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Patterns of Hospital Presenting Suicide-Related Ideation in Older Adults before and during COVID-19: Findings from a National Clinical Service in Ireland 2018-2021

M. Isabela Troya, Paul Corcoran, Ella Arensman, and Katerina Kavalidou

ABSTRACT

Objective: To examine changes in trends of hospital-presenting suicide-related ideation in older adults living in Ireland, during the first 24 months of the COVID-19 pandemic and 2018–2019.

Methods: Data on presentations of patients aged 60 and older from participating hospitals of the National Clinical Programme for Self-Harm and Suicide-related Ideation were used to compare trends during the first two years of the COVID-19 pandemic (2020–2021) with the preceding period (2018–2019). Poisson regression models were used to estimate trends in the pre-pandemic and pandemic periods.

Results: There were 1531 presentations for suicide-related ideation to hospital emergency departments in older adults between January 1, 2018–December 31, 2021, with most presentations involving males (57.2%, $n = 876$). There was a 27% increase in suicide-related ideation presentations during the pandemic years (2020–2021) when compared to 2018–2019 (RR: 1.27, $p = .001$, 95%CI: 1.14–1.40), with females showing a 29% increase (RR: 1.29, $p = .001$, 95%CI: 1.11–1.51) and males a 23% increase (RR: 1.23, $p = .002$, 95%CI: 1.08–1.40). When examining these trends by years, there were only significant increases in 2021, and no significant increases were observed in 2020.

Conclusions: The study findings show that in the second year following the start of the pandemic, significant increases were observed in suicide-related ideation hospital-presentations in older adults. While immediate changes in trends were not observed in the first year of the pandemic, it is important to consider the pandemic's medium and long-term impact on older adults' mental health, to provide adequate support and reduce suicide risk among those presenting with suicide-related ideation.

HIGHLIGHTS

- Hospital-presenting suicide-related ideation increased by 27% in the first two years of the COVID-19 pandemic, with more accentuated increases in 2021.
- Older men had increased suicide-related ideation presentations in 2021.
- In the aftermath of the COVID-19 pandemic, it is important to consider the medium and long-term effects on older adults' mental health.

KEYWORDS

Covid-19; mental health; pandemic; suicidal ideation

INTRODUCTION

In March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic. Since then and for a period of approximately 24 months, Ireland, alongside other countries, adopted several public health measures to contain the spread of the virus. These included social restrictions, mandatory cocooning (i.e., social isolation) for older adults, travel restrictions, and closure of schools, colleges, and businesses. Individuals and societies endured several ongoing health and social impacts as a result of the virus and the effects of the pandemic. The impact of physical distancing measures to individuals' mental health has been documented globally with observed increases in common mental health problems such as anxiety and depression (Carr et al., 2021; Santomauro et al., 2021; WHO, 2022). Adhering to social restrictions caused an increase of social isolation and loneliness, limited access to education and social support, and restricted access to healthcare services (Gunnell et al., 2020; Holmes et al., 2020).

Suicidal behavior is complex and multi-factorial, with an array of risk and protective factors. Several of the risk factors for suicidal behavior amongst older adults increased during the COVID-19 pandemic: social isolation, loneliness, complex health conditions, and limited social support (Wand et al., 2020; Ward et al., 2020). Around a quarter of worldwide deaths related to self-harm are among people aged 60 and older (WHO, 2017). Older adults were identified as a vulnerable group during the pandemic given their increased vulnerability to the virus (Wand et al., 2020). In Ireland, for approximately 18 months, all older adults were advised by government officials to not leave their homes, limit their interactions with others outside their household, and socially isolate. Some evidence suggests an increase of self-harm thoughts and psychiatric symptoms in British and American populations during the first months of the pandemic (Iob et al., 2020; Li & Wang, 2020; Paul & Fancourt, 2022; Pierce et al., 2020). A global study conducted with data from 33 countries examining suicide deaths during the first 9–15 months of the COVID-19 pandemic found there was no evidence of greater-than-expected suicides (Pirkis et al., 2022). There is inconsistent research regarding hospital self-harm presentations during the pandemic, with some studies finding that these decreased during the first six months of the pandemic (Joyce et al., 2022; Knipe et al., 2022; McIntyre et al., 2021; O'Connor et al., 2021), and others finding stable or increasing trends (John et al., 2020). A systematic review examining self-harm presentations to health services found sustained reductions in the number of self-harm presentations in the first half of 2021 (Steege et al., 2022). In the Irish population, the National Self-Harm Registry 2020 report found an overall 3% decrease in hospital-presenting self-harm nationally compared to 2019 (Joyce et al., 2022). Another Irish study found presentations to emergency departments (EDs) due to suicide-related ideation increased in the early stages of the pandemic (May to August 2020) compared with previous years (2018–2019) (Maguire et al., 2022). To our knowledge, no study has examined the impact of the pandemic on hospital-presenting suicide and self-harm ideation (from now on called suicide-related ideation) presentations in older adults. Therefore, our study aimed to examine changes in trends of suicide-related ideation in hospital-presenting

