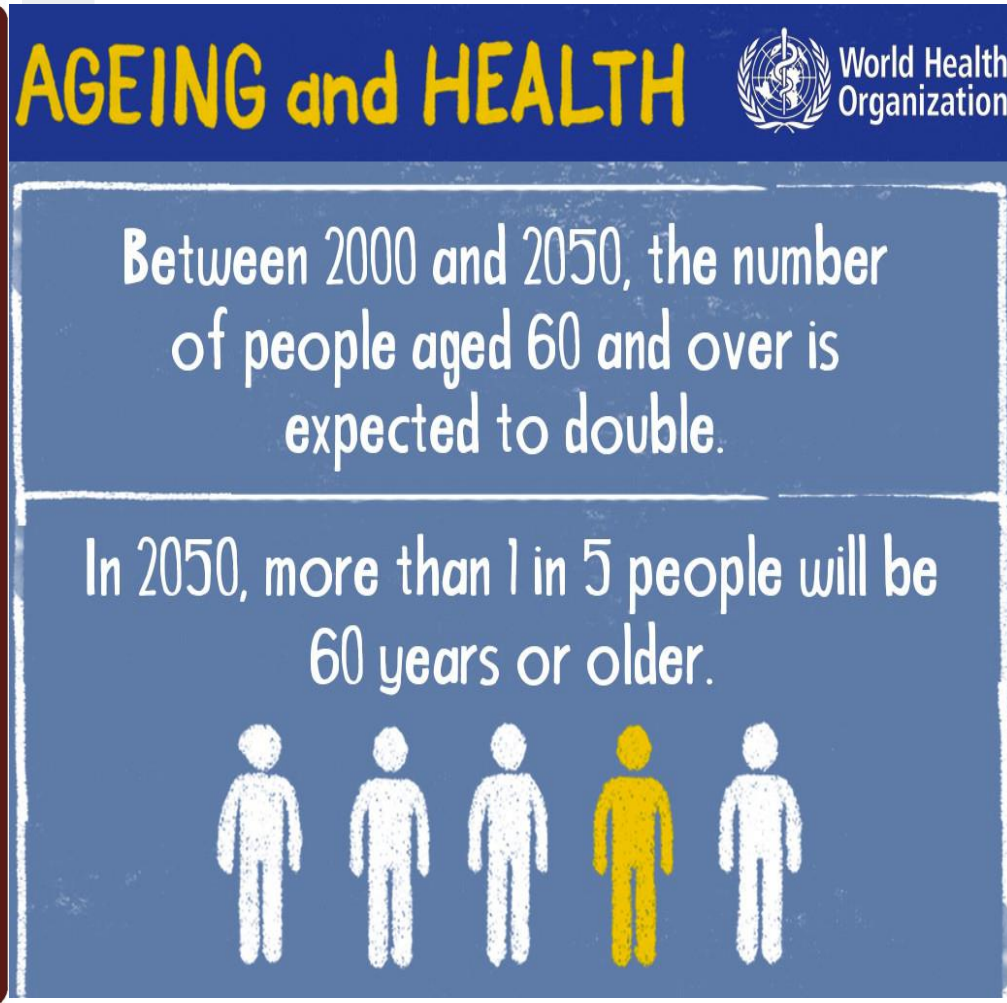
@isabelatroyaPhD

Overview

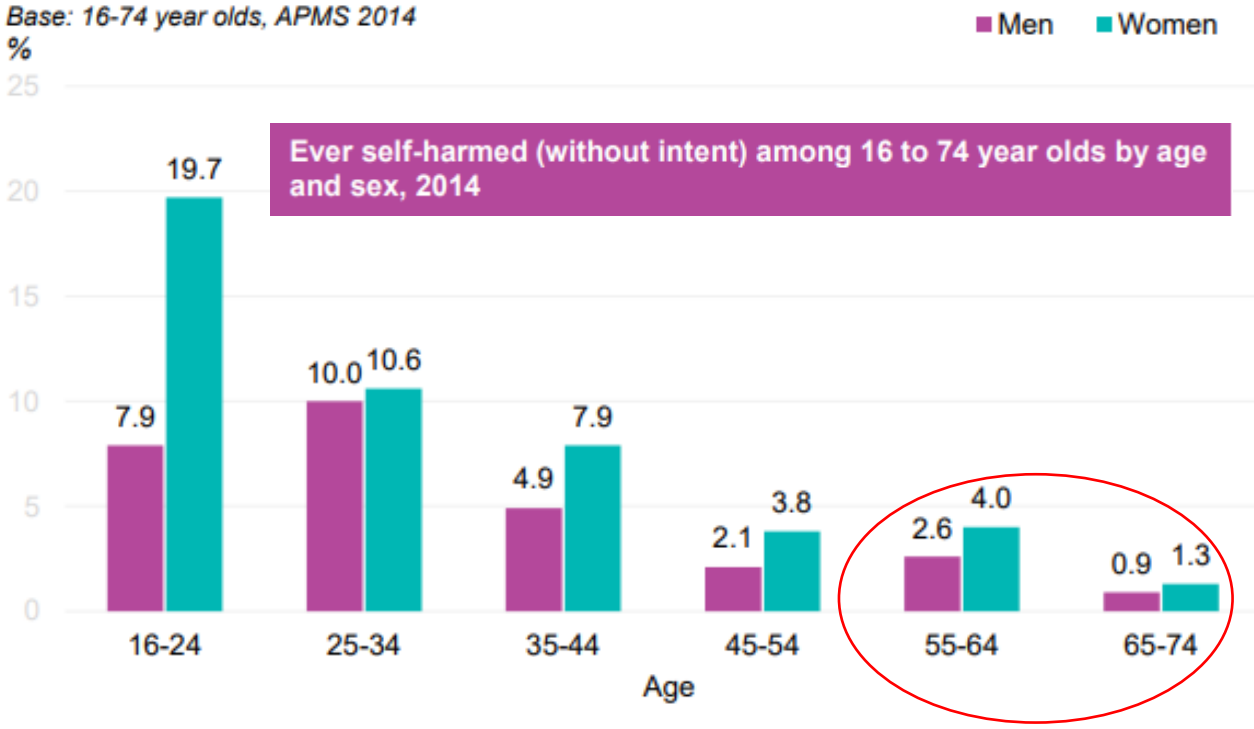
- Background
- Systematic Review Self-Harm Older Adults
- Why do Older People Self-Harm?
- Where do Older Adults Access Care & Support?
- Barriers and Facilitators to Access to Care
- COVID-19 and Self-harm Prevention in Older Adults

