

COVID-19 AND THE ELDERLY A review of the effects of the pandemic and its links to suicide in this population in the Caribbean.

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Abstract

In Trinidad and Tobago, the total number of recorded deaths due to the Covid-19 virus nearly equalled the number of suicides among the elderly during the months of March-August 2020.

Objective: Was there a correlation between the fears, hopelessness and anxieties related to covid-19 and the increase in suicide rates among this group?

Methods: This dynamic was investigated using statistical data gathered from a hotline established for mental health issues, a Crisis Intervention Team (CIT); statistics from the Trinidad and Tobago Police Service (TTPS); as well as published literature. Results from the data showed that there was an increase in familial conflicts, anxiety surrounding death and severe depression and helplessness due to isolation and loneliness, resultant from the mandatory stipulation of social distancing.

Discussion: These results highlighted the need for increased relational attachments and an increase in support systems provided for the elderly, especially during the pandemic.

Keywords: COVID-19, Elderly, Trinidad and Tobago, Suicide, Depression, Anxiety.

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Introduction

In March 2020, the world was globally alerted to the threat by an invisible enemy commonly known as COVID-19. It was reported that this virus first started in the Wuhan region of China as early as two months before, emerging as a pandemic in many parts of the world in less than one month. Recent reports from the Centers for Disease Control and Prevention (CDC, 2020) stated that people in their fifties and sixties were at a higher risk for severe illness than people in their forties [1]. In a study authors stated that the severity and fatality of COVID-19 had been directly related to age and immune-compromised states, as 15% of the first wave of deaths in China were aged above 60 years. According to mortality rate in the age group 60 to 69 years was 3.6% with the possibility of increasing to 18% at 80 years and above by 2022. Due to these alarming figures, the World Health Organization in its guidelines, had recommended strict social isolation in the geriatric population to control the deaths in heavily affected countries such as Italy, USA, UK, Brazil (WHO, 2020).

In addition to the physical fallouts in mortality rates, pandemics such as the Covid-19 have been cited as creating substantial psychosocial impacts of which anxiety, panic, adjustment disorders, depression, chronic stress, and insomnia are some of the major symptoms. One of the earlier studies done to determine the prevalence of psychological problems as a result of the current pandemic showed higher rates of anxiety, depression, hazardous and harmful alcohol use, and lower mental wellbeing more than usual, in the population under study. The pooled prevalence of anxiety and depression was 33% and 28% respectively with anxiety and depression highest among patients with pre-existing conditions and COVID-19 infection (56% and 55%). Misinformation and uncertainty were

also flagged as giving rise to mass hysteria and the elderly was shown to be especially vulnerable to these effects [2].

As was noted in China and other parts of the world, COVID-19 has also affected the elderly population in Trinidad and Tobago in a significant way. From data collected from the Crisis Intervention Team, approximately 60% of persons who called in, especially in the early months from March-August 2020, came from the over-60 age group. These persons shared concerns of fear, vulnerability, loneliness, and anxiety. The mandatory stipulation of social isolation further heightened their fears as younger family members were hesitant to visit them and many expressed that they lived alone as their children had migrated from the Caribbean and now lived abroad.

Methods and Materials

Objectives

The systematic review of this paper was guided by two research questions what were the psychosocial experiences of the elderly during the pandemic of covid-19 in Trinidad and Tobago; and 2) what were the predictors of suicide exhibited by the elderly during this period and could these predictors be linked to their psychosocial experiences [3].

Methods

In order to gather the latest evidence-based research, several databases were identified that published research (PubMed, PsycINFO, and Google Scholar) and the search terms were focused on the risk and protective factors that the elderly may face within a crisis context and/or COVID-19. Previous crises and disasters were also referenced to assess the relevance of those results [4].

Summary of articles

In a study done by Pan American Health Organization (PAHO, 2020), health systems in the Caribbean and in Latin America were reported as not adequately responding to the needs of older adults and should be adapted to service these needs especially in light of the COVID-19 pandemic. The Report highlights the following:

“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.”

