

Who Is this for?

Professionals
and Loved Ones

What is included?

General Information

NSSI in older adults

Nonsuicidal self-injury (NSSI) refers to deliberate self-harm, such as cutting or burning, without the intent to die.

How common is non-suicidal self-injury in older adults?

We don't know exactly. Few researchers have focused on NSSI in adults aged 60 years and over (Van Hove et al., 2023), which leaves us with only a handful of studies on NSSI prevalence rates in older adults. What we do know suggests that while self-injury is less common in adults than in youth, it is still significantly more common than might be expected.

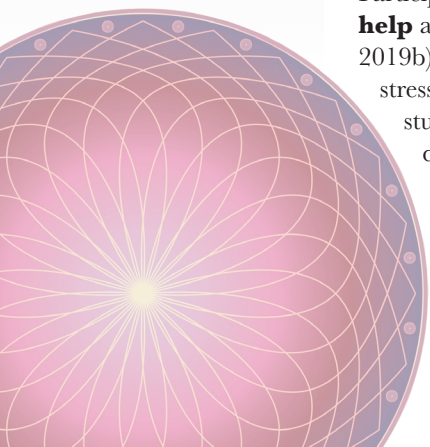
For example, in a recent review of 40 studies on self-harm in older adults, Troya and colleagues (2019a) found that although the majority of older adults (aged 60 years and older) who engage in self-harm reported self-poisoning (i.e., medication overuse), 8.1% had engaged in non-suicidal self-injury – inflicting pain on the body as a way of managing emotion. Similarly, a large study of adults in Australia found that among those who reported NSSI in the past year, 35.6% were 40 or over and 6.8% were 60 years or older (Martin & Swannell, 2016).

We do know that adults aged 65 years and over are **more likely to be admitted for NSSI than for a suicide attempt**. In one study of individuals aged 60 to 69 in a psychiatric hospital, 6.3% of clinicians reported that their patients had engaged in NSSI within the previous four weeks (compared to 13.6% who had experienced thoughts of suicide and 0.4% who had attempted suicide) (Ose et al., 2021).

In a recent study of 790 Belgian adults aged 60 and over (Van Hove, Facon et al., in revision), self-harm was reported by 8.2% of older adults. Of the older adults who had engaged in self-harm, direct methods (28.9%, e.g., preventing wounds from healing) were less common than indirect methods (85.7%, e.g., alcohol overuse). This was also confirmed in interviews with psychogeriatric experts (Van Hove et al., 2024).

Why do older adults self-injure?

This is not well explored but the research that exists suggests that they do it for similar reasons as young people who self-injure: to manage how they feel. For example, in a 2016 systematic review of self-reported non-suicidal self-harm motivations across various age groups (ranging from 10 to 92 years) the most frequently mentioned motivation was seeking **relief from an unbearable emotional state**. Participants also identified **conveying their despair to others, evoking sympathy, and seeking help** as reasons for self-injuring. This is similar to findings reported by UK researchers (Troya et al., 2019b) who found that older adults use self-harm as a cry for help, a coping mechanism for dealing with stressors, and a means of regaining a sense of control. These functions were also identified in Belgian studies, where reducing unpleasant feelings, coping with overwhelming emotions, and signalling distress to others emerged as the most commonly reported motivations for engaging in self-harm (Van Hove et al., 2024; Van Hove, Facon et al., in revision).



Are older adults who self-injure also dealing with other mental health conditions?

We don't know much yet. What we do know is based on two studies. The first study focused on older adults who presented to an emergency room for NSSI and/or suicidal thoughts or behaviors. In this study (Choi, 2016), older adults with NSSI only had **fewer chronic conditions, lower rates of mood disorders and cognitive disorders** relative to those who present for a suicide attempt. However, NSSI was associated with higher odds for

an **anxiety disorder** in comparison to suicide attempts. This is similar to what is noted in youth.

Secondly, another parallel with the youth literature is that NSSI can occur with or without suicidal ideation for older adults (Ose et al., 2021). This is all based on a psychiatric population, however. The same research suggests that individuals with **personality disorders** had the highest prevalence of NSSI with suicidal ideation.

Studying self-injury in older adults is challenging

It is important to note that learning about NSSI in older adults can be challenging. The **combination of stigma, taboo and concern about privacy invasion** can make understanding the scope, nature and experience of older adults challenging. Higher physical frailty may also mask the intention of the behavior. This is one of the reasons why mortality rates due to suicide are highest among older adults. It is also unclear how often older adult use of NSSI to manage emotions leads to inadvertent suicide (e.g., Cheung et al., 2015).

Lastly, most studies about self-harm in older adults have been performed retrospectively with data from Emergency Departments (EDs). Since EDs often solely have a code for 'self-harm' or 'suicide', it is impossible to know how many of the ED representations due to self-harm are in the form of NSSI.

What helps?

Many adults have a **hard time seeking support** because they feel shame or embarrassment at needing help. In interviews with older adults, the most common barrier to help-seeking was feeling that their NSSI was not severe enough to warrant help and/or feeling ashamed or embarrassed about asking for help.

If you are an older adult who self-injures or know someone who does, here are a few helpful things to keep in mind:



- 1** Know **that it's ok to not feel ok** and to ask for help. Although research confirms that older adults do engage in NSSI, the majority (74.3% in one study) of older adults who report NSSI experience say that they do not ask for help.
- 2** Talking to people that you in trust and/or to mental professionals can make a big difference in how you feel. Life can be really challenging at times and we all need to lean on each other when we feel unsure or overwhelmed. If you do not have a therapist or counselor consider asking your general practitioner for help finding someone that might help.
- 3** Engage in **meaningful activities and interests** (e.g., community engagement). It can be hard to stay engaged with activities as we age, but it is a powerful way to keep up your spirits and a sense of optimism.
- 4** Engage in **social contact**: Who can you talk to? How can you meet new people? Having people in your life to talk to, share updates, activities, and highs and lows with can make a big difference in how we feel. Other things that help are listening to music, movement such as swimming or taking a walk, and doing something creative. All of these are effective ways of **coping with intense emotions or situations**.
- 5** Learn and share. Sometimes hearing about other people's experience can be empowering and healing supportive. In addition to SIRR resources, we suggest:
 - [Psychology of Self-injury podcast](#): Podcast episode: Suicide and self-harm in older adults
 - [What is emotion regulation?](#)
 - Self-injury support library
 - [The Mighty's guide to understanding self-harm in adults](#)



SUMMARY

NSSI in older adults is less studied, but available research suggests it's more common than expected. Motivations for NSSI in older adults parallel those in younger populations, focusing on managing emotions. Encouraging support and meaningful activities can be helpful. Encouraging older adults to acknowledge and seek help for non-suicidal self-injury (NSSI) is crucial, given that a significant majority do not seek assistance. Connecting with trusted individuals

or mental health professionals, engaging in meaningful activities and community involvement, and fostering social connections through conversation and shared experiences can have a positive impact on emotional well-being, providing effective coping mechanisms for intense emotions and situations.



If you are in crisis, call 988 or contact the crisis text line.

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