# Improving the 988 Suicide & Crisis Lifeline

## For Older Adults and Their Caregivers

September 2024

PSC


PUBLIC SECTOR
CONSULTANTS

*Prepared by*

Public Sector Consultants
www.publicsectorconsultants.com

*Prepared for*

Michigan Department of Health and Human Services
www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/crisis-and-access-line

# Table of Contents

# Introduction

The 988 Suicide & Crisis Lifeline is a national resource that connects people of all ages who are experiencing mental distress with support. The 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) offers 24/7 call, text, and chat access to trained crisis counselors who can help people experiencing suicidal thoughts, substance use, mental health crises, and any other kind of emotional distress. People can also dial the 988 Suicide & Crisis Lifeline if they are worried about a friend, family member, or loved one who may need crisis support. Michigan wants the 988 Suicide & Crisis Lifeline and the support it offers to be personalized for each person who reaches out for help.

It is important to the Michigan Department of Health and Human Services (MDHHS) that diverse experiences of Michigan's older adults are carefully considered and incorporated into Michigan's 988 Suicide & Crisis Lifeline outreach and education efforts. MDHHS partnered with Public Sector Consultants (PSC) to gather input on the 988 Suicide & Crisis Lifeline from adults aged 60 and older and their caregivers to hear their experiences, recommendations, and concerns to ensure that Michigan's 988 Suicide & Crisis Lifeline call centers are prepared to better support older adults.

## Data Collection Methods

Together with MDHHS staff, PSC drafted and distributed promotional email campaigns to encourage organizations serving older adults to share the survey and discussion group invitations with their constituents. PSC collected input from older adults and their caregivers through a survey and a small group discussion.

The survey was designed to gather input on improving the marketing and services of the 988 Suicide & Crisis Lifeline. Survey questions included multiple choice and open-ended response options. MDHHS staff asked Michigan's 16 Area Agencies on Aging (AAAs), several health plans, and other Michigan-based aging services community partners to assist in distributing the survey to the older adults in their networks. To reach as many older adults as possible, the survey was provided in both online and paper formats. The survey was in the field for approximately eight weeks, from mid-June to mid-August. A total of 282 Michigan older adults and caregivers completed the survey, with 212 online responses and 70 paper responses received. Appendix A contains a copy of the online survey questions, which were more extensive than those included in the paper version.

The purpose of the discussion group was to obtain more-in-depth information about older adults' and caregivers' perspectives on the 988 Suicide & Crisis Lifeline, with questions specifically designed to understand their crisis line experiences, recommendations, and concerns. In partnership with a local senior service organization, PSC staff conducted one 90-minute small group discussion with ten older adults in Omer, located in Arenac County, in August. The intention was to host several discussion groups in geographically diverse areas across the state, but partner organizations struggled to recruit interested participants.

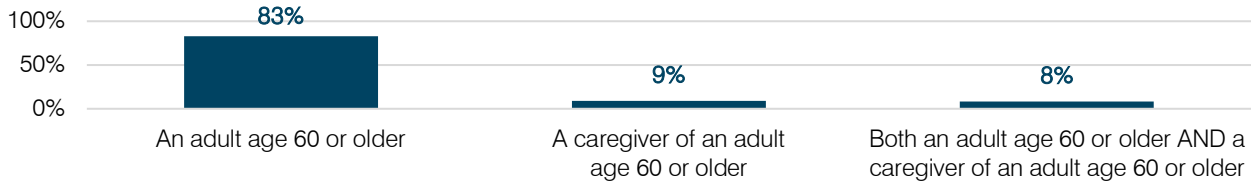
As the discussion group included a small number of people representing a single rural geographic location, it is not possible to conclude whether their experiences or feelings are unique or if they are shared in other areas of the state. The discussion group responses do appear to align with survey

responses, however, so quotes from the discussion are included along with the survey results below. Appendix B contains a copy of the discussion guide.

# Survey and Discussion Group Findings[1]

Most survey respondents (83 percent) were older adults, 9 percent were caregivers of an older adult, and 8 percent were both (Exhibit 1).

**EXHIBIT 1.** Respondent Type

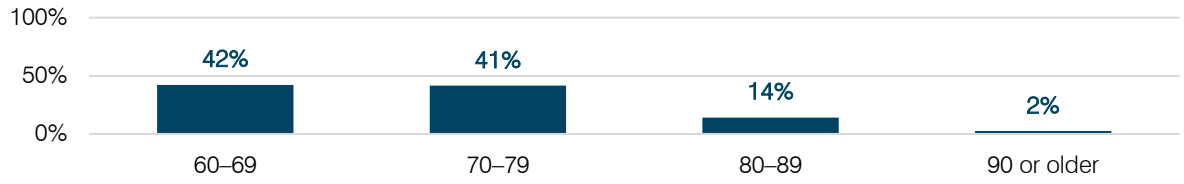



N = 281

## Older Adults

More than 80 percent of older adult respondents were between the ages of 60 and 79, with 42 percent being between ages 60 and 69 and 41 percent between ages 70 and 79 (Exhibit 2).

**EXHIBIT 2.** Percentage of Respondents by Age

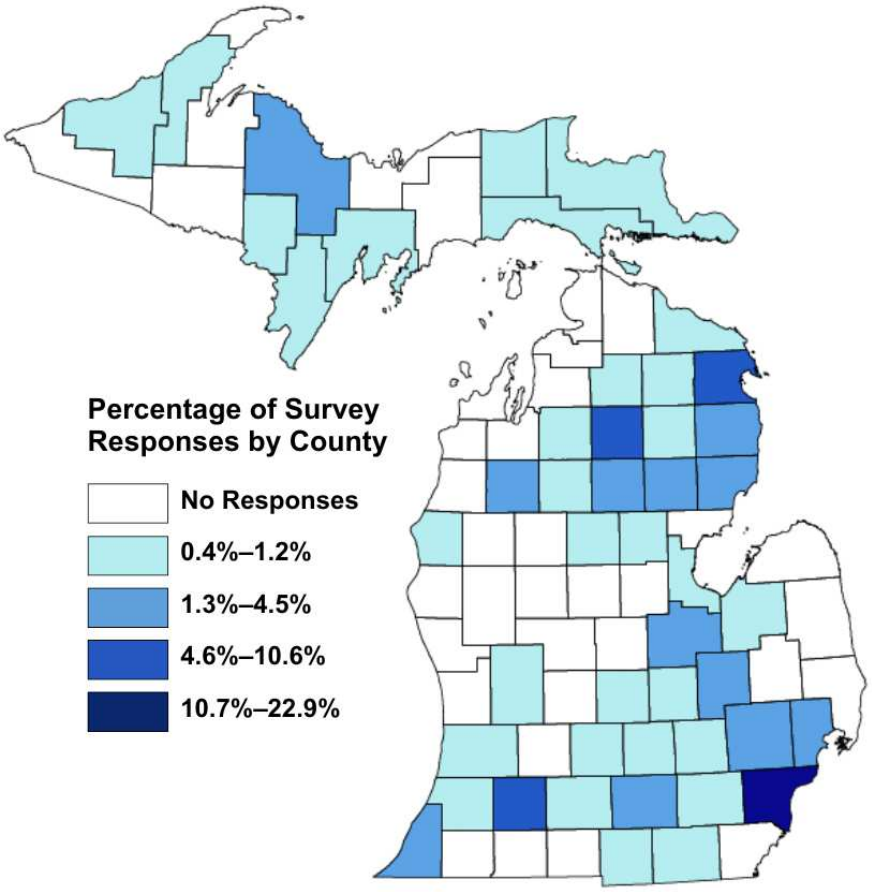



N = 256

Responses were received from older adults residing in 47 of Michigan's 83 counties (Exhibit 3), with the most responses received from residents of Wayne County, followed by residents from Kalamazoo and Alpena Counties (Exhibit 4).

[1] A few of the questions in the online version were not asked on the paper survey; skip logic was used in the online version, so respondents were not presented with every question; and all questions were voluntary. Therefore, response numbers will vary by question.

**EXHIBIT 3.** Percentage of Survey Responses by County




N = 245

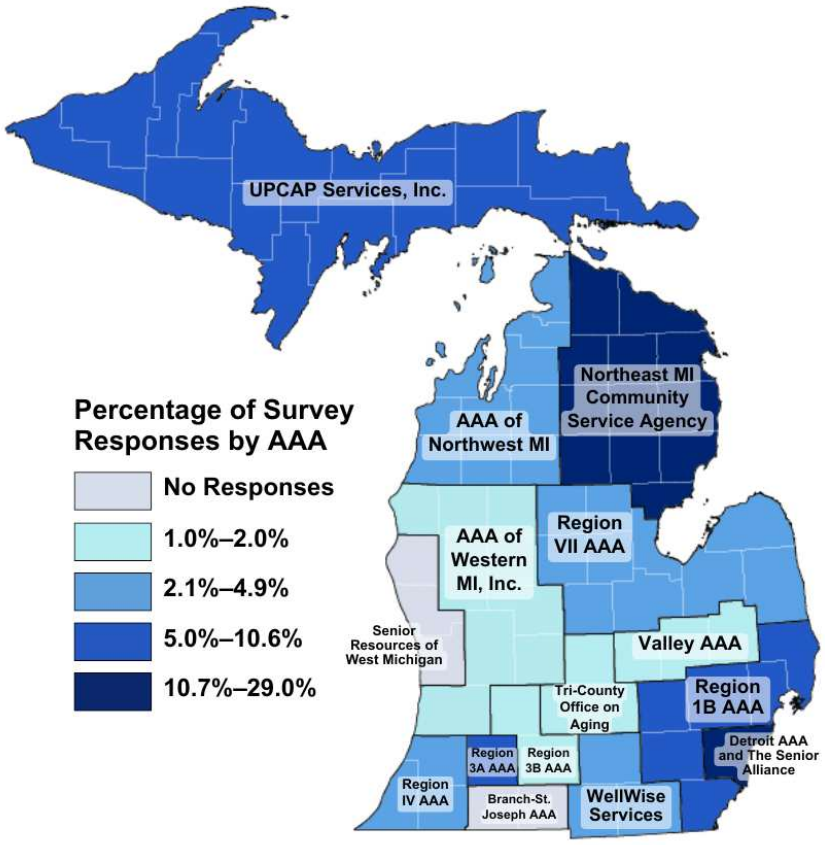
**EXHIBIT 4.** Respondent County of Residence

