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A Review of the COVID–19 Pandemic and Its Links to Suicide by the Elderly

Commentary

Margaret Nakhid–Chatoor[1,*] Merisha Seepersad[2], Raymond Popplewell[3]

[1]Psychologist/Assistant Professor, University of Trinidad and Tobago, Wallerfield, Trinidad and Tobago. Email: mnchatoor@hotmail.com.

[2] Educational Psychologist, The Ministry of Education, Port-of-Spain, Trinidad. Email: seepersad.ms@gmail.com.

[3] Clinical Psychologist, The Ministry of Education, Port-of-Spain, Trinidad. Email: raymondj_23@hotmail.com.

***Corresponding author**
Margaret Nakhid–Chatoor, Psychologist/Assistant Professor, University of Trinidad and Tobago, Wallerfield, Trinidad and Tobago;
Email: mnchatoor@hotmail.com.

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Abstract

The elderly population (65 years+) was deemed the most at–risk group during the COVID–19 pandemic both globally and locally, as they had the highest mortality rate especially for persons with existing comorbidities. Was there a correlation between the fears, hopelessness and anxieties related to covid–19 and the increase in suicide rates among this group? There was an increase in familial conflicts, anxiety surrounding death and severe depression and helplessness due to isolation and loneliness.

Keywords: Covid–19 Pandemic; Social Isolation; Mental Illnesses; Disorders; Depression; Chronic Stress; Population.

Introduction

During the Covid–19 pandemic, in an effort to lower infection rates in communities, governments used a number of stringent measures such as social exclusion, social isolation, and quarantine. Given their susceptibility to the virus, older individuals were especially encouraged to stay at home, to also lessen the strain on medical services by preventing the spread of the sickness. The negative impacts of this enforced isolation and solitude were particularly felt by the elderly and those who already had mental illnesses [1]. These authors further stated that self–isolation disproportionately affected elderly individuals whose only social contact was out of the home, such as at daycare venues, community centres, and places of worship. Those who did not have close family or friends, and relied on the support of voluntary services or social care, could be placed at additional risk, along with those who were already lonely, isolated, or secluded. Living alone, feeling lonely, and being excluded from society are all known risk factors for suicide in later life [2] and in their paper, they explore the possibilities of the development of robots as home companions intended to address the isolation and reduced physical functioning of frail older people with capacity, especially those living alone in a noninstitutional setting. Even older persons residing in senior housing communities intended to lessen social isolation, reported mild degrees of loneliness before the pandemic [3], relatedness issues which are likely now made worse by quarantine and social isolation.

It is unknown currently if or to what extent the coronavirus disease (COVID–19) affects the suicide rates of older persons. However, the pandemic is probably going to lead to a confluence of elements that increase the likelihood of engaging in suicide conduct as persons such as the elderly who experience suicidal ideation, may lack connections to other people and often disconnect from others as suicide risk rises. Suicidal thoughts and behaviors are associated with social isolation and loneliness [4]. Which will guide methods to prevention. In this article, we will investigate the relationships between older people's suicide and the COVID–19 epidemic, provide the viewpoints from different sociocultural settings and suggest ways to help older people.

Global developments

Recent reports from the Centers for Disease Control and Prevention [5] stated that people in their fifties and sixties were at a higher risk for severe illness than people in their forties, and the World Health Organization recommended strict social isolation in the geriatric population to control the deaths in heavily affected countries such as Italy, USA, UK, Brazil [6]. In addition to the physical fallouts in mortality rates, pandemics such as the Covid–19 have been cited as creating substantial psychosocial impacts of which anxiety, panic, adjustment disorders, depression, chronic stress, and insomnia are some of the major symptoms. Feelings of vulnerability, loneliness, and anxiety were the main concerns noted and these were further heightened by the mandatory stipulation of social isolation. Younger family members were

hesitant to visit older family members, many who lived alone as their children had left the home.

