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Suicide Prevention Newsletter

May is Mental Health Month, part II

May is Mental Health Month. The Washington State Department of Health, together with [Mental Health America](#) (MHA) is raising awareness of the important role mental health plays in our lives and encouraging community members to learn more about their own mental health and to take action immediately if they are experiencing symptoms of a mental illness.

Mental Health America has celebrated Mental Health Month every May since 1949. Each year, a different theme is chosen. This year's

theme is "B4STAGE4". It means that mental health illnesses are in some ways no different than physical illnesses. Like cancer, for example, mental illnesses should be detected and treated early, before they reach Stage 4.

To protect our health and to keep us mentally healthy, MHA provides [screening tools](#) for several mental illnesses. By detecting mental illnesses early, we are able to engage in treatment early and thereby avoid the negative outcomes of a lack of treatment.

- **It is important to identify and treat mental illnesses early.**
- **It is possible to screen for mental illnesses and to screen for suicide risk.**
- **Treatment for mental illnesses and for suicidality is possible.**
- **Recovery from substance abuse is also possible.**
- **By ignoring symptoms of mental illness, we usually lose ten years in which there could have been interventions to make people's lives better.**

This issue of the suicide prevention newsletter is devoted to the mental health of older adults and to prevent suicide in that age group, as we know that the suicide rate is high among older adults.

Anxiety in Older Adults

MENTAL HEALTH MONTH 2015

B4Stage4

**Anxiety in
Older Adults**

Have you ever suffered from excessive nervousness, fear or worrying? Do you sometimes experience chest pains, headaches, sweating, or gastrointestinal problems? You may be experiencing symptoms of anxiety.

Excessive anxiety that causes distress or that interferes with daily activities is not a normal part of aging, and can lead to a variety of health problems and decreased functioning in everyday life.

14%

of older adults meet the criteria for a diagnosable anxiety disorder

27%

of older adults had symptoms of anxiety that didn't qualify as a diagnosable disorder, but significantly impacted their functioning¹

Common Types of Anxiety Disorders and Their Symptoms

The most common anxiety disorders include specific phobias and generalized anxiety disorder. Social phobia, obsessive-compulsive disorder, panic disorder, and post-traumatic stress disorder (PTSD) are less common.

Panic Disorder: Characterized by panic attacks, or sudden feelings of terror that strike repeatedly and without warning. Physical symptoms include chest pain, heart palpitations, shortness of breath, dizziness, abdominal discomfort, and fear of dying.

Obsessive-Compulsive Disorder: People with obsessive-compulsive disorder (OCD) suffer from recurrent unwanted thoughts (obsessions) or rituals (compulsions), which they feel they cannot control. Rituals, such as hand washing, counting, checking or cleaning, are often performed in hope of preventing obsessive thoughts or making them go away.

Post-Traumatic Stress Disorder: PTSD is characterized by persistent symptoms that occur after experiencing a traumatic event such as violence, abuse, natural disasters, or some other threat to a person's sense of survival or safety. Common symptoms include nightmares, flashbacks, numbing of emotions, depression, being easily startled, and feeling angry, irritable or distracted.

Phobia: An extreme, disabling and irrational fear of something that really poses little or no actual danger; the fear leads to avoidance of objects or situations and can cause people to limit their lives. Common phobias include agoraphobia (fear of the outside world); social phobia; fear of certain animals; driving a car; heights, tunnels or bridges; thunderstorms; and flying.

Generalized Anxiety Disorder: Chronic, exaggerated worry about everyday routine life events and activities, lasting at least six months; almost always anticipating the worst even though there is little reason to expect it. Accompanied by physical symptoms, such as fatigue, trembling, muscle tension, headache, or nausea.

Identifying Risk Factors for Anxiety

Like depression, anxiety disorders are often unrecognized and undertreated in older adults. Anxiety can worsen an older adult's physical health, decrease their ability to perform daily activities, and decrease feelings of well-being.

Check for Risk Factors

Anxiety in older adults may be linked to several important risk factors. These include, among others:

- Chronic medical conditions (especially chronic obstructive pulmonary disease [COPD], cardiovascular disease including arrhythmias and angina, thyroid disease, and diabetes)
- Overall feelings of poor health
- Sleep disturbance
- Side effects of medications (i.e. steroids, antidepressants, stimulants, bronchodilators/inhalers, etc)
- Alcohol or prescription medication misuse or abuse
- Physical limitations in daily activities
- Negative or difficult events in childhood
- Excessive worry or preoccupation with physical health symptoms

Screening for Anxiety

A quick, easy and confidential way to determine if you may be experiencing an anxiety disorder is to take a mental health screening. A screening is not a diagnosis, but a way of understanding if your symptoms are having enough of an impact that you should seek help from a doctor or other professional.

