## COVID-19 and suicide in older adults

To the Editor: There has been recent important discourse about the adverse impact of coronavirus disease 2019 (COVID-19) on mental health, with modelling from the Brain and Mind Centre predicting increases in suicide in the wake of the pandemic. Links with the economic downturn have been emphasised, with financial stressors and loss of productivity among the youth and working adults playing a large part, leading to a call for proactive investment in mental health services. This is of undisputed, urgent importance. However, there has been relative silence about the effects of the pandemic on suicide risk in older adults, especially men aged 85 years or over, who have the highest rate of suicide of all age groups in Australia.<sup>2</sup>

Older adults are particularly vulnerable to the social ramifications of the pandemic, including social distancing, if not frank social exclusion by quarantine, exacerbating pre-existing loneliness,<sup>3</sup> particularly for those in residential care. Management of older people with pre-existing mental illness as well as the expected increases in depression and anxiety<sup>3,4</sup> have been confounded by changes in service provision and access to mental health services.<sup>3</sup> Similarly, delays in presentation and management of physical illness combined with the suspension of elective procedures<sup>4</sup> may contribute to untreated pain and other distressing physical symptoms, also identified as risk factors for suicide.<sup>5</sup>

Furthermore, calls to reopen the economy knowing the risk this poses to older people — seen by some as "expendable" — reflects societal ageism and adds to older people's own internalised ageism.<sup>6</sup> Perceptions of disconnection from society and feeling burdensome and devalued are already known associations with late-life self-harm and suicide.<sup>5</sup> In addition to fuelling active self-harm, there has been speculation regarding links between the

pandemic and increased requests for voluntary assisted dying. These reports suggest that such requests have been driven by anxiety about dying, fears of loss of control, and inability to access help for distressing symptoms. This is not unfounded, given the complexity of providing appropriate palliative care to older patients who are dying, particularly to those in nursing homes, ever more so during the COVID-19 pandemic. 4

We add to the call to act urgently and flatten the mental illness and suicide curve<sup>1</sup> for Australians of all ages.

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