| County | Number of Responses | Percentage of Responses |
|---|---|---|
| Wayne | 56 | 22.9% |
| Kalamazoo | 26 | 10.6% |
| Alpena | 21 | 8.6% |
| Crawford | 15 | 6.1% |
| Oakland | 11 | 4.5% |
| Roscommon | 11 | 4.5% |
| Macomb | 8 | 3.3% |
| Iosco | 7 | 2.9% |
| Saginaw | 7 | 2.9% |
| Jackson | 6 | 2.4% |
| Berrien | 5 | 2.0% |
| Marquette | 5 | 2.0% |
| Ogemaw | 5 | 2.0% |
| Wexford | 5 | 2.0% |
| Alcona | 4 | 1.6% |
| Genesee | 4 | 1.6% |
| Calhoun | 3 | 1.2% |
| Mackinac | 3 | 1.2% |
| Menominee | 3 | 1.2% |
| Oscoda | 3 | 1.2% |
| Presque Isle | 3 | 1.2% |
| Allegan | 2 | 0.8% |
| Bay | 2 | 0.8% |
| Chippewa | 2 | 0.8% |
| Clinton | 2 | 0.8% |
| Dickinson | 2 | 0.8% |
| Ingham | 2 | 0.8% |
| Kalkaska | 2 | 0.8% |
| Washtenaw | 2 | 0.8% |
| Clare | 1 | 0.4% |
| Delta | 1 | 0.4% |
| Eaton | 1 | 0.4% |
| Gladwin | 1 | 0.4% |
| Hillsdale | 1 | 0.4% |
| Houghton | 1 | 0.4% |
| Kent | 1 | 0.4% |
| Lenawee | 1 | 0.4% |
| Livingston | 1 | 0.4% |
| Luce | 1 | 0.4% |
| Mason | 1 | 0.4% |
| Missaukee | 1 | 0.4% |
| Montmorency | 1 | 0.4% |
| Ontonagon | 1 | 0.4% |
| Otsego | 1 | 0.4% |
| Shiawassee | 1 | 0.4% |
| Tuscola | 1 | 0.4% |
| Van Buren | 1 | 0.4% |

N = 245

Exhibit 5 shows the distribution of responses by AAA. To aid analysis and account for the low response rate in some areas of the state, 16 AAA regions were combined into larger regions. Exhibit 6 details the region, AAAs within each region, and the number of combined respondents.

**EXHIBIT 5.** Percentage of Survey Responses by AAA



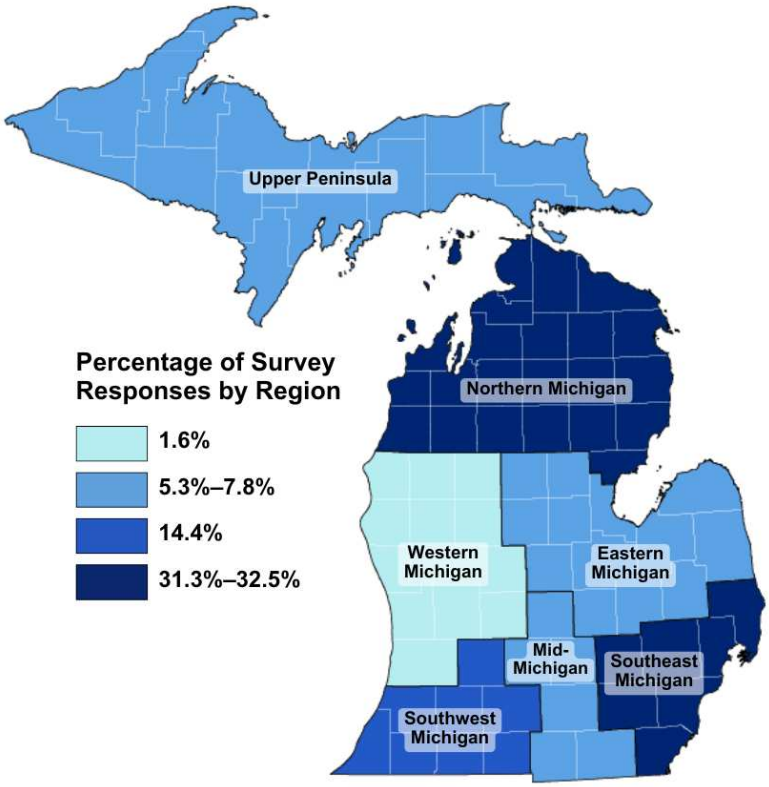

N = 245

**EXHIBIT 6.** Region and Number of Survey Responses

| Region | Combined AAA Regions | Number of Respondents |
|---|---|---|
| Northern Michigan | Region IX AAA of Northeast Michigan Community Service Agency (9) and AAA of Northwest Michigan (10) | 79 |
| Southeast Michigan | Detroit AAA (1A), Region 1B AAA, and The Senior Alliance (1C) | 76 |
| Southwest Michigan | Region 3A AAA, Region 3B AAA, Branch-St. Joseph AAA (3C), and Region IV AAA (4) | 35 |
| Upper Peninsula | U.P. AAA UPCAP Services (11) | 19 |
| Eastern Michigan | Valley AAA (5) and Region VII AAA (7) | 17 |
| Mid-Michigan | WellWise Services (2) and Tri-County Office on Aging (6) | 13 |
| Western Michigan | AAA of Western Michigan (8) and Senior Resources of West Michigan (14) | 4 |

The Western Michigan region did not have enough responses (4) to conduct further regional analysis with 1.6 percent of responses from that region. The Northern Michigan (79) and Southeast Michigan (76) regions demonstrated the highest response rates in the state, accounting for just under one-third of survey responses across the state (Exhibits 6 and 7).

**EXHIBIT 7.** Percentage of Survey Responses by Region

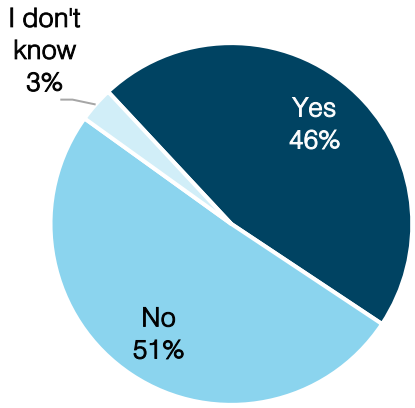



N = 245

## Mental Health Support and Barriers to Support

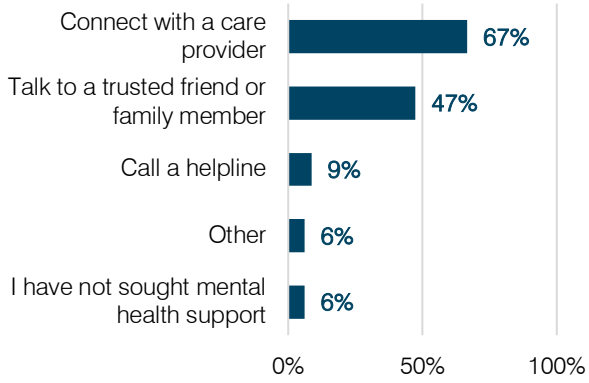
Nearly half (46 percent) of survey respondents indicated that they have struggled with their mental health (Exhibit 8). Of these, 67 percent reported that they connected with a care provider to seek mental health support, 47 percent talked to a trusted friend or family member, and 9 percent called a helpline for mental health support (Exhibit 9).

**EXHIBIT 8.** Percentage Who Have Ever Struggled with Mental Health




N = 255

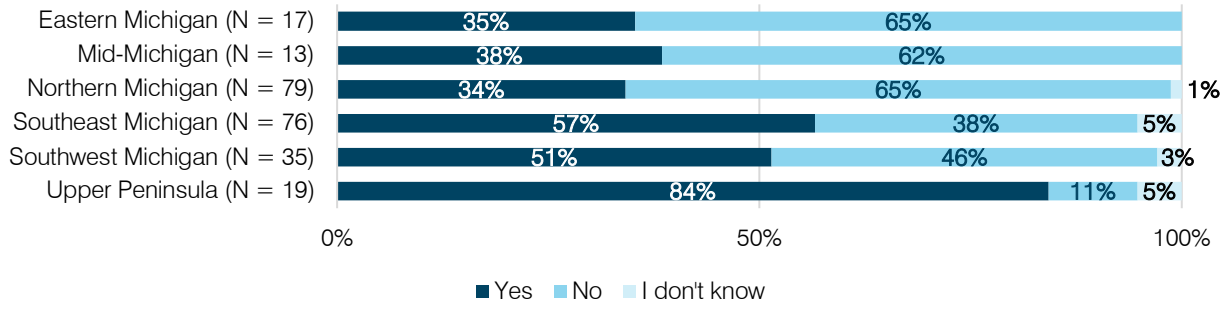
**EXHIBIT 9.** Sources from Which Mental Health Support Was Sought




N = 114
Note: Percentages total more than 100 because more than one choice could be selected.

The percentage of respondents who had ever struggled with mental health was larger in Southeast Michigan, Southwest Michigan, and the Upper Peninsula (UP) than in other areas of the state (Exhibit 10). More than 80 percent of respondents from the UP said they had struggled with their mental health, as did over half of those from Southeast and Southwest Michigan. Just over one-third of respondents from other areas of the state said they had struggled with their mental health at some point in time.

