ROMAN CATHOLIC DIOCESE OF ROCHESTER

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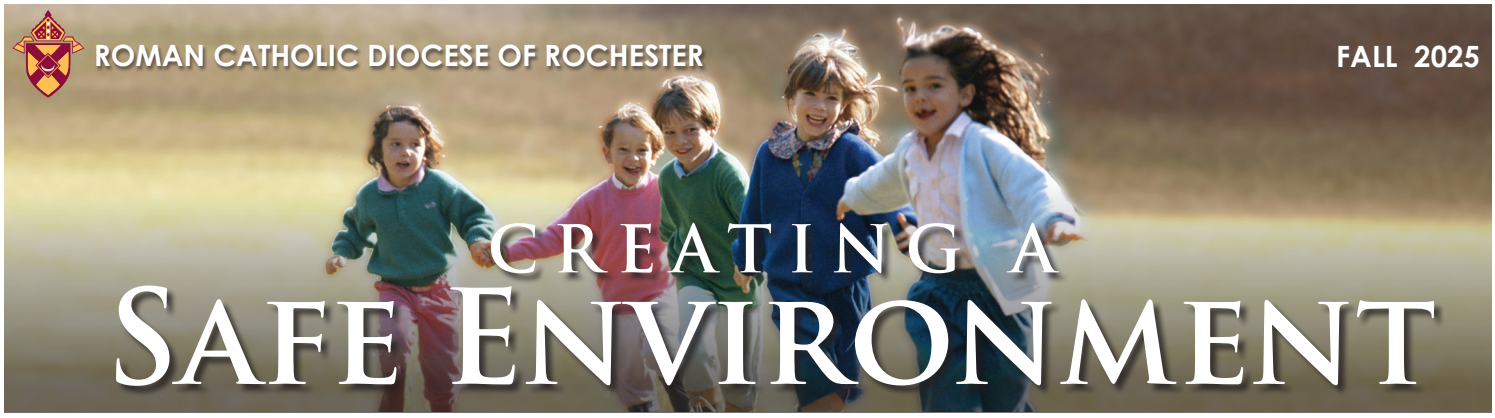

CREATING A SAFE ENVIRONMENT

Challenges of growing old can increase risk of suicide

By Jane Sutter

The challenges of aging can be numerous, both physically and mentally, and the effects of those challenges should not be ignored by family or concerned friends, according to Dr. Yeates Conwell, a Rochester expert on suicide and depression among older adults.

Conwell, a psychiatrist at University of Rochester Medical Center, has researched, lectured and written extensively on suicide and depression in later life. He has served as a founding co-director of the Center for the Study and Prevention of Suicide and director of URMC's Office for Aging Research and Health Services.

"Suicides particularly increase dramatically among men after age 60 or so and keeps going up until the old-old age group," Conwell said. It's different for women in the United States, he said. For them, suicide rates peak in midlife and then tend to drop a little after that, he said. Suicide rates are lowest among youth and young adults. Conwell calls suicides among older adults an "underappreciated public health problem because you don't hear about it that much." He noted that while every suicide is a tragedy and potentially preventable, news about suicide tends to focus on younger people.

There is not just one thing such as loss of a job or a terminal illness or a relationship breakup that puts a person at risk of suicide, Conwell emphasized. The reality is more complicated. He has identified "five D's" of suicide risk among older adults. The more of these "D's" that a person has, the greater their risk of suicide.

Here's a summary of each "D" from Conwell:

Depression: Any mental health disorder increases the risk of suicide, Conwell said. The most common disorder is clinical depression — major affective disorder — and that is by far the most potent risk factor for suicide in older people. Older adults with other mental disorders like psychotic illness, dementia, anxiety disorder and substance abuse also have an increased risk for suicide, but depression is the most common.

Disease: This refers to a medical illness such as cancer, neurological disorders like seizure disorders, spinal cord injury, heart disease, kidney disease and others. Conwell noted that physical illnesses are naturally a part of the aging process. A person with cancer has two times the relative risk of dying by suicide as someone without that disease, compared with someone who has clinical depression, which has 40 to 60 times the risk, Conwell said. However, people with cancer are at risk of developing depression, Conwell noted.

