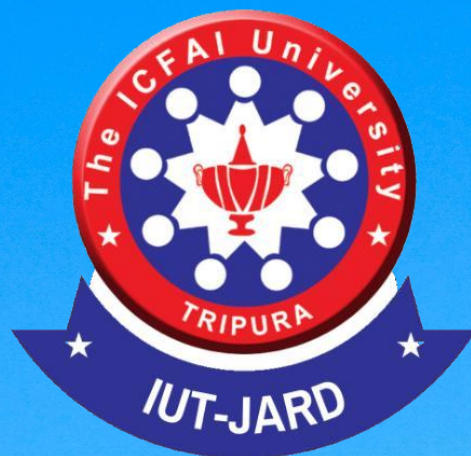


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SI No.	Title of the paper	Name of the Authors	Page Number
1	CORRELATION ANALYSIS OF FIDELITY BOND INSURANCE AND FRAUD IN THE NIGERIAN BANKING SECTOR (2012-2021)	<i>Gbenga Festus BABARINDE</i>	1-12
2	ASSESSMENT OF FOOD HYGIENE PRACTICE AMONG FOOD VENDORS IN AHMADU BELLO UNIVERSITY CAMPUSES ZARIA	<i>AJAYI Ayodotun Edward, CHIROMA Laminu &amp; FaderoOluwakemi Florence</i>	13-23
3	MOMPRENEURSHIP IN INDIA: A PERSPECTIVE ON MOTHERHOOD PENALTY	<i>Dr. Ujjal Bhuyan &amp; Banjit Deka</i>	24-32
4	INFORMATION AND COMMUNICATION TECHNOLOGY INFRASTRUCTURES AND EXPORT PERFORMANCE OF MANUFACTURING FIRMS IN SUB SAHARA AFRICA	<i>Musa O. Oduola, Adeyemi O. Babasanya &amp; Bukonla G. Osisanwo</i>	33-43
5	NONNE-MILROY SYNDROME – A CASE REPORT AND REVIEW STUDY WITH CLINICAL ASPECTS	<i>Gautam Makwana, Dr. H Elizabeth &amp; Dr. Juan Carlos Yáñez Larco</i>	44-50
6	ATTITUDE TOWARDS BLENDED LEARNING AMONG PROSPECTIVE TEACHERS OF WEST TRIPURA DISTRICT	<i>Ms. C. Arundhathi Bai &amp; Mr. Sourav Deb</i>	51-57
7	THE IMPACTS OF COVID-19 SUICIDAL VULNERABILITY IN OLDER ADULTS	<i>Gautam Makwana</i>	58-65



## THE IMPACTS OF COVID-19 SUICIDAL VULNERABILITY IN OLDER ADULTS

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### Abstract

**Background:** *The effects of the corona virus disease 2019 (COVID-19) pandemic on suicide among older persons and suggests methods for a comprehensive strategy to avoid suicide. In both the global and local contexts of the COVID-19 pandemic, the elderly population over 65 was considered to be the group most at danger since they had the greatest mortality rate, particularly for those with pre-existing co morbidities. Was there a connection between the rise in suicide rates among this population and the worries, concerns, and fears associated with COVID-19? Family disputes, worry related to dying, acute despair, and helplessness brought on by loneliness and isolation all increased.*

**Aim:** *This is aim to examine the connections between elderly people's suicide and its potentially detrimental effects of COVID-19 on older people' risk of depression and suicide.*

**Conclusion:** *Because the older population lacks protective qualities including social support, connectedness with others, and engagement in extracurricular activities, the psychological effects of the COVID-19 crisis might lead to an increase in suicide rates both during and after the pandemic. The psychological impact on relationships and fear of social isolation, as stated above, can be contributing factors for suicidal ideation and suicide. While a Correlational link between feelings of loneliness, fear, and anxiety and a rise in suicidal rates is difficult to establish, these feelings can be precursors to suicidal ideation and suicide.*

**Key Words:** COVID-19, Pandemic, Ageism, Psychological, Suicidal Ideation, Vulnerabilities, loneliness, etc

**Introduction:** Suicide deaths among older adults occur at an alarming rate. This tragic phenomena is more prevalent in elderly men, especially those over the age of 80, especially when they are dealing with diseases like chronic pain and dependency on others, but it may also happen when they are lonely, feel abandoned, or have lost their sense of purpose in life. All of these issues are risk factors for suicide; some of them may be managed and their effects reduced, while others can just be too much for people and their families to handle. Ageist views view older folks as feeble and defenceless people who necessarily affect the quality of care that these people receive by associating old age with physical and cognitive deterioration. According to recent reports from the Centers for Disease Control and Prevention (CDC, 2020), those in their fifties and sixties have a higher risk of developing serious illnesses than those in their forties, and the World Health Organization advised strict social isolation for the elderly population to reduce mortality in severely affected nations like Italy, the United States, the United Kingdom, and Brazil (WHO, 2020).