Background

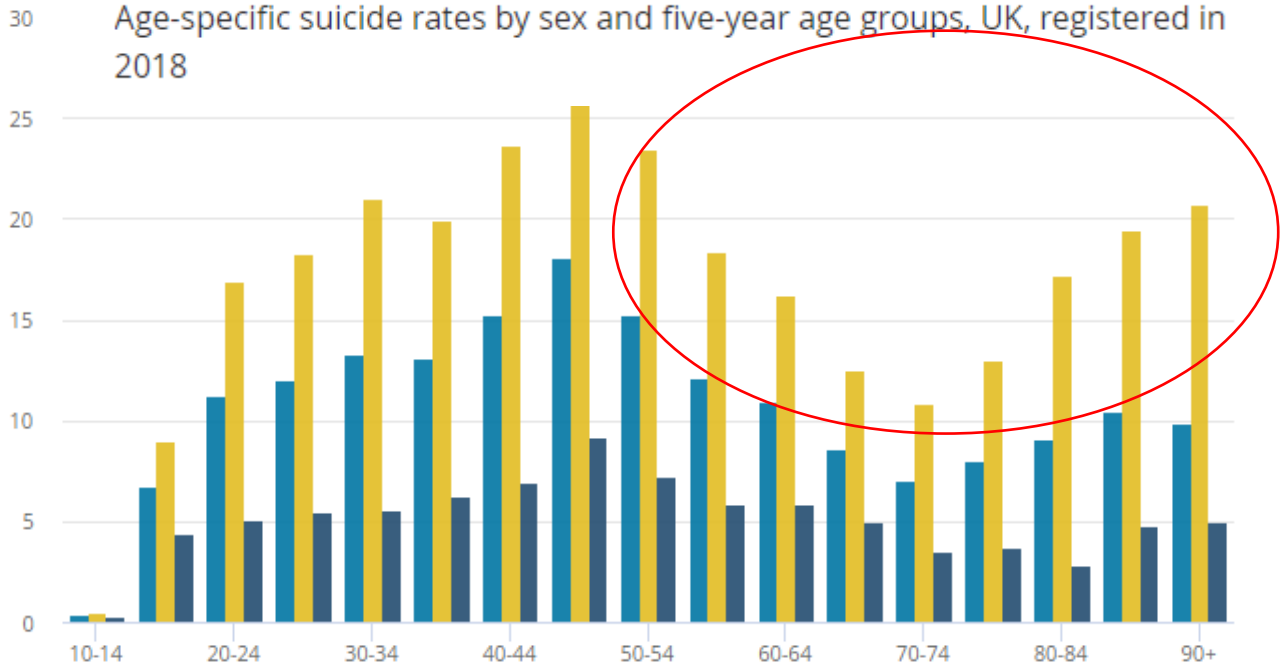

Ageing Population
Projected global population aged 60 years or over
3.1 billion
2.1 billion
1 billion
0.5 billion
1990
2017
2050
2100
Source: United Nations Department of Economic and Social Affairs, Population Division, World Population Prospects: The 2017 Revision
Produced by: United Nations Department of Public Information
SUSTAINABLE DEVELOPMENT GOALS


AGEING and HEALTH
World Health Organization
Between 2000 and 2050, the number of people aged 60 and over is expected to double.
In 2050, more than 1 in 5 people will be 60 years or older.

Background



NatCen, 2019



UK's Office for National Statistics, 2019

Background

Costs of self-harm: £162 million per year in England (Tsiachristas et al, 2017)

Increasing costs with older age (Czernin et al., 2012; Logan et al., 2007)

67 times higher risk of suicide in older adults (Murphy et al., 2012)

Increased understanding of motivations aids service design & delivery

Systematic review reasons for self-harm: Only 1/152 studies in older adults population (Edmondson et al., 2016)

Evidence Review of Self-Harm in Older Adults: Results from a Systematic Review

BJPsych | The British Journal of Psychiatry (2019)
Page 1 of 15. doi: 10.1192/bjp.2019.11

Review

Self-harm in older adults: systematic review

M. Isabela Troya, Opeyemi Babatunde, Kay Polidano, Bernadette Bartlam, Erin McCloskey, Lisa Dikomitis and Carolyn A. Chew-Graham

Background

Self-harm is a major public health concern. Increasing ageing populations and high risk of suicide in later life highlight the importance of identification of the particular characteristics of self-harm in older adults.

Aim

To systematically review characteristics of self-harm in older adults.

Methods

A comprehensive search for primary studies on self-harm in older adults was conducted in e-databases (AgeLine, CINAHL, PsycINFO, MEDLINE, Web of Science) from their inception to February 2018. Using predefined criteria, articles were independently screened and assessed for methodological quality. Data were synthesised following a narrative approach. A patient advisory group advised on the design, conduct and interpretation of findings.

Results

A total of 40 articles ($n = 62\,755$ older adults) were included. Yearly self-harm rates were 19 to 65 per 100 000 people. Self-poisoning was the most commonly reported method. Comorbid physical problems were common. Increased risk repetition was reported among older adults with self-harm history and previous and current psychiatric treatment. Loss of control, increased loneliness and perceived burdensome ageing were reported self-harm motivations.

Conclusions

Self-harm in older adults has distinct characteristics that should be explored to improve management and care. Although risk of further self-harm and suicide is high in all age cohorts, risk of suicide is higher in older adults. Given the frequent contact with health services, an opportunity exists for detection and prevention of self-harm and suicide in this population. These results are limited to research in hospital-based settings and community-based studies are needed to fully understand self-harm among older adults.

Declaration of interest

None.

Keywords

Self-harm; suicide; systematic review.

Objectives Systematic Review

Review the characteristics of published studies globally on self-harm in older adults in order to:

- Increase the understanding of self-harm in later life
- Inform service delivery and design

Methods Systematic Review

- Systematic search for observational studies in 5 databases

- Full-texts, title & abstract screening independently done by 2 reviewers

- NIH Quality Assessment & CASP toolkits

- Narrative Synthesis

- Patient Public Involvement & Engagement (PPIE) group involved

Eligibility Criteria

Inclusion:

-Studies with older adults (aged 60 or older)

-History of at least one self-harm episode, e.g. self-injury, or self-poison

-Self-harm with or without suicidal intent (e.g. attempted suicide or non-suicidal self-injury)

-Community or hospital-based settings

Exclusion:

-Borderline personality disorder

-Prison populations

-Cognitive impairment (e.g. dementia)

Results

15,647 identified records

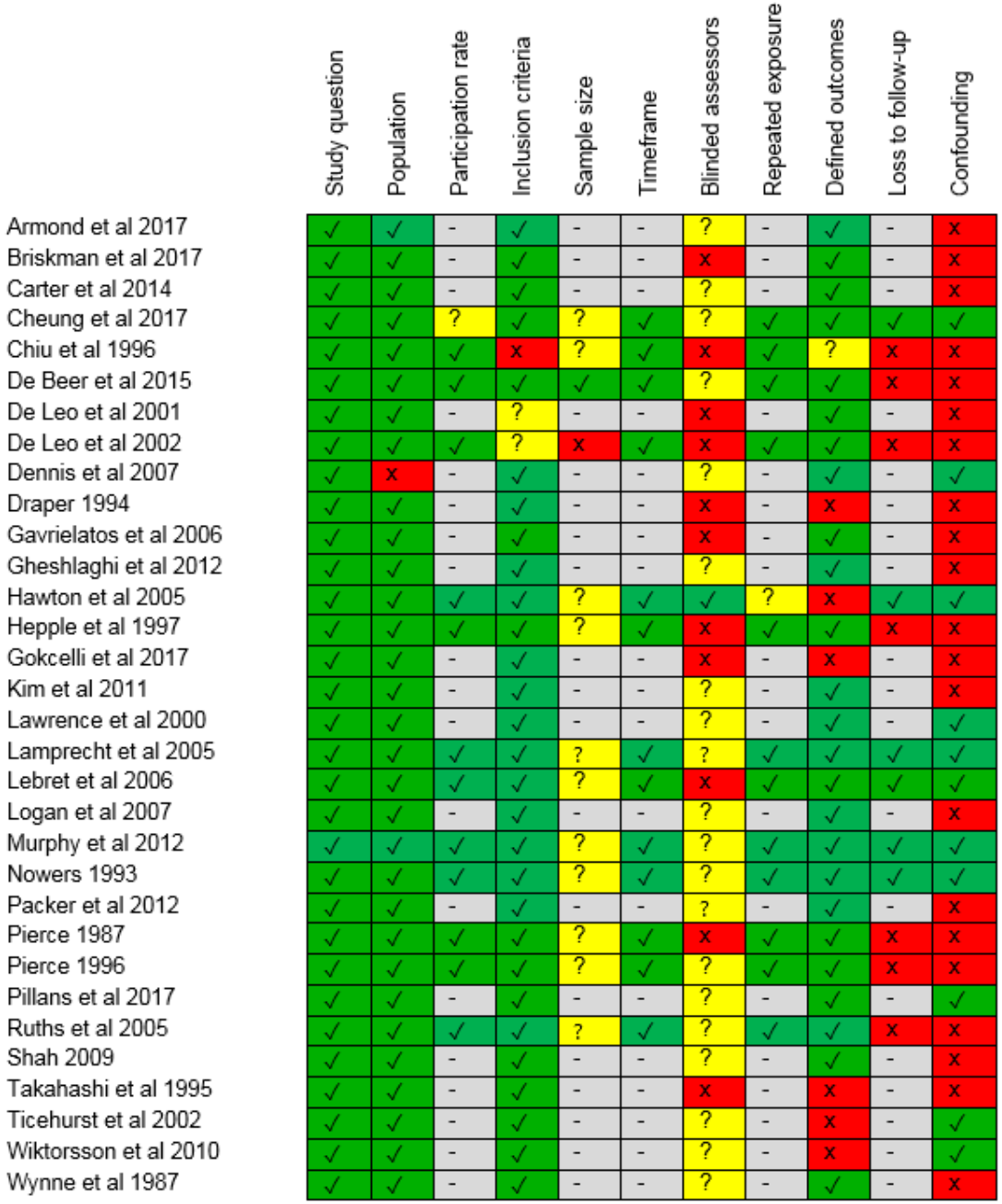
10,359 after duplicates removed

405 screened abstracts

56 full-texts screened

40 Included studies

Quality Assessment



Results: Study setting & design

Study Design:

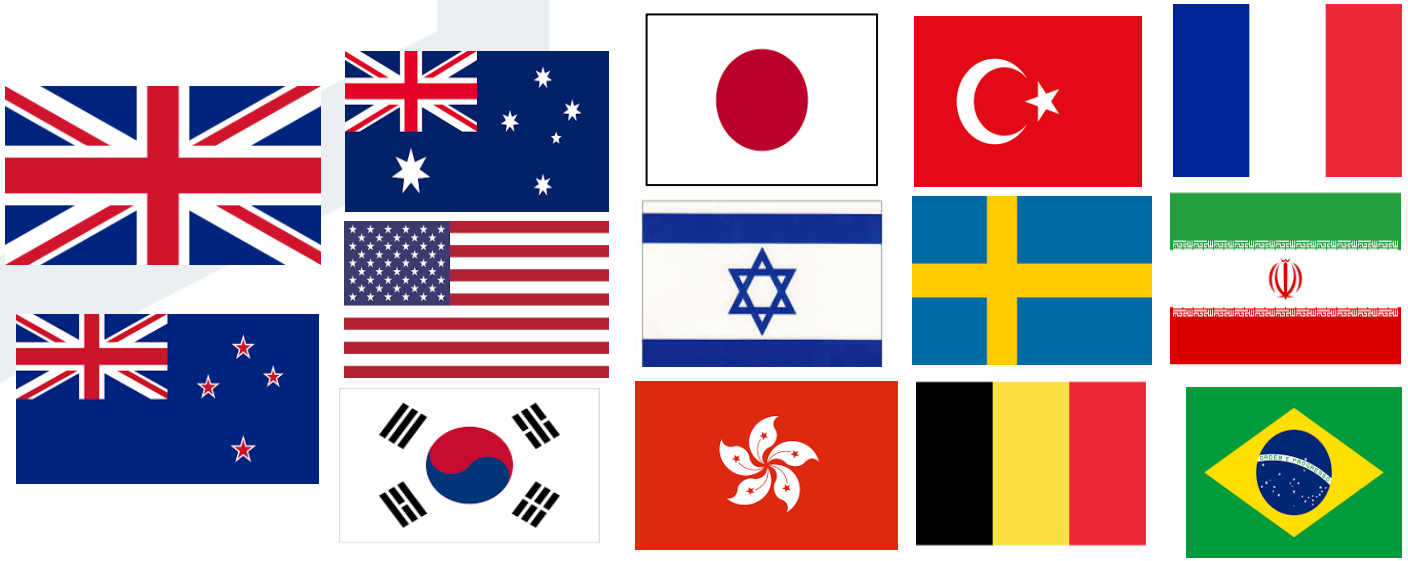
Cross-sectional: n= 21

Cohort: n= 14

Case-control: n=2

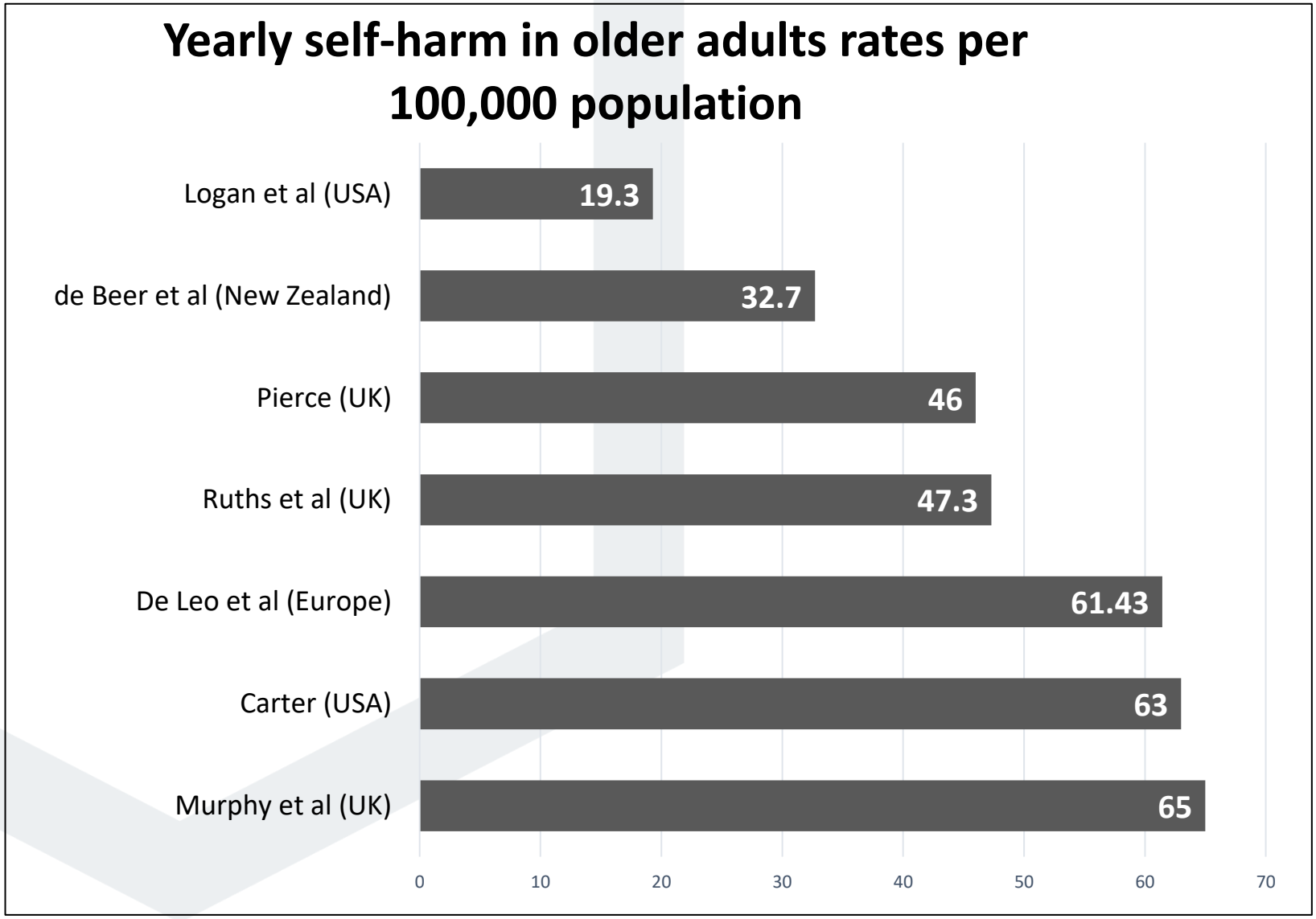
Qualitative: n= 3

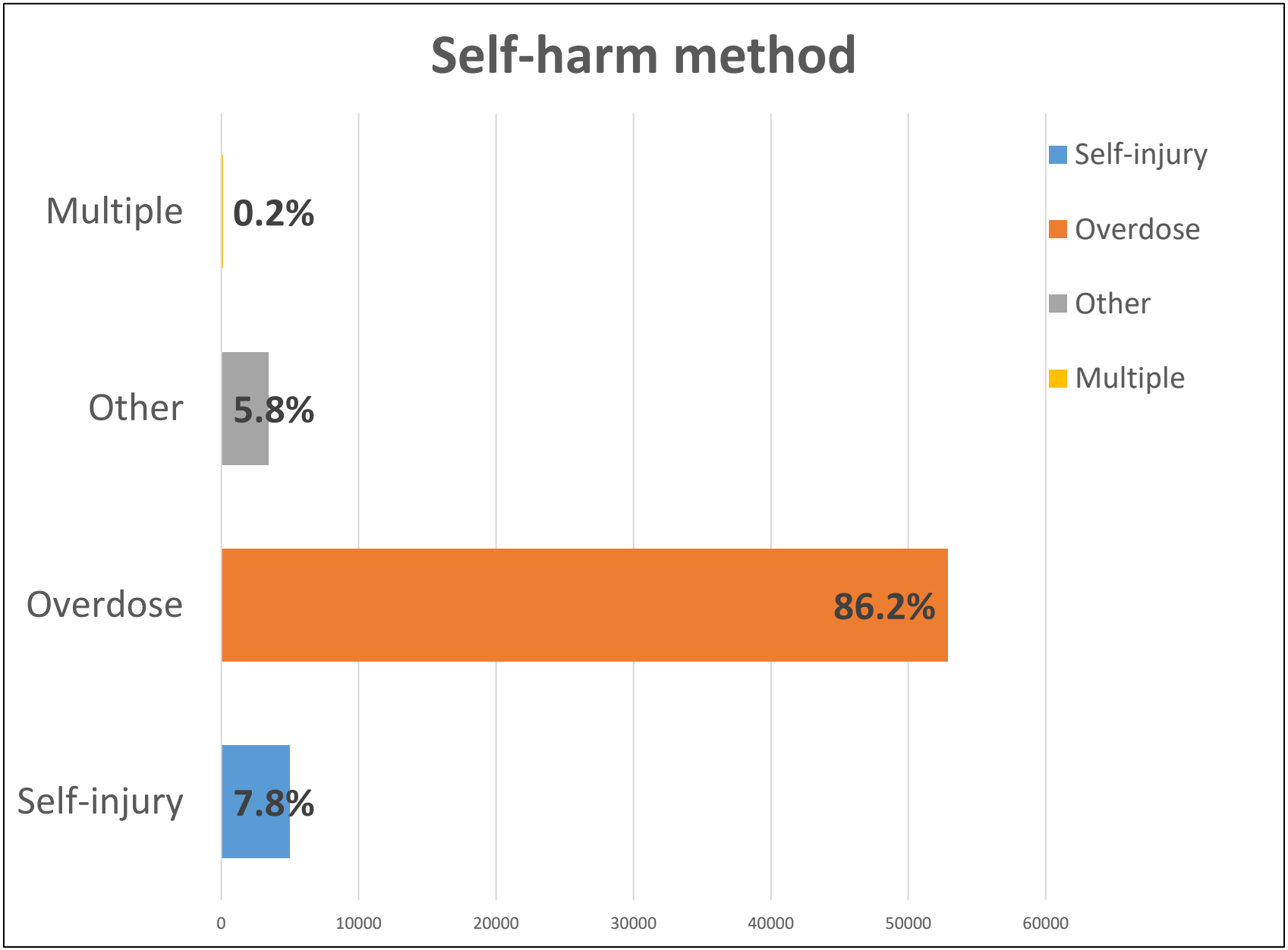
- Majority hospital-based settings (n=34)



Results: Description of participants

- 63,266 self-harm presentations with 62,755 participants
- 57% women; 43% men
- Ethnicity: 68% White
- Marital status: 51% participants were not married
- 40% - living alone
- Age range: 60 - 112 years old
    - 60% *younger* older adults 60-74 years old


Yearly self-harm in older adults rates per 100,000 population
Logan et al (USA)
19.3
de Beer et al (New Zealand)
32.7
Pierce (UK)
46
Ruths et al (UK)
47.3
De Leo et al (Europe)
61.43
Carter (USA)
63
Murphy et al (UK)
65
0
10
20
30
40
50
60
70


Self-harm method
Multiple
0.2%
Other
5.8%
Overdose
86.2%
Self-injury
7.8%
0
10000
20000
30000
40000
50000
60000
Self-injury
Overdose
Other
Multiple

Previous psychiatric and medical history

- 30% previous self-harmed

- Majority had a previous psychiatric diagnosis, most common diagnosis depression (**70%**)

- Over one third (**42%**) of participants taking antidepressants
- Comorbid physical illness common: over one third (38%) of participants (pain & chronic illness most common)

-Alcohol use at time of self-harm presentation: 16% of participants

Contact with health services

- Primary care:
  62% saw GP within the last month
- Psychiatric services:
  40% received specialist psychiatric services in the past
  28% currently receiving specialist psychiatric treatment

Self-harm repetition & death

- 17% repeated self-harm
- 17% died: 3.3% suicide
- 73.5%reported suicidal intent

Risk factors for self-harm repetition

- Sociodemographic characteristics:
  - Female
  - Not being married or partnered
  - Not currently living with relative, partner, or friend
  - Aged 60-74 years
- Clinical characteristics:
  - Current psychiatric diagnosis
  - Previous psychiatric history
  - Previous self-harm
  - Alcohol or substance misuse

Conclusions Systematic Review

-Current international clinical guidance highlights the importance of identifying and managing older adults who self-harm due to increased risk of repetition and suicide

- Self-harm in older adults shares some characteristics with younger adults but others are **distinct** in older populations

  -Increased suicidal intent

  -Increased comorbidities

  -Increased access to means: relationship between self-harm method and comorbidity

- Less frequency of presentations compared to younger adults but resource expenditure higher (Crosby et al., 2007)

