



FRAN AND EARL ZIEGLER

COLLEGE OF NURSING

The UNIVERSITY *of* OKLAHOMA HEALTH SCIENCES

Safety First: Tips for Protecting Older Adults From Self Harm

Karissa Maddox MSN, RN, CMC and Sarah Cukale-Matos DNP, RN

OU College of Nursing

October 15, 2024

Karissa Maddox MSN, RN, CMC
Sarah Cukale-Matos DNP, RN

OU College of Nursing
Case Management



This presentation will explore:

Self Harm and
Suicide Facts

Contributing
Factors

The impact of
COVID-19

Generational
Considerations

Preventative
Measures

Resources



What is Self-Harm?

- **When a person hurts their own body on purpose.**
 - More common amongst women than men
 - Is a leading risk factor for suicide
 - Rates in the aging adult population might be underreported
- Examples Include:
 - Cutting skin with sharp object
 - Hitting oneself
 - Burning oneself
 - Bruising oneself or breaking bones
- Symptoms and Warning Signs:
 - Keeping sharp objects on hand
 - Wearing long sleeves even in hot weather
 - Frequent reports of accidental injury
 - Emotional or behavioral unpredictability
- Motivations Include:
 - A cry for help
 - A coping mechanism
 - A means to regain control

What is Suicide?

- **Death caused by injuring oneself with the intent to die.**
 - Common in all age groups and affects a wide range of people.
 - In 2022, suicide was among the top 9 leading causes of death for people ages 10-64 (CDC, 2024)
 - Suicide was responsible for 49,476 deaths in 2022
 - Demographics with the highest rates of suicide:
 - Non-Hispanic American Indian
 - Non-Hispanic White
 - Veterans
 - People living in Rural Areas
 - Workers in certain industries like mining and construction
- **Symptoms and Warning Signs**
 - Experiencing suicidal thoughts or ideations
 - Talking about suicidal wishes
 - Making preparations
 - Withdrawing from loved ones
 - Mood changes



Suicide in Older Adults



- Worldwide, suicide rates are highest among the elderly.
- Rates of suicide typically decline in older women and increase in older men.
- Older men die by suicide at a rate seven times higher than that of older women.
- Comparing age, gender, marital status, birthplace, and education; Baby Boomers have a historically higher rate of suicide compared to the other generations.
- Co-morbidity, loss of dependence, or sense of purpose are more prominent differences among older generations than their younger counterparts.

Suicide in Older Adults

- In 2020, older adults had highest rate of death due to suicide than any other group. (SAMSA, 2012)
- The rate of suicide in the oldest group of white males (85+) is greater than four times higher than the overall rate of suicide nationally. (Kuffel, et al., 2023)
- In 2008, approximately 6000 US adults aged 65 and up died by suicide. In 2020 this number was over 9000. (CDC, 2021)
- Attempts are often more deadly than in other groups at approximately 4:1 attempt to completion ratio compared to other ages ranging between 8:1 and 20:1 (Betz et al., 2016).

(SAMSA, 2012)

Risk Factors in Older Adults

- Depression
- Prior attempts
- Feelings of hopelessness
- Social isolation
- Family losses or conflict
- Alcohol or medication misuse
- Cognitive impairment causing impulsiveness
- Co-morbid medical conditions limiting function
- Medical conditions impacting life expectancy
- Pain
- Loss of independence
- Loss of sense of purpose
- Difficulty adapting to change
- Access to lethal means



Unique Stressors in Older Adults

- Involuntary retirement
- Social isolation
- Thwarted belongingness
- Perceived burdensomeness
- Sadness after losing a spouse or partner
- Declining health



(DeLisle, et al., 2023)

Tiredness of Life

Phenomenon seen in current research on suicide in older adults, differentiated from depression. Describes four components:

1. Boredom with life
2. Aversion towards life
3. Meaninglessness
4. Fatigue

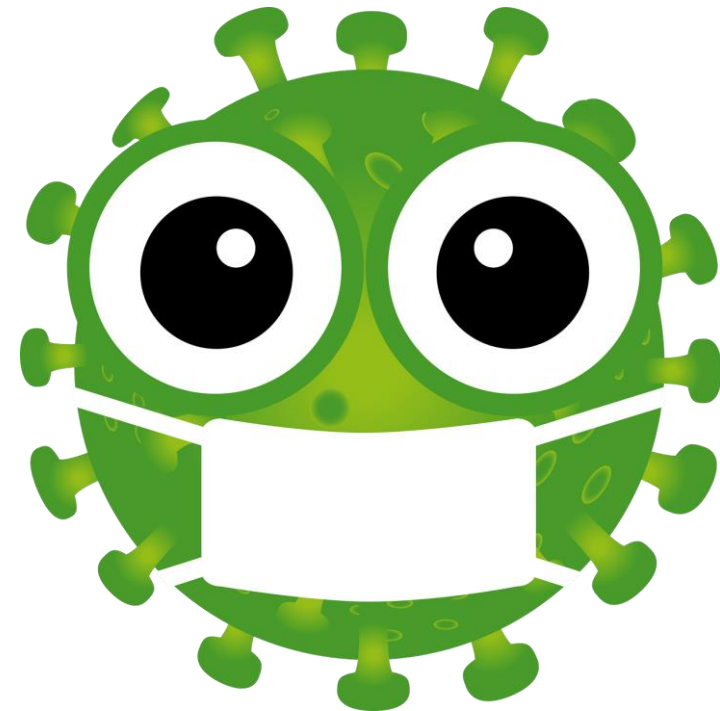


(Appel, van Wijngaarden, & Dezutter, 2024,)

What Does Covid-19 Have To DO With This?

❖ Suicide rates increased approximately 36% between 2000–2022 (CDC, 2024)

- Increased isolation
- Fear
- Loss
- Weariness
- Economic impacts



❖ OU College of Nursing Case Management Statistics

Year	Reports	% of all CIs
2022	5	1.4
2023	11	4.8
2024*	12	6.5

*Jan-Sept reporting





Generational Considerations

Considerations...

1

The overall statistics in the elderly population for self-harm may be underreported.

- Shame
- Perceived Stigma
- “You Should Know Better”
- Pillar of the Family

2

Self-Harm used as a “Cry for Help.”

- Attention Seeking
- Feeling desperate for someone to pay attention



(Troya, et al., 2019)



FRAN AND EARL ZIEGLER
COLLEGE OF NURSING
The UNIVERSITY of OKLAHOMA HEALTH SCIENCES

Considerations...

3

Self-Harm as a Coping Mechanism, not Suicidal Expression

- Dealing with Stressors accumulated throughout their life.
- Bringing the pain out instead of holding it in.
- Self-Harm allows escape from emotions that seem unbearable.
- They feel Powerless.

4

Self-Harm used for Attention-seeking

- Desperate and not Understood

(Troya, et al., 2019)



FRAN AND EARL ZIEGLER
COLLEGE OF NURSING
The UNIVERSITY of OKLAHOMA HEALTH SCIENCES

Considerations...

5

Secrecy, Shame, Stigma

- Difficulty in talking about – “they should know better.”
- Supposed to be a Role Model
- Societal Changes – Less Income, Loss of Societal Status

6

The Loss of Their Control Over Their Own Life

- Dependent on their kids or Others
- Inability to drive, balance their own checkbook, cook a meal
- Children make all their decisions of what is good for them and what is not



Considerations...

6

Chronic Illness or Pain

- The Elderly are more likely to face Illness or Chronic Diseases that can compromise mobility and quality of life.
- They can become dependent upon others for many basic needs.



Prevention Measures

Universal Prevention

- Implementation of Depression Screenings
- Education on Suicide Prevention and Triggers
- Providing Suicide Prevention Hotline Numbers
- Removal of Firearms

Selective Prevention

- Elderly Adults who experience transition to new home or facility
- Elderly Adult who loses a spouse or loved one.