The forecast of the PAHO report was therefore bleak for this age group. Researchers had already estimated that by 2050, persons over 60 years of age globally and in the Region of the Americas would double in numerical size and by 2025, persons aged 60 and older will account for 18.6 per cent of the total population of the Region. Whilst this may be a good indication of healthy lifestyles and increasing longevity, the experts at PAHO stated that “increased life expectancy does not translate to quality of life. Brazil reported that 76 per cent of COVID-19 related deaths during February to September 2020 were in adults aged 60 years and older and in Peru, people over the age of 70 years had the highest COVID-19 mortality rates during March-May 2020. Estimates from Canada showed that more than 80 per cent of COVID-19 deaths have occurred in long-term-care facilities.

In a recent study on a possible link between mortality rates, anxiety-related disorders, suicide and the effects on the elderly population, Wand posited that in a pandemic environment where there is social lockdown, older people may be especially vulnerable to suicide through a heightened sense of disconnectedness from society, physical distancing and loss of usual social opportunities, as well as a greater risk of anxiety and depression as cited. These authors contend that negative perceptions and the emotional discomfort of the elderly may stem from societal allusions, and irresponsible social media reports that this group is no longer of use to their families and to a society where health care facilities should be geared more to a younger population who can contribute economically to a country's GDP – gross domestic product. The suicide death of an older subject is less impactful on the people than the loss of someone younger, particularly of adolescents and of young adults. For these reasons, suicide in the elderly population is a phenomenon that is often ignored or neglected, drawing less attention than suicide in younger populations (Crestani, Masotti.

During the pandemic, negative perceptions of self were often expressed by older adults with reports of depression and loneliness, and both passive and active suicidal ideation. Within this context, the Suicide Prevention Resource Center (2011) also acknowledge that risk and protective factors of any

at-risk group in a society play a critical role in suicide prevention. These factors can provide information to assess and manage suicide risk in individuals, provide direction to stakeholders about what to change or to promote, and offer guidance about how communities can best use them to decrease suicide risk in the ongoing societal concern about reports of suicide (Nakhid-Chatoor, 2020).

The global pandemic of 2019-2021 has placed the elderly in the most ‘at-risk’ group in societies, replacing adolescents and young adults who were often targeted for their display of risky and thrill-seeking behaviours such as unprotected sex, alcohol and other drug use, dangerous driving, illegal activities, truancy and fighting. Similar strategies to encourage autonomy and self-confidence that have been applied to young adults such as staying connected to them and building relationships, must now be considered as important and as applicable to the elderly. Perhaps this pandemic crisis can be viewed as a wake-up call to families, stakeholders and social workers to rethink how the elderly can survive and thrive for long-term benefits [5].

The Vulnerabilities of Aging

Aging comes with a multitude of psychological, social, and environmental vulnerabilities. [For the purposes of this paper, the elderly and aging population will refer to individuals over the age of 60 years. The terms elderly and aging would also be used interchangeably]. Frailty in older adults brings the risk of various infections and a decrease in all forms of their immune response (Armitage & Nellums, 2020). In addition, the elderly is considered vulnerable as some have several comorbidities and are hospitalized frequently, which increase the chances of contracting infection during a pandemic. In a comparison of COVID-19 induced pneumonia among young and elderly patients, found that progression of illness and risk of death were three times higher in the older age group.

From earlier statistics gathered by the CDC across the United States, specifically looking at mid-April where reported deaths were at their peak, the data shows the death rate for the respective age groups of persons: 0-24 years (17 deaths), 25-34 years (120 deaths), 34-44 years (279), 45-54 years (787 deaths), and 55-64 years (2007 deaths) for the same period (CDC, 2020). The inference from these statistics is that there is an urgency to pay special attention to the elderly population as they are statistically the ones to be greatly impacted by the disease. Another CDC report suggests that the death rate is exponentially rising with age due to the comorbidity of COVID-19 and other health conditions such as cancer, asthma and diabetes which are more likely to be present in the elderly and these comorbidities increase the chances of death for this population, if infected (CDC, 2020).