- Opportunity for prevention and/or detection of self-harm in older adults in **primary care** and other health services

Information leaflet: National Suicide Prevention Alliance

National Suicide Prevention Alliance

HOME | CONTACT US |

ABOUT US | OUR MEMBERS | OUR WORK | GET INVOLVED | RESOURCES | NEWS & EVENTS

Search resource

Categories

SEARCH

Resource / Self-harm in older adults

Self-harm in older adults

Keele University has created a leaflet which aims to give information to people
adulthood.

Self-harm in older adults

Share 0 Tweet

Accessibility | Contact Us | Terms & Conditions | Privacy Statement | Sitemap

SUMMARIZING WHAT WE KNOW

- Self-harm in older adults is a concern.
- There is increased risk of self-harm repetition and suicide in older people.
- Other health related problems are frequent in older adults, and therefore increased access to means (e.g. medication).
- Social isolation, previous mental health problems, financial problems, alcohol and drug use increases risk of self-harm in older adults.
- Older adults visit their GP's more frequently, giving an opportunity of detection, access to support and possible prevention.

GETTING HELP

HELPLINES

Samaritans
(Open 24/7)
116 123

Silver Line
(Helpline for older people)
0800 470 8090

Age UK
(Helpline for older people)
0800 055 6112

ONLINE

Mind
(National Organisation)
mind.org.uk

National Self-harm network
(Online forum)
nshn.co.uk

Harmless
(National Organisation)
harmless.org.uk

YOUR GP

Your local GP will be able to provide advice and support.

Keele UNIVERSITY

SELF-HARM IN OLDER ADULTS

This leaflet aims to give information to people affected by self-harm.

The Keele difference

Developed by I. Troya
(PhD student at Keele University)
in collaboration with the study's Patient and Public Involvement and Engagement Group

Department of Health & Social Care

Why do Older Adults Self-Harm: Results from a Qualitative Study

Methods

- Qualitative approach
- In-depth interviews: face-to-face or telephone
- 2 participant groups
  - Older adults (aged 60+) with self-harm behaviour
  - Third sector support workers
- Option of follow-up interview (for older adults)
- Ethics approval obtained
- Recruitment in England
- Analysis – thematic approach
- Patient and Public Involvement and Engagement

See Troya *et al* (2019c). Patient and Public Involvement and Engagement in a doctoral research project exploring self-harm in older adults. Health Expect. 1–15. doi.org/10.1111/hex.12917

Participants

- **24** conducted interviews
  - 9 older adults: 8 consented to follow-up interview
  - 7 support workers

