POLICY BRIEF

SAFER AGEING: SUICIDE AND SELF-HARM AMONG OLDER ADULTS

Policy Brief

Hourglass
Safer ageing · Stopping abuse

Safer Ageing:
Suicide and self-harm among older adults.
Policy Brief

Key Issues

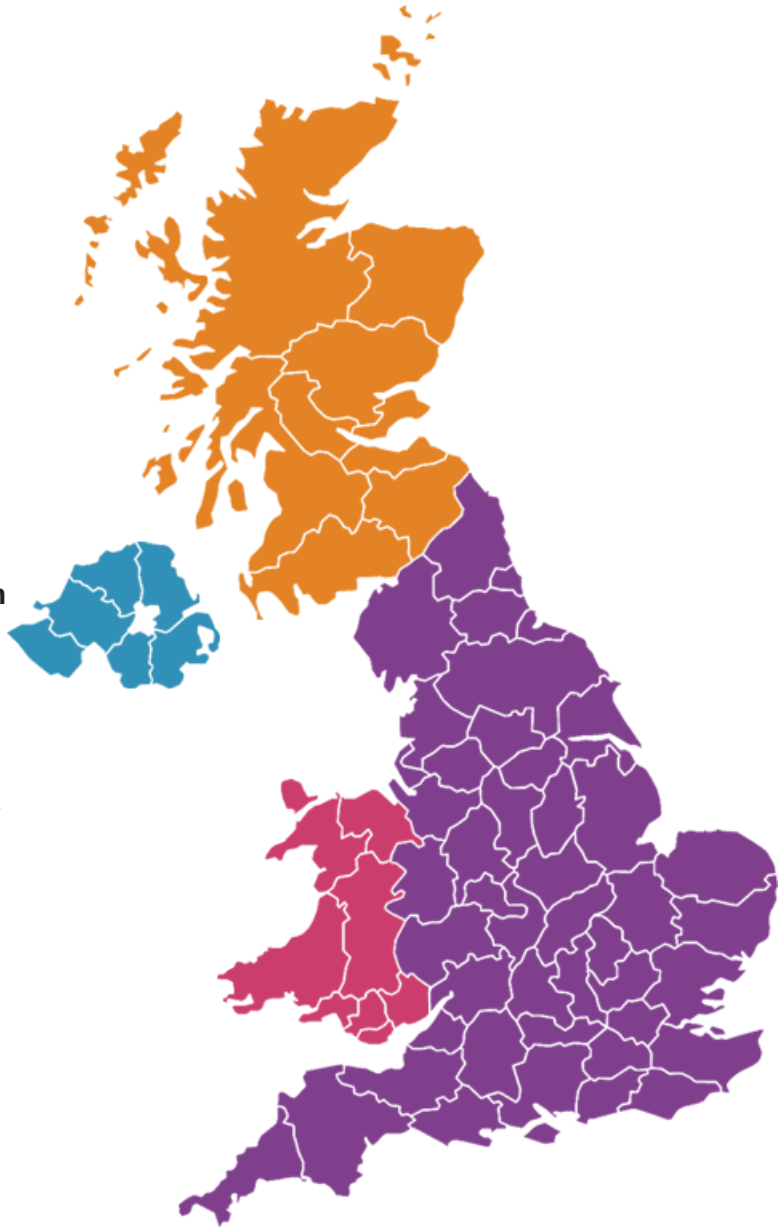
Older adults face barriers to domestic abuse support services and mental health support services.

'Ageing well' has been a guiding principle in relation to older people's mental health.

National data on suicide show a second peak in prevalence in later life. This particularly applies to men over 75.

Self harm in older adults is a high risk indicator for suicide.

Harm and abuse can have a serious impact on mental health, domestic abuse should be considered a risk factor in suicide prevention work.



Recommendations:

Safer Ageing should become a guiding principle in policy and legislation concerning suicide prevention and self-harm.

While there is some evidence of a focus on older adults in policy concerning mental health more generally, this has not translated into direct action to either better understand or to tackle suicidality in later life. Policymakers should look to advice within the clinical setting, which demarcates the particular features of self harm in later life and investigate how far older adults are receiving effective support following disclosure of self harm or suicidal ideation. GPs and Hospital emergency staff are likely to be the first port of contact for people who have self harmed. Therefore, policy should example best practice models identified in clinical settings. For example, the Royal College of Psychiatrists recommends that older adults who self harm should be assessed by old-age psychiatrists or by mental health specialists trained to assess risks and needs in this group of individuals.19

Understanding and tackling the 'second peak' in suicide rates among over 75s needs to be a priority in national suicide prevention strategies. Stakeholders across the suicide prevention and self-harm sector need to raise awareness of the signs and manifestations of these issues in later life.