Pandemics like the Covid-19 have been described as having significant psychological effects in addition to the physical consequences in death rates, among which anxiety, panic, adjustment problems, depression, chronic stress, and sleeplessness are some of the main symptoms. The primary issues raised were feelings of vulnerability, loneliness, and anxiety, which were made worse by the requirement of social isolation. Many people lived alone since their children had left the home, and younger family members were reluctant to visit.

**Global Aging, Longevity and Suicide:** Globally, suicide rates have decreased, while health care availability and quality have both increased. However, elderly adults continue to have the highest suicide rates in the world. Suicide rates often rise steadily with age, especially among men, and this pattern may persist even among ultra-centenarians. Globally, there were 16.17 elderly suicides per 100,000 people in the age range of 50 to 69 and 27.45 elderly suicides per 100,000 people in the age range of 70 or older in 2017. Epidemiological data show that the older population will nearly double in size in less than 30 years, and mononuclear families will make up an increasing percentage of households, so the worry about rising levels of social isolation, loneliness, and addiction—known risk factors for suicide—seems reasonable.

Instead of being a legitimate biological term, old age is a sociocultural one. In actuality, because a person's chronological age is not strongly correlated with their physical and mental skills, there is no clearly defined and widely accepted threshold that denotes old age. Unlike chronological age, which rises uniformly worldwide, biological age is influenced by changes in a person's DNA methylation, epigenetic state, and other body functions. 65 years of age is typically regarded as the entry point into old age. However, persons aged 65 to 74 years often have robust health and continue to profit from sufficient levels of social involvement and resource availability as in younger age, especially in high-income nations. Old age is more prevalent in low- and middle-income nations than chronological age. Old age appears to be defined by the end of socially active engagement.

**Loneliness and Social Isolation- Psychological Consequences:** In older persons, loneliness and social isolation are all too prevalent and frequently co-occur. Social isolation is characterized by the volume and regularity of one's social interactions, as opposed to loneliness, which pertains to subjective sensations. According to a widely recognized definition, social isolation is an objective condition that reflects people's social contexts and interactional patterns, whereas loneliness is described as the subjective sense of being alone. According to studies, social isolation and loneliness have diverse effects on health yet both might have negative effects through both common and unique mechanisms.

The COVID-19 pandemic's perceived social isolation has had a remarkable worldwide impact and serious psychological repercussions. Numerous factors have the potential to have an impact on people's mental health, including lifestyle changes, feelings of loneliness, job losses, financial hardship, and sadness over the loss of loved ones. It is crucial to provide exact and clear information about the issue and how to handle it in an uncertain environment. This paper explains why it is very necessary to take swift action in response to COVID-19's effects on mental health. Additionally, advice on how people can correctly and efficiently control their emotions is given.

Social isolation and loneliness are linked ideas that frequently coexist; isolation can cause loneliness, and vice versa (Shankar et al., 2011). In recent years, loneliness has become a social problem. It has been





connected to melancholy, anger, and an obsession with negative self-thoughts, as well as a 26% increased chance of dying young. According to research, this is an issue that has been becoming worse in developed nations, affecting around one-third of the population overall and 1 in 12 individuals severely. Additionally, it seems that everyone is equally at risk of loneliness and that socioeconomic class and money are not protective factors (Cacioppo et al., 2015; Holt-Lunstad and Smith, 2016).

**Suicidal Ideation in Older Adults:** According to studies, older individuals in many nations have suicide rates that are greater than or on par with those of young people. But elderly suicide is a subject that is largely ignored. In reality, suicide prevention facilities as well as professionals lack fundamental information and training about elder suicide. In the next decades, there will be a considerable global increase in the number of older persons due to the ageing population, and suicide rates are likely to rise in tandem.

Instead of being thought of as distinct behaviours, suicidal behaviours are viewed as a continuum. This continuum starts with suicidal thoughts, continues with suicide planning, and culminates with suicide attempts and successfully completed suicides. The most effective way to stop further attempted and completed suicides is to identify and treat suicidal ideation as soon as it arises. Suicidal thoughts, plans, and attempts are typically viewed as the prodrome for later suicide. There is evidence that social crisis is linked to an increase in an ageing society's suicide rate. For instance, during the SARS pandemic in Hong Kong in 2003, the rate of suicide among older individuals saw a significant upturn from a prior decreasing trend. Older individuals have been disproportionately impacted by the COVID-19 pandemic since the outbreak because they make up a disproportionate number of COVID-19 hospitalized patients and have a higher risk of developing serious complications and a higher mortality rate.