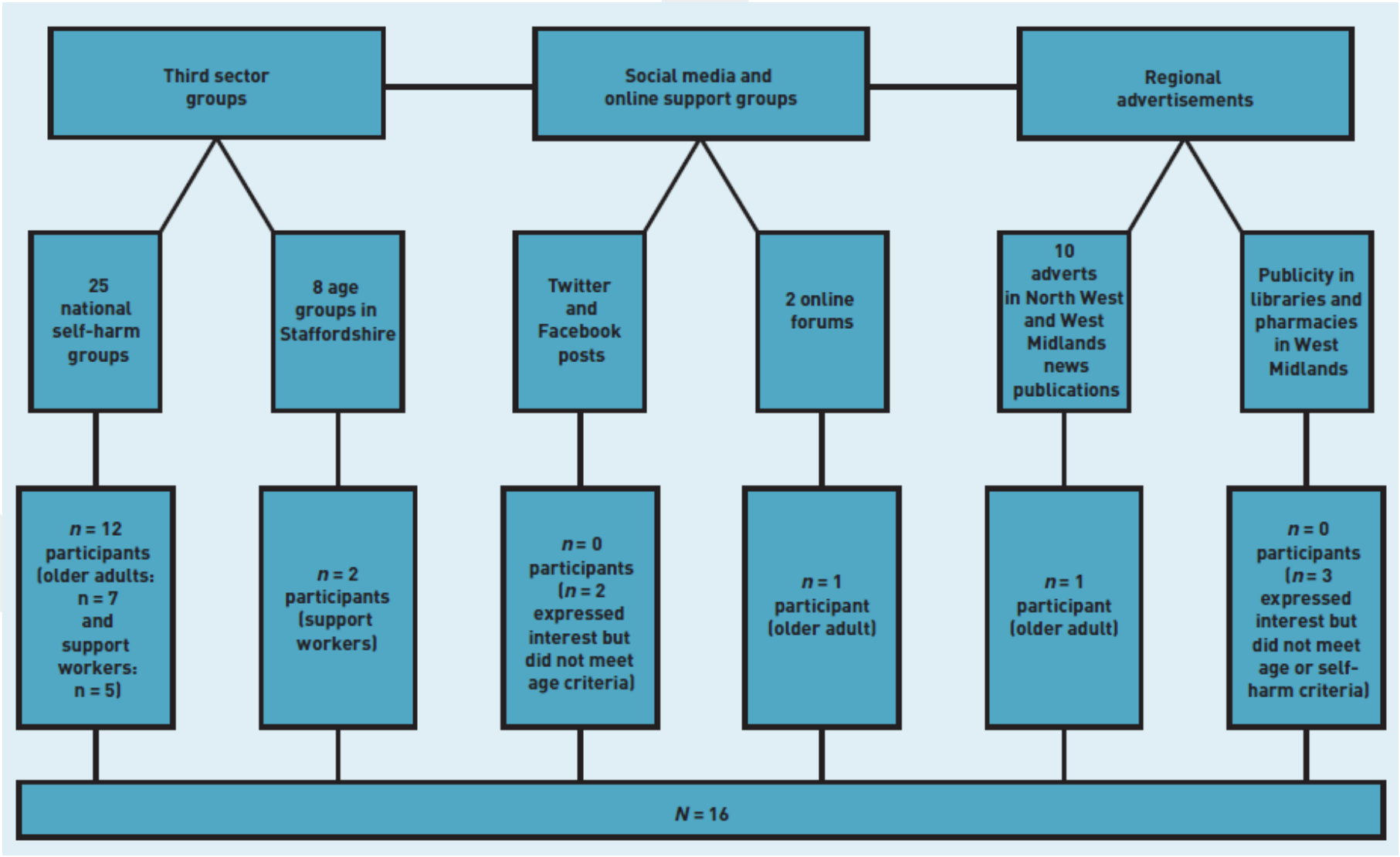
Older adults:

- Age range: 60-72 years old (mean age 63.8 years)
- Gender: 67% female (*n*=6) 33% male (*n*=3)
- Comorbid chronic health conditions: 100% (*n*=9)

Support workers:

- Age range: 36-52 years old
- Gender: 71% female (*n*=5) 29% male (*n*=2)

Flowchart of recruitment



Findings: themes

Self-harm experienced throughout the life-course

Different stressors contributing to self-harm

Functions for self-harm varied

Self-harm was experienced throughout the different stages of the life-course of older adults

“It's just something I've always done, it's always been part of me life. I know there are older people now that have started later in life but mine has come through from childhood.”

“I think it's just been things over the years that have led to it. But it's about 2 years ago I started self-harming to deal with it all.”

Different stressors experienced throughout the life-course contributing to self-harm

Loss, bereavement & loneliness

Interpersonal problems

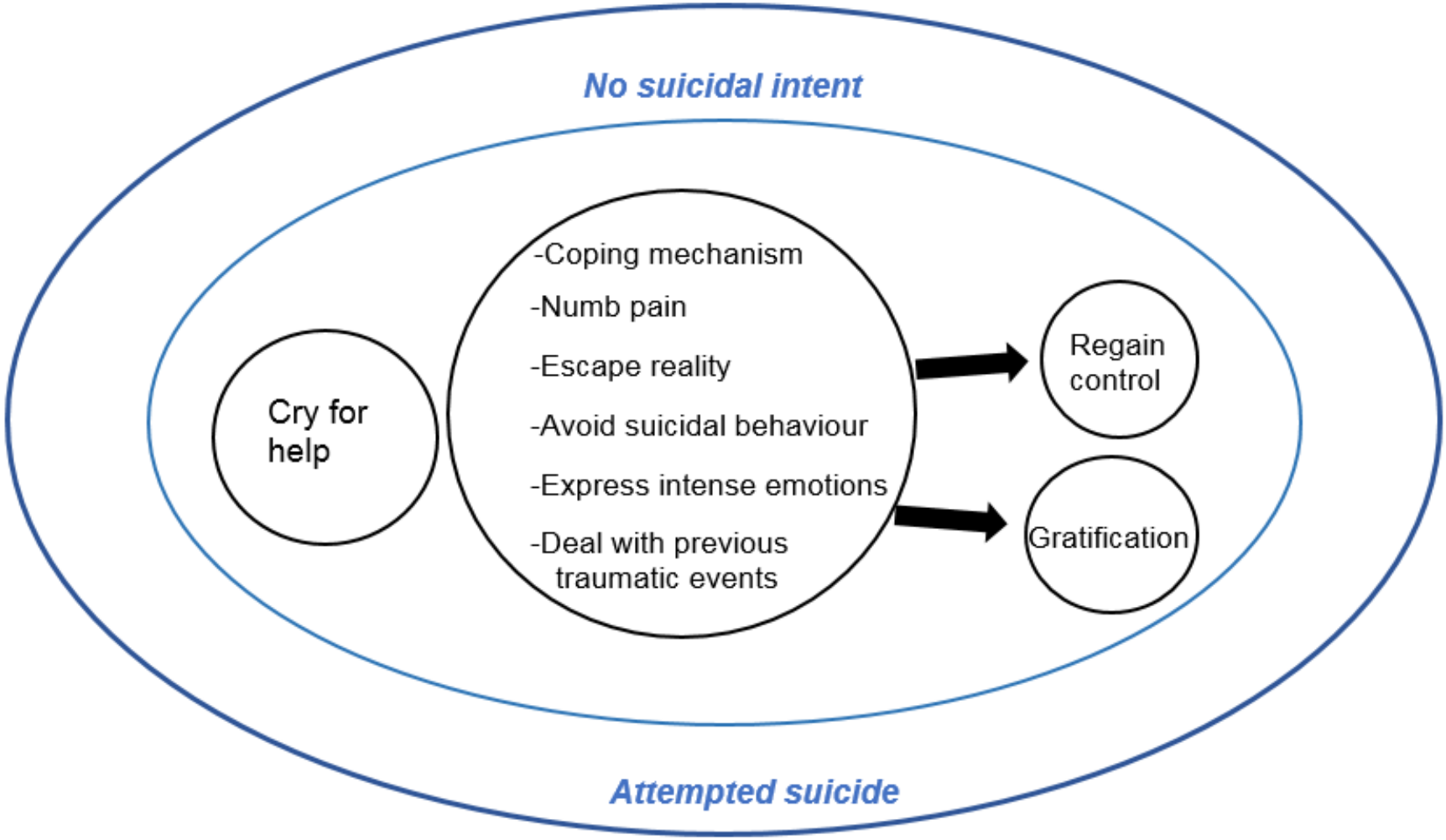
Comorbid health problems

"I went to see that counsellor during that time my dad died and that's when it all started really uhm I was fortunate I was seeing somebody at the time […] she helped me through the feelings of my dad but it was like uh and that's when I started self-harming."

"I was fleeing violence from a very violent husband and the police sent me to the hostel (.) He attempted to try and kill me a couple of times, so it was for my own safety really. During this time, I just self-harmed in any possible way I could because that's what I knew how to do best."

"So back in 1991 in me 40th birthday, I started to lose the use of me fingers, hands, dropping lots of things. I haven't worked since because things have led from that to depression and it seems like everything after that went down bank. When I come out of work, it was straight away that it was hitting me and I was just wanting to uh well I did it many times that I just got in me car and gone off and take the pipe with me and I was gone for hours. There was no self-harm in such as in cutting or anything then, it was just going out but suicide was in my mind."