Little is understood of the 'second peak' in suicide rates among over 75s. This needs to become a priority area in suicide prevention strategies. National data shows this is a growing issue and central government strategy should highlight the trend. A perception that suicide predominantly impacts working age adults and is rare in later life is damaging to policy and practice, older adults face increasing barriers to support for self-harm or suicidal thoughts.

Work to improve the symbiosis of domestic abuse and suicide prevention support services need to carefully consider the nature of abuse of older people.

The emerging focus on the relationship between domestic abuse and victim and perpetrator suicides risk entrenching the exclusion of older adults from data, analysis and services. The barrier to support in both the domestic abuse and mental heath sector for older adults is well documented and while increased scrutiny of suicide by victims of domestic abuse is welcome, efforts must be made to include the voices of older victims.

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Policy problem:

Hourglass' movement for safer ageing argues that the realities of age and ageing need to be central to services, policy development and practice. Older people face particular physical and attitudinal barriers that increase risk of harm and abuse in later life.

The issue of suicide provides an avenue to explore how mental health is addressed in the older community and how this might relate to instances of violence and abuse in later life. As well as demonstrating that the understanding and prevention of suicide and self-harm need to be central to any work aiming to improve poor mental health for older people, this analysis also makes the link between suicidality and experiences of violence and abuse. Hourglass finds that older people are at risk of some of the most violent outcomes of abuse with grievous harm to both victims and perpetrators.

Some strides have been made to address poor mental health in later life. The guiding government policy paper, 'No Health Without Mental Health', pays particular attention to older people. For example, recognising that while depression is the most common mental health problem in older people, 'these problems often go unnoticed and untreated'.[1] This policy sets out strategies for improving good mental health in older communities.

However, the focus of such work is on 'ageing well'. Examining suicide and self-harm in later life suggests that there needs to be a shift in understanding towards 'safer ageing', to join up understanding of mental health and serious harm in later life. While 'ageing well' denotes useful concepts of quality of life, independence, and reducing costs to the health and social care of older communities this can elide the reality of serious harm in later life.

Suicide has featured in national government policy and strategy for some time, however older people have not typically been identified as a priority group for this work. The first National Suicide Prevention Strategy was implemented in 2012. In 2017 the strategy was updated to also include self-harm.[2] The policy approach is cross-governmental, the Cross-Government Suicide Prevention Workplan commits every area of government to taking action on suicide.[3] The devolved administrations all have up to date suicide prevention plans encompassing suicide and self-harm.[4]

Prevalence:

Prevalence data in the sector might look at completed suicide rates, which find that men are three times more likely than women to take their life.[5] In England and Wales, in 2019 the suicide rate was highest for age groups between 40 and 54. For those aged 45-49 the rate was almost 50% higher than the overall average.[6] Prevalence data might also look at suicidal thoughts. In 2014, the most recent Adult Psychiatric Morbidity Study found that a fifth of adults in England had suicidal thoughts. This was more common in women (22.4%) than in men (18.7%). In all age category aggregations, women were more likely to report suicidal thoughts, apart from 65-74. As a general trend, there were lower levels of reporting suicidal thoughts in older age.[7]

For men and women in older age, national data on completed suicide demonstrates a 'second peak' in later life. The highest rates of suicide converge around working age adults but rise again in the 75+ age categories.[8] Additionally, national data shows suicide rates in older women rising and men aged 60+ saw an increase in suicide rates from 12.3 per 100,000 to 14.8 per 100,000 (2012-2014).[9]

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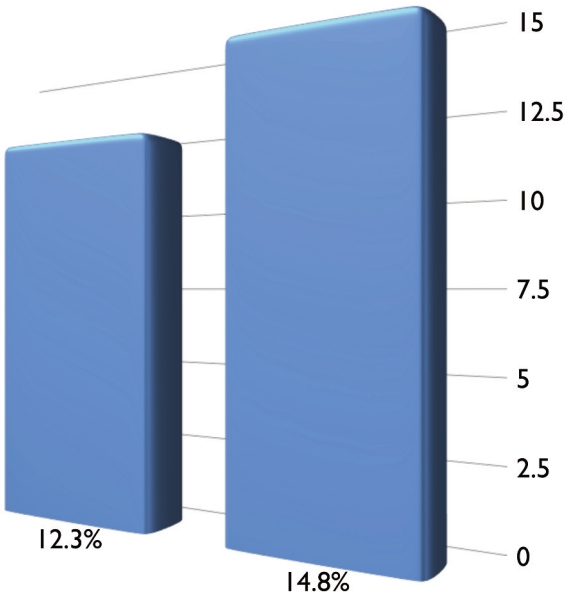