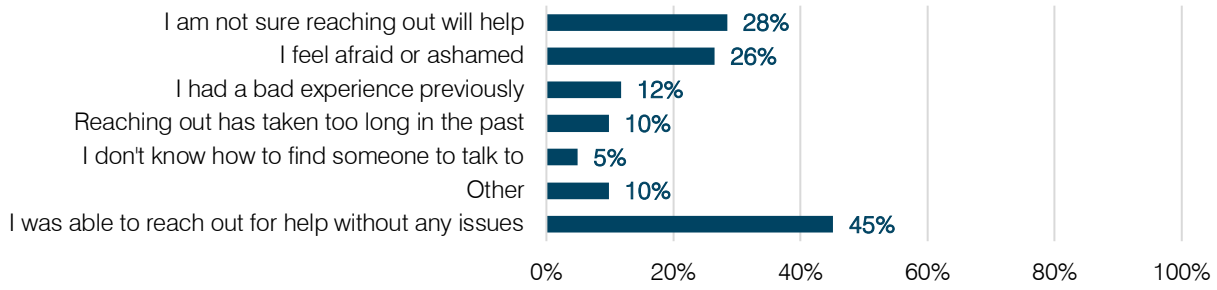
**EXHIBIT 10.** Percentage of Respondents Who Have Ever Struggled with Their Mental Health, by Region




N varied by region.
Note: Caution should be taken when comparing the regions to one another due to differences in the number of responses received in each region. Data from Western Michigan was not included in the analysis due to a small number of respondents from that region.

While 45 percent of respondents indicated that they were able to reach out for help without any issues, 28 percent shared that they were not sure reaching out would help, and 26 percent reported feeling afraid or ashamed to reach out for help (Exhibit 11).

**EXHIBIT 11.** Barriers to Reaching Out for Mental Health Help



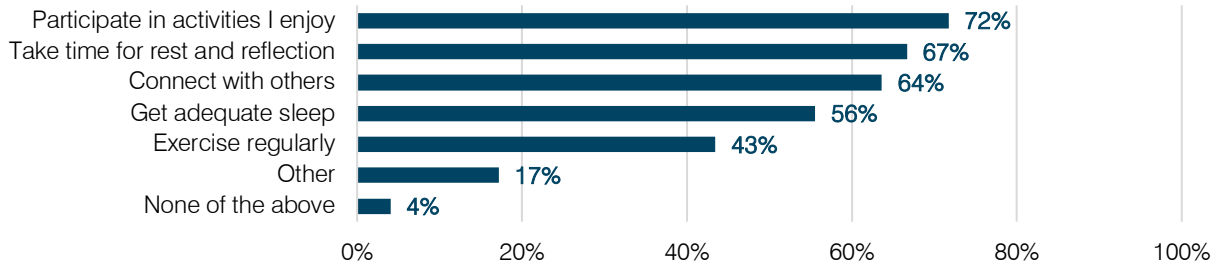

N = 102
Note: Percentages total more than 100 because more than one choice could be selected.

**"When you lose your spouse or your best friend, you definitely think about [suicide]. I don't want to talk to a professional or burden my family with how I feel." —Quote from a discussion group participant**

**"It's hard to find someone to talk to, at least professionally." —Quote from a discussion group participant**

Nearly three-quarters (72 percent) of respondents who have struggled with their mental health reported that they take care of their mental health by participating in activities they enjoy. Two-thirds (67 percent) indicated that they take time for rest and reflections, and nearly two-thirds (64 percent) connect with others to take care of their mental health. More than half (56 percent) responded that they get adequate sleep (Exhibit 12).

**EXHIBIT 12.** Ways in Which Respondents Took Care of Their Mental Health



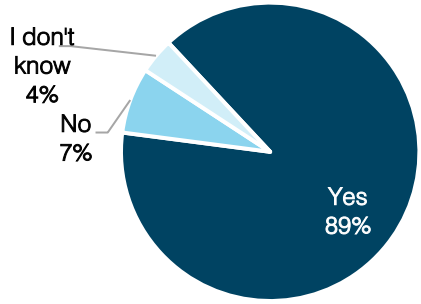

N = 99
Note: Percentages total more than 100 because more than one choice could be selected.

> "I belong to several different organizations, and I come here [to my local senior center] a few times a week. I still drive, work out in the yard with my flowers—I keep busy and feel better keeping busy since I'm the only one at the house." —Quote from a discussion group participant

## General Crisis Line Support

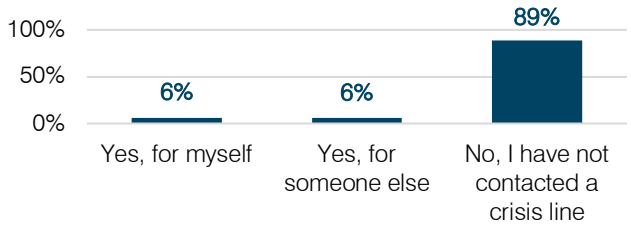
Most respondents (89 percent) were aware of what a crisis line is; however, only a few had ever contacted a crisis line for themselves or someone else—6 percent each (Exhibits 13 and 14). Those who answered that they had contacted a crisis line were not asked to name which crisis line they contacted.

**EXHIBIT 13.** Percentage Who Are Aware of What a Crisis Line Is




N = 182

**EXHIBIT 14.** Percentage Who Have Ever Contacted a Crisis Line

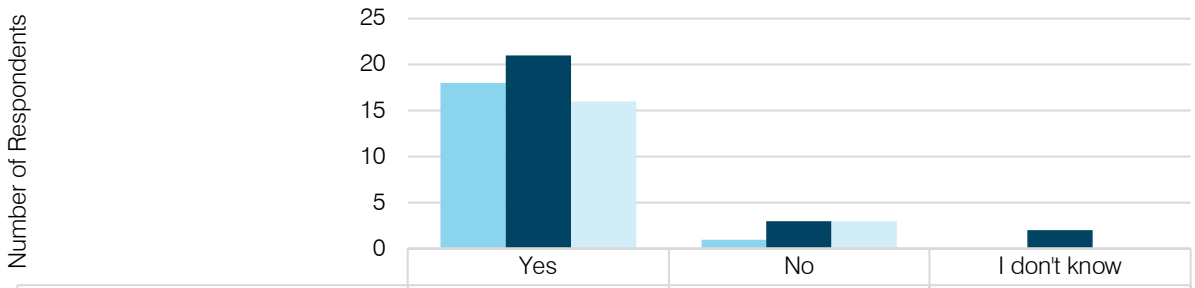



N = 228
Note: Percentages total more than 100 because more than one choice could be selected.

All but one of those who had reached out responded they felt listened to and supported (Exhibit 15). Most survey respondents who answered this question (more than 80 percent) indicated that they received the help they needed, and most (84 percent) felt like the call was handled in a way that considered their age, culture, personal beliefs, and/or identity.

> "Someone told me to call 211, which is a community service to get free stuff, but I don't qualify because I make or made too much money. It seems like I don't qualify for anything—they tell me I can't get help unless I was going to hurt myself." —Quote from a discussion group participant

**EXHIBIT 15.** Number of Survey Respondents Who Called a Crisis Line and Felt Supported, Received the Help They Needed, and Felt the Call Was Handled in a Way That Considered Their Identity




| | Yes | No | I don't know |
|---|---|---|---|
| Survey respondents felt listened to and supported | 18 | 1 | 0 |
| Survey respondents received the help they needed | 21 | 3 | 2 |
| Survey respondents felt the call considered their age, culture, personal beliefs, and/or identity | 16 | 3 | 0 |

Survey respondents who felt listened to and supported: N = 19
Survey respondents who received the help they needed: N = 26
Survey respondents who felt the call considered their identity: N = 19

Many survey respondents reported that crisis line staff listened well, and some said action was taken quickly to get them help or provide advice they could use right away. Survey respondents also described crisis line staff as well trained, calm, objective, and understanding. One survey respondent said, "The person who took the call was objective, listened well, and attempted to assist with coping strategies and resources."

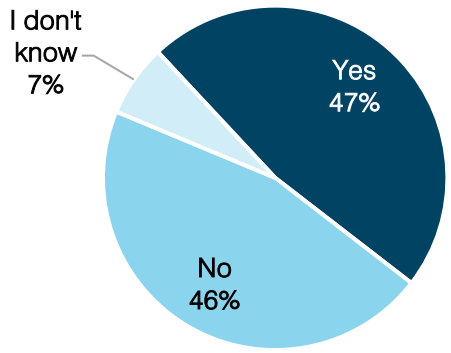
In order to provide a better experience, one survey respondent said help should be sent to the person in crisis right away, instead of giving them numbers and expecting them to follow up. Respondents also said that their experience with the crisis line could have been improved with staff getting more training, being better aware of local resources, not placing callers on hold, and providing more information and follow-up. One said there should be a follow-up option to be connected to financial resources. In another open-ended response, the survey respondent shared that the crisis line was helpful, but the resources in their community for ongoing support are very limited.

> **"I felt a lot of anxiety and remorse and guilty feelings when I lost my spouse. I would think there would be some way, if a husband or wife dies, that their spouse could be given information about where to get help." —Quote from a discussion group participant**

## 988 Suicide & Crisis Lifeline Awareness

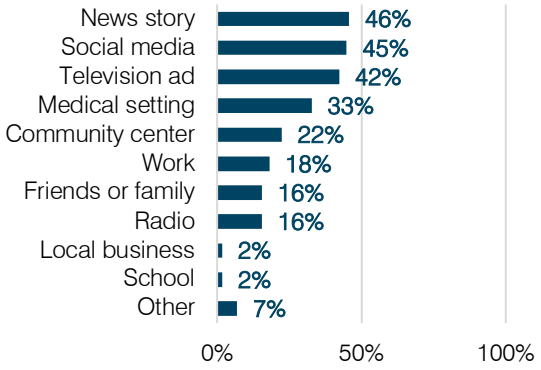
While 89 percent of respondents reported they were aware of what a crisis line is (Exhibit 13), a smaller percentage (47 percent) had heard or seen information about the 988 Suicide & Crisis Lifeline (Exhibit 16). Nearly half of respondents who were aware of the 988 Suicide & Crisis Lifeline had seen or heard information about it in a news story (46 percent) or on social media (45 percent), and 42 percent had seen it on a television ad. One-third had seen information about the 988 Suicide & Crisis Line in a medical setting (Exhibit 17).