Visit www.mhascreening.org to take an anxiety screening. If you don't have internet access, you can ask your primary care doctor to do a screening at your next visit.

Anxiety is common and treatable, and the earlier it is identified and addressed, the easier it is to reverse the symptoms.

Get screened.



www.mhascreening.org
Anonymous • Free • Confidential

www.mentalhealthamerica.net/may



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#B4Stage4 #MHMonth2015

Treatment Options

The most common and effective treatment for anxiety is a combination of therapy and medication, but some people may benefit from just one form of treatment.

If you or someone you know is experiencing symptoms of any form of anxiety, you should seek professional help immediately. If you or someone you know is in crisis and would like to talk to a crisis counselor, call the free and confidential National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).

Medicare Helps Cover Mental Health Services

Worrying about health insurance costs should never be a barrier to treatment. Visit the Medicare QuickCheck® on MyMedicareMatters.org/lp/mha to learn more about all of the mental health services available to you through Medicare.

Medicare Part A

Medicare Part A (hospital insurance) helps cover mental health care if you're a hospital inpatient. Part A covers your room, meals, nursing care, and other related services and supplies.

Medicare Part B

Medicare Part B (medical insurance) helps cover mental health services that you would get from a doctor as well as services that you generally would get outside of a hospital, like visits with a psychiatrist, clinical psychologist or clinical social worker, and lab tests ordered by your doctor. Part B may also pay for partial hospitalization services if you need intensive coordinated outpatient care.

Medicare Part D

Medicare Part D (prescription drug coverage) helps cover drugs you may need to treat a mental health condition.



B4Stage4

My Medicare Matters®
National Council on Aging

Depression in Older Adults

MENTAL HEALTH MONTH 2015 **B4Stage4** Depression in Older Adults

Have you ever suffered from extended periods of sadness, loss of pleasure in everyday activities, poor sleep, or feelings of worthlessness or guilt? Have you quickly lost or gained weight, or lost all energy to complete everyday tasks? If so, you may be experiencing symptoms of depression.

Contrary to stereotypes about aging, depression is not a “normal” part of getting older. It is a medical problem that affects many older adults and can often be successfully treated.

According to a recent study from the *American Journal of Geriatric Psychiatry*:

27%

of older adults assessed by aging service providers met the criteria for a diagnosis of major depression

31%

of older adults had symptoms of depression that didn't qualify as a diagnosable disorder, but significantly impacted their lives¹

Identifying Risk Factors for Depression

Depression is often under-recognized and under-treated in older adults. Without treatment, depression can impair an older adult's ability to function and enjoy life, and can contribute to poorer overall health. Compared to older adults without depression, those with depression often need greater assistance with self-care and daily living activities, and often recover more slowly from physical disorders. Use the checklist to determine if you or someone you know may be at risk for depression.

Check for Risk Factors

Depression in older adults may be linked to several important risk factors. These include, among others:

- Medical illness (particularly chronic health conditions associated with disability or decline)
- Overall feelings of poor health, disability, or chronic pain
- Progressive sensory loss (i.e. deteriorating eye sight or hearing loss)
- A history of falling repeatedly
- Sleep disturbances
- Mental impairment or dementia
- Medication side effects (in particular from benzodiazepines, narcotics, beta blockers, corticosteroids, and hormones)
- Alcohol or prescription medication misuse or abuse
- Prior depressive episode, or family history of depression
- Extended mourning due to death of a friend, family member, or other loss
- Any type of stressful life events (i.e. financial difficulties, new illness/disability, change in living situation, retirement or job loss, and interpersonal conflict)
- Dissatisfaction with one's social network

Symptoms of Depression



Changes in energy level and sleep patterns



Difficulties with concentration or decision making



Feeling sad, empty, hopeless, worthless or extremely guilty



Loss of interest or pleasure in activities



Frequent thoughts of death or suicide, or an attempt of suicide



Noticeable restlessness or irritability



Changes in appetite, eating habits, or weight

Screening For Depression

A quick, easy and confidential way to determine if you may be experiencing depression is to take a mental health screening. A screening is not a diagnosis, but a way of understanding if your symptoms are having enough of an impact that you should seek help from a doctor or other professional. Visit www.mhascreening.org to take a depression screening. If you don't have internet access, you can ask your primary care doctor to do a screening at your next visit.