The long-term effects of disasters on the physical well-being of older adults have been largely studied and it is recorded that they would be more vulnerable to the effects of a national crisis such as a pandemic because of decreased sensory awareness, physical impairment, chronic medical conditions, and socioeconomic limitations. These long-term effects were documented by (2021) in their paper on the development of

learned helplessness and decreased psychological wellbeing among the elderly, where they posited that many adults over sixty were more vulnerable to natural disasters than younger people and that this could be explained by the resource theory and the exposure theory [6]. According to the resource theory, elderly people are not easily able to recover because of lower socioeconomic status and weak functional capacity. Similarly, the exposure theory argues that older adults are not easily aware of triggers or red flags so therefore, they would more likely experience a greater sense of deprivation resulting from their losses.

The American Journal for Managed Care in their review of the susceptibilities of older persons states that physical factors and pre-existing conditions such as respiratory ailments, diabetes and cancer, leaves the body at a disadvantage to effectively fight against this disease, leading to the higher death rate (Gelburd, 2020). At the mild stage of the virus, symptoms include dry cough, sore throat, fever, malaise, and fatigue. In severe cases as has been shown to affect the elderly globally, pneumonia can lead to acute respiratory distress syndrome (ARDS) and multi-organ failure, eventually leading to death. According to Brown with chronological aging comes health decline and other factors that may leave older adults more vulnerable during and after a disaster. Previous research by O'Donnell and Forbes (2016) on the impact of disasters on the elderly, reported that they were more likely to be also vulnerable to psychological problems. Data collected from the CIT Hotline concurs with this research, as callers - sixty years and over- shared that they experienced high levels of fear and anxiety as they could not interact with family and friends and there were many concerns about contracting COVID-19. All human beings desire physical and social interaction and COVID-19 had halted this interaction especially for the elderly as their family members were warned that they should limit gatherings and keep their social distance for the well-being of loved ones. With information on the new disease spreading widely, such as how it is transmitted and the attendant risks of community spread locally, this has also added an increased fear factor in the elderly which may account for the high percentage of calls, more than 60% of elderly persons, received to the CIT Hotline between March – August 2020.



Figure 1: Trinidad and Tobago in context

The Republic of Trinidad and Tobago (TT) comprises of two tropical islands which are the most southern of the chain of Caribbean islands. Trinidad is located 11 km. north-east of Venezuela and has an area of 4,828 square km; Tobago has an area of 33 square km.

In early March 2020, the government first alerted the population to the dangers of the pandemic when on 12 March, the country recorded its first case of COVID-19 – that of a 52-year-old man who had recently returned from Switzerland. He was self-isolated before he began experiencing symptoms. On 13 March, a second case was recorded, that of a 66-year-old male and on 25 March, COVID-19 claimed its first victim in Trinidad. He was a seventy-seven-year-old male with known pre-existing medical conditions. Unfortunately, the number of elderly cases began to increase almost daily, and the second fatality was an eighty-year-old male also with pre-existing medical conditions (Daily Express, 2020). By August 2020, Trinidad and Tobago had recorded 71 new cases with the number of total cases at 1,252 and total deaths at 12, respectively. By the end of the year these deaths had risen significantly to over 100, with most of the deaths being those of the elderly with comorbidities and other health conditions.

What was not examined or investigated to any extent was the associative rise in the number of elderly persons who had died by suicide during these months. From March –August 2020, in the age group 65 and older, there were 17 recorded deaths by suicide, the highest ever number in this country in this age group, and most of these recorded deaths were male. This increase in number correlated with the increase in callers who were over sixty-five years during this period. As early as April 2020, when the country was coming to terms with the devastating effects of the pandemic, the Minister of Health in Trinidad and Tobago, the Hon. Mr. Terrence Deyalsingh announced the deaths of five elderly citizens with pre-existing conditions because of COVID-19 (Dunkley-Malcolm, 2020). To date, the number of deaths has been steadily increasing, prompting the government to close its borders and to implement lockdowns, as the rising fear was that the hospitals would not be able to cope with the number of admitted cases due to the lack of physical infrastructure and resources in this small country with a population of 1.4 million people.

The development of the Covid-19 Hotline – Rationale

At the beginning of the crisis, the Trinidad and Tobago Association of Psychologists (TTAP) had noted an increase in persons seeking advice on how to cope with stress and anxiety and to manage their mental well-being during the pandemic. As mental health practitioners, the organization deemed it a civic responsibility to assist the society in maintaining a level of calm, and to help others to take the necessary steps to protect themselves and their families.

