



Welcome to SPRC's Research to Practice Webinar on

***Promoting Mental Health and Preventing
Suicide among Older Adults***

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begins the session.**

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Expand control panel

Raise hand

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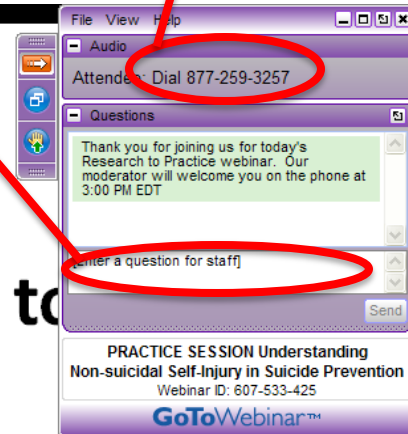
Enter question during Q&A

Call-in for audio

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Presenters



Yeates Conwell, M.D.



Chris Miara, M.S.



**Rosalyn Blogier,
LCSW-C**

Promoting Mental Health and Preventing Suicide among Older Adults

September 14, 2010

Yeates Conwell, M.D.



Center for the Study and
Prevention of Suicide

University of Rochester School of Medicine
Rochester, NY USA

Suicide Prevention Resource Center

Collaborators

- Eric Caine, MD
- Kenneth Conner, PhD
- Paul Duberstein, PHD
- Deborah King, PhD
- Carol Podgorski, PhD
- Thomas Richardson, PhD
- Xin Tu, PhD
- Kimberly Van Orden, PhD

and many more.....

It takes a village!

Objectives

- Review the epidemiology of suicide in later life
- Examine risk and protective factors
- Understand special characteristics of suicide in senior living communities
- Outline a framework on which to base development of a comprehensive program of late life suicide preventive interventions

POLL

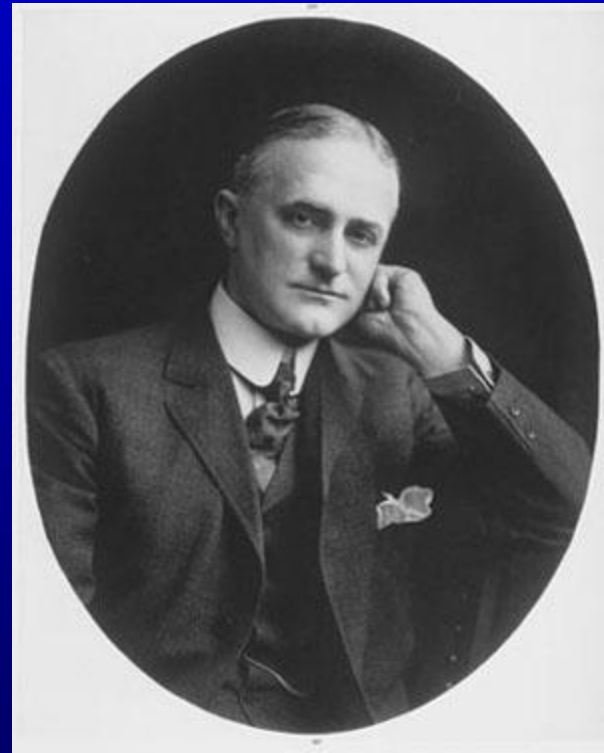
Have you known of an older adult who died by suicide?

Yes

No

“My work is done. Why wait?”

