Suicide prevention for women aged 50+

Understanding the Unique Risk Factors and Warning Signs

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Personal motivation

Attitude to New Lifestyle & Change Management AND

Psychological and Health Issues Stress & Management

Doctorate in Clinical Psychology, trained in Elderly Care at Ridgeways Baptist Church Elderly Ministry, working in Nairobi, Kiambu, and Nanci County on positive attitude and preparation towards retirement, wellbeing advocate against elderly abuse, and lifespan growth and development changes in elderly retirees:

 Reduced strength, memory, learning, eyesight, hearing, teeth and posture, menopause and menolescence



Outline

- 1) Why focus on women 50+?
- 2) Case study: Subjective Well-Being (SWB) in retirees
 - 1) Suicide risk factors for women 50+
- 2) Summary of 6 D's of Suicide Risk in Older Women
- 1) Understanding Mental Wellbeing
- 1) Challenges and solutions for women aged 50+ in Kenya:
 - Barriers to Seeking Help
 - Mitigation Strategies

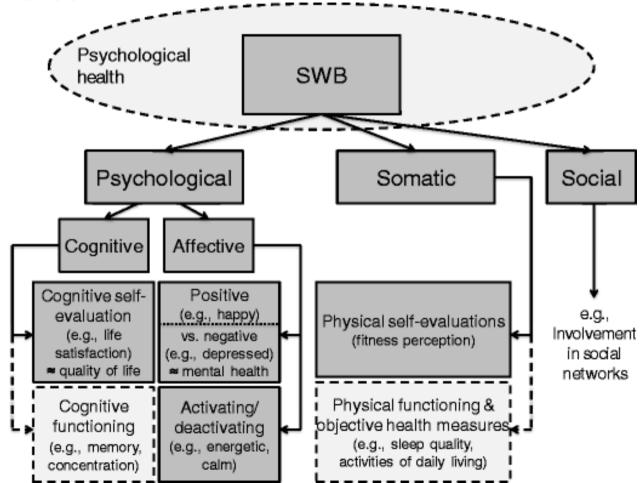
- Current Support Systems in Kenya
- Helplines
- Suicide Prevention Strategies in Kenya
- Role of Healthcare Providers
- Culturally Appropriate Interventions
- Recommendations and Call to Action

Why Focus on Women 50+?

- Underrepresented in mental health data and programs
- Face unique socio-economic, cultural, and health challenges
- Increased risk of isolation, chronic illness, and neglect
- Often caregivers with little support

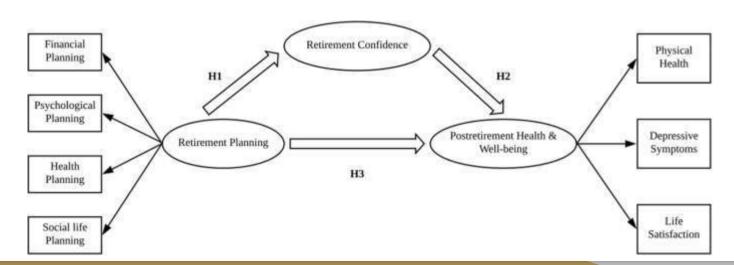
Case study: Subjective Well-Being (SWB) in retirees

Photo credits: https://images.app.goo.gl/WNLtbMoV6yKfXe3VA



- The search for meaningful engagement in society: Light work = useful and connected
- Development of a retirement/life structure
- The critical nurturing of social relationships
- Self actualization
- More time for family or spirituality?
- Back to youthful hobbies?
- Inua Jamii? NSSF Pension? Caregivers?
- The confluence of aging and retirement

https://link.springer.com/article/10.1007/s11482-020-09901-7



Suicide Risk Factors for Women 50+ in Kenya

Biological:

- Menopause-related hormonal changes
- Chronic diseases

Psychological:

- Depression, anxiety, grief
- Past trauma, domestic abuse

Social:

- Widowhood, empty nest syndrome
- Poverty, abandonment, elder neglect
- Cultural stigma around mental health

Summary of 6 D's of Suicide Risk in Older Women

- **Demography:** age, gender, SES, minority/marginalized
- Depression: or any Mental health conditions
- Disease: heart, HBP, diabetes, stroke, Parkinson's/Dementia, epilepsy (CNS/neurology), HIV, cancer, arthritis
- **Disability:** transition to acceptable independence with functional impairment
- Disconnectedness: Social network depth & belonging
- **Deadly means:** While most women attempt suicide, most men die by suicide, with upto 96% using firearms, men=most lethal/dangerous

Understanding Mental Wellbeing

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.