On Tuesday 24th March 2020, an initiative was launched with a team of qualified volunteer psychologists and mental health therapists from the Crisis Intervention team (CIT). This mental health and wellness initiative would service callers from East,

West, Central and South Trinidad as well as the annexed island of Tobago. The specific goal, through various telehealth methods such as telephone calls, WhatsApp messages and online counselling, was to provide counselling services to those persons presenting with overwhelming and persistent feelings of sadness, anxiety or depression. In the first week, there were 300 calls to the hotline, and by August 2020, the Hotline had manned more than 1100 calls. Among these callers were persons over sixty years, and records were made only of those persons who would have given their ages when asked.

Based on the data received, in the over-sixty age category, most callers indicated feelings of fear, nervousness, worry and loneliness. One female caller indicated that she needed human interaction as she lived alone. Another female retiree who was active before the lockdown, had difficulties staying at home and being “inactive” and had become sad and frustrated as she was unable to freely move about. To add to her frustration, her son refused to visit for fear that his mother would be exposed to an ‘invisible’ virus that was still confusing to many. There were also callers who lived with their children and yet there were feelings of loneliness, fear, and worry. Many of their children were essential or front-line workers and had isolated themselves in separate parts of the houses to prevent their elderly parents being at risk of contracting the virus.

Many writers agree that the act of suicide among the elderly is premeditated; it is a rather slow progression from suicidal thoughts to committing suicide and it is not an impulsive act. Unfortunately, in a society that is battling with a pandemic and that prioritises physical health over mental and psychological well-being, the elderly individual’s inability to cope with suffering and a deteriorating mental and physical

Table 1. Illustrates the presenting issues of callers over 60 years to the CIT Hotline, between March-August 2020 only.

Age	Gender	Presenting Concerns
60+	M	Frustration, loneliness, worry
71	F	Fear, depression, anxiety, worry,
65	F	Loneliness, depression
77	M	Loneliness, fear, depression, mood swings
60+	F	Mood swings, fear, suicide ideation
70+	M	Fear, loneliness
67	M	Loneliness
60+	M	Fear, frustration, anger
70+	M	Frustration, depression
60+	M	Anger, anxious
60+	F	Lonely, depression, anger, worry
65	M	Frustration

70	F	Fear, worry, anxious, angry, frustrated
69	M	Anger, frustrated, worry
67	F	Lonely, depressed, frustrated, anxious
60+	M	Personality disorder, frustrated, anger
66	F	Personality disorder, frustrated, anger, lonely

According to the choice of the method of self-destruction is conditioned by different kinds of factors: the availability and accessibility of the method, the impact of imitative factors, and society’s collective image of each method. In their research, they assert that the elderly group uses more violent and lethal means of committing suicide than those used by other groups, which confirms the high level of determination that underlies the gesture. They are more fragile than younger persons and therefore less likely to survive physical injury; but less lethal methods should not be underestimated and, indeed, may be as equally effective, causing death.

As can be seen from the statistics on suicide in the table below, twenty-five persons in the over-60 age group died by suicide between January – December 2020, sixteen of them who were 65 plus years. For a population of 1.4 million persons, this suggests a high rate of suicidal deaths among the elderly. What can account for this?

Table 2: Suicide Statistics for persons 60.

44075	Jan	2020	East Indian	Female	Age	Extension Cord
					65	
1/22/2020	Jan	2020	East Indian	Male	77	Hand Gun
2/14/2020	Feb	2020	Mixed	Male	63	Extension Cord
43924	Apr	2020	Mixed	Male	66	Tablets
4/27/2020	May	2020	African	Female	62	Electrical Cord
43956	May	2020	African	Female	83	Rope
44140	May	2020	East Indian	Male	60	Poison
43867	Jun	2020	East Indian	Male	72	Strap
44171	Jun	2020	East Indian	Male	73	Rope
6/13/2020	Jun	2020	African	Male	69	Poison
6/23/2020	Jun	2020	East Indian	Male	67	Poison
6/24/2020	Jun	2020	Chinese	Male	75	Rope
7/23/2020	Jul	2020	East Indian	Male	66	Poison