Motivations for self-harm in older adults within a suicidal spectrum



Motivations varying within a suicidal spect

“I don't think it's suicidal, it’s a cry for help. I've neve. really uh well I only went out to try to kill myself twice but otherwise my self-harm hasn't been associated with suicide. Like a soothing blanket, even when you're cutting, it's soothing, it gives you that comfort that you're not getting from other people.”

“When I was a kid, I think it's pretty safe to say it wasn't about killing myself. As an adult when I was cutting my wrists […] I thought cutting myself like I did, then you would die. Then I did the whole pill thing which then obviously didn't work. And then I went back to cutting on the wrist but not for suicidal but to kind of like feel the pain and see the pain.”

Implications

Current international clinical guidance highlights the importance of identifying and managing older adults who self-harm due to increased risk of repetition and suicide in this age group

Self-harm occurred along a spectrum of no suicidal intent to high levels of intent, suggesting self-harm holds different functions

Self-harm followed a life-course perspective, being one of the expressing symptoms of overall accumulated lived stressors

Clinicians should be aware of the heightened risk of self-harm in this age group so adequate support and/or referral is provided

Future research should explore self-harm in older adults from ethnic minority groups and other later life age cohorts

EClinicalMedicine 12 (2019) 52–61

Contents lists available at ScienceDirect

EClinicalMedicine

journal homepage: https://www.journals.elsevier.com/eclinicalmedicine

EClinicalMedicine
Published by THE LANCET

Understanding self-harm in older adults: A qualitative study

M. Isabela Troya [a,*], Lisa Dikomitis [a,b], Opeyemi O. Babatunde [a], Bernadette Bartlam [a,c], Carolyn A. Chew-Graham [a,d,e]

[a] Research Institute for Primary Care and Health Sciences, Keele University, David Weatherall Building, Staffordshire ST5 5BG, United Kingdom
[b] School of Medicine, Keele University, David Weatherall Building, Staffordshire ST5 5BG, United Kingdom
[c] Family Medicine and Primary Care, Lee Kong Chian School of Medicine, Nanyang Technical University Singapore, 308232, Singapore
[d] Midlands Partnership Foundation Trust, United Kingdom
[e] West Midlands Collaboration for Leadership in Applied Health Research and Care, United Kingdom

ARTICLE INFO

Article history:
Received 31 January 2019
Received in revised form 6 June 2019
Accepted 7 June 2019
Available online 19 June 2019

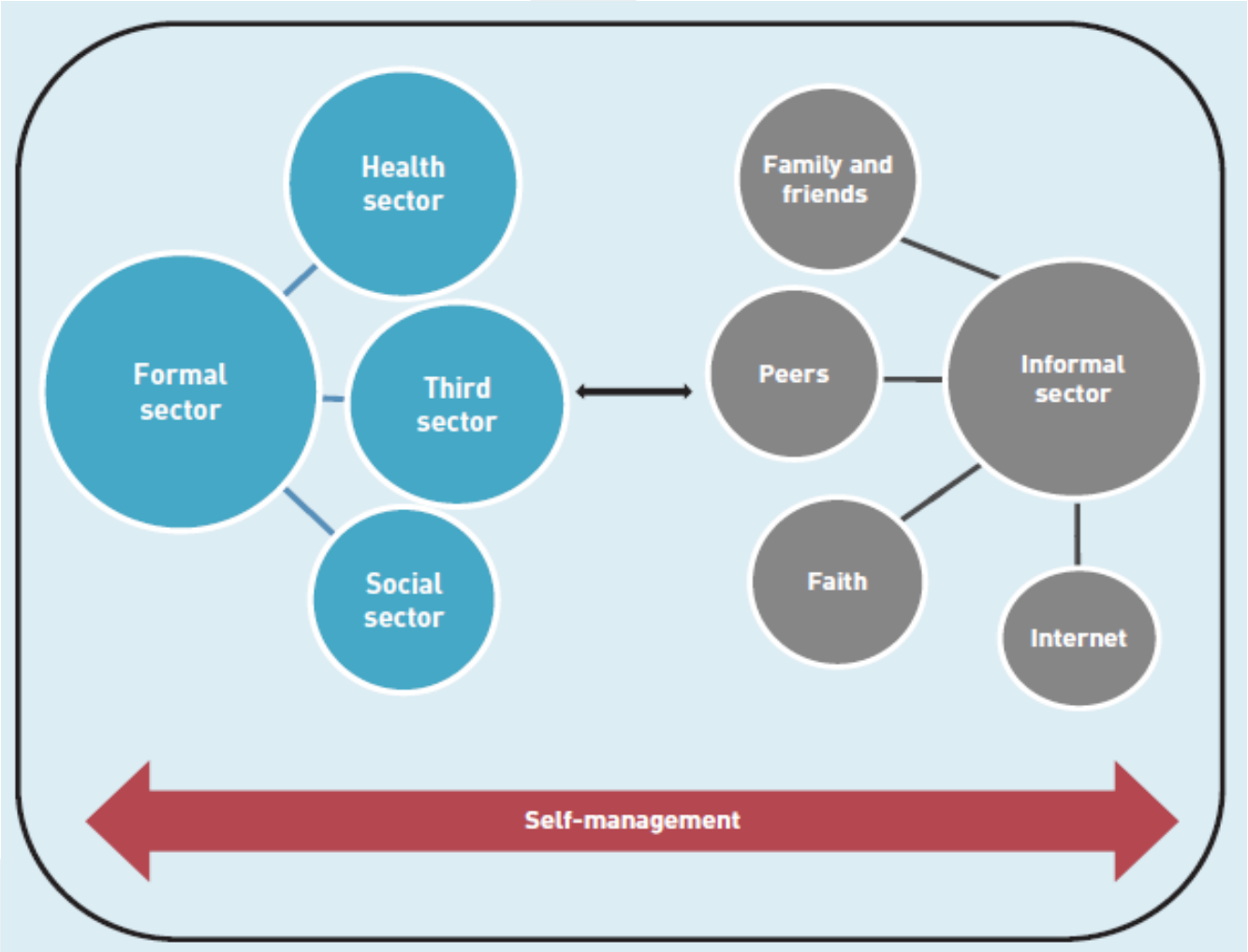
Keywords:
Self-harm
Qualitative

ABSTRACT

Background: Self-harm is the leading risk factor for suicide, with elevated rates reported amongst older populations. This study explores how older adults experience self-harm, identifying factors leading to self-harm.
Methods: Semi-structured interviews with older adults (≥60 years) engaging in self-harm and support workers from third sector services in England. Older adults were invited to participate in a follow-up interview. Interviews were recorded, transcribed verbatim and data analysed thematically. Ethical approval obtained from Keele University's Ethics Review Panel. A Patient Involvement group contributed to study design, data analysis and interpretation.
Outcomes: Between September 2017 to September 2018, 24 interviews were conducted involving 16 partici-

Where do Older Adults who Self-Harm Access Support? What Are The Barriers and Facilitators for Accessing Support?: Results from a Qualitative Study

Sources of support



Older adults used different avenues to access support for their self-harm

Help-seeking decision factors

Sources of support

Barriers and facilitators to accessing primary care

Help-seeking decision factors

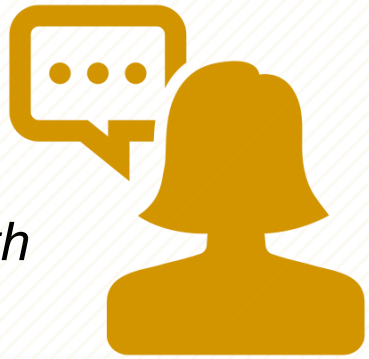
"Obviously it [self-harm in older adults] does happen, but it's hidden".

Fred, 60

Older adults experienced self-harm throughout different stage of the life-course, however it was often hidden from months to years and even decades

Help-seeking decision factors

"It wasn't that I wanted help, I needed help, I couldn't deal with it any longer."