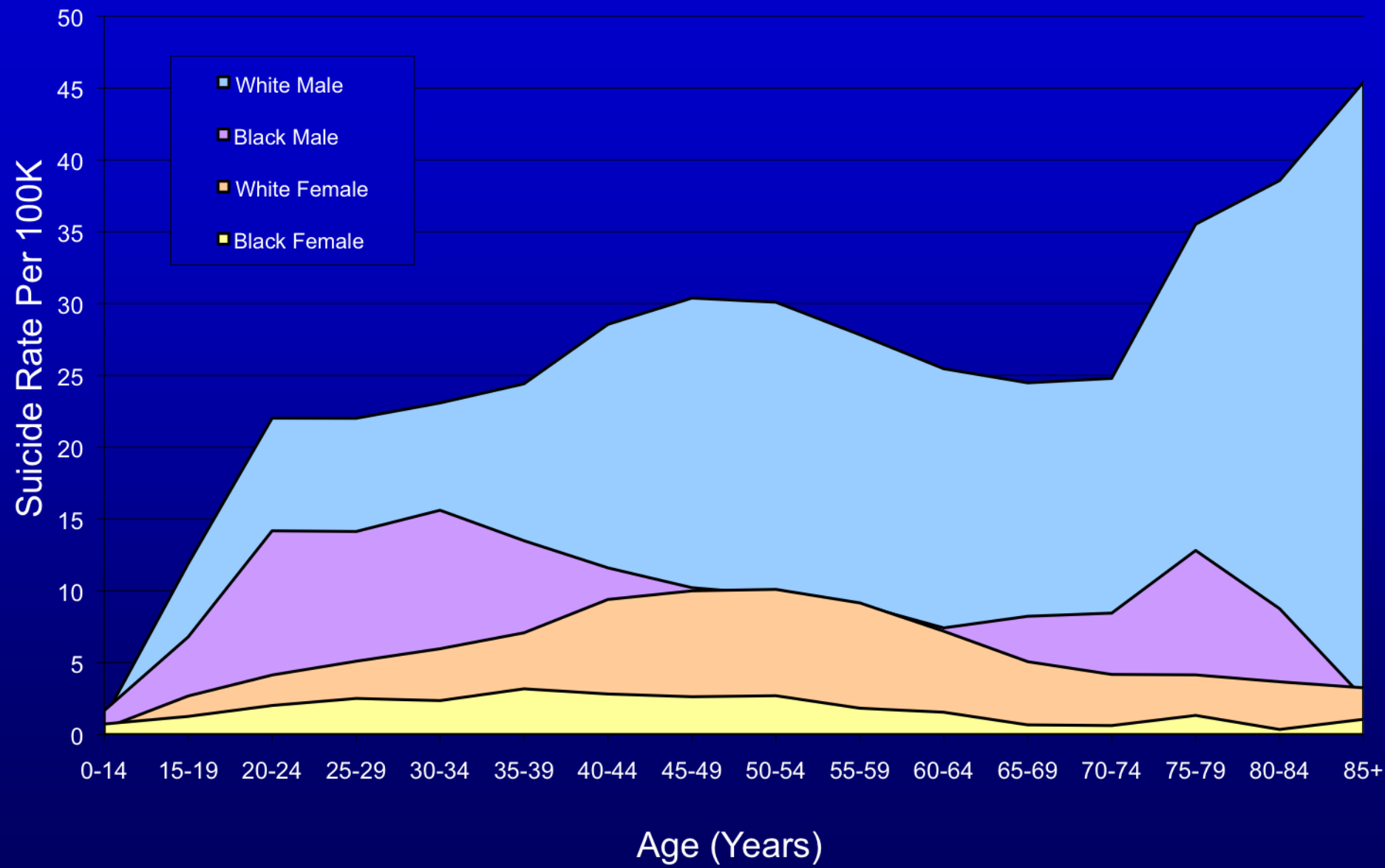
George Eastman
March 14, 1932
Age 77



HOW LARGE A PROBLEM IS LATE LIFE SUICIDE?