7/23/2020	Jul	2020	African	Female	89	Rope
43838	Aug	2020	East Indian	Female	62	Poison
43959	Aug	2020	East Indian	Male	81	Rope
8/23/2020	Aug	2020	East Indian	Male	61	Poison
8/27/2020	Aug	2020	African	Female	63	Clothing
9/19/2020	Sep	2020	African	Male	67	Jump through window
9/27/2020	Sep	2020	East Indian	Male	82	Belt
9/25/2020	Sep	2020	African	Male	83	White Cord
43840	Oct	2020	East Indian	Male	67	Rope
10/13/2020	Oct	2020	East Indian	Male	64	Rope
10/16/2020	Oct	2020	East Indian	Male	71	Poison
44147	Dec	2020	East Indian	Male	68	Poison

As can be seen in the chart above, the most common methods used for suicides are: hanging by rope/cord/belt or clothing (56%), poison (32%), fall from height (4%), ingestion of tablets (4%) and use of firearms (4%).

According to Dr Eldonna Boisson (Adviser, disease surveillance and epidemiology. PAHO/WHO), the suicide rate in Trinidad and Tobago (TT) of 14.4 per 100,000 persons, exceeded the global rate of 10.7 per 100,000. TT also had the second highest rates of suicide in the Caribbean region, with Guyana in the lead. So that there is a strong possibility that the coronavirus pandemic has had profound psychological and social effects on the population, especially among the most vulnerable with existing conditions.

The psychological sequelae of the pandemic will probably persist for months and years to come as the COVID-19 pandemic is associated with distress, anxiety, fear of contagion, depression, and insomnia in the general population and among healthcare professionals. Social isolation, anxiety, fear of contagion, uncertainty, chronic stress, and economic difficulties has led to the development or exacerbation of depressive, anxiety, substance use and other psychiatric disorders in vulnerable populations including individuals with pre-existing psychiatric disorders and people who reside in high COVID-19 prevalence areas.

Results

With the aging population deemed the most susceptible to be infected by the pandemic and having the highest mortality rate according to the World Health Organization, many

psychological concerns such as loneliness, anxiety, and fear came to the fore (WHO, 2020). In Trinidad and Tobago, for the months of March and April 2020 only, the CIT recorded 406 callers with 45% (183 callers) experiencing depressive and anxiety-related symptoms in response to COVID-19. Out of these 183 callers, 27 (14.75%) identified themselves to be over 60 years of age. Social isolation, loneliness and panic were psychological factors of concern amongst this group. From the Suicide Statistics for the year 2020, there was a record of 36 suicidal deaths from the age group 55years and older. From the thirty-six deaths, fifteen deaths were recorded in the group 65 years and older. Was fear of dying alone and increasing isolation, major factors in the decision to take their own lives?

Fear and anxiety were stated as the most common psychosocial factors of being socially distanced and isolated as observed in the calls by elderly persons. From the data collected, the following statements were recorded

I am taking excessive sanitization precautions after everything I do. Can I still get the virus?

I can no longer do basic tasks around the house or within my garden. I am afraid of contracting the disease

I don't want to do grocery shopping as I am afraid of interacting with others and this brings on shortness of breath and chest pains. I am really scared.

Predictor 2 - Interpersonal Relationship Issues

Fear and anxiety also placed strains on interpersonal relationships within households where the elderly individuals were married or had children living with them. This conflict was usually because of one family member, usually a teenager or an errant son not taking the precautionary measures as seriously as the other; this created tension, frequent arguments and a heightened level of fear. There was also the loss of autonomy due to social isolation and helplessness and feelings of despair and uselessness as expressed by some individuals. Some statements that were recorded in homes with other family members are:

We are always arguing.

I have no personal space. My children think they should tell me what to do! I used to make all the decisions before.

My partner thinks I am overreacting and paranoid

When will things get back to normal? I feel I may die living like this.

A major factor which impacted interpersonal relationships among the elderly was the mandatory measure of social distancing. With this stipulation enforced throughout the country, there was an expected decline in social interactions among friends and family members as physical touch (hugs and kisses) was discouraged. Ultimately, this led to loneliness, a risk factor for depression, and anxiety disorders. Social connectedness is essential during a pandemic, more so when "ageism" becomes a factor for stigmatization in a marginalized population.