**EXHIBIT 16.** Percentage Who Had Heard or Seen Information About the 988 Suicide & Crisis Lifeline




N = 251

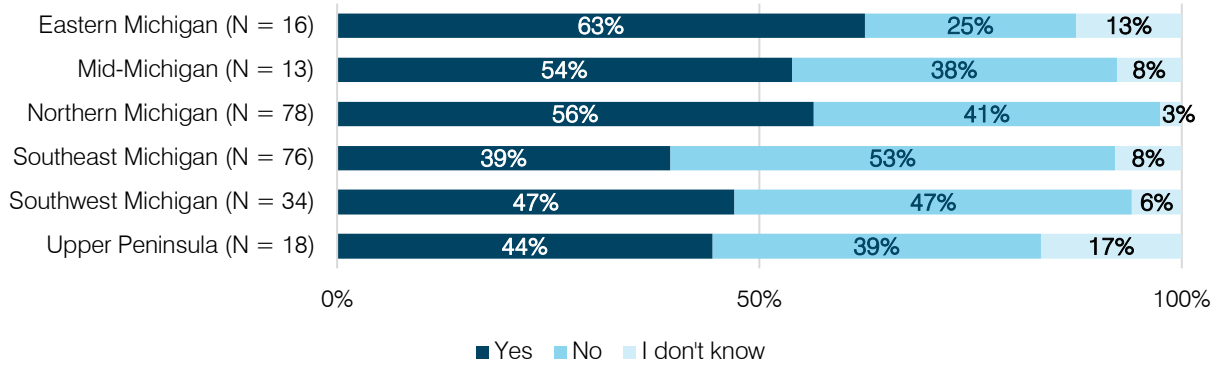
**EXHIBIT 17.** Places and Ways in Which Respondents Were Informed of the 988 Suicide & Crisis Lifeline




N = 116
Note: Percentages total more than 100 because more than one choice could be selected.

The percentage of respondents who had heard or seen information about the 988 Suicide & Crisis Lifeline ranged from 39 percent in Southeast Michigan to 63 percent in Eastern Michigan (Exhibit 18). More than half of respondents in Eastern Michigan, Northern Michigan, and Mid-Michigan had heard or seen information about the 988 Suicide & Crisis Lifeline.

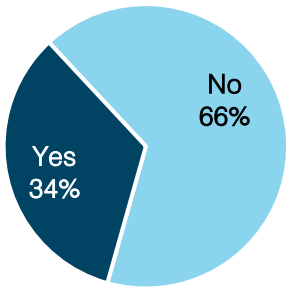
**EXHIBIT 18.** Percentage of Respondents Who Have Seen or Heard Information About the 988 Suicide & Crisis Lifeline, by Region




N varied by region.
Note: Caution should be taken when comparing the regions to one another due to differences in the number of responses received in each region. Data from Western Michigan was not included in the analysis due to a small number of respondents from that region.

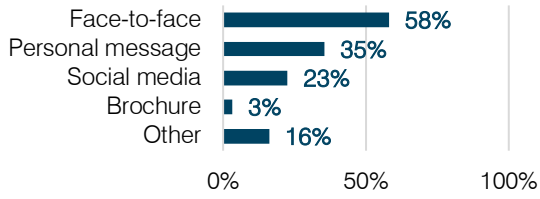
Of those who had heard about the 988 Suicide & Crisis Lifeline, just over one-third have shared information with others (Exhibit 19). For those who had shared information about the 988 Suicide & Crisis Lifeline with others, 58 percent did so face-to-face, 35 percent shared information through a personal message, and 23 percent shared via social media (Exhibit 20).

**EXHIBIT 19.** Percentage Who Had Shared Information About the 988 Suicide & Crisis Lifeline




N = 95

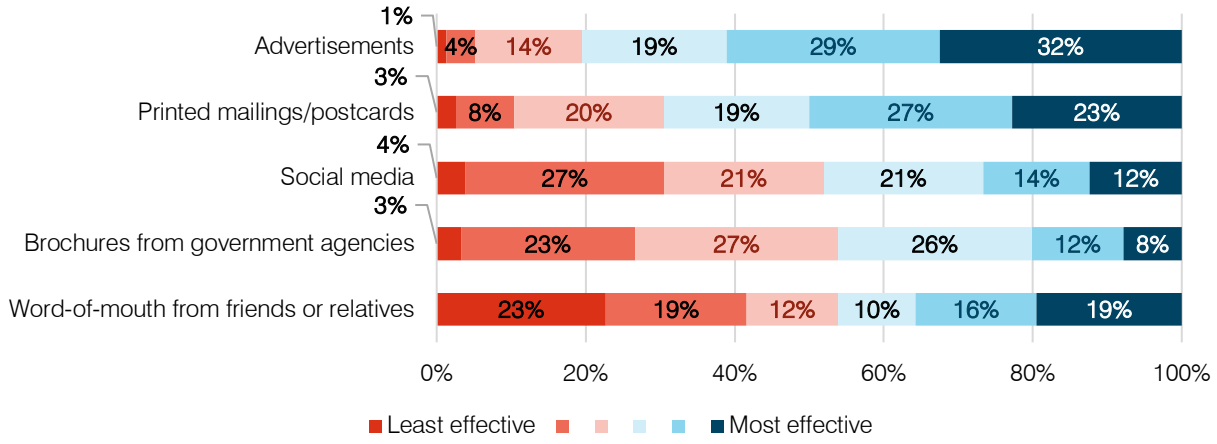
**EXHIBIT 20.** How Respondents Shared Information About the 988 Suicide & Crisis Lifeline




N = 31
Note: Percentages total more than 100 because more than one choice could be selected.

Respondents ranked six responses in order from the most to least effective ways to increase older adult awareness of the 988 Suicide & Crisis Lifeline. Nearly one-third (32 percent) of respondents shared advertisements were the most effective way to increase older adult awareness of the 988 Suicide & Crisis Lifeline, and nearly one-quarter (23 percent) indicated that printed mailings or postcards were the most effective way (Exhibit 21).

**EXHIBIT 21.** Most and Least Effective Methods of Increasing 988 Suicide & Crisis Lifeline Awareness

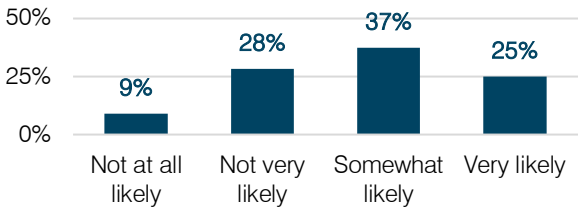



N = 154
Note: Percentages may not total 100 due to rounding.

## 988 Suicide & Crisis Lifeline Use

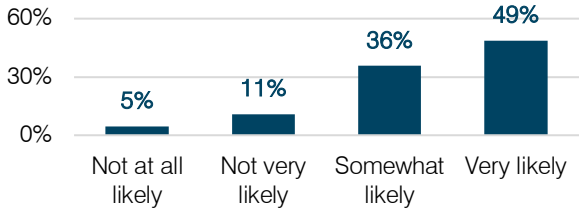
One-quarter of survey respondents reported they would be very likely to contact the 988 Suicide & Crisis Lifeline if they were experiencing a mental health crisis like depression, sadness, loneliness, anxious thoughts, substance use, or thoughts of suicide, and 37 percent indicated they would be somewhat likely to call (Exhibit 22). A higher percentage (49 percent) responded that they would be very likely to contact the 988 Suicide & Crisis Lifeline for someone else experiencing a mental or behavioral health crisis (Exhibit 23).

**EXHIBIT 22.** Likelihood of Contacting 988 Suicide & Crisis Lifeline for Themselves




N = 243
Note: Percentages do not total 100 due to rounding.

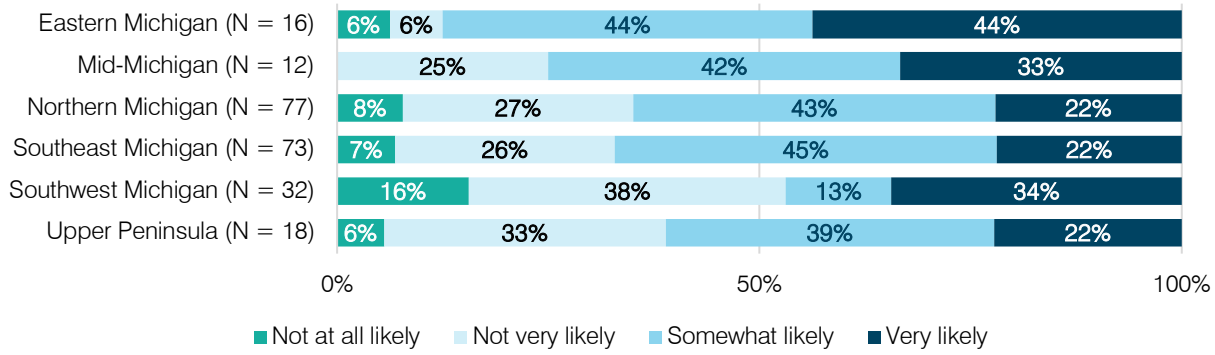
**EXHIBIT 23.** Likelihood of Contacting 988 Suicide & Crisis Lifeline for Someone Else




N = 238
Note: Percentages do not total 100 due to rounding.

The percentage of respondents who would be very likely or somewhat likely to contact the 988 Suicide & Crisis Lifeline if they were experiencing a mental health crisis themselves ranged from 47 percent in Southwest Michigan to 88 percent in Eastern Michigan (Exhibit 24).