Suicide Rates by Age, Race, and Gender: U.S. -- 2007



Question

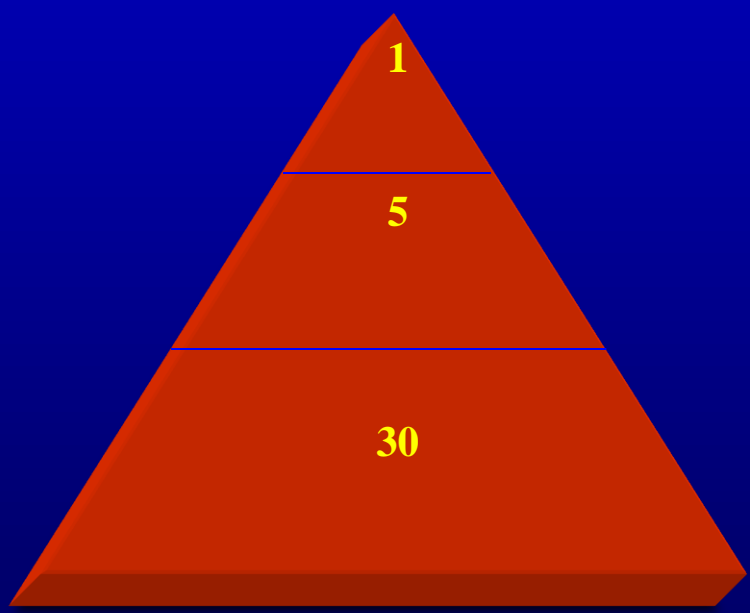
Studies show that between 100-200 young people attempt suicide for each person who dies by suicide.

How many older adults do you think attempt suicide for each one who takes his or her own life?

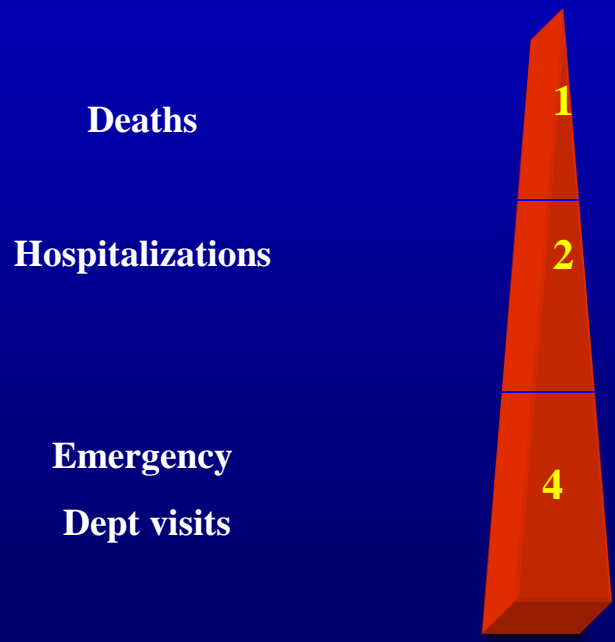
- a) 300
- b) 100
- c) 25
- d) 10
- e) 4