Disability: This is defined as a functional impairment often with physical illness such as having had a stroke or having dementia, resulting in the loss of the ability to be independent, Conwell said.

Disconnectedness: "Feeling lonely, being socially isolated contributes to the risk of developing cognitive disorders like dementia, for example, physical illnesses and depression," Conwell stated.

Deadly means access: In this country, that means access to firearms, Conwell said. In the United States, 50 to 55 percent of suicide deaths are by firearms, Conwell said, but for older men the percentage is much higher, at 75 percent. If looking specifically at deaths by firearms, 95 to 97 percent of firearms deaths among older men in this country are suicides.

Conwell noted that the issue of older men having access to firearms is complex, given

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that these men may have served in wars or mobilizations and have a knowledge of firearms, are comfortable with them and have them in their homes. Having a firearm, particularly a handgun, in the home is a risk factor for suicide, Conwell said.

If there is a firearm in the home and an older adult seems to be at risk of suicide, then a family member or friend can ask them "is it safe to have that? Can I take it and bring it back when you feel better?" Conwell suggested. In extreme cases, a concerned person can pursue getting a "extreme risk protection order" seeking law enforcement to remove firearms from the home.

Strategies to help

Conwell has advice for family members or friends about how to approach their loved one if they are concerned about depression or suicide. "People are often times reluctant to raise the topic of even depression, certainly suicide, because both are stigmatized." It can be difficult for an adult child to acknowledge that a parent or older person may be struggling.

The first thing is to ask the question "how are you doing?" and show caring and hopefulness to help the older person to accept that there might be solutions to their situation, Conwell said. The person should be encouraged to talk to their primary care physician or contact Older Adult Services at URMC for an evaluation.

Depending on what the person is dealing with, a treatment plan will be created, such as pain management or helping with a functional impairment through physical or occupational therapy, Conwell said. If the person is lonely, there are resources to support engagement.

Every suicidal person is ambivalent and can alternate wishing to live with wishing to die, Conwell said. "Talking saves lives," Conwell said, so showing concern helps up the balance of the person wishing to live.

A lot of medications work very well at treating depression as does talk therapy, Conwell stated. Reminding an older adult of strategies that they have found helpful in the past, such as listening to music or calling a friend, can be useful. "It's problem solving, it's recognizing that different creative ways one can reduce risk but also open doors to healing," Conwell said.

If a person says they are feeling suicidal, then they should be taken to a hospital emergency room for evaluation, Conwell stated. He emphasized that intervening can save a life. "There is a lot we can do to help an older person to anticipate challenges and open up dialogue and find solutions before it gets to that stage."

Jane Sutter is a Rochester-based freelance writer.

Common symptoms of depression in older adults:

Below is a list of symptoms from the National Institute on Aging, part of the National Institutes of Health:

- Persistent sad, anxious or "empty" mood
- Feelings of hopelessness, guilt, worthlessness or helplessness
- Irritability, restlessness or having trouble sitting still
- Loss of interest in once pleasurable activities, including sex
- Decreased energy or fatigue
- Moving or talking more slowly
- Difficulty concentrating, remembering or making decisions
- Ignoring important roles in life, such as responsibilities with work or family
- Difficulty sleeping, waking up too early in the morning or oversleeping
- Eating more or less than usual, usually accompanied by unintended weight gain or loss
- Increased use of alcohol or drugs, or engagement in high-risk activities
- Thoughts of death or suicide, or suicide attempts

Source: Depression and Older Adults | National Institute on Aging

What to do when someone is at risk:

The American Foundation for Suicide Prevention has a variety of educational resources. Its website states that if you think someone is thinking of suicide, you should assume you are the only one who will reach out. Here are tips on how to have an honest conversation:

1. *Talk to them in private.*
2. *Listen to their story.*
3. *Tell them you care about them.*
4. *Ask directly if they are thinking about suicide.*
5. *Encourage them to talk to their doctor or therapist.*
6. *Avoid debating the value of life, minimizing their problems or giving advice.*

Source: Home | AFSP

Other resources:

University of Rochester Older Adult Mental Health Services: Older Adult Mental Health Services | Conditions & Treatments | UR Medicine

Center for the Study and Prevention of Suicide (part of the URMC Department of Psychiatry): Center for the Study and Prevention of Suicide - Department of Psychiatry - University of Rochester Medical Center

Article in which Dr. Yeates Conwell is quoted: "The quiet crisis: What's driving gun suicides among older Americans?"