older adults living in Ireland, pre and during the first 24 months of the pandemic. Specific objectives were to:

- a. Examine changes in number of hospital suicide-related ideation presentations in older adults between 2018–2019 and 2020–2021.
- b. Explore sociodemographic and clinical differences amongst hospital suicide-related ideation presentations in older adults between 2018–2019 and 2020–2021.

MATERIALS AND METHODS

Study Design and Setting

A population-based cohort study providing suicide-related ideation data obtained via the National Clinical Programme for Self-Harm and Suicide-Related Ideation (NCPSHI), was conducted. The NCPSHI is governed by the Health Service Executive (HSE) and is a dedicated mental health program in EDs. The NCPSHI currently runs in 26 out of the 26 adult EDs in Ireland that operate 7 days a week, 24 hours a day.

For the present study, we used all available referral data for older adults aged 60 and over presenting to EDs following suicide-related ideation from participating hospitals involved in the NCPSHI from January 1, 2020 to December 31, 2021 and the two years prior (January 1, 2018 to December 31, 2019) in order to examine potential effects of the COVID-19 pandemic. We utilized the NCPSHI definition of suicide-related ideation which refers to thoughts of both suicide and of self-harm (HSE, 2022).

Data Collection

In Ireland, since 2014, the NCPSHI provides a standardized specialist response to individuals presenting to the ED following self-harm. The NCPSHI routinely collects self-harm and suicide-related ideation data from patients referred to this service, across participating adult and pediatric hospitals nationally. Clinical Nurse Specialists (CNS) and Non-Consultant Hospital Doctors (NCHD) work within hospital EDs who ensure the clinical program is implemented and data is collected on each mental health assessment completed through pre-specified templates for all hospitals and imported in the national database monthly. Given that the NCPSHI database is for service improvement purposes, individuals are not identified (name or date of birth) and only characteristics relating to suicide-related attendances are included in the data set.

The NCPSHI covers 26 participating adult hospitals nationwide. In this article, we report on 19 hospitals that had full or almost full (over 60%) year data for all years investigated in the pre and post-COVID-19 period.

Sociodemographic data collected includes age, gender (male, female, non-binary), and ethnicity (Asian or Asian Irish, Black or Black Irish from any other background, Other mixed background, Unknown, White Irish, White Irish Traveler, White any other). Relevant clinical data collected include suicidal ideation, self-harm ideation, self-harm acts (not presented in this manuscript), patient information on the substances that contributed to the presentation, attendance of mental health services, and referral-related

information. The NCPSHI considers suicidal ideation when a patient is thinking about suicide, regardless of intensity or suicide plan, while self-harm ideation refers to those who have direct thoughts of self-harming without any co-occurring thoughts of taking their own life (HSE, 2022). Both concepts refer to thoughts of self-harm or suicide only, and no action behind the thought.

Statistical Analysis

For the current study, we combined suicidal and self-harm ideation as one category—referred to as suicide-related ideation, as previous NCPSHI research indicated that there is no significant difference between the proportions of those older than 60 for suicide and self-harm ideation (Kavalidou, Zortea, et al., 2023). To examine changes in trends of suicide-related ideation during the observed periods, Poisson regression models were used. Rate Ratios (RRs) alongside 95% confidence intervals (CIs), comparing pre-pandemic (2018–2019) and pandemic presentations (2020–2021) are reported. For these RRs, the denominator was the unit of time and not population rates. Pearson's chi-square tests were used to compare sociodemographic (gender, ethnicity, region) and clinical data (ideation type, substance use, attendance of mental health services). Due to the low number of presentations amongst ethnic minority groups, we dichotomized ethnicity into White (Yes/No). Given the small number of non-binary gender <1%, the analyses were based only on males and females. Small case numbers below 10 are presented as <10 and <1%. Data analysis was facilitated by Stata version 14.0 and IBM SPSS version 26.