ATTEMPTED:COMPLETED SUICIDE

General population



Older adults



LETHALITY OF LATE LIFE SUICIDE

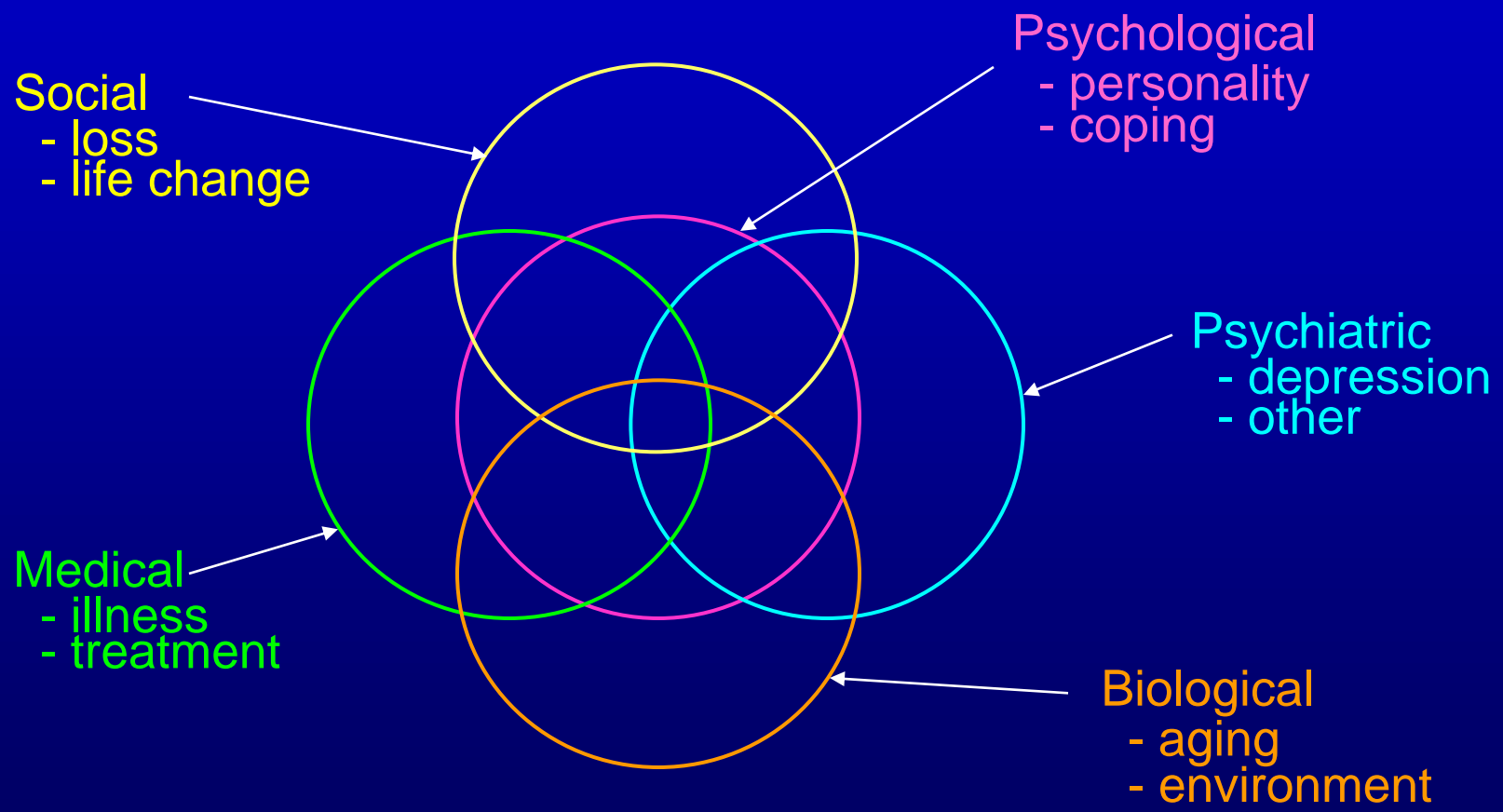
- Older people are
 - more frail (more likely to die)
 - more isolated (less likely to be rescued)
 - more planful and determined

LETHALITY OF LATE LIFE SUICIDE

- Older people are
 - more frail (more likely to die)
 - more isolated (less likely to be rescued)
 - more planful and determined
- **Implying**
 - **Interventions must be aggressive!**
 - **Preventing onset of suicidal states is key!**

WHAT PLACES OLDER ADULTS AT RISK FOR SUICIDE?

