Suicide and Self-Harm Prevention in Older Adults

Insights from a Rapid Review

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Rationale for the Review

- RTSSS data highlights rising concern for older adults
- North Wales population aged 60+ is growing
- Previous strategies lacked focus on older adults

Methodology of the Review

Question	Methodology
1. What is the prevalence of suicide and self-harm in older people in Wales/UK?	Data sourced from: BCUHB Public Health Team / PHW Observatory; North Wales Regional Lead Suicide and Self-Harm Prevention
2. What does the evidence suggest are the main risk factors for suicide and self-harm in older people? *51 studies identified in initial search; 12 included, of which 11 were systematic reviews (2 of which included a meta-analysis) and one review	• Key search terms and criteria developed (60+; published 2014-24; evidence from systematic reviews, meta-analyses, guidelines, and longitudinal/observational studies • BCUHB library service undertook a search for evidence using a range of sources (Embase, Medline, and PsycInfo databases) • Inclusion / exclusion criteria – many studies deemed not to be representative of the UK population and context • Review of titles & abstracts • Thematic analysis undertaken of included studies
3. What works to prevent suicide and self-harm in older people? *56 studies identified in the initial search; 15 included, of which seven were systematic reviews (three of which included meta-analysis) and eight reviews.	

*Limitation due to time constraints, it was not possible to undertake a robust quality appraisal for each paper

Prevalence of suicide and self-harm in older people in Wales/UK

Regional Suicide Rate Differences

- Wales shows a higher suicide rate of 12.5 per 100,000 compared to 10.5 per 100,000 in England, highlighting regional disparities.

Male Suicide Rates by Age

- Males aged 90+ have the highest suicide rate of 32.1 per 100,000, indicating increased vulnerability in very old men.

Female Suicide Rates by Age

- Older females generally have lower suicide rates, with the highest rates in the 50 to 54 age group.

Challenges in Reporting and Support

- Stigma and limited rural mental health services cause underreporting of self-harm among older adults, reducing support visibility.

Sourced: Office for National Statistics. (2023). *Suicides in England and Wales: 2022 registrations*. Retrieved from https://www.ons.gov.uk

Seasonal Trends in Suicide Rates

Sourced: Office for National Statistics. (2023). *Suicides in England and Wales: 2022 registrations*. Retrieved from https://www.ons.gov.uk

Intervention Approaches for Suicide Prevention

Gatekeeper Training in LTC Facilities

Gatekeeper Training Initiative

Training equips LTC staff to identify and respond to suicidal behaviours among older residents effectively.

Life Review Therapy

Life review therapy encourages reflection on life experiences to foster meaning and acceptance among residents.

Positive Outcomes

Programs have reduced depression scores and improved staff confidence in managing mental health concerns.

Workforce Development Importance

The model highlights workforce development and psychosocial interventions as key to suicide prevention in LTC.

Integrated Mental Health in Primary Care

Integrated Care Model

Mental health services are embedded in GP practices to address both physical and psychological needs of older adults.

Holistic Support Services

The approach includes cognitive therapy, physical rehabilitation, and social support tailored to elderly patients.

Early Intervention and Stigma Reduction

Integration facilitates early mental health intervention and reduces stigma around treatment for older adults.

Improved Mental Health Outcomes

This model effectively reduces depressive symptoms and improves overall wellbeing among older adults.

United Kingdom – NICE Collaborative Care

Collaborative Care Model

NICE guideline NG222 promotes integrated care by embedding mental health professionals in primary care for older adults.

Mental Health Screening

Systematic screening and follow-up for depression and suicidal ideation are core parts of the care model.