Nakhid-Chatoor (2020) states that the type of the attachment relationship with significant others in his/her life, is at the core of a person's mental health and well-being. Catalano & Hawkins (1996) also posit that "when the socializing contexts of family, school, religion and other community institutions ... are consistent, a social bond develops between the individual and the socializing unit. This [attachment] or control, inhibits deviant behaviours" (p. 156) and can significantly decrease "risk factors such as family conflict, poor family management practices and low family bonding" (p. 152). Family conflict and the severing of relational bonds can contribute to suicide attempts; for adults, suicide behaviours were linked to relationship problems or separation (Frey & Cerel, 2015). These authors continue that family members who have attempted or completed suicide have shown to increase other family member's risk for suicide and suicidal behaviours, both in adolescents and adults, a connection which exists even after controlling for psychiatric diagnoses and treatment.

Predictor 3 - Loneliness and Depression

Loneliness and depression were recorded as major issues during the early lockdown of the pandemic in Trinidad and Tobago. These were the greatest challenges for the aging population as they were faced with their insecurities and vulnerabilities, with limited support systems or social activities which they would usually depend on for emotional regulation. Public gatherings and family visits had been restricted, as well as 'limes' (informal social gatherings where persons would eat and drink) and these were not permitted even within the household. This exclusion as part of a weekly routine in some instances, and forced isolation increased levels of depression with approximately fifty callers expressing these emotions and feelings within the space of one week only when the Hotline was newly established. These changes as reported by the callers, had led to:

overwhelming sadness, lethargy, apathy

changes within their sleeping pattern

neglect of basic hygiene rituals

lack of communication with family even when family members would call

and lack of willingness to do anything around the house.

Of the fifty callers who had indicated that they felt lonely and depressed, twelve persons were over the age of 60 years. Callers also stated that the lack of family visits due to the possibility of exposure resulted in some of the elderly callers using the hotline to stay connected through socializing and establishing a temporary bond with therapists, particularly those who lived alone and who could not host any visitors or those who were not technically savvy to operate video calls with family members.

Limitations

The main limitation of this paper is not being able to be definitive about the extent to which an overall increase in

suicidal deaths of the elderly is attributable to COVID-19. This conclusion cannot be fully ascertained without further analysis of in-depth interviews with family members. There is also an underreporting of psychological disorders within the elderly population by family members who oftentimes do not pay heed to the psychological discomfort that is experienced by the elderly. As with other methods of inquiry, the quality of the data presented will affect the validity of the results and their applications.

Discussion

The psychological impact of the COVID-19 crisis may increase suicide rates during and after the pandemic amongst the elderly population due to the lack of protective factors at hand such as social support, connectivity with others, and involvement in extracurricular activities. When the concept of attachment is applied within a Caribbean context and the constructs of suicidal ideation and self-harm are examined, the importance of attachment styles is directly related to the individuals' compliance with others' wishes and their responsiveness to social cues and norms that are based on cultural patterns (Nakhid-Chatoor, 2020)

While it is difficult to establish a correlational link between feelings of loneliness, fear, anxiety and an increase in suicidal rates, the psychological impact on relationships and fear of social isolation as stated above, can be contributing factors for suicidal ideation and suicide. The psychosocial effects of social isolation can be observed in the lack of attachments during this time and the most important factors that can help the elderly to cope with their personal issues are support systems and financial and emotional help from their relatives, friends and family. It is acknowledged that both risk and protective factors are decisive factors and play an important role in the prevention of suicide. The attachment bond therefore, is a close relationship that can be developed in the aspect of caregiving and serves as a protective factor as it provides a feeling of safety in times of threat and emotional distress.

A socio-ecological theory of elder grief and suicide asserts that an individual's development is impacted by four interacting levels in the environment: the microsystem (the immediate environment), the mesosystem (settings in which we actively participate), the exosystem (wider social setting), and the macrosystem (culture and belief systems)]. This theory acknowledges that the grief experience does not exist in isolation. Rather, it is shaped by a complex system of interacting factors and levels relating to the individual, their relationships, the surrounding community, and governing policies. Each of these levels also interacts with one another in a bi-directional nature.