Ethical Considerations

The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008. Ethical approval was obtained by the Clinical Research Ethics Committee of the Cork Teaching Hospitals (CREC) CREC Review Reference Number: ECM 4(g) 08/09/2020.

RESULTS

Sociodemographic Factors

There were 1,531 hospital-presentations for suicide-related ideation in older adults aged 60 and over between January 1, 2018 and December 31, 2021 (see [Figure 1](#)). The majority of presentations involved males (57.2%, $n = 876$), with females accounting for 42.7% ($n = 654$) of all presentations during the study period. When examining all suicide-related ideation presentations regardless of age, adults aged 60 and older corresponded to 7% of presentations in 2018–2020. In 2021, this number increased to 9% ($n = 574$).

When examining by gender, there were 393 presentations (58.0%) by males in 2018–2019 and 285 (42.0%) by females. Throughout the 4-year study period, male presentations were more prevalent than female, with 2019 having the most accentuated difference, males: 60.4% and females: 39.3% as seen in [Table 1](#). The majority of

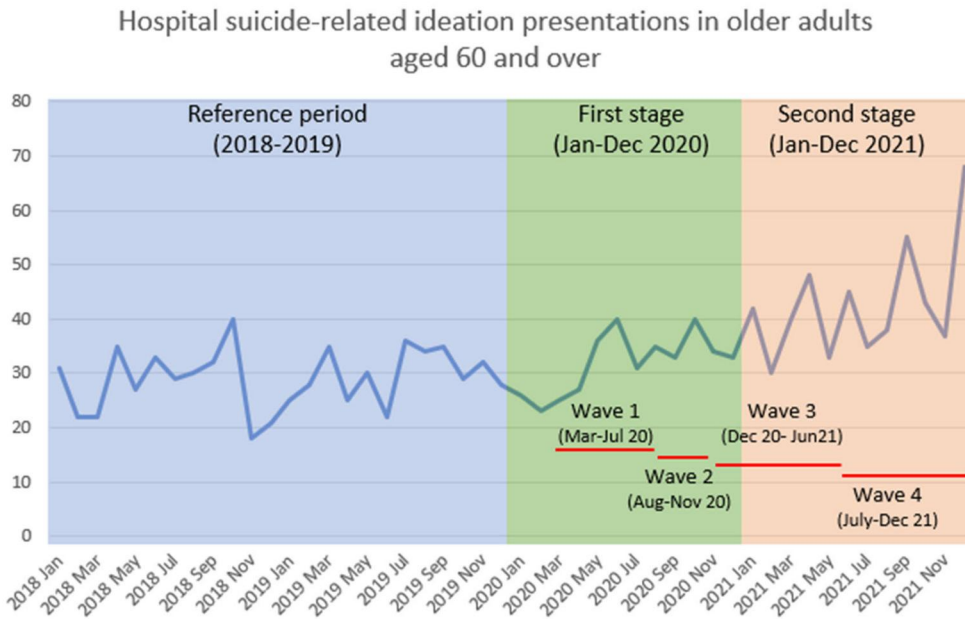


FIGURE 1. Monthly hospital presentations due to suicide-related ideation in older adults aged 60 and over in Ireland from 2018 to 2021. Red lines indicate infectious waves as observed by the health protection surveillance Center Ireland. Blue: reference period pre pandemic (2018–2019), green: first stage of the pandemic (January to December 2020), orange: second stage of the pandemic (January to December 2021).

presentations were from the White ethnic groups throughout the study period, with White ethnic group presentations increasing significantly from pre-pandemic to pandemic years (see Table 1). Close to 60% of the presentations (59.4%) of the study period were from individuals aged 65 and older while 40.6% were from adults aged 60–64. The majority of presentations occurred in Munster (33.8%), closely followed by Leinster with 31.5% and Connacht (25.3%) during the 4-year study period (see Table 1).