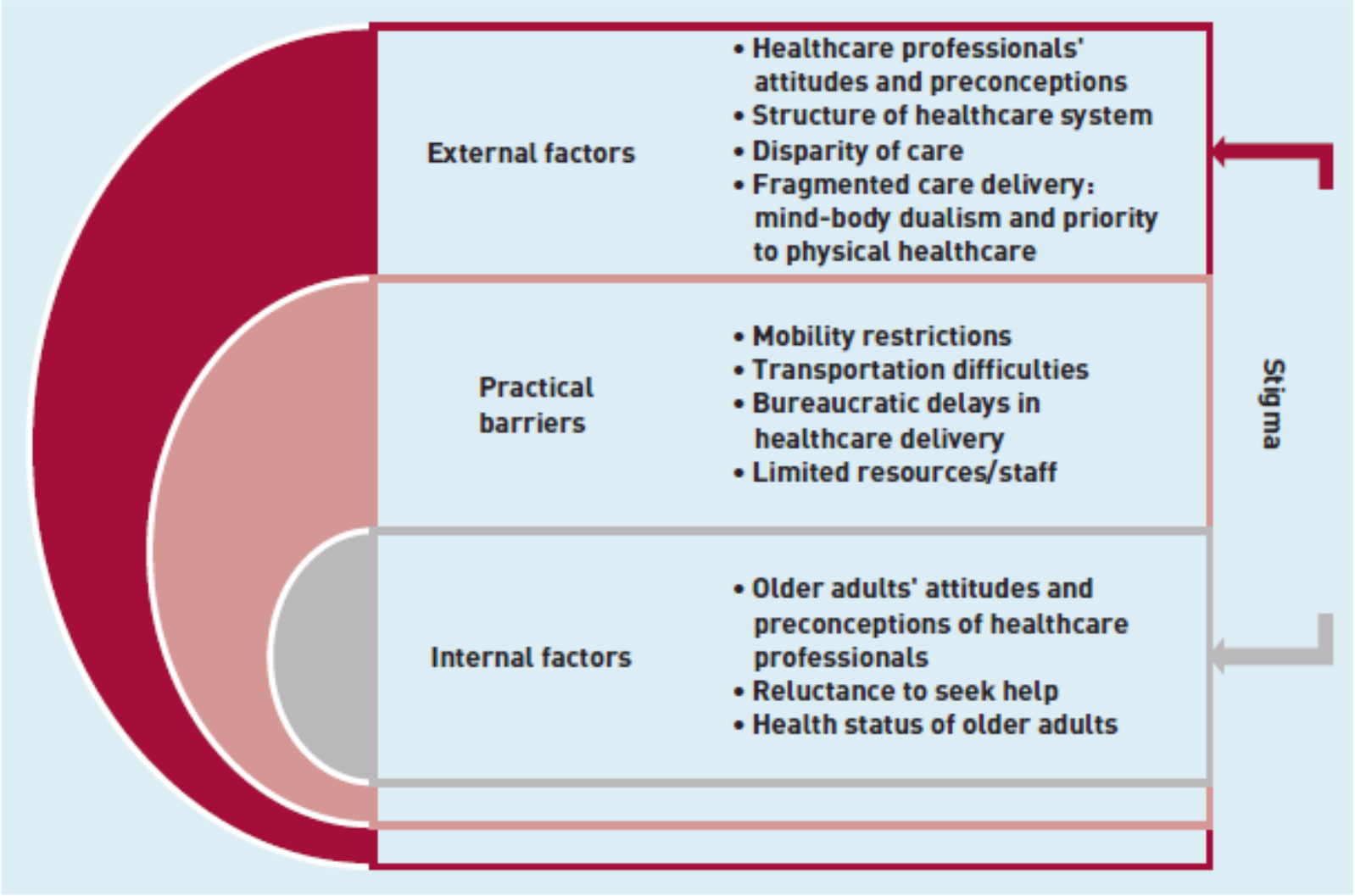
Alice, 72

"I think a lot of people only turn to help when it gets out of control."

Mary, support worker

However participants identified self-harm reaching a point where older adults needed to access support

Barriers to accessing primary care support



Barriers to accessing primary care support

"You tell them [GPs] and they're not interested about self-harm. I've seen it myself, anyone that comes in with mental health problems, they're just dismissed. It's something not taken seriously, like it will go away or grow out of it. But you don't, you need help."

Shame & felt stigma

"I felt embarrassed cause of me age, I didn't wanna ask for help. I'm thinking it's girls that do it, you know 16-17 year olds. And here is me, I should know better."

Enacted stigma

Barriers to accessing primary care support

"There are a lot of doctors that just want to pill pop, here just have a pill. That just masks it, you're just skimming over it, you're not talking to them. And know, some doctors don't understand mental health, or self-harm".

Sally, support worker

Prevalent pharmacological support deemed as superficial

"Well I got the medication from my GP and it was a case of seeing him once a week to see how it was affecting me. Now I get a review every six months, it's not ideal".

Alice, 72

Barriers to accessing primary care support

"They'll [older adults] mention the physical health to the GP but won't always mention their self-harm or mental health".

Penny, support worker

Cartesian dualism & identification of candicacy

Edward, 61

"I do see my GP frequently, but it's mainly for other things like blood tests and these sorta things. I've got so many other things that need to be checked, there just wouldn't be the time to talk about my self-harm".

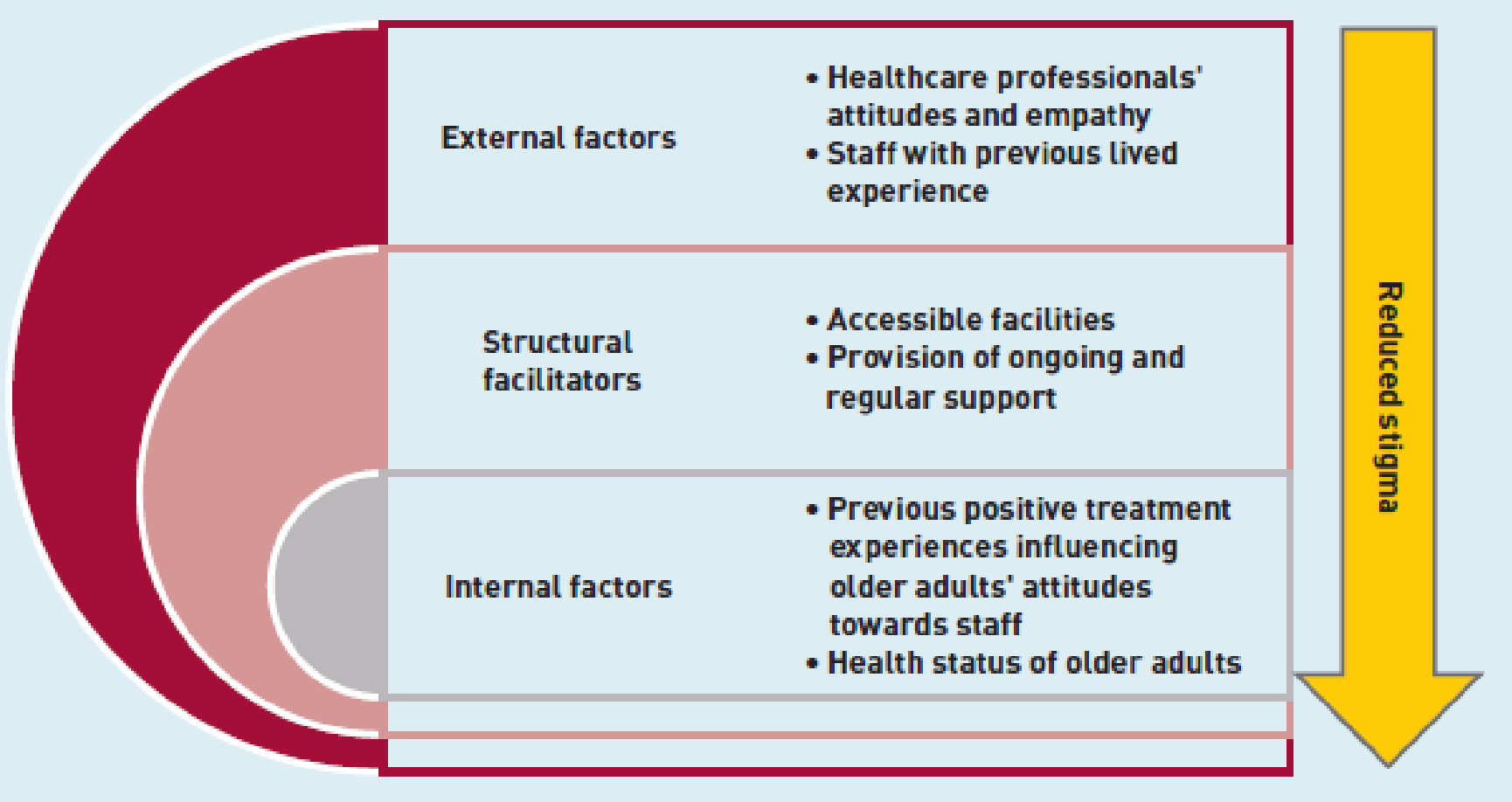
Barriers to accessing primary care support

"Most GPs don't know how to deal with it, much less from an older adult, and even less from a functioning adult."