Covid-19 has proven particularly threatening and demoralizing for people sixty years and older. The elderly has always been a vulnerable group due to their age and pre-existing medical concerns and during the pandemic, the greatest risk of infection and eventual demise has been among those who were in close contact with people with symptoms related to COVID-19. This includes family members, supermarket and essential workers

and public servant officials, three categories of persons who are in close contact with the elderly more than any other service provider. The mandatory stay-at-home protocols put in place by government officials to combat the spread of the virus has led to negative effects on the elderly such as loneliness, depression, anxiety, and fear due to the lack of socialization. This 'new normal' alongside the rapid need for digitalization of services, also created a greater level of disconnect from the elderly and society and family which increased the levels of hopelessness in some persons.

The lack of access to mental health services may have also played a part in these mental health struggles and whilst efforts are made in Caribbean territories to ensure that older adults have access to essential health services, more effort must be made so that these services can be adapted to their specific needs. Even though resources were limited during the pandemic, the CIT team had introduced specific protocols to attend to issues of self-harm or abuse if they arose within households. This was achieved through the collaborative effort with the Victim and Witness Support Unit (VWSU), a support unit within the Trinidad and Tobago Police Service that would be quickly contacted and debriefed if an intervention was needed, especially if active suicide ideation was expressed. The VWSU responded quickly to requests for their assistance in these instances. As stated previously, though a definitive connection cannot be made to the increase of suicides and the fears associated with the COVID-19 pandemic within this population, it can be inferred that certain factors such as loneliness, increased isolation, fear and anxiety may have played a role in the decision of persons to end their lives prematurely.

Some concerns of discrimination as expressed by callers and the underutilization of public health systems were other factors contributing to the poor healthcare of the elderly during the COVID-19 outbreak in Trinidad and Tobago. According to the American Psychological Association (2020) ageism remains at the forefront during the pandemic as discussions on rationing health services has displayed the elderly as 'sacrificial' in areas with limited resources to combat the disease. The notion of disregarding lives on the basis of age is concerning in any regard but more so within the healthcare profession as there should be an extra attempt to assist those that need it the most. Added to this is the substantial stress generated by "information overload" which has led to paranoia and health care-related mistrust and which might lead elderly persons to avoid the mandatory quarantine conditions, further triggering public health consequences.

To conclude, despite the existing risk factors as described above, in any situation where relationships are important and social connectedness and a sense of well-being are the drivers and protective factors of a healthy outlook on life, Stern and

Divecha (2017) assert that if there is a connection between family and friends – a sense of belonging - this relatedness and attachment to others can reduce suicide risk dramatically, and more so among one of the most vulnerable groups in our society – the elderly. These continuing bonds must be considered as important elements in a world where many lives have been lost among the elderly population, not solely because of the virus, but due to the emotional and mental health concerns that have led persons in this age group over sixty years to choose an alternative approach to combat this dreaded disease – suicide. This is a call for action and a red flag to public and private mental health systems of care, that increased support systems must be provided to the elderly during this pandemic, through improved training of mental health professionals to recognize and attend to symptoms when described by relatives or as they are presented in hospitals and clinics.

References

1. Wasserman D, Iosue M, Wuestefeld A, et al. Adaptation of evidence-based suicide prevention strategies during and after the COVID-19 pandemic. *Wor Psych*. 2020;19:294-306.
2. Crestani C, Masotti V, Corradi N, Laura S M, et al. Suicide in the elderly: a 37-years retrospective study. *Acta Biomed*. 2019;90: 68–76.
3. Liu, Z. Xing Bing X, Zhi, Z. Epidemiology Working Group for NCIP Epidemic Response, Chinese Center for Disease Control and Prevention. *Epidem Char*. 2020; 41:145-151.
4. Nakhid-Chatoor, M. Schools and suicide – The importance of the attachment bond. *Crisis: J Crisis Inter Su Prev*. 2020;41:1–6.
5. Santini, Z, Jose J, Cornwell E, et al. Social disconnectedness, perceived isolation, and symptoms of depression and anxiety among older Americans (NSHAP): a longitudinal mediation analysis. *Lan Pub Hea*. 2020;5:62–20.
6. Wand A, Zhong B, Chiu H, et al. COVID-19: the implications for suicide in older adults. *Int Psych*. 2020;32:1225-1230.

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