- Mental Health (WHO definition): "a state of well-being in which the individual realises her/ his own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her/ his community".
- Older adults wellbeing issues include:
 - Discrimination
 - Participation in meaningful activities
 - Relationships
 - Physical health
 - Poverty

Community well-being

https://images.ap

New definition of well-being

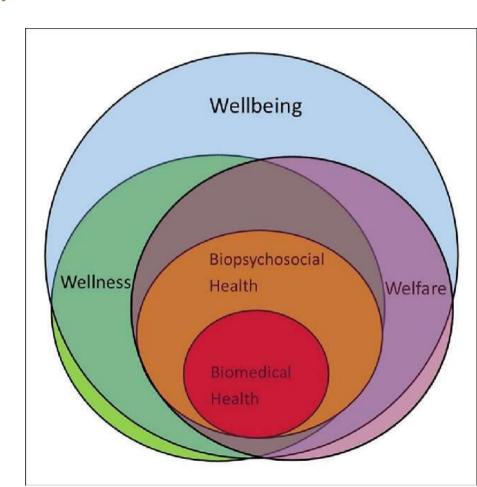
Well-being is a positive state of affairs in individuals, relationships, organizations, communities, and the natural environment, brought about by the simultaneous and balanced satisfaction of material and psychological needs; and by the promotion of justice in each one of these ecological domains.

Wellbeing and related concepts

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Wellness versus Wellbeing

- Concerns actions of intent <u>vs.</u>
 judgement of a state of being
- Obvious physical <u>vs.</u> mental elements
- Healthy lifestyle <u>vs.</u> sensations of fulfilment and satisfaction
- Wellness economy and business opportunities <u>vs.</u> individual welfare and interventions of citizens



Wellness

Well-being & Happiness

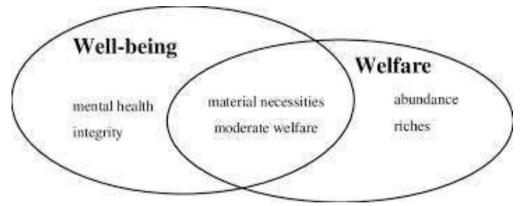
- Multidimensional, dynamic, subjective, and personal
- · Subject to historical and cultural differences and contexts
- Relates to intention, action, activities.
- Has a prominent physical dimension.
- Consumers associate it with healthy lifestyles, choices, and market offerings.
- Common usage in business/private industry context (e.g., wellness sector).
- Useful concept for measuring industry size and discussing business opportunities (e.g., wellness economy).

- Perception of a state of being.
- Has a prominent mental/emotional dimension.
- Citizens associate it with feelings of satisfaction and sense of fulfilment.
- Common usage in policy/government context (e.g., well-being budgeting).
- Useful for measuring individual/citizen welfare (e.g., Global Happiness Index) and for organizing policies and interventions.

Wellbeing versus Welfare

Photo credits: https://images.app.goo.gl/iFTGtudn6oBTRsiO7

- Welfare is the provision of accessibility to basic facilities to maintain the health and wellbeing of say individuals at the workplace
- The provision of workplace facilities that maintain the basic wellbeing and comfort of say workers, such as eating, washing and toilet facilities which enable them to fulfill their bodily functions.



Mental Wellness/Wellbeing versus Illness/Health

Mental Illness/ Health

VS.

Mental Wellness/ Well-being

Pathogenic

Clinical Care

Stigma, Isolating

Scientific & Objective

Salutogenic

Self Care

Empowering, Shared Humanity

Personal & Subjective



Not a simple continuum from mental illness to wellness.



Mental illness and wellness can co-exist.



Mental wellness can mitigate mental illness.

Source: Global Wellness Institute

Wellness Wheel: Eight dimensions of wellbeing

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EMOTIONAL

Coping effectively with life and creating satisfying relationships.

WELLNESS

ENVIRONMENTAL

Good health by occupying pleasant, stimulating environments that support well-being.

INTELLECTUAL

Recognizing creative abilities and finding ways to expand knowledge and skills.

PHYSICAL

Recognizing the need for physical activity, diet, sleep, and nutrition.