DOMAINS OF SUICIDE RISK IN LATER LIFE



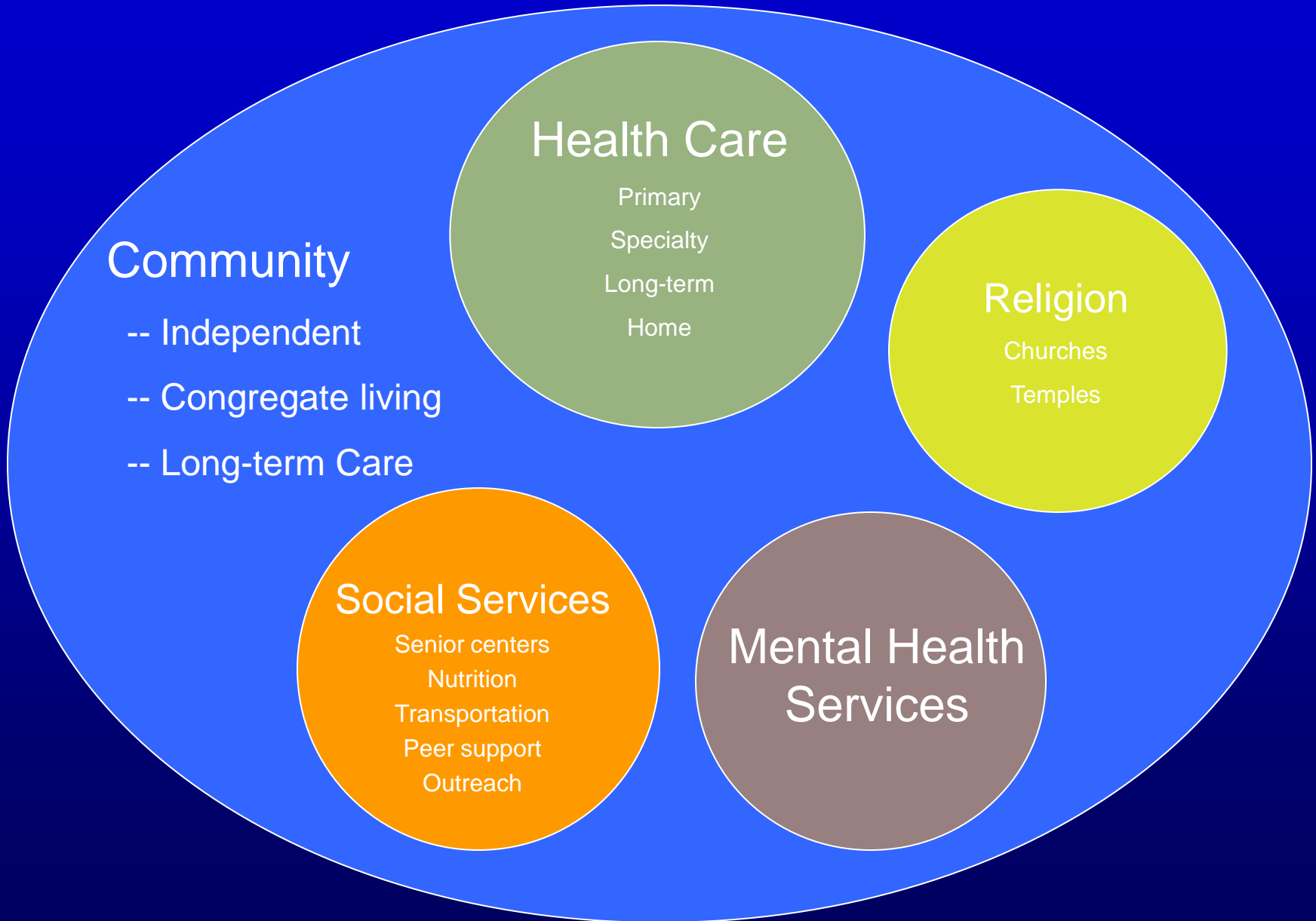
RISK FACTORS FOR SUICIDE AMONG OLDER ADULTS

- Depression – major depression, other
- Prior suicide attempts
- Co-morbid general medical conditions
- Often with pain and role function decline
- Social dependency or isolation
- Family discord, losses
- Personality inflexibility, rigid coping
- Access to lethal means

POINTS OF ACCESS

Where do we find older adults at risk of suicide, so that we can intervene?

Points of Access



Suicide in Senior Living Communities

- Despite the large number of older adults living in Senior Communities, little is known about suicide risk in these settings.
- Risk factors for suicide in SLC:
 - Pessimistic mental outlook
 - Widowed or divorced
 - Sleeping ≥ 9 hrs/night
 - Drinking ≥ 3 alcoholic beverages/day

Ross et al, Prev Med 19:323-334, 1990

Suicide in Nursing Homes

- Finnish NH suicides:
 - Diagnosable psych dx in every case
 - 75% with affective illness; unrecognized in only 1/3rd

Suominen et al, Int J Geriatric Psychiatry 18:1095-1011, 2003
- Italian NH suicides:