

**COVID19 and suicide in older adults- the elephant in the room?**

Anne PF Wand  
Conjoint Senior Lecturer  
School of Psychiatry  
Faculty of Medicine  
University of New South Wales  
Sydney, New South Wales, Australia

Carmelle Peisah  
Conjoint Professor  
School of Psychiatry  
Faculty of Medicine  
University of New South Wales  
Sydney, New South Wales, Australia

Discipline of Psychiatry  
Sydney Medical School  
University of Sydney  
Sydney, New South Wales, Australia

President  
Capacity Australia  
Sydney, New South Wales, Australia

Abstract

Adverse mental health effects of the COVID-19 pandemic on youth and adults have been predicted, with comparatively little discourse about older adults. Older adults have been highlighted as a group at risk of infection who should stay home, however isolation may be especially virulent in this group, exacerbating already high suicide rates.

Letter to the Editor

To the Editor: There has been recent important discourse about the adverse impact of COVID19 on mental health, with Brain and Mind Centre modelling predicting increases in suicide in the wake of the pandemic.<sup>1</sup> Links with the economic downturn have been emphasised, with financial stressors and loss of productivity amongst youth and working adults playing a large part, leading to a call for proactive investment in mental health services.<sup>1</sup> This is of undisputed, urgent importance. However, there has been relative silence about the effects of the pandemic on suicide risk in older adults, especially men aged 85+, amongst whom exists the highest rates of suicide of all age groups.

Older adults are particularly vulnerable to the social ramifications of the pandemic including social distancing, if not frank social exclusion by quarantine, exacerbating pre-existing loneliness,<sup>2</sup> particularly for those in residential care. Management of older people with pre-existing mental illness as well as the expected increases in depression and anxiety<sup>2,3</sup> have been confounded by changes in service provision and access to mental health services.<sup>2</sup> Similarly, delays in presentation and management of physical illness combined with the suspension of elective procedures<sup>3</sup> may contribute to untreated pain and other distressing physical symptoms, also identified risk factors for suicide.<sup>4</sup>

Furthermore, societal ageism manifesting in calls for sacrifice of older people scapegoated for all of the social and financial exigencies of the pandemic, exacerbates internalised ageism (<https://hellocaremail.com.au/ageism-response-covid19>; <https://www.aljazeera.com/indepth/opinion/coronavirus-prospect-mass-involuntary-euthanasia-200515122939558.html>). Perceptions of disconnection from society, feeling burdensome and devalued are already known associations with late-life self-harm and suicide.<sup>4</sup> In addition to fuelling active self-harm, there has been speculation regarding links between the pandemic and increased requests for voluntary assisted dying ( <https://www.smh.com.au/national/requests-to-die-surge-as-virus-fears-push-terminally-ill-to-make-plans-20200528-p54xabc.html>).<sup>5</sup> These reports suggest that such requests have been driven by anxiety about dying, fears of loss of control and inability to access help for distressing symptoms, not unfounded given the complexity of providing good deaths for older people who are dying, particularly those in nursing homes, ever more so in the pandemic.<sup>3</sup>

We add to the call to act urgently and flatten the mental health and suicide curve<sup>1</sup> for Australians of all ages.

References

1. Modelling shows path to suicide prevention in covid-recovery.  
<https://www.sydney.edu.au/news-opinion/news/2020/05/13/modelling-shows-path-to-suicide-prevention-in-covid-recovery.html> (Accessed 1.6.20)
2. Wand APF, Zhong B-L, Chiu HFK, Draper B, De Leo D. COVID-19: the implications for suicide in older adults. *Int Psychoger* 2020; 1-6 [30 April]
3. Holt NR, Neumann JT, McNeil JJ, Cheng AC. Implications of COVID-19 in an ageing population. *MJA* 2020; 1-18 [6 May]
4. Wand APF, Peisah C, Draper B, Brodaty H. Why Do the Very Old Self-Harm? A Qualitative Study. *Am J Geriatr Psychiatry* 2018; 26: 862-871.
5. Lapid MI, Koopmans R, Sampson EL, Van den Block L, Peisah C. Providing quality end-of-life care to older people in the era of COVID-19: perspectives from five countries. *Int Psychogeriatr* 2020; 1-8 [11 May].