U S

Indicated Prevention

- Train family, lay persons, or close friends for warning signs
- Reassurance
- Physician/Medication

Home and Community Based Services

- In-Home Programs
- Decreased Isolation
- Additional eyes on
- Monitoring and management of medications

I H

Resources

1

988

- Calling or Texting 988 connects those in crisis to trained counselors from the existing Suicide Prevention Lifeline network.
- There are 200 crisis centers nationwide, of which 988 are provided.
- Counselors are experienced in responding to people in emotional distress, including those with suicidal intent.

2

Columbia Protocol

- Identifies people who are most at risk for dying by suicide
- Evidence based, validated tool for suicide risk screening
- Free for use to anyone
- Provides steps for intervention based on risk level

Key Points of Intervention

1

Aging Service Providers

- Key identification of those at risk

2

Behavioral Healthcare Providers

- Variety of actions to reduce risk

3

Primary Healthcare Providers

- Regular touchpoint



Conclusion

The aging adult population

- At increased risk for self harm and suicide
- Experiences unique risk factors and stressors
- Might be less likely to seek help or self report

Risk identification and intervention is the responsibility of

- Aging service providers
- Behavioral health providers
- Primary care providers
- Informal supports

References

- Appel, J. E., van Wijngaarden, E., & Dezutter, J. (2024). Tiredness of life – Conceptualizing a complex phenomenon. *Psychological Reports, 0*(0). <https://doi.org/10.1177/00332941241268815>
- Betz, M., Arias, S., Segal, D., Miller, I., Camargo, C., & Boudreaux, E. (2016). Screening for suicidal thoughts and behaviors among older patients visiting the emergency department. *Journal of the American Geriatrics Society, 64*(10): 72-77.
- Centers for Disease Control and Prevention, National Center for Health Statistics. (2021). Underlying Cause of Death 2018-2020 on CDC WONDER Online Database. <http://wonder.cdc.gov/ucd-icd10-expanded.html>.
- Centers for Disease Control and Prevention. (2024). *Facts about suicide* [Fact sheet]. <https://www.cdc.gov/suicide/facts/index.html>
- Cleveland Clinic. (n.d.). *Suicide* [Fact sheet]. <https://my.clevelandclinic.org/health/articles/suicide>
- Kuffel, R. L., Morin, R. T., Covinsky, K. E., Boscardin, W. J., Lohman, M. C., Li, Y., & Byers, A. L. (2023). Association of Frailty With Risk of Suicide Attempt in a National Cohort of US Veterans Aged 65 Years or Older. *JAMA psychiatry, 80*(4), 287–295. <https://doi.org/10.1001/jamapsychiatry.2022.5144>

References

- Substance Abuse and Mental Health Services Administration. (2023). *Self harm* [Fact sheet]. <https://www.samhsa.gov/mental-health/self-harm>
- Substance Abuse and Mental Health Services Administration. (2012). *Older Americans behavioral health issue brief 4: Preventing suicide in older adults* [Fact sheet]. https://www.ncoa.org/viewer/web/viewer.html?url=https://assets-us-01.kc-usercontent.com/ffacfe7d-10b6-0083-2632-604077fd4eca/af884830-cb57-480d-909c-b139a7691e6b/Older-Americans-Issue-Brief-4_Preventing-Suicide_508.pdf
- Park, M., Wang, S., Reynolds, C. F., 3rd, & Huang, D. L. (2022). Diversify Your Emotional Assets: The Association Between the Variety of Sources of Emotional Support and Thoughts of Death or Self-harm Among US Older Adults. *Archives of suicide research : official journal of the International Academy for Suicide Research*, 26(3), 1410–1422. <https://doi.org/10.1080/13811118.2021.1912675>
- Troya, M. I., Dikomitis, L., Babatunde, O. O., Bartlam, B., & Chew-Graham, C. A. (2019). Understanding self-harm in older adults: A systematic review. *British Journal of Psychiatry*, 214(4): 186-200. <https://doi:10.1192/bjp.2019.11>