Clinical and Presentation Factors

Most of the presentations corresponded to suicidal ideation throughout the study period (93.5%, $n = 432$). Self-harm ideation presentations increased in 2020–2021 from 5.3% to 9.7%. The majority of patients received a mental health/biopsychosocial assessment (96%–98%) throughout the study period, with no significant differences observed across the study period.

Presentations of older adults attending mental health services varied from 29%–39%. Most participants were referred by a family member or friend, or self-presented (58%–66%). Close to a third of presentations were due to alcohol or drug consumption as a contributory factor (28%–31%).

Changes in Presentations

Hospital presentations due to suicide-related ideation increased from 2018–2019 to 2020–2021 (see Table 2, Figure 1). As seen in Figure 1, evidence indicates that there is

TABLE 1. Sociodemographic characteristics of suicide-related ideation presentations of individuals aged 60 and over.

	2018 (n = 328)	2019 (n = 351)	2020 (n = 379)	2021 (n = 473)	Chi square
Gender					
Male	181 (55.2%)	212 (60.4%)	214 (56.5%)	269 (56.9%)	$\chi^2 = 5.6$
Female	147 (44.8%)	138 (39.3%)	165 (43.5%)	204 (43.1%)	$p = .46$
Age					
60–64	134 (40.9%)	146 (41.6%)	151 (39.8%)	191 (40.4%)	$\chi^2 = 0.3$
65+	194 (59.1%)	205 (58.4%)	228 (60.2%)	282 (59.6%)	$p = .96$
Ethnicity- White					
Yes	290 (88.4%)	330 (94.0%)	371 (97.9%)	461 (97.5%)	$\chi^2 = 44.8$
No	38 (11.6%)	21 (6.0%)	8 (2.1%)	12 (2.5%)	$p = .001$
Region					
Leinster	104 (31.7%)	104 (29.6%)	134 (35.4%)	140 (29.6%)	$\chi^2 = 9.2$
Munster	119 (36.3%)	114 (32.5%)	118 (31.1%)	166 (35.1%)	$p = .41$
Connacht	72 (22.0%)	95 (27.1%)	91 (24.0%)	129 (27.3%)	
Ulster	33 (10.1%)	38 (1.8%)	36 (9.5%)	38 (8.0%)	
Ideation					
Self-harm ideation	18 (5.5%)	15 (4.3%)	20 (5.3%)	46 (9.7%)	$\chi^2 = 12.5$
Suicidal ideation	310 (94.5%)	336 (95.7%)	359 (94.7%)	427 (90.3%)	$p = .01$
Assessment					
Assessed	322 (98.2%)	342 (97.5%)	365 (96.3%)	460 (97.3%)	$\chi^2 = 8.7$
Not assessed	6 (1.8%)	9 (2.5%)	14 (3.7%)	13 (2.7%)	$p = .19$
Attending Mental Health Services					
Yes	115 (35.1%)	102 (29.1%)	127 (33.5%)	184 (38.9%)	$\chi^2 = 8.9$
No	213 (64.9%)	249 (70.9%)	252 (66.5%)	289 (61.1%)	$p = .03$
Referred by					
Self/Family/Friend	190 (58.1%)	210 (59.8%)	243 (64.1%)	314 (66.4%)	$\chi^2 = 22.5$
GP	90 (27.5%)	89 (25.4%)	85 (22.4%)	91 (19.2%)	$p = .09$
Community Health	<10 (<1%)	<10 (<1%)	<10 (<1%)	<10 (<1%)	
Police	14 (4.3%)	5 (1.4%)	15 (4.0%)	17 (3.6%)	
Others	28 (8.6%)	45 (12.8%)	34 (8.9%)	48 (11.1%)	
Substance use					
Yes	103 (31.4%)	111 (31.6%)	113 (29.8%)	135 (28.5%)	$\chi^2 = 8.5$
No/Not recorded	225 (68.6%)	240 (68.4%)	266 (70.2%)	338 (71.5%)	$p = .49$

TABLE 2. Poisson regression analysis of annual changes in presentations of suicide-related ideation presentations in older adults aged 60 and older.