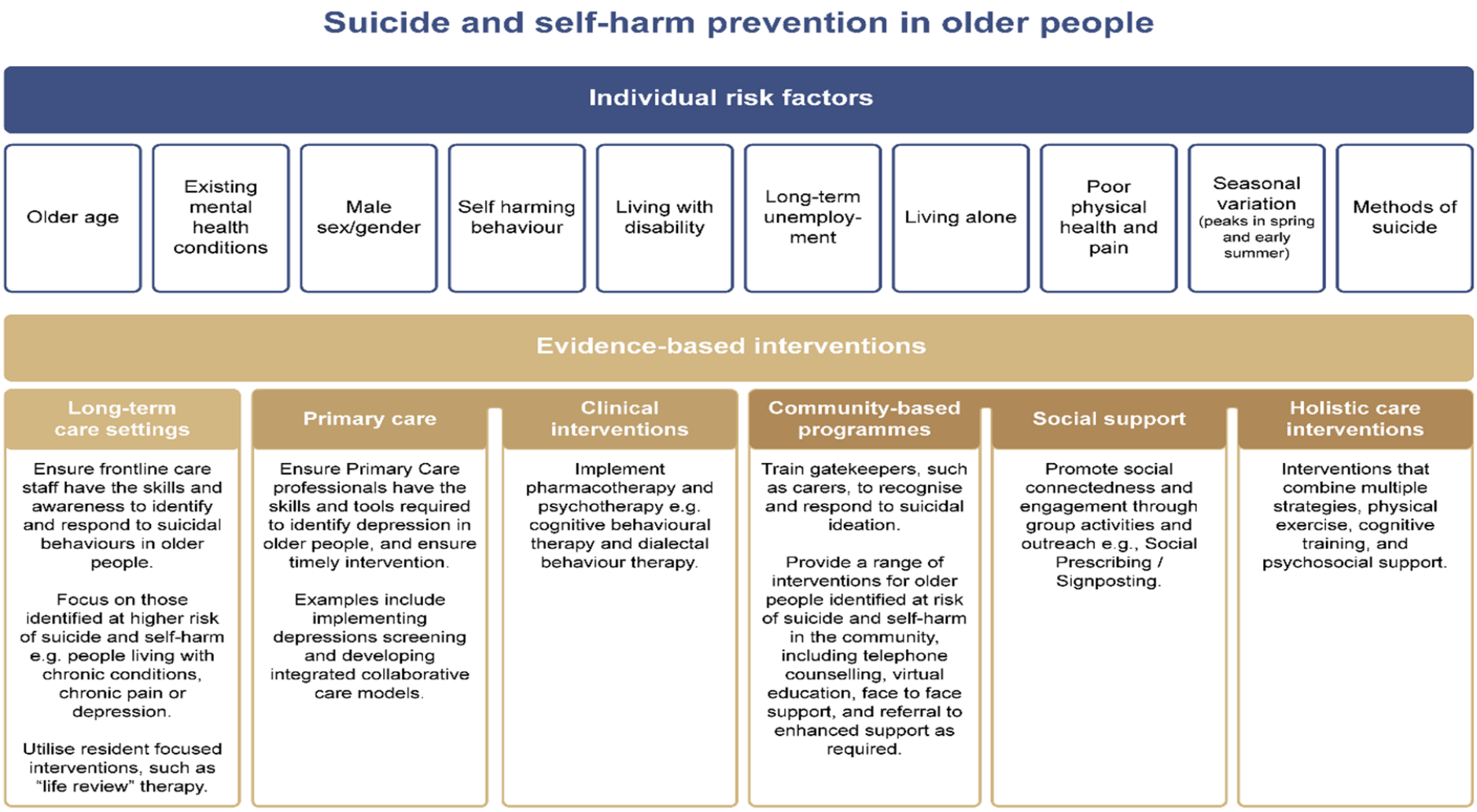
Improved Patient Outcomes

Integrated care has improved depression management and reduced suicide risk among older adults.

Continuity of Care

Embedding mental health services in general practice promotes early detection and ongoing support.

Suicide and Self-Harm in Older Adults: Key Insights



Conclusion

- Suicide in older adults is multifactorial
- Holistic, evidence-based prevention is essential
- Cross-sector collaboration is key
- Tailored interventions and ongoing support improve outcomes

"What role can we all play in ensuring older adults are not left behind in our suicide prevention efforts?"

Diolch / Thank you