Guns Are Fueling a Suicide Crisis Among Older American Men

5 Five Ways

to protect your children from sexual abuse

Parents play the primary role in educating their children about sexual abuse. Here are 5 tips for teaching safety to the little ones God has entrusted to you.

1. **Keep it practical.** Teach your children the differences between safe touches and unsafe touches.

2. **Tell your children that saying "no" is okay.** Empower your children to say "no" if anyone makes them feel uncomfortable or touches them inappropriately.

3. **Give your children a way to alert you.** Tell your children they can use an excuse or share a special "code-word" with you to to alert you about an unsafe person or situation.

4. **Tell your children to report an unsafe touch.** Let your children know they should tell you if they feel uncomfortable or unsafe around any adult or peer. You can also identify other adults they can tell about unsafe touches.

5. **Tell your children you trust them.** If your child makes a report to you, believe him or her. Tell them it is not their fault and that you love them. Immediately bring the allegation to the attention of public authorities.

Promise to Protect Pledge to Heal

ROMAN CATHOLIC
DIOCESE OF ROCHESTER

Creating a Safe Environment Newsletter

is published quarterly by the Roman Catholic Diocese of Rochester with the aim of helping all of us keep children and vulnerable adults safe at home, at church and in all places in our community.

Comments can be directed to:
Tammy Sylvester
Diocesan Coordinator of Safe Environment Education and Compliance
585-328-3228
Tammy.Sylvester@dor.org.

Victims of sexual abuse by any employee of the Church should always report to the civil authorities. To report a case of possible sexual abuse and to receive help and guidance from the Roman Catholic Diocese of Rochester, contact the diocesan Victims' Assistance Coordinator:

Deborah Housel
(585) 328-3228, ext. 1555;
toll-free 1-800-388-7177, ext. 1555
victimsassistance@dor.org.

All photos in this newsletter are for illustrative purposes only.

ADDITIONAL SAFETY RESOURCES

ONLINE SAFETY RESOURCES

CHILDREN & TEENS' SAFETY SITES:

Webronauts Internet Academy:
http://pbskids.org/webonauts/
PBS Kids game that helps younger children understand the basics of Internet behavior and safety.

NSTeens:
http://www.nsteens.org/
A program of the National Center for Missing and Exploited Children that has interactive games and videos on a variety of Internet safety topics.

FOR PARENTS:

Common Sense Media
https://www.commonsensemedia.org/parent-concerns
A comprehensive and frequently updated site that is packed with resources. Dedicated to improving the lives of kids and families by providing information and education

Family Online Safety Institute:
http://www.fosi.org/

iKeepSafe:
http://www.ikeepsafe.org/
Resources for parents, educators, kids and parishes on navigating mobile and social media technologies

Faith and Safety:
http://www.faithandsafety.org
Safety in a digital world, a joint project of the U.S. Conference of Catholic Bishops and Greek Orthodox Church in America

LOCAL RESOURCES AND CONTACT INFORMATION

Bivona Child Advocacy Center
(Monroe, Wayne counties):
www. BivonaCAC.org
585-935-7800

Chemung County Child Advocacy Center:
607-737-8449
www.chemungcounty.com

Child Advocacy Center of Cayuga County:
315-253-9795
www. cacofcayugacounty.org

Finger Lakes Child Advocacy Program
(Ontario County):
www. cacfingerlakes.org
315-548-3232

Darkness to Light organization:
www. d2l.org

STEUBEN COUNTY: Southern Tier Children's Advocacy Center:
www.sthcs.org
716-372-8532

NYS State Central Registry
(Child Abuse Reporting Hotline):
1-800-342-3720

NYS Child Advocacy Resource and Consultation Center (CARCC)
866-313-3013

Tompkins County Advocacy Center:
www.theadvocacycenter.org
607-277-3203

Wyoming County Sexual Abuse Response Team:
585-786-8846

Yates County Child Abuse Review Team:
315-531-3417, Ext. 6