Depression is common and treatable, and the earlier it is identified and addressed, the easier it is to reverse the symptoms.

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#B4Stage4 #MHMonth2015

Treatment Options

The most common and effective treatment for depression is a combination of therapy and medication, but some people may benefit from just one form of treatment.

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Medicare Part A

Medicare Part A (hospital insurance) helps cover mental health care if you're a hospital inpatient. Part A covers your room, meals, nursing care, and other related services and supplies.

Medicare Part B

Medicare Part B (medical insurance) helps cover mental health services that you would get from a doctor as well as services that you generally would get outside of a hospital, like visits with a psychiatrist, clinical psychologist or clinical social worker, and lab tests ordered by your doctor. Part B may also pay for partial hospitalization services if you need intensive coordinated outpatient care.

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Preventing Suicide in Older Adults

MENTAL HEALTH MONTH 2015

B4Stage4 Preventing Suicide in Older Adults

Have you ever suffered from depression? Have you experienced increasing social isolation in recent years, the death of loved ones, or feelings of hopelessness? You may be at risk for suicidal thoughts or actions.

If you or someone you know has thought about suicide, you are not alone. In 2013, the highest suicide rate (19.1%) was among people 45 to 64 years old. The second highest rate (18.6%) occurred in those 85 years and older. According to the CDC, an estimated 10,189 older Americans (ages 60 and up) died from suicide in 2013. Notably, suicides are particularly high among older, white males (32.74 suicides per 100,000 people). In fact, the rate of suicide in the oldest group of white males (ages 85+) is over four times higher than the nation's overall rate of suicide.

According to the CDC **OVER 10,000** Americans over age 60 died from suicide in 2013

Identifying Warning Signs for Suicide

A person who may be thinking about suicide likely does not want to die, but is in search of some way to make pain or suffering go away. Older people who attempt suicide are often more isolated, more likely to have a plan, and more determined than younger adults. Suicide attempts are more likely to end in death for older adults than younger adults, especially when attempted by men. But suicide is 100% preventable. Use the checklist below to determine if you or someone you know may be showing warning signs of suicidal thoughts.

Check for Risk Factors

Suicidal thoughts in older adults may be linked to several important risk factors and warning signs. These include, among others:

- Depression
- Prior suicide attempts
- Marked feelings of hopelessness; lack of interest in future plans
- Feelings of loss of independence or sense of purpose
- Medical conditions that significantly limit functioning or life expectancy
- Impulsivity due to cognitive impairment
- Social isolation
- Family discord or loss (i.e. recent death of a loved one)
- Inflexible personality or marked difficulty adapting to change
- Access to lethal means (i.e. firearms, other weapons, etc.)
- Daring or risk-taking behavior
- Sudden personality changes
- Alcohol or medication misuse or abuse
- Verbal suicide threats such as, "You'd be better off without me" or "Maybe I won't be around"
- Giving away prized possessions

Preventing Suicide

It is crucial that friends and family of older adults identify signs of suicidal thoughts and take appropriate follow-up actions to prevent them from acting on these thoughts. Suicidal thoughts are often a symptom of depression and should always be taken seriously.

Passive suicidal thoughts include thoughts of being “better off dead.” They are not necessarily associated with increased risk for suicide, but are a sign of significant distress and should be addressed immediately.

In contrast, active suicidal thoughts include thoughts of taking action toward hurting or killing oneself. An example of an active suicidal thought would be answering yes to the question “In the last two weeks, have you had any thoughts of hurting or killing yourself?” These thoughts require immediate clinical assessment and intervention by a mental health professional. If someone you know has a suicide plan with intent to act, you should not leave them alone—make sure to stay with them until emergency services are in place.

If you or someone you know is experiencing passive or active suicidal thoughts, or has described a plan with intent to act, it is essential that you intervene and get help from a mental health professional immediately. A timely and appropriate intervention can prevent suicide, and addressing issues sooner rather than later often results in better treatment outcomes.

In a Crisis

If you or someone you know is in crisis and would like to talk to a crisis counselor immediately, call the free, 24/7, confidential National Suicide Prevention Lifeline at 1-800-TALK (1-800-273-8255). *In cases of emergency, call 911 immediately.*

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