In 2020 the Pan American Health Organization [7] reported that health systems in the Caribbean and Latin America were inadequately responding to the needs of older adults and should adapt service provision especially in light of the COVID–19 pandemic. The Report highlights the following:

"While everyone is at risk of contracting COVID–19, older persons are far more likely to experience severe disease following infection, with those over 80 years old dying at five times the average rate. A United Nations Report "The Impact of COVID–19 on Older Persons" suggests that this may be due to underlying conditions, which affect 66 per cent of those aged 70 and over. This is also the case in the Americas, where most COVID deaths occur in those aged 70 and over, followed by people between the ages of 60–69 years".

Wand et al. (2020) [8], posits that in a pandemic environment where there is social lockdown, older people may be especially vulnerable to suicide through a heightened sense of disconnectedness from society, physical distancing and loss of usual social opportunities, as well as a greater risk of anxiety and depression [9]. These authors contend that negative perceptions and the emotional discomfort of the elderly may stem from societal allusions. Irresponsible social media reports that this group is no longer of use to their families and to a society where health care facilities should be geared more to a younger population who can contribute economically to a country's gross domestic product (GDP).

During the COVID–19 epidemic, suicidal ideation seems to be rather widespread among older individuals but it can be challenging to draw a connection between suicidal ideations and the COVID–19 epidemic due to a lack of longitudinal data. It is advised therefore, for health officials and family members, that thoughts of suicide be routinely monitored in high–risk groups, especially the elderly. This observation is necessary as the suicide death of an older subject is less impactful on people than the loss of someone younger, particularly if they are adolescents and young adults. For these reasons, suicide in the elderly population is a phenomenon that is often ignored or neglected, drawing less attention than suicide in younger populations [10].

The Vulnerabilities of Aging

Aging comes with a multitude of psychological, social, and environmental vulnerabilities. The long–term effects of disasters on the physical well–being of older adults have been largely studied and it is recorded that they would be more vulnerable to the effects of a national crisis such as a pandemic because of decreased sensory awareness, physical impairment, chronic medical conditions, and socioeconomic limitations. Any contagious disease must include fear as a necessary component, and the panic was heightened as the virus spread in an unregulated, unexpected, and worldwide manner, before vaccinations were developed. According to the resource theory, elderly people are not easily able to recover because of lower socioeconomic status and weak functional capacity. Similarly, the exposure theory argues that older adults are not easily aware of triggers or red flags so therefore, they would more likely experience a greater sense of deprivation resulting from their losses [11].

Many writers agree that the act of suicide among the elderly is premeditated; it is a rather slow progression from suicidal thoughts to committing suicide and it is not an impulsive act 10. Unfortunately, in a society that is battling with a pandemic and that prioritises physical health over mental and psychological well–being, the elderly individual's inability to cope with suffering and a deteriorating mental and physical state is often overlooked and under–recognized. The causal factors of the pandemic crisis as stated previously, especially those of social isolation, fear and anxiety often leads him or her to the belief that there is no other solution to cope, but to resort to suicide.

According to Crestani et al. (2019) [10] as cited above, the choice of the method of self–destruction is conditioned by different kinds of factors: the availability and accessibility of the method, the impact of imitative factors, and society's collective image of each method. In their research, they assert that the elderly group uses more violent and lethal means of dying by suicide than those used by other groups, which confirms the high level of determination that underlies the gesture. They are more fragile than younger persons and therefore less likely to survive physical injury; but less lethal methods should not be underestimated and, indeed, may be as equally effective, causing death.

The psychological sequelae of the pandemic will probably persist for years to come as the COVID–19 pandemic is associated with distress, anxiety, fear of contagion, depression, and insomnia in the general population and among healthcare professionals. Previous research by O'Donnell and Forbes (2016) [12] on the impact of disasters on the elderly, reported that they were more likely to be also vulnerable to psychological problems. Social isolation, anxiety, fear of contagion, uncertainty, chronic stress, and economic difficulties has led to the development or exacerbation of depressive, anxiety, substance use and other psychiatric disorders in vulnerable populations, including individuals with pre–existing psychiatric disorders and people who reside in high COVID–19 prevalence areas [13].