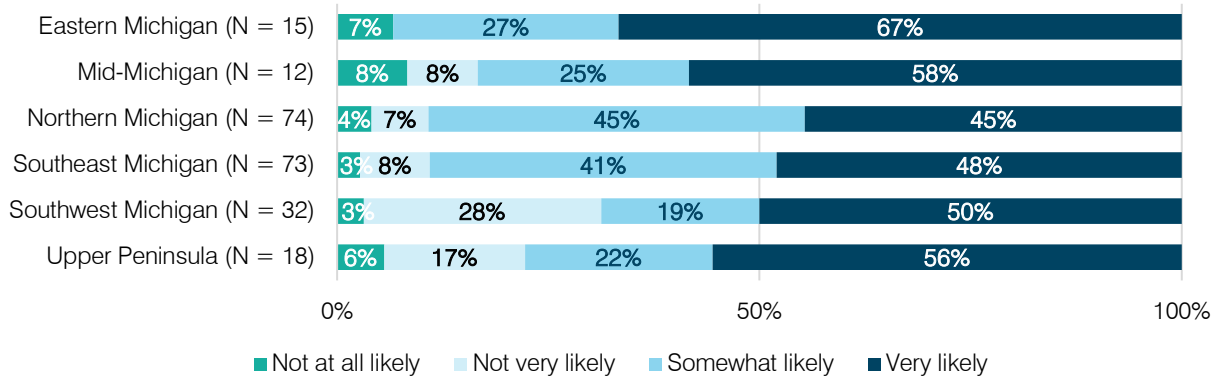
**EXHIBIT 24.** Likelihood of Respondents to Contact the 988 Suicide & Crisis Lifeline for Themselves, by Region




N varied by region.
Note: Caution should be taken when comparing the regions to one another due to differences in the number of responses received in each region. Data from Western Michigan was not included in the analysis due to a small number of respondents from that region.

The percentage of respondents who would be very likely or somewhat likely to contact the 988 Suicide & Crisis Lifeline if someone else were experiencing a mental health crisis was higher than those who would contact 988 for themselves regardless of region. This percentage ranged from 69 percent in Southwest Michigan to 94 percent in Eastern Michigan (Exhibit 25).

**EXHIBIT 25.** Likelihood of Respondents to Contact the 988 Suicide & Crisis Lifeline for Someone Else, by Region




N varied by region.
Note: Caution should be taken when comparing the regions to one another due to differences in the number of responses received in each region. Data from Western Michigan was not included in the analysis due to a small number of respondents from that region.

Some respondents indicated that their likelihood of contacting the 988 Suicide & Crisis Lifeline for themselves would increase if their need increased or they were experiencing a particularly difficult crisis. Others reported that if they were suicidal, seriously considering harming themselves, or feeling unsafe, they would be more likely to call the 988 Suicide & Crisis Lifeline. Many also shared that they would be

more likely to contact the 988 Suicide & Crisis Lifeline as a last resort if no one else (providers, family, friends) was available to help them.

> **"I would contact my doctor first unless I was in a very serious state of mind where help was needed very fast." —Quote from a survey respondent**

> **"I would seek the help of a professional so it is not likely that I would call the crisis line. If I did, it would be more likely to happen if I was completely alone and had no one to talk to." —Quote from a survey respondent**

> **"If I believed that my social network was not enough to help me. As a last resort, would I bring someone from the outside to get involved? Probably." —Quote from a survey respondent**

Other survey respondents said their likelihood of contacting the 988 Suicide & Crisis Lifeline for themselves would increase if they had more information about the crisis line, others encouraged them to contact the 988 Suicide & Crisis Lifeline, or they knew someone who had successfully used the service. For some, the likelihood of contacting the 988 Suicide & Crisis Lifeline would depend on them knowing there were well-trained staff answering the call or that there would be follow-up after the call.

> **"[We need] access to local counseling. It's not like any of us will travel real far. I don't know what's available up here anymore. The [counselor] I saw that I really liked has passed away. Don't know if there is any family counseling around." —Quote from a discussion group participant**

Other survey respondents said in open-ended responses that their likelihood of calling 988 Suicide & Crisis Lifeline would increase if they were sure they would be provided a safe place, the call was confidential, the staff held similar values to them, there would be no fear of institutionalization, or there would be no cost.

> **"As someone with a tendency of anxiety and possibly a panic attack, just knowing that it would be ok to call just to have someone to talk to." —Quote from a survey respondent**

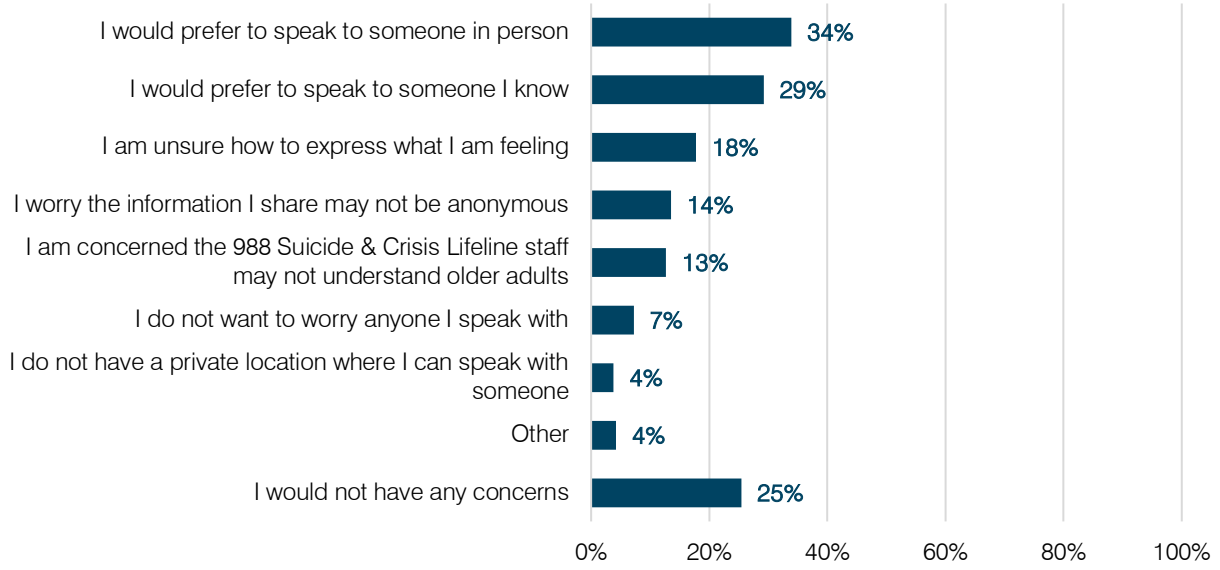
Other survey respondents mentioned the timing of the crisis—they indicated that they would be more likely to call the 988 Suicide & Crisis Lifeline if it was after business hours or in the middle of the night.

Similar factors would also increase survey respondents' likelihood of contacting the 988 Suicide & Crisis Lifeline for someone else. In addition to those already mentioned, respondents also said the likelihood that they would call the 988 Suicide & Crisis Lifeline for someone else would increase if they had that person's consent to call or if the person requested that they call.

### Concerns and Expectations

While one-quarter of survey respondents reported that they would not have any concerns that might prevent them from calling the 988 Suicide & Crisis Lifeline if they were experiencing a mental health crisis, just over one-third (34 percent) indicated they would prefer to speak with someone in person, and nearly 30 percent would prefer to speak to someone they know (Exhibit 26).

**EXHIBIT 26.** Concerns That May Prevent Respondents from Calling the 988 Suicide & Crisis Lifeline




N = 236
Note: Percentages total more than 100 because more than one choice could be selected.

> "I would not want a robocall, but a person [to talk to]." —Quote from a discussion group participant

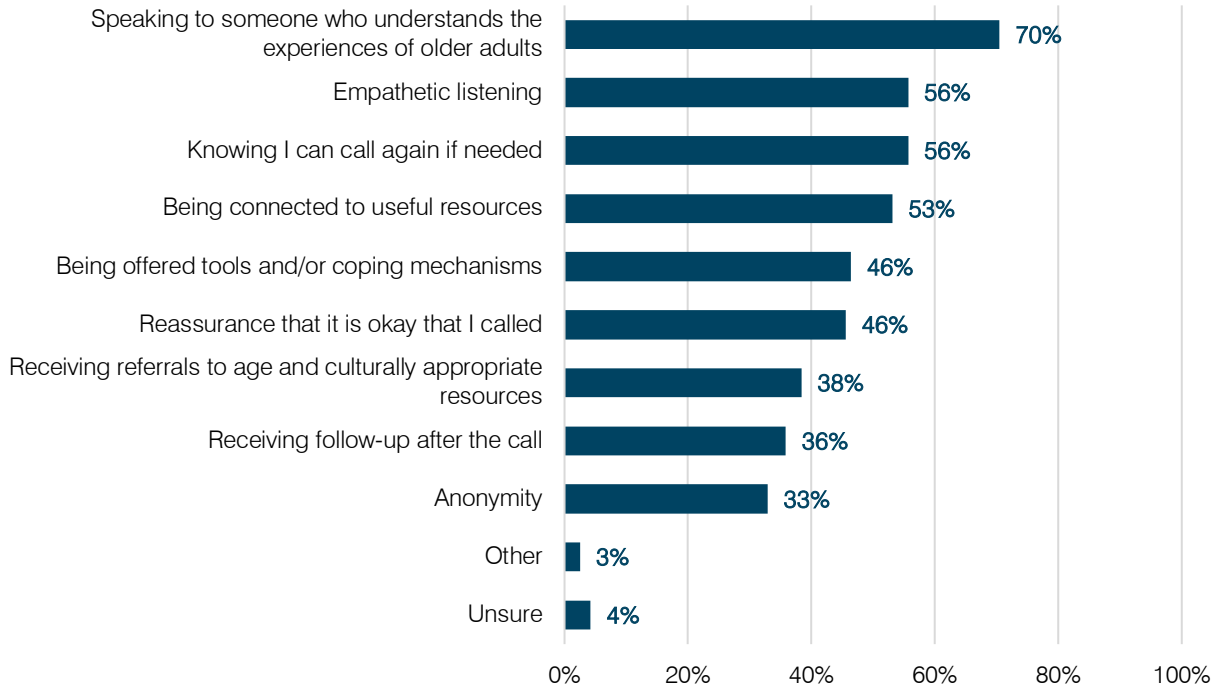
> "I'm personally looking for someone to have a coffee with, not to be analyzed." —Quote from a discussion group participant

Seventy percent of survey respondents reported that speaking to someone who understands the experiences of older adults would be important to them when reaching out to a mental health crisis line, and 56 percent indicated that empathetic listening and knowing they can call again if needed would be important. Additionally, 53 percent shared that it would be important to be connected to useful resources.