FINANCIAL

Satisfaction with current and future financial situations.

SOCIAL

Developing a sense of connection, belonging, and a well-developed support system.

SPIRITUAL

Expanding our sense of purpose and meaning in life.

OCCUPATIONAL

Personal satisfaction and enrichment derived from one's work.

Challenges and solutions for women aged 50+ in Kenya

Barriers to Seeking Help

Cultural: Silence around mental illness, spiritual attribution

Economic: Cost of healthcare, dependence on family

Access: Limited mental health services in rural areas

Gender roles: Expected to "endure" silently

- Struggling to "switch off" from work mode and relax, especially in the early weeks or months of retirement.
- Feeling anxious at having more time on your hands, but less money to spend.
- Finding it difficult to fill the extra hours you now have with meaningful activity.
- Losing your identity. If you're no longer a doctor, teacher, designer, sales person, electrician, or driver, for example, who are you?

- Feeling depressed and isolated without the social interaction of being around your coworkers.
- Experiencing a decline in how useful, important, or selfconfident you feel.
- Adjusting your routine or maintaining your independence now you're at home with your spouse during the day.
- Some retirees even feel guilty about receiving money from a pension without directly working for it.

Mitigation Strategies

1: Embrace Change



- Avoid ignorance
- Avoid indulgence
- Avoid poor attitude

2: Find new meaning and purpose



- Older adults still have the ability to dream
- Write down the dream to avoid too many ideas but no direction
- Unyielding challenges that threaten our collective survival can be tackled through strategy

3. Manage retirement, depression, anxiety and stress



- Coaching, mental health and stress interventions can enable one to respond rather than react to mood and related difficulties such as fear of the unknown, motivation, loneliness
- Assessment, treatment planning and care coordination is key

4. Look after your health



- Physical: Exercise, nutrition and stress management
- Mental: Reading, visualizing, planning, writing
- Spiritual: Value clarification and commitment, meditation
- Socio-emotional: Service, empathy, synergy, intrinsic security
- Character: Optimism, faith, guarding the mind
- Financial: Planning, saving, debt management estate planning and declaration of beneficiaries

Current Support Systems in Kenya

Government Programs:

- *Mental health policy (e.g., 2021 Mental Health Act)
- *Ministry of Health (MoH) Healthy Aging and Older Persons' Strategy 2022-2026, https://share.google/w2CiqHYDfWIK82AtW

NGOs:

Basic counseling and support groups

Religious & community-based support:

Often first point of contact

Helplines

- Kenya Red Cross 1199, Chiromo Mental Health line
- Centre for Suicide Research & Intervention (CSRI): +254 703 388 130
- Kenya Red Cross Mental Health Helpline: 1199
- Chiromo Mental Health Hospital: +254 111 135 555
- Befrienders Kenya: +254 722 178 177
- Niskize's suicide prevention helpline: 0900 620 800

Suicide Prevention Strategies in Kenya

At Community & National Level:

- * Raise awareness: Mental health campaigns for older women
- * Train community health workers to identify and support at-risk women
- * Mobile mental health clinics in rural areas

At Family Level:

- * Foster intergenerational support
- * Encourage open dialogue about emotions

Individually:

- * Promote resilience, self-worth, and social connectedness
- * Encourage regular check-ups and mental health screenings

Role of Healthcare Providers

SCREEN

* Screen women 50+ for depression/anxiety during routine visits

MANAGE

- * Provide culturally sensitive counseling
- * Collaborate with families and communities

REFER

* Refer high-risk individuals for psychiatric care

Culturally Appropriate Interventions

- * Use local languages and community leaders in mental health outreach
- * Leverage church/mosque gatherings for awareness
- * Integrate traditional beliefs with modern mental healthcare

Recommendations and Call to Action

WHAT ELSE IS POSSIBLE?

- * Improve mental health infrastructure in rural areas
- * Develop targeted programs for midlife and older women
- * Government funding for elder care & mental health
- * Include suicide prevention in primary healthcare training

WHAT CAN YOU DO?

- * Advocate for older women's mental health
- * Support policies that address socio-economic vulnerabilities
- * Break the stigma: Talk openly, act early, care deeply

Every life matters, let's support ourselves, our mothers, sisters, and grandmothers.

Thaayu

"Life is like riding a bicycle. To keep your balance, you must keep moving."-Albert Einstein

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