The pandemic containment measures have made older adults even more vulnerable; for instance, physical separation and restrictions on social interactions increased the risk of loneliness and social isolation, and the lockdown and suspension of public transportation made it more difficult for older adults to access healthcare. As a result, there are growing worries about older persons' mental health issues, suicide ideation, and actions during the COVID-19 epidemic. On the other hand, research on suicidal thoughts in general populations of many nations has been considerable. The prevalence of suicide thoughts is lower in older persons than in younger adults, according to previous research, which is a consistent result. However, imply that psychological crisis intervention services are less important for suicidal older persons since, in contrast to younger adults, older adults are more likely to utilize instantly deadly ways with greater forethought and resolve to complete suicides.

The COVID-19 epidemic can be contained thanks in large part to psychological crisis intervention. Evidence suggests that the majority of suicidal individuals do not seek assistance, with a lack of perceived need for therapy serving as one of the main obstacles. It is equally vital to look at both suicidal thoughts and mental health help-seeking behaviours among suicidal older individuals in order to support the design and development of suitable mental health services for older persons throughout the pandemic. Sadly, there is a dearth of information on the pandemic's suicidal older persons' habits towards seeking mental health assistance. During the COVID-19 epidemic, this study looked at the prevalence and correlates of suicide thoughts among older persons, as well as how these individuals evaluated their need for mental health treatment and how they went about getting it.



**Ageism and COVID-19 Pandemic:** In every country, the COVID-19 pandemic continues to have a significant negative impact on older persons in terms of their physical, psychological, and social well-being. More than 80% of the COVID-19-related deaths during the first wave of the pandemic were in long-term care institutions, which have had a particularly negative impact on residents (Royal Society of Canada, 2020). Significant media attention, official communications, and academic study were all sparked by the outbreak. Public discourse has the ability to reshape societal representations, establish norms and expectations that affect human experience (e.g., media coverage, government communication). It is crucial to look at how older persons were affected by the public debate that followed the COVID-19 outbreak. Research conducted before the epidemic showed that views and preconceptions about older people are promoted both consciously and unconsciously in public discourse.

Due to the growing awareness of population ageing, workforce ageing, and the need to promote rather than restrict older adults' participation and contribution to society, research examining the nature and effects of ageism, targeted at and experienced by older adults, has gained momentum in recent years. The widespread COVID-19 epidemic, however, has the potential to worsen ageism's manifestations and experiences in Western societies. We demonstrate how the pandemic's language has reinforced the widespread belief that older people are frail, has socially stigmatised ageing, and has fueled both benign and hostile ageism. Then, we consider how this could affect intergenerational relationships and suggest new directions for further study.

Age-related prejudices continue even though the great majority of older persons do not have physical, cognitive, or mental impairments. These prejudices frequently depict elderly persons as being mentally and physically frail. It's important to note that people might suffer from unfavourable misconceptions about older people and ageing. Experimental studies have demonstrated that older persons may experience a decline in physical capacity, slower walking speed, changed heart activity, worse cognitive function, and in some cases, a weakened will to live when exposed to unfavourable stereotypes (Roberston, 2016).

The Pan American Health Organization (PAHO, 2020) stated in 2020 that the health systems in the Caribbean and Latin America were not meeting the requirements of older people and that service delivery in these regions needed to be adjusted, particularly in light of the COVID-19 epidemic. The following is highlighted in the report:

*“While everyone is at risk of contracting COVID-19, older persons are far more likely to experience severe disease following infection, with those over 80 years old dying at five times the average rate. A United Nations Report “The Impact of COVID-19 on Older Persons” suggests that this may be due to underlying conditions, which affect 66 per cent of those aged 70 and over. This is also the case in the Americas, where most COVID deaths occur in those aged 70 and over, followed by people between the ages of 60-69 years”.*

According to Wand et al. (2020), older adults may be particularly prone to suicide in a pandemic context with social lockdown due to a larger perception of social isolation, physical distance, and loss of customary social opportunities, as well as a higher risk of anxiety and sadness (Santini et al 2020). These writers argue that cultural references may be the cause of older people's unfavourable impressions and emotional pain.



Unreliable social media claims that this generation is no longer useful to their families and society, and that health care facilities should be more focused on a younger population that can make a financial contribution to a nation's gross domestic product (GDP). People are less affected by the suicide death of an older person than by the loss of a younger person, especially if the younger person was a teenager or young adult. Due to these factors, suicide in older people is a problem that is frequently disregarded or overlooked and receives less attention than suicide in younger people (Crestani, Masotti, &Corradi et al (2019).