Nearly half (46 percent) also responded that it would be important to be offered tools and/or coping mechanisms and to be reassured that it is okay that they called (Exhibit 27).

> **"Sometimes, it's easier to talk to another older person." —Quote from a discussion group participant**

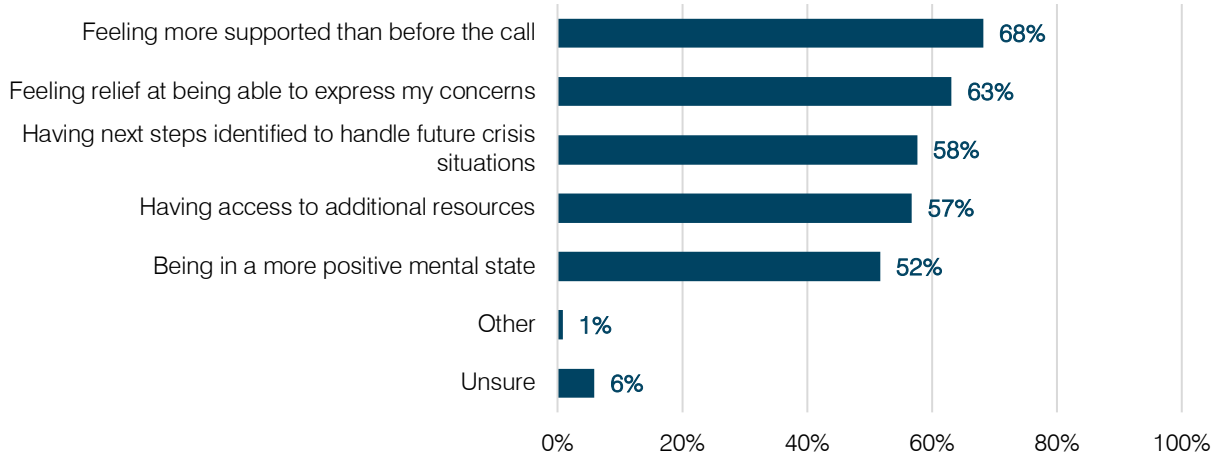
**EXHIBIT 27.** Important Factors When Reaching Out to a Mental Health Crisis Line




N = 237
Note: Percentages total more than 100 because more than one choice could be selected.

Nearly 70 percent of survey respondents reported that they would expect to feel more supported after the call is over than before making the call. Just under two-thirds indicated that they would expect to feel relief at being able to express their concerns, and nearly 60 percent shared that they would expect to have identified next steps to handling future crisis situations and to have access to additional resources. More than half would expect to be in a more positive mental state after the call is finished (Exhibit 28).

**EXHIBIT 28.** Expectations After the Call Is Over




N = 236
Note: Percentages total more than 100 because more than one choice could be selected.

Survey respondents shared other recommendations for how to better support older adults who call the 988 Suicide & Crisis Lifeline, which included: listening closely, being mindful of hearing loss, understanding their potential technology struggles, and empathizing with the situations that older adults are going through, such as neglect and the financial stress that may affect their lives. Others reported that it would be helpful to encourage family involvement, community involvement, or companionship among older adults. A few suggested having older adults answering the 988 Suicide & Crisis Lifeline. Several respondents indicated that more work needs to be done to get information about the 988 Suicide & Crisis Lifeline to older adults in the community and that the 988 Suicide & Crisis Lifeline staff should have information and resources needed to assist those who call. Two specific resources mentioned by respondents were local commissions on aging and Wellness Recovery Action Plan (WRAP) classes, which provides a toolbox of strategies for identifying and mitigating emotional overwhelm.

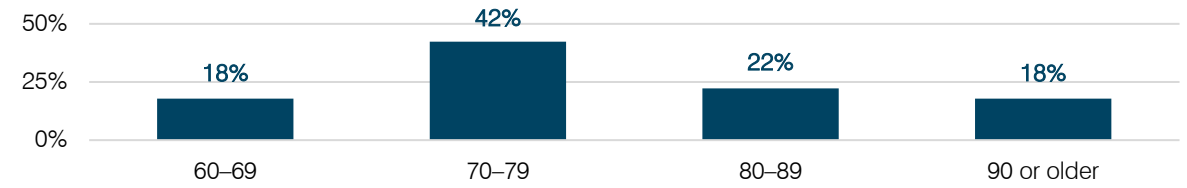
> **"Older and younger people are the ones being neglected. They're not getting the support they need." —Quote from a discussion group participant**

> **"We had jobs and were busy all the time [when we were younger]—once you're out of that phase, it's not so easy to replace. You start to think, 'I'm a little old to start making new friends.'" —Quote from a discussion group participant**

## Caregivers of Older Adults

Among the 45 caregiver survey respondents, 60 percent cared for older adults ages 60–79 and 40 percent cared for those 80 and older (Exhibit 29).

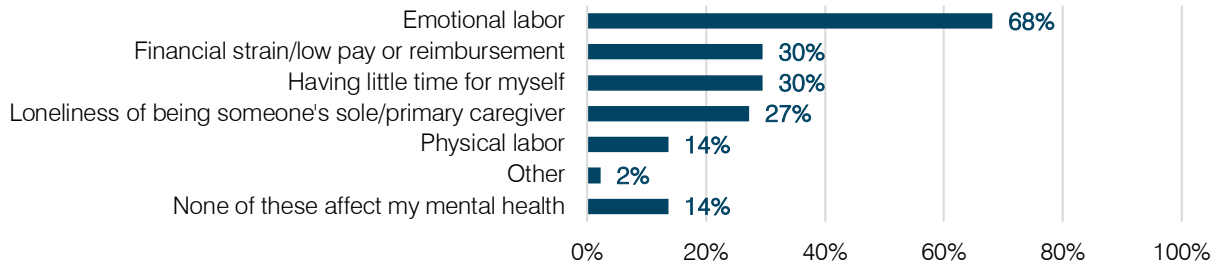
**EXHIBIT 29.** Age of Older Adults Being Cared For




N = 45

More than two-thirds (68 percent) of caregiver respondents reported that the emotional labor related to caregiving affects their mental health and nearly one-third (30 percent) indicated that financial strain affects their mental health. Additionally, nearly one-third (30 percent) shared that their mental health was affected by having little time for themselves (Exhibit 30).

**EXHIBIT 30.** Specific Challenges or Stressors Related to Caregiving That Affect Caregiver Mental Health



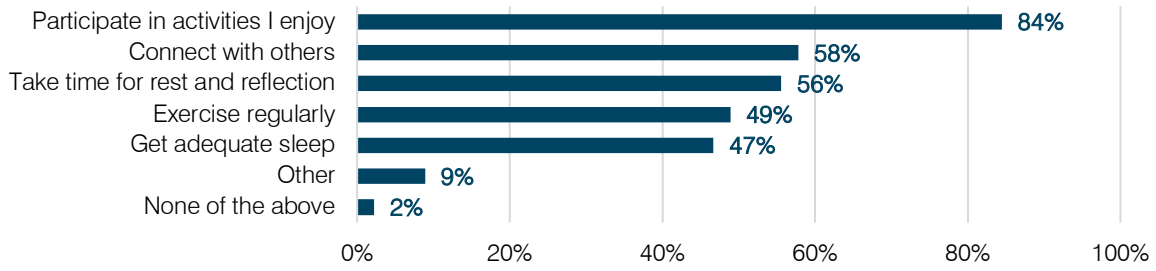

N = 44
Note: Percentages total more than 100 because more than one choice could be selected.

> **"Fatigue [is the biggest stressor] because you're never really done." —Quote from a discussion group participant**

Most caregivers (84 percent) reported they attend to their own mental health and well-being while taking care of others by participating in activities they enjoy. Additionally, more than half (58 percent and 56

percent, respectively) attend to their own well-being by connecting with others and taking time for rest and reflection. Nearly half (49 percent and 47 percent, respectively) exercise regularly and get adequate sleep (Exhibit 31).

**EXHIBIT 31.** Ways Respondents Attend to Own Mental Health and Well-Being While Caring for Others




N = 45
Note: Percentages total more than 100 because more than one choice could be selected.

Resources that caregivers shared in open-ended responses that would be helpful to addressing their mental health needs as a caregiver included respite and on-call respite care, support group information, free access to exercise, and education on healthy eating, stress management, breathing exercises, and mental health care for caregivers.

> **"[Caregivers are] usually on the back burner." —Quote from a discussion group participant**

# Conclusion

Older adults who responded to the survey and participated in the discussion group agreed that mental health and suicide are important topics that require more robust support. Though older adults in Michigan may be aware of the existence of crisis lines generally and the 988 Suicide & Crisis Lifeline specifically, they are not likely to call on their own behalf. However, the small percentage of people who have called a crisis line felt like they received the tailored help they needed. Older Michiganders have seen information about the 988 Suicide & Crisis Lifeline via media like news stories, social media, and television advertisements, and they would prefer more print mailers, but tend to share information with others via word-of-mouth. Survey and discussion responses indicated that older adults would rather talk to real people with shared experiences and values, particularly other older adults.

