



Suicidal Thoughts & Self-Harm

MENTAL HEALTH & WELLBEING

This evidence theme on suicidal thoughts and self-harm is a summary of one of the key topics identified by a scoping review of mental health and wellbeing in aged care research.

Key points

- Thoughts about death and self-harm are not uncommon in older adulthood, especially in the later years of life.
- Risk factors for suicide later in life include mental health disorders, physical illness and functional or cognitive decline.
- Suicidal ideation and self-harm are also higher among those living in residential aged care in comparison to those living in the community.
- Interventions to prevent suicidal thoughts or behaviours in residential aged care have not been rigorously evaluated. Therefore, no conclusions have been drawn regarding how effective they may be.

What are suicidal thoughts and self-harm?

Thoughts about death and self-harm are not uncommon in older adulthood, especially in the later years of life.

These thoughts are strongly associated with mental health conditions such as depression and anxiety, [1] and sometimes may result in self-harm or suicide. [2] For men and women, suicide rates are higher in older adulthood in comparison to younger age groups, and peak for men in older adulthood. [3] There may be multiple reasons why suicide rates are higher in older adulthood. What leads a person to consider suicide is complex and will often vary from person to person. [4] According to previous research, risk factors for suicide later in life include mental health disorders, physical illness, and functional or cognitive decline. [5, 6]

Self-harm (sometimes referred to as non-suicidal self-injury) is classified as someone taking steps to hurt themselves. Many people who self-harm are not attempting to end their life. However, self-harm can damage someone's health, result in accidental death, and is a risk factor for future suicide attempts. [7] In older adulthood, self-harm is often a response to low feelings of control in one's own life, feelings of social isolation, or an attempt to retain a sense of identity. [8] Self-harm is also higher among those living in residential aged care in comparison to those living in the community. [8]

What does the research tell us about suicidal thoughts and self-harm in aged care?

Most reviews identified in our scoping review focused on suicidal thoughts and self-harm specifically in residential aged care. However, suicide risk in residential aged care is not well understood. While suicidal thoughts are an issue in aged care, there is little information on the prevalence of self-harm, suicidal thoughts, and suicidal behaviour in this population. [9] It is also not well understood how suicide risk is measured in long-term care, and how residential aged care facilities respond to these issues. [9]

According to multiple studies, suicidal thoughts are higher among residents in comparison to those living in the community, with between 5 and 33 per cent of residents reporting suicidal thoughts in the previous month. However, completed suicide is rare among those living in residential aged care. [6]

Risk factors for suicidal thoughts among those living in residential aged care include depression, social isolation, loneliness, and functional decline. [6] According to one study, the most vulnerable time for people in residential aged care when it comes to experiencing suicidal thoughts is in the first seven months after admission [6]. Most studies focused on risk factors relating to the individual, but some (potentially outdated) evidence suggests that some organisational characteristics (such as facility size, daily spending, and staff turnover) may also be relevant to suicide risk. [6] Organisational factors should be a focus of future research.

The effectiveness of certain interventions to reduce suicide risk has been investigated in previous studies. However, interventions to prevent suicidal thoughts or behaviours in residential aged care have not been rigorously evaluated. Therefore, no conclusions have been drawn regarding how effective they may be in preventing suicidal behaviours. [10] The most common approaches involve staff training. While the content of the training was not always clear in the studies, many involved similar approaches (e.g., increasing awareness of mental health conditions, potential warning signs and steps to take). No interventions demonstrated a significant impact on suicidal thoughts or behaviours of residents. However, one study demonstrated that certain staff training interventions improved the care of suicidal residents (e.g., more frequent measures taken, staff meetings, implementation of protocols). [10]

References

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