Year	Male RR (95% CIs)	N	Female RR (95% CIs)	N	All RR (95% CIs)	N
2018–2019	1.00 (Ref)	393	1.00 (Ref)	285	1.00 (Ref)	679
2020–2021	1.23 (1.08–1.40)*	483	1.29 (1.11–1.51)**	369	1.27 (1.15–1.40)**	852
Analysis by year						
2018	1.00 (Ref)	181	1.00 (Ref)	147	1.00 (Ref)	328
2019	1.17 (0.96–1.43)	212	0.94 (0.74–1.18)	138	1.07 (0.92–1.24)	351
2020	1.18 (0.97–1.44)	214	1.12 (0.90–1.40)	165	1.16 (1.00–1.33)	379
2021	1.49 (1.23–1.79)**	269	1.39 (1.12–1.72)*	204	1.44 (1.25–1.66)**	473

* $p = .05$; ** $p = .001$.

an increase during Wave 1 of the pandemic (March to July 2020). Following the start of the COVID-19 pandemic in 2020, there were increases in suicide-related ideation hospital presentations in older adults in subsequent years. Presentations increased by 27% during the COVID-19 pandemic years (2020–2021) when compared to 2018–2019 (RR: 1.27, $p = .001$, 95%CI: 1.14–1.40).

When examining presentations by gender, there was evidence of an increase in presentations in older female adults from 2018–2019 to 2020–2021. There was a 29% (RR: 1.29, $p = .001$, 95% CI: 1.11–1.51) increase in female presentations during the pandemic years (2020–2021) when compared to the pre-pandemic years (2018–2019). When

conducting the same analysis in males, there was a 23% increase (RR: 1.23, $p = .002$, 95% CI: 1.08–1.40) in 2020–2021 when compared to 2018–2019.

We compared the first stage of the pandemic (2020) with Year 1 of the reference period (2018) and found no significant changes as evidenced in [Table 2](#). Subsequently, we compared the second stage of the pandemic (2021) with Year 1 of the reference period (2018) and found significant increases: 49% more presentations in males (RR: 1.49, $p = .001$, 95% CI: 1.23–1.79), 39% more presentations in females (RR: 1.39, $p = .002$, 95% CI: 1.12–1.72), and 44% more presentations overall (RR: 1.44, $p = .001$, 95% CI: 1.25–1.66).

DISCUSSION

To our knowledge this is the first study on hospital presentations due to suicide-related ideation for older adults, before and during the COVID-19 pandemic. Our study found that following the emergence of the COVID-19 pandemic, suicide-related ideation hospital presentations in older adults aged 60 and older increased in 2021. Significant increases were observed in both males and females in 2021 when compared to pre-pandemic years (2018–2019). The highest increases were observed in 2021 with a 49% increase in male older adults when compared to 2018.

Comparison with Previous Research

Our findings are consistent with other NCPHSI studies conducted in general populations examining ED presentations of suicide-related ideation, where there were reported increases in the early stages of the pandemic (May to August 2020) compared with previous years (2018–2019) (Maguire et al., 2022). Internationally, existing evidence reports that the prevalence of suicidal ideation during the first 6 months of the COVID-19 pandemic was 11.5% amongst the general population (Farooq et al., 2021). A systematic review conducted amongst pediatric populations of ED visits found an 8% increase in ED visits during the COVID-19 pandemic (2020–2021) for suicidal ideation (Madigan et al., 2023). Amongst older adults, inconsistent patterns have been reported in relation to increasing or decreasing suicidal behavior. In France, a national study reporting hospital-presenting self-harm found that between January and August 2020, self-harm rates increased in one age group: older adults aged 65 and older, when compared to the equivalent 2017–2019 period (Jollant et al., 2021). However, when examining further months of the pandemic, no increases were reported in 2021 when compared to 2019 in this older age group cohort (Jollant et al., 2022). Furthermore, in the UK, worrying about getting COVID-19 and not having access to essential items contributed to self-harm among a community sample of older adults (Paul & Fancourt, 2022).