Self-harm:

By considering self-harm, we can see that instances of self harm in the older community constitute high risk situations. Similarly, to those of younger age, older people who self-harm have increased suicidal intent. The risk of completed suicide by those who have self harmed rises with increasing age. In research examining people presenting with self-harm episodes at hospital, a 2018 study found that suicide risk was 67 times higher among those aged over 60 experiencing self-harm, than their peers who were not. Additionally, suicidal risk in this older group was found to be three times higher than those younger individuals (20-59) presenting with self-harm at hospitals.[10]

Suicide and self harm in later life is a significant harm affecting the older community. Framing of suicide and self harm in public debate and policy development foregrounds working age adults and young people, respectively. These ageist perceptions concerning suicide and older age impact clinical outcomes for older people. In England the National Institute for Care Excellence (NICE) clinical guidance recommends older adults are assessed by an old-age psychiatrist or mental health specialist in an instance of self-harm because of the raised level of suicidal intent in older age. A related study determined that there was poor clinical compliance to this guideline, showing that 36% of adults aged over 60 were referred back to their General Practitioner with no onward referral to a specialist service.[11]

A reframing of mental health in older age as an issue of safer ageing would improve the inclusion of older people in responses to suicide and self-harm. The safer ageing of our communities is a valuable goal in itself. In addition, reducing physical and attitudinal barriers facing older people in terms of mental heath support may also reduce the number of older people vulnerable to harm and abuse in later life.

The abuse of older people:

There is evidence of association between interpersonal violence or abuse and attempted suicide of victims. However, theory and literature about groups and types of victim suicides are not well developed. Suspected victim suicides account for a 'large and previously overlooked group of deaths, not captured in other domestic homicide datasets'.[12] While there is no regular national data collected specifically on suspected victim suicides, research examining the role of domestic abuse in suicidality has shed light on the association. Findings in this area suggest more needs to be done to join up criminal justice responses and support services for victims of abuse with suicide prevention strategies.

The national lockdowns put in place across 2020 and 2021 in response to the COVID-19 pandemic, led to intensified concern for the potential spike in both domestic abuse and suicide. This triggered a one-off national analysis of deaths within a domestic setting, conducted by the Home Office and seeking to provide recommendations for policing in relation to domestic homicide and suicide following domestic abuse. There were 38 suspected suicides of victims of domestic abuse reported to the project in the 12 months 1 April 2020 to 31 March 2021. In almost all cases where the perpetrator was known, the perpetrator was an intimate partner; in 2 of 35 cases it was a family member. The sizable number of suspected victim suicides with a known history of abuse presented in this analysis suggests that the high-risk high-harm nature of abuse in the domestic setting can have an extreme impact on victim's mental health and this needs to be accounted for in both domestic abuse and suicide prevention work.

It is vital that this work accounts for the varied experience of abuse in later life and that older people are not excluded in work seeking to address the connection between domestic abuse and suicidality. The Hourglass helpline, which supports older victims or concerned family, friends and practitioners on issues relating to abuse of an older person, provides insight into the changing face of abuse in later life. While the majority of calls concern women, the proportion of calls concerning male victims is higher than helplines dealing with all age groups. In 2020, 68% of calls to the Hourglass Helpline, where the gender of the victim was known, concerned an older woman. Additionally, the perpetrator most frequently identified in enquiries was a son/daughter (37%), rather than an intimate partner (12%). In considering the risk of victim suicide in cases of abuse, practitioners and policy makers need to be aware of the differences in experiences of abuse in later life.

Many instances of abuse of older people are captured by the term domestic abuse. However, the abuse of older people also includes abuse in a health and or care setting, other professionals, or that perpetrated by a friend or neighbour. In these instances, the statutory definitions of domestic abuse do not cover these instances of harm and victims might find themselves outside the remit of domestic abuse support services. Most attention to the relationship between abuse of adults and suicidality has focussed on domestic abuse and so features some limitations in considering the abuse of older people.

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In 2018, the domestic abuse charity Refuge conducted research into their client base, providing original evidence on the prevalence of suicidal ideation and attempts amongst clients who had experienced domestic abuse.[13] The psychological harms associated with domestic abuse are well known, 'depression, post-traumatic stress, anxiety and their behavioural consequences, such as social isolation, substance mis-use and self-harm (in its broadest sense), are common outcomes of such abuse.'[14] Among Refuges' client base almost a quarter

(24%) had felt suicidal at one time or another; 18% had made plans to end their life; 3.1% had made at least one suicide attempt.[15] This is strong evidence to suggest more needs to be done to respond to the psychological impacts of domestic abuse.