**Age-Related Vulnerabilities:** Numerous social, psychological, and environmental risks are associated with ageing. Older adults are more susceptible to the effects of a national crisis like a pandemic because of decreased sensory awareness, physical impairment, chronic medical conditions, and socioeconomic constraints, according to extensive research on the long-term effects of disasters on their physical well-being. The resource hypothesis contends that aged people's reduced socioeconomic level and diminished functional capabilities make them less likely to recover quickly. Similar to this, the exposure hypothesis contends that because older persons have a harder time recognizing triggers or warning signs, they are more likely to feel deprived as a result of their losses.

Many authors concur that senior suicide is deliberate; it is not an impulsive act and progresses quite slowly from having suicidal thoughts to actually killing oneself (Crestani, Masotti, &Corradi et al (2019). Unfortunately, the old person's incapacity to cope with pain and a failing mental and physical state is frequently disregarded and under-recognized in a society that is fighting a pandemic and that prioritises physical health above mental and psychological well-being. The aforementioned causes of the pandemic crisis, particularly social isolation, dread, and anxiety, can lead a person to believe that there is no other way to cope than to turn to suicide.

Crestani et al. (2019) claims that a variety of variables, including the technique's accessibility and availability, the effect of imitative elements, and the perception of each method as a whole in society, influence the choice of a self-destruction method. According to their research, the senior group utilizes more aggressive and fatal methods of suicide than do other groups, which supports the strong sense of resolve that motivates the gesture. They are less likely to survive physical damage since they are more frail than younger people, but less deadly tactics should not be undervalued because they may be just as effective in killing.

Since the COVID-19 pandemic is linked to anguish, worry, fear of transmission, depression, and sleeplessness in both the general population and among healthcare professionals, the psychological effects of the pandemic will likely last for years to come. In vulnerable populations, such as those with pre-existing psychiatric disorders and those who live in high COVID-19 prevalence areas, social isolation, anxiety, fear of contagion, uncertainty, chronic stress, and financial difficulties have contributed to the development or exacerbation of depressive, anxiety, substance use, and other psychiatric disorders.

The requirement of social distance has a significant influence on interpersonal connections among the elderly. Since physical contact was forbidden, it was believed that social connections between friends and family members would suffer as a result of this rule being imposed in many nations. In the end, loneliness resulted, which is a significant risk factor for anxiety and depressive disorders. When 'ageism' plays a



role in the stigmatisation of a minority community during a pandemic, social connection is even more crucial.

According to Nakhid-Chatoor (2020), the foundation of an aged person's mental health and wellbeing is the sort of attachment bond he or she has with important people in his or her life. In addition, Catalano & Hawkins (1996) assert that "a social link between the person and the socialising unit emerges when the socialising settings of family, school, church and other community institutions are constant. According to p. 156, this control or connection "inhibits deviant behaviours" and can considerably reduce "risk factors such family conflict, subpar family management techniques, and inadequate family bonding" (p. 152). Suicidal behaviour in adults has been associated to relationship issues or separation; for adolescents, suicidal behaviours were linked to conflict in the family and the breaking of relational ties (Frey & Cerel, 2015). According to these authors, family members who have attempted or succeeded in suicide have been shown to increase the risk of suicide and suicidal behaviours in other family members, both in adolescents and adults. This negative and imitative relationship persists even after people have been evaluated for psychiatric diagnoses and treatment.

**Conclusion:** Ageism is still prevalent throughout the pandemic, according to the American Psychological Association (2020), as arguments about rationing healthcare have portrayed the aged as 'sacrificial' in regions with little funding to fight the epidemic.

The absence of attachments at this period reflects the psychological impacts of social isolation, and the most crucial elements that can assist the elderly in managing their personal concerns are support networks and the financial and emotional assistance of their friends, family, and relatives. Both risk and protective variables are regarded to be major determinants and to play a significant part in preventing suicide. Therefore, the attachment bond is a tight relationship that may grow in the caring aspect and functions as a protective component by delivering a sense of security in times of danger and emotional suffering.

These ongoing relationships must be taken into account as crucial components in a world where many senior people have died, not just from the virus but also from emotional and mental health issues that have caused people over sixty to choose suicide as an alternative to fighting the feared sickness. This is a call to action and a warning sign for public and private mental health systems of care that more elderly support systems must be provided during this pandemic and that mental health professionals need to receive better training to recognize and treat symptoms when they are mentioned by family members or when they manifest in hospitals and clinics.

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