## Considerations for Future Engagement Activities

While it was difficult to recruit enough participants to schedule group discussions, PSC found the most success by working in tandem with multiple MDHHS entities with existing relationships with larger partner organizations, like Area Agencies on Aging. This collaboration helped reach more organizations that might be interested in hosting a discussion. Incentives, such as air purifiers, offered by host sites helped entice participants to register for a discussion. For future endeavors, attending existing events and

talking to people about this topic one-on-one (or providing the opportunity to sign up for a future one-on-one conversation) may encourage more people to participate in the research. Additionally, there remains stigma around the topic of suicide, and it may be beneficial to use different terminology for future activities.

# Appendix A: Online Survey

## 988 Suicide & Crisis Lifeline—Older Adults Survey

### Introduction

The 988 Suicide & Crisis Lifeline is a national resource that connects people of all ages who are experiencing mental distress with support. The 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) offers 24/7 call, text, and chat access to trained crisis counselors who can help people experiencing suicidal thoughts, substance use, mental health crises, and any other kind of emotional distress. People can also call the 988 Suicide & Crisis Lifeline if they are worried about a friend, family member, or loved one who may need crisis support.

The Michigan Department of Health and Human Services (MDHHS) has partnered with Public Sector Consultants, a Lansing-based research firm, to gather input on the 988 Suicide & Crisis Lifeline from adults aged 60 and older. Our goal is to hear your experiences, recommendations, and concerns to ensure that Michigan's 988 Suicide & Crisis Lifeline call centers are prepared to better support older adults. It is especially important to MDHHS that the diverse experiences of Michigan's older adults are carefully considered and incorporated into Michigan's 988 Suicide & Crisis Lifeline outreach and education efforts. Your time, experience, feedback, and perspectives are valued and appreciated.

Discussing and reliving mental and behavioral health crises is challenging. If during or after taking the survey you feel in need of support, please call the 988 Suicide & Crisis Lifeline by dialing 988 to receive anonymous support 24 hours a day, seven days a week. This service is free to everyone and is accessible even if you choose not to participate in the survey.

Please know that anything you share in the survey will remain anonymous and will be combined with answers from other individuals taking the survey, so individual respondents cannot be identified.

The survey should take about ten minutes to complete. Thank you for your time—your input ensures the 988 Suicide & Crisis Lifeline is a more connected, capable, and useful resource for people in our communities.

### Preliminary Questions

1. I understand that my responses will be held in confidence. [check box]
2. I give MDHHS permission to use my responses to better inform the 988 Suicide & Crisis Lifeline. [check box]
3. Which of the following best describes you? **Please select one**:

    a. An adult age 60 or older [Start survey questions at question 4]
    b. A caregiver of an adult age 60 or older [Start survey questions at question 31]
    c. Both an adult age 60 or older AND a caregiver of an adult age 60 or older [Answer all survey questions]
    d. Neither an adult age 60 or older NOR a caregiver of an adult age 60 or older [End survey and display paragraph below]

4. [If 3.a. or c.] How old are you?

    a. 60–69
    b. 70–79
    c. 80–89
    d. 90 or older

5. Which county do you live in?

    a. Drop down list of counties

## Survey Questions for Older Adults

### Views on Mental Health and Supports

6. Have you ever struggled with your mental health? Mental health encompasses emotional, psychological, and social well-being.

    a. Yes [Go to Q7]
    b. No [Skip to Q10]
    c. I don't know

7. [If yes to *Struggled with Mental Health*] How do you seek mental health support? **Select all that apply.**

    a. Call a helpline
    b. Talk to a trusted friend or family member
    c. Connect with a care provider
    d. Other (please describe)
    e. I have not sought mental health support

8. [If yes to *Struggled with Mental Health*] How do you take care of your mental health? **Select all that apply.**

    a. Participate in activities I enjoy
    b. Exercise regularly
    c. Get adequate sleep
    d. Take time for rest and reflection
    e. Connect with others
    f. Other (please describe)
    g. None of the above

9. [If yes to *Struggled with Mental Health*] What gets in the way of you reaching out for help? **Select all that apply.**

    a. I feel afraid or ashamed
    b. I am not sure reaching out will help
    c. I had a bad experience previously

d. Reaching out has taken too long in the past
e. I don't know how to find someone to talk to
f. Other (please describe)
g. I was able to reach out for help without any issues

### Familiarity and Personal Experience with Helplines and the 988 Suicide & Crisis Lifeline

10. Are you aware of what a crisis line/lifeline/help line is?

    a. Yes [Go to Q12]
    b. No [Show paragraph below and Skip to Q13]
    c. I don't know [Show paragraph below and Skip to Q13]

    [If No to *Crisis Line*, present the following information on screen] A crisis line is a phone number people can call to get immediate emergency telephone counseling, usually by trained volunteers. The 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) offers call, text, and chat access to trained crisis counselors who can help people experiencing suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress. This service is available 24 hours a day, seven days a week. People can also dial 988 if they are worried about a loved one who may need crisis support.

11. [If yes to *Aware of What a Crisis Line is*] Have you ever contacted a crisis line for yourself or someone else? **Select all that apply.**

    a. Yes, for myself [Go to Q12]
    b. Yes, for someone else [Go to Q12]
    c. No, I have not contacted a crisis line [Skip to Q18]

12. [If yes to *Ever Contacted a Crisis Line*] Did you feel listened to and supported?

    a. Yes
    b. No
    c. I don't know

13. [If Yes to *Ever Contacted a Crisis Line*] Did you receive the help you needed?

    a. Yes
    b. No
    c. I don't know

14. [If Yes to *Ever Contacted a Crisis Line*] What, if anything, could have been done to provide a better experience? [text box]
15. [If yes to *Ever Contacted a Crisis Line*] Do you feel like the call was handled in a way that considered your age, culture, personal beliefs, and/or identity?

    a. Yes [Go to Q16]
    b. No [Skip to Q17]

16. [If yes to *Handled Considerately*] What was handled well? [text box]
17. [If yes or no to *Handled Considerately* (Q16 a or b)] What could have been done better? [text box]

## Using and Sharing Information about the 988 Suicide & Crisis Lifeline

18. Have you ever heard or seen information about the 988 Suicide & Crisis Lifeline?

    a. Yes [Go to Q19]
    b. No [Display paragraph below and Skip to Q22]
    c. I don't know [Display paragraph below and Skip to Q22]

    [If no or I don't know to *Heard or Seen Information*, present the following information on screen] The 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) offers 24/7 call, text, and chat access to trained crisis counselors who can help people experiencing suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress. People can also dial 988 if they are worried about a loved one who may need crisis support.

19. [If yes to *Heard or Seen Information*] Where have you heard or seen information about the 988 Suicide & Crisis Lifeline? **Select all that apply.**

    a. Social media
    b. News story
    c. Television ad
    d. Radio
    e. Friends or family
    f. Work
    g. Community center
    h. Local business
    i. School
    j. Medical setting (doctor's office, urgent care, etc.)
    k. Other (please describe)

20. [If yes to *Heard or Seen Information*] Have you ever shared information about the 988 Suicide & Crisis Lifeline?

    a. Yes [Go to Q21]
    b. No [Skip to Q22]

21. [If yes to *Shared Information*] How did you share it? **Select all that apply.**

    a. Personal message (text, phone, direct message, or email)
    b. Social media
    c. Face-to-face
    d. Brochure
    e. Other (please describe)

22. Thinking about the older adults you know, please **drag and drop the responses** to rank the best ways to increase older adult awareness of the 988 Suicide & Crisis Lifeline from most to least effective.

    a. Advertisements (television, newspaper, billboards, etc.)
    b. Social media (Facebook, Instagram, etc.)

c. Printed mailings/postcards
d. Brochures from government agencies
e. Word-of-mouth from friends or relatives
f. Other (please describe)

### Helpline and the 988 Suicide & Crisis Lifeline Preferences and Improvements

23. How likely would you be to contact the 988 Suicide & Crisis Lifeline if you were experiencing a mental health crisis like depression, sadness, loneliness, anxious thoughts, substance use, or thoughts of suicide?

    a. Not at all likely [Go to Q24]
    b. Not very likely [Go to Q24]
    c. Somewhat likely [Go to Q24]
    d. Very likely [Skip to Q25]

24. [If 24 a, b, or c is selected] What would increase the likelihood that you would contact the 988 Suicide & Crisis Lifeline for a mental or behavioral health crisis? [text box]
25. How likely would you be to contact a crisis line like the 988 Suicide & Crisis Lifeline if someone else you knew was experiencing a mental or behavioral health crisis?

    a. Not at all likely [Go to Q27]
    b. Not very likely [Go to Q27]
    c. Somewhat likely [Go to Q27]
    d. Very likely [Skip to Q28]

26. [If 26 a, b, or c is selected] What would increase the likelihood that you would contact the 988 Suicide & Crisis Lifeline for someone else experiencing a mental health crisis? [text box]
27. If you were experiencing a mental health crisis like depression, sadness, loneliness, anxious thoughts, substance use, or thoughts of suicide, what concerns might you have that would prevent you from calling the 988 Suicide & Crisis Lifeline? **Select all that apply.**

    a. I would prefer to speak to someone I know
    b. I would prefer to speak to someone in person
    c. I am unsure how to express what I am feeling
    d. I do not want to worry anyone I speak with
    e. I do not have a private location where I can speak with someone
    f. I worry the information I share may not be anonymous
    g. I am concerned the 988 Suicide & Crisis Lifeline staff may not understand older adults
    h. Other (please describe):
    i. I would not have any concerns

28. What would be important to you when reaching out to a mental health crisis line? **Select all that apply.**

    a. Empathetic listening
    b. Speaking to someone who understands the experiences of older adults
    c. Receiving referrals to age and culturally appropriate resources
    d. Being connected to useful resources

e. Anonymity
f. Receiving follow-up after the call
g. Being offered tools and/or coping mechanisms
h. Knowing I can call again if needed
i. Reassurance that it is okay that I called
j. Other (please describe)
k. Unsure