A major factor which impacted interpersonal relationships among the elderly was the mandatory measure of social distancing. With this stipulation enforced throughout many countries, there was an expected decline in social interactions among friends and family members as physical touch (hugs and kisses) was discouraged. Ultimately, this led to loneliness which is a major risk factor for depression, and anxiety disorders. Social connectedness is essential during a pandemic, more so when "ageism" becomes a factor for stigmatization in a marginalized population.

Implications for research and practice

Even before the Covid–19 pandemic, the statistics on suicide among the elderly were significant [14] and the completion of suicide occurred at a rate of 16.1 (per 100,00 people), according to the World Health Organisation (2014). Presently, negative attitudes and fewer procedures for the early detection of older suicidal adults have affected proper mental health care for this age group, globally. More gatekeepers are needed with proper training in the recognition of suicide risk factors, who will be able to assist and collaborate with present health care professionals and family members. This community–based prevention strategy shares responsibility for suicide prevention among professional and lay members of the community and employs health and mental health professionals, aging sector professionals, caregivers, and older adults to recognize and respond to older adults who may be in distress [15].

Nakhid–Chatoor (2020) [16] states that the type of the attachment relationship with significant others in his/her life, is at the core of the elderly person's mental health and well–being. Catalano & Hawkins (1996) [17] also posit that "when the socializing contexts of family, school, religion and other community institutions …are consistent, a social bond develops between the individual and the socializing unit. This [attachment] or control, inhibits deviant behaviours" (p. 156) and can significantly decrease "risk factors such as family conflict, poor family management practices and low family bonding" (p. 152). Family conflict and the severing of relational bonds can contribute to suicide attempts; for adults, suicide behaviours were linked to relationship problems or separation [18]. These authors continue that family members who have attempted or completed suicide are shown to increase other family member's risk for suicide and suicidal behaviours, both in adolescents and adults, an adverse and imitative connection which exists even after individuals may have been assessed for psychiatric diagnoses and treatment. More research and statistical data on the increasing numbers of suicide on this vulnerable section of the population are needed however, from hospitals, institutions and health facilities which serve the elderly.

Conclusion

In conclusion, in any situation where relationships are important, social connectedness and a sense of well–being are the drivers and protective factors (Nakhid–Chatoor, 2020) [16] of a healthy outlook on life. Stern and Divecha (2017) [19] agree with this viewpoint and assert that if there is a connection between family and friends – a sense of belonging–this relatedness and attachment to others can reduce suicide risk dramatically, and more so among one of the most vulnerable groups in our society–the elderly. The report also recognises that combining qualitative and quantitative research methods may offer a better framework for understanding the complicated phenomena of senior suicide. According to the American Psychological Association (2020) [20] ageism remains at the forefront during the Covid–19 pandemic, as discussions on rationing health services has displayed the elderly as 'sacrificial' in areas with limited resources to combat the disease. The report from the APA continues that the psychological impact of the COVID–19 crisis may increase suicide rates during and after the pandemic amongst the elderly population due to the lack of protective factors at hand such as social support, connectivity with others, and involvement in extracurricular activities. While it is difficult to establish a correlational link between feelings of loneliness, fear, anxiety and an increase in suicidal rates, the psychological impact on relationships and fear of social isolation as stated above, can be contributing factors for suicidal ideation and suicide.

The most important factors that can help the elderly to cope with their personal issues are support systems and financial and emotional help from their relatives, friends and family. It is acknowledged that both risk and protective factors are decisive factors and play an important role in the prevention of suicide [21]. The attachment bond therefore, is a close relationship that can be developed in the aspect of caregiving and serves as a protective factor as it provides a feeling of safety in times of threat and emotional distress.

These continuing bonds must be considered as important elements in a world where many lives have been lost among the elderly population, not solely because of the virus, but due to the emotional and mental health concerns that have led persons in this age group, sixty years and over, to choose an alternative approach–that of suicide – to combat this dreaded disease. This is a call for action and a red flag to public and private mental health systems of care, that increased support systems must be provided to the elderly during this pandemic, through improved training of mental health professionals and lay persons (Fullen, 2016) [15] to recognize and attend to symptoms when described by relatives or as they are presented in hospitals and clinics.

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Conflict of interest

Authors declare that there is no conflict of interest.

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