Our findings reporting a low number of suicide-related ideation presentations amongst older individuals from ethnic minority backgrounds are consistent with previous literature examining self-harm in older adults (Troya et al., 2019). Despite COVID-19 having higher mortality amongst individuals from ethnic minority backgrounds (Pan et al., 2020), current literature shows that self-harm rates amongst individuals from

ethnic minorities were not higher than majority ethnic groups (O'Connor et al., 2021). A study examining 2018–2019 ED presentations due to suicide-related ideation in Ireland, found that older Traveler patients aged 50 and older had the highest rate ratios for self-harm (males: 9.23, 95% CI: 5.93–14.39 and females 6.79, 95% CI: 4.37–10.57) (Kavalidou, Daly, et al., 2023). Irish Travelers are an ethnic minority group in Ireland that have various health disparities, amongst these lower life expectancy (males 62 and females 70) (Central Statistics Office Ireland, 2012). Therefore, many Irish Travelers do not reach the age of 60 years or older, which may contribute to the low numbers of ideation presentations reported in this study. Furthermore, due to the low number of presentations of older individuals from ethnic minority backgrounds, we were unable to conduct further analyses into the relevant ethnic subgroups.

In contrast to hospital self-harm presentations, our findings are consistent with previous literature of suicide-related ideation presentations being more common in men compared to women (Griffin et al., 2020; Kavalidou, Zortea, et al., 2023). The gender paradox in suicidal behavior states that while women present more often with self-harm, men die by suicide at increasing levels (Schrijvers et al., 2012). Our study suggests that suicide-related ideation could more closely reflect suicide given the increased presentations in men, however, further in-depth research is needed to examine this.

Strengths and Limitations

One of the strengths of this study is that data collected for the NCPSHI continued throughout the COVID-19 pandemic and was uninterrupted despite the public health emergency. Other self-harm databases have been impacted in their recording of self-harm episodes during the pandemic, whilst data collection for the NCPSHI continued since it is a healthcare-orientated service.

Our findings should be interpreted with caution due to a number of limitations. Data for this study were collected as part of a National Clinical Programme for Self-Harm and Suicide-related Ideation, which collects presentation level data only and not individual, therefore a patient could have presented more than once in this cohort. However, as previously stated (Kavalidou, Daly, et al., 2023), the National Self-harm Registry Ireland indicates that each person makes 1.3 self-harm presentations, therefore we can suggest approximately the same for the suicide-related ideation presentations reported here. Furthermore, due to clinician recruitment issues and medical or maternity leaves, eight hospitals had a range of 1–4 month data not submitted to the NCPSHI management team. Moreover, in some areas older adults may present to the Department of Psychiatry for suicide-related ideation rather than EDs and this may imply that there is an underestimation of the suicide-related ideation risk in older adults in our findings. Lastly, our study only captured ED hospital presentations, and not community presentations which can add further evidence to this area. However, we are not aware if hospital presenting thoughts of suicide or self-harm indicate a specific sub-population with high severity, as no study to date has compared hospital and community suicide-related ideation to present similarities or differences regarding severity or psychopathology.

Implications

Older people's mental health has been highlighted as a priority nationally (Finnerty, 2020) and globally (WHO, 2017). The COVID-19 pandemic had significant impacts on older adults' mental health in the two years since the start of the pandemic, specifically ED presentations due to suicide-related ideation. Although suicide-related ideation presentations have been a neglected topic in suicide prevention strategies, a recent linkage study of hospital presented suicidal ideation and mortality outcomes in Northern Ireland indicated that the highest suicide risk was found for those 65 years of age and over (Ross et al., 2023). This latter study, along with our findings pinpoint to the need of providing targeted suicide interventions for the older populations reaching ED with thoughts of self-harm or suicide. While the COVID-19 pandemic is now over, it is important to consider the medium- and long-term impacts of the same to population groups with increased vulnerability such as older adults. This can help inform clinicians and policymakers for future pandemics, to ensure adequate support is provided to older adults and that risk of self-harm and suicide is reduced.

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AUTHOR'S CONTRIBUTIONS

MIT and KK conceived the study. MIT, KK, PC, and EA designed the study. MIT, PC and KK were responsible for the statistical analysis and interpretation of results. MIT and KK drafted the manuscript and all authors approved the final draft. MIT and KK had full access to all the data of this study, and they take responsibility for the accuracy of the data analysis.

DISCLOSURE STATEMENT

The last author is the database manager of the data set used in this study. All authors declare that they have no conflict of interest.

AUTHOR NOTES

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DATA AVAILABILITY STATEMENT

Data not available/The anonymized and de-identifiable presentation data reported in this article will be made available following publication, to those who provide a data request to the to the database manager, Dr Katerina Kavalidou: Katerina.kavalidou@hse.ie. To gain access, data requesters will need to sign a data access agreement.

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