29. If you call the 988 Suicide & Crisis Lifeline, what would you expect to occur after the call is over? **Select all that apply.**

    a. Being in a more positive mental state
    b. Feeling more supported than before the call
    c. Feeling relief at being able to express my concerns
    d. Having access to additional resources
    e. Having next steps identified to handle future crisis situations
    f. Other (please describe)
    g. Unsure

30. Are there any resources or recommendations for how to better support older adults that we should share with 988 Suicide & Crisis Lifeline team members? [text box]

## Survey Questions for Caregivers

31. How old is the person you care for?

    a. 60–69
    b. 70–79
    c. 80–89
    d. 90 or older

32. How do you attend to your own mental health and well-being while taking care of others? **Select all that apply.**

    a. Participate in activities I enjoy
    b. Exercise regularly
    c. Get adequate sleep
    d. Take time for rest and reflection
    e. Connect with others
    f. Other (please describe)
    g. None of the above

33. Do any of these specific challenges or stressors related to caregiving affect your mental health? **Select all that apply.**

    a. Physical labor
    b. Emotional labor

c. Financial strain/low pay or reimbursement
d. Loneliness of being someone's sole/primary caregiver
e. Having little time for myself
f. Other (please describe)
g. None of these affect my mental health

34. What types of resources, if any, would be helpful to address your mental health needs as a caregiver? [text box]

## Thank You and Confirmation Page

Thank you for your trust and your time. Your feedback has been vital in helping us ensure that Michigan's 988 Suicide & Crisis Lifeline staff can provide highly effective and tailored support to older adults. All answers will remain anonymous and will be combined with other responses. If you have any questions, please reach out to Public Sector Consultants at elammers@publicsectorconsultants.com.

We understand that answering this survey may have stirred unexpected emotions. If you need support, the 988 Suicide & Crisis Lifeline is always available by dialing 988.

# Appendix B: Discussion Guide

## 988 Suicide & Crisis Lifeline—Listening Session Discussion Guide

### Introduction

Hi, my name is _____ and I am with Public Sector Consultants, a Lansing-based research firm. Thank you for taking the time to speak with us today. We have partnered with the Michigan Department of Health and Human Services (MDHHS) to gather input from older adults like yourselves on the newly implemented 988 Suicide & Crisis Lifeline.

The 988 Suicide & Crisis Lifeline is a nationwide mental health crisis hotline aimed at prioritizing mental health care and suicide prevention and promoting mental wellness and resilience across the United States.

Similar to 911 for emergencies, the 988 Suicide & Crisis Lifeline provides immediate access to trained crisis specialists who offer confidential support 24 hours a day, 7 days a week. Callers can receive assistance for a range of crises, including suicidal thoughts, mental health concerns, substance use issues, emotional distress, and support for loved ones in crisis. Crisis specialists provide compassionate listening, crisis intervention, safety planning, and referrals to local resources for ongoing support.

Our goal is to hear your experiences, recommendations, and concerns so that we can help improve 988 Suicide & Crisis Lifeline call center procedures to better support older adults. It is important to MDHHS that we collect the widest perspectives and incorporate those into Michigan's 988 Suicide & Crisis Lifeline outreach and community education efforts. If you have called the 988 Suicide & Crisis Lifeline, we want to hear about your experience. If you haven't called, we want to hear what you would want your interaction with the crisis line to look like, specifically as an older adult.

Whether or not you've experienced a crisis, this can be a sensitive and challenging topic. If you need support after participating in this discussion, please call the crisis line by dialing the 988 Suicide & Crisis Lifeline. This service is free to everyone and is still accessible to you if you choose not to participate in this research.

We want to create a welcoming space for you to share your thoughts and experience with us. Anything you share today will remain anonymous and will be combined with input from other people. Additionally, we will ensure that your identity will be kept private and will protect anything you say by storing our notes safely and privately, with access to the data files limited to PSC staff only.

We're going to gather verbal/visual consent from everyone to share this feedback with MDHHS to better inform the 988 Suicide & Crisis Lifeline. As a reminder, this service is free to everyone and is still accessible to you if you choose not to participate today. Can everyone who allows PSC to collect your responses today and share this information with MDHHS raise their hands?

So that we can get a sense of who is here with us today, let's do some quick introductions. We'll go around and share first names, and if you feel comfortable, your age.

To help support a safe setting for sharing, I would like to establish some participation ground rules before we begin. A few I would like to use include:

- Please feel free to take breaks if needed
- Please only provide information you are comfortable sharing
- Be respectful (only one person speaking at a time)
- Honor confidentiality
- Step up and step back (share your ideas while also allowing space for others to share theirs)
- Use both/and thinking (people may have had different experiences and we want to support hearing from everyone)

Are there any other rules you'd like to add? Do you have any questions before we begin? Let's get started.

## Discussion Questions

### Building Rapport—Views on Mental Health and Supports

1. I'd like to start by learning more about your views and experiences with mental health and support systems. By a show of hands—if you are comfortable doing so—can you raise your hand if you have ever struggled with your mental health?
2. How do you seek mental health support or take care of your mental health? [Probe: Do you have someone to talk to? Are there activities you do that bring you joy or help your mind relax?]

    a. On a scale of 1 to 10, how comfortable do you feel reaching out for mental health support?
    b. How do you decide when (or whether) to reach out for support?
    c. When you reach out for support, what steps do you take? What makes you feel supported?
    d. What resources have you turned to or would you turn to?

3. What might get in the way of you reaching out for help?

    a. Can you describe a time that you felt worried about discussing your mental health concerns with a friend or provider?
    b. Do you perceive any stigma surrounding mental health for older adults?

        i. If yes, how so? How did this stigma develop?
        ii. How can this stigma be addressed? What would help make older adults like yourselves more comfortable raising concerns about mental health?

### Familiarity and Personal Experience with Helplines and 988 Suicide & Crisis Lifeline

4. I'd like to learn more about your familiarity with crisis lines and the 988 Suicide & Crisis Lifeline. Is everyone aware of what a crisis line/lifeline is?
5. By a show of hands—if you are comfortable doing so—can you raise your hand if you have called a crisis lifeline/help line for yourself or someone else? When did you call the crisis line? [Probe: Month or season and year, to understand if the crisis line was the 988 Suicide & Crisis Lifeline]

    a. For those who have called a crisis line before, how do you feel the call went?

        i. What was handled well? [Probe] Did you or the person you called for receive the help you or they needed?
        ii. Was the call handled in a way that considered your or the other person's culture, personal beliefs, and/or identity?

iii. What, if anything, could have been done differently to provide a better experience? [Probe: Someone to talk to, resources for help, etc.]

## Using and Sharing Information About 988 Suicide & Crisis Lifeline

6. We want to ensure that older adults know about the 988 Suicide & Crisis Lifeline as a resource. By a show of hands—if you are comfortable doing so—how many of you have heard of or seen information about 988?

    a. [If hands are up]

        i. Where have you seen information about the 988 Suicide & Crisis Lifeline?

    b. [If hands are down]

        i. How do you typically hear about available resources (social media, news stories, television ads, radio, friends or family, work, community center, local business, school, medical setting, or other outlets)?

7. By a show of hands—if you are comfortable doing so—have you ever shared information about the 988 Suicide & Crisis Lifeline?

    a. [If hands are up]

        i. How did you share the information (personal message like text, phone, direct message, email or social media, face-to-face, brochure, other)?
        ii. If social media, what platform did you use (e.g., Facebook, Twitter/X, Instagram)?

    b. [If hands are down]

        i. When you share an available resource with your friends and family, how do you typically share (in person, social media, print materials, etc.)?
        ii. If social media, what platform do you typically use to share information?

### 988 Suicide & Crisis Lifeline Preferences and Improvements

8. For everyone in the group, including those who have not called the 988 Suicide & Crisis Lifeline, what is important to you when reaching out to a behavioral health crisis line like the 988 Suicide & Crisis Lifeline?

    a. What are you looking for in response to your call? What sort of interaction would you be expecting or hoping for?
    b. What would you expect to occur when the call is done?

9. How likely would you be to call the 988 Suicide & Crisis Lifeline if you or someone you care for were experiencing a mental health crisis like depression, sadness, loneliness, thoughts of suicide, or worry that doesn't go away?

    a. What would increase the likelihood that you or someone you care for would call the 988 Suicide & Crisis Lifeline for a behavioral health crisis?

10. For everyone in the group, if you were experiencing a mental health crisis like depression, sadness, loneliness, anxious thoughts, substance use, or suicidal ideation, what concerns would you have about calling the 988 Suicide & Crisis Lifeline?

    a. What might prevent you or someone you care for from calling the 988 Suicide & Crisis Lifeline when experiencing a behavioral health crisis?

11. What would make you want to use this service again, if you or a loved one are experiencing distress?

## Caregiver Experience

12. By a show of hands—if you are comfortable doing so—are any of you also caregivers for another older adult? [If yes, ask the following questions]

    a. How do you prioritize your own mental health and wellbeing while taking care of others?
    b. Are there specific challenges or stressors related to caregiving that impact your mental health?
    c. What types of resources would be helpful to address your mental health needs as a caregiver?

## Closing

13. Do you have any resources that we could share with the 988 Suicide & Crisis Lifeline team members to better support older adults?
14. Is there anything else you'd like to share before we wrap up?

We appreciate your support in improving the 988 Suicide & Crisis Lifeline for older adults in Michigan. We value your time, attention, and willingness to partner with us on this crucial endeavor. Your contribution will make a significant difference in enhancing mental health support services for older adults in our community.

Thank you for participating and sharing your perspective today. If you have any additional feedback, please feel free to reach out to us at elammers@publicsectorconsultants.com.


230 N. Washington Square
Suite 300
Lansing, MI 48933