Older people can often be overlooked in analysis of domestic abuse and excluded from services. Figures suggest that older people might be less likely to seek support from commissioned services because of a perception or reality that services are primarily designed with adults aged 16-59 in mind. Women's Aid service users, broken down by age, reveals the exclusion older women face from community and refuge services. From 2010 to 2017, just 2.7% of service users were over 61 (2% using community-based service and 0.7% using refuges).[16] In 2019-2020 this has risen fractionally, 3.8% of service users were over 61 (2% using community-based service and 1.8% in refuges).[17] In examining client groups, older people are therefore likely to be underrepresented.

Additionally, many cases of domestic abuse of an older person fall outside the remit of existing services. A case from the Hourglass helpline illustrates this. The helpline received a call from a client concerned about her father (69) who lives with his adult son and performs caring duties for him. The caller disclosed psychological abuse of their father by their brother. For 2-3 years he has been a victim of abusive language and not permitted to maintain other personal relationships. The caller detailed that the local authority had not acted when reported. Her father is suicidal, he is often tearful and experienced anxiety.

Snapshot data provided to the Office of National Statistics by the Mankind Initiative, recorded that in March 2021 there were just 38 refuge or safehouse services for men suffering domestic abuse. There are just 17 services offering support groups, recovery programmes or counselling to male victims.[18] The older man who was the subject of the call to Hourglass' helpline faces extraordinary barriers to support based on his demographic profile.

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As the attention of policymakers and practitioners turns to the relationship between domestic abuse and suicide and self harm. The unique features of abuse in later life need to be built into policies and services to ensure older victims do not face additional barriers to support. As an initial step to ensuring this, the characteristics of suicide and self harm in later life, as well as poor mental health more generally need to be examined.

Recommendations:

Safer Ageing should become a guiding principle in policy and legislation concerning suicide prevention and self-harm.

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Last updated October 2021

Consulted or recommended resources

[1] Her Majesty's Government and Department of Health, 'Preventing suicide in England A cross-government outcomes strategy to save lives' (September 2012)
[2] Her Majesty's Government, 'The Cross-Government Suicide Prevention Workplan' (January 2019)
[3] House of Commons Library, 'Suicide prevention: Policy and strategy' (2021), pg. 7
[4] House of Commons Library, 'Suicide prevention: Policy and strategy' (2021), pg 8
[5] Ibid., pg. 9
[6] NatCen Social Research and the Department of Health Sciences, University of Leicester, NHS digital (2014), pg. 301
[7] House of Commons Library, Suicide: summary of statistics (October 2021). Pgs 6-7.
[8] Morgan, Catharine; Webb, Roger T; Carr, Matthew J; Kontopantelis, Evangelos; Chew-Graham, Carolyn A; Kapur, Nav; Ashcroft, Darren M (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. doi:10.1016/s2215-0366(18)30348-1, pg 1
[9] Murphy E, Kapur N, Webb R, et al. Risk factors for repetition and suicide following self-harm in older adults: multicentre cohort study. Br J Psychiatry 2012; 200: 399.
[10] Ibid. pg. 399
[11] Home Office, 'Domestic Homicides and Suspected Victim Suicides During the Covid-19 Pandemic 2020-2021' (August 2021)
[12] Aitken, Ruth and Munro, Vanessa (2018) Domestic abuse and suicide: exploring the links with refuge's client base and work force. London; University of Warwick, School of Law: Refuge.
[13] Ibid. pg. 11
[14] Ibid. pg. 2
[15] Women's Aid: Survival and Beyond: The Domestic Abuse Report 2017 (Published 2018).
[16] Women's Aid: The Domestic Abuse Report 2021: The Annual Audit (2021).
[17] Office of National Statistics, Domestic abuse victim services, England and Wales (November 2021).
[18] Royal College of Psychiatrists, Self-harm and suicide in adults (July 2020). Pg 12
[19] Department of Health and Social Care, 'No Health without Mental Health' (February 2011), pg.58

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You can contact us in many ways:

Helpline: 0808 808 8141

Our helpline is entirely confidential and free to call from a landline or mobile, and the number will not appear on your phone bill.

Text message: 07860 052906

Texts from outside the UK will be charged at their standard international rate which will differ depending on location and service charges of your phone provider. The number will appear on your bill and in your phone records but will not be identified as Hourglass.

Instant messaging service: www.wearehourglass.org

Email: helpline@wearehourglass.org

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