Older adults' attitudes and expectations towards a consultation often acted as a barrier

"As a male I tend to not to go to the GP. It's kind of being appreciative of the NHS. I'm not someone to call the GP all the time".

Facilitators to accessing primary care support



Box 1. Recommendations to GPs working with older people who self-harm

- Be aware that self-harm can occur in older adults, and though suicidal intent is not always present, it is important to consider patients' suicidality
- Consider the stigma attached to self-harm, and ensure an empathic approach so that the patient feels listened to
- Be responsive to the distress associated with self-harm; do not focus exclusively on the physical sequelae of self-harm
- Consider offering longer appointments to provide comprehensive assessment and support to the patient for physical and mental health needs
- Consider arranging a follow-up as part of ongoing assessment and management
- Review current medication to assess whether these may act potentially as a method of self-harm, for example, overdose
- Assess patient safety throughout the consultation and advise on access to means of potential self-harm
- Liaise with the third sector and social care sector, or refer to specialist care where indicated
- View the consultation as an opportunity to provide self-harm management and avoid repeat self-harm and suicide

Troya *et al* (2019d). Role of Primary care in supporting older adults who self-harm: a qualitative study in England. British Journal of General Practice.

British Journal of General Practice
bringing research to clinical practice

Research

Role of primary care in supporting older adults who self-harm: a qualitative study in England

M Isabela Troya, Carolyn A Chew-Graham, Opeyemi Babatunde, Bernadette Bartlam, Faraz Mughal and Lisa Dikomitis

British Journal of General Practice 2019; 69 (688): e740-e751. **DOI:** https://doi.org/10.3399/bjgp19X706049

Abstract

Background Self-harm and suicide are major public health concerns. Self-harm is the strongest risk factor for suicide, with the highest suicide rates reported in older populations. Little is known about how older adults access care following self-harm, but they are in frequent contact with primary care.

In this issue

British Journal of General Practice
Vol. 69, Issue 688
November 2019
Table of Contents
Index by author

Conclusions

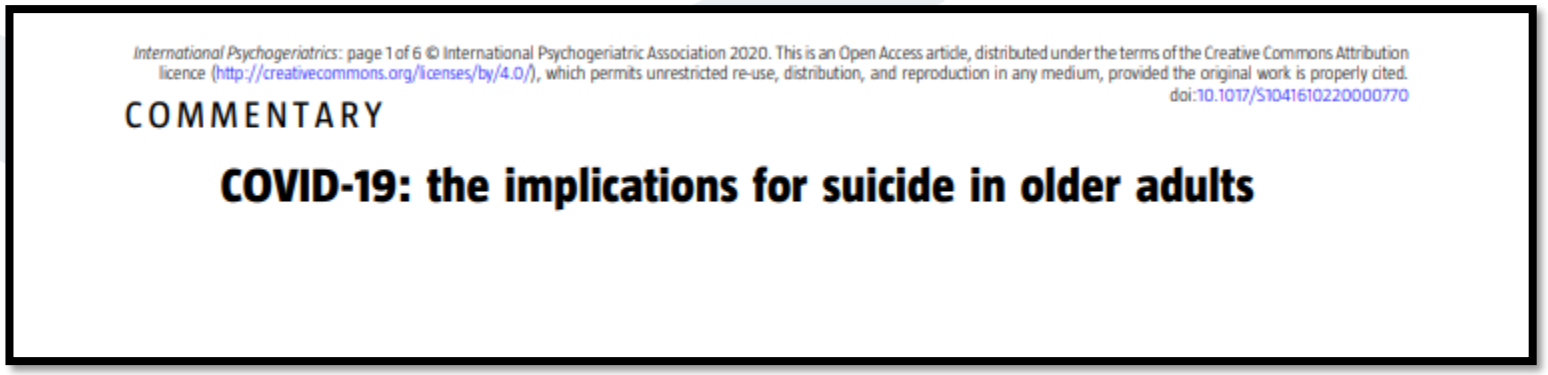
Older adults who self-harm may have comorbid and complex health conditions which results in contact with primary care

Help-seeking often delayed due to stigma and shame

Clinicians should be aware of the heightened risk of self-harm in this age group so adequate support (provision of psychiatric medication and access to means) and/or referral is provided

Given the frequent contact of primary care with older adults, GPs have an important role in management, support and referral

Current Situation COVID-19 Pandemic



doi:10.1017/S1041610220000770

COMMENTARY

COVID-19: the implications for suicide in older adults

COVID-19 Pandemic

- The pandemic has had an impact on individuals' mental health
- In England, no evidence indicates there has been a national rise in self-harm or suicide so far
- Only age group increase in self-harm in France: older people
- However, we need to consider the long-term effects of the pandemic and risk factors for self-harm
- People with previous mental health conditions are a priority key groupp for prevention
- Risk factors to address: social isolation, mental health care, and economic protections for uncertainty

COVID-19 Pandemic- Suicide prevention

- 1 year after the start of the pandemic limited evidence available
- Suicide rates reports: Norway, Sweden, Japan, Australia, New Zealand, US and Canada
- Consistent picture among high-income countries: no increase or fall of suicide rates during initial periods of the pandemic
- Exception- Japan: initial fall in rates followed by increase among women (aged <40)
- Suicide rates have not risen in the way many feared but we are still in mid-pandemic

COVID-19 Pandemic: Risk factors

- Financial stress, physical and psychological abuse as factors influencing self-harm during the first 45 weeks of the pandemic in the UK (Paul & Fancourt, 2021)
- In older people (60+) not having been able to access essential items and worrying about catching COVID-19 contributed to self-harm (Paul & Fancourt, 2021)
- Increase in loneliness, social isolation and mental health symptoms amongst older adults

https://www.medrxiv.org/content/10.1101/2021.02.19.21252050v1.full

So what can we do?

- Amongst older adults- create links to support groups available locally
- Ensure everyone has access to essential items
- Check with carers- support/needs
- Access to healthcare services disrupted? Technology
- Health promotion activities:
  - COVID-19 related- vaccine
  - Self-harm and suicide prevention

Acknowledgments

Part of this research was conducted as part of my PhD. Thanks to my supervisory team Prof. Carolyn Chew-Graham, Dr. Lisa Dikomitis, Dr. Bernadette Bartlam, Dr. Opeyemi Babatunde

Part of this study is funded by the National Institute for Health Research (NIHR) School for Primary Care Research (project reference 450). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

NIHR | School for Primary Care Research

References

Morgan, C., Webb, R. T., Carr, M. J., Kontopantelis, E., Chew-Graham, C., Kapur, N., & Ashcroft, D. (2018). Self-harm in a primary care cohort of older people: incidence, clinical management, and risk of suicide and other causes of death. *The Lancet Psychiatry. 5*(11), 905-912.

NatCen. (2019). Suicide & self-harm in Britain: researching risk and resilience. NatCen: London.

Office for National Statistics (ONS). (2019). Suicides in the UK: 2018 registrations. London: ONS.

Troya, MI., Babatunde, O., Polidano, K., Bartlam, B., McCloskey, E., Dikomitis, L., & Chew-Graham, C. (2019a). Self-harm in older adults: systematic review. *The British Journal of Psychiatry*, *214*(4), 186-200.

Troya, MI., Dikomitis, L., Babatunde, O., Bartlam, B., & Chew-Graham, C. (2019b). Understanding self-harm in older adults: A qualitative study. *EClinicalMedicine*. *12*, 52-61.

Troya MI, Chew-Graham CA, Babatunde Y, Bartlam B, Higginbottom A, Dikomitis L. (2019c). Patient Public Involvement and Engagement in a doctoral research project exploring self-harm in older adults. Health Expectations. 1–15. doi.org/10.1111/hex.12917

Troya, M. I., Chew-Graham, C., Babatunde, O., Bartlam, B., Mughal, F., & Dikomitis, L. (2019d). The role of primary care supporting older adults who self-harm: a qualitative study. *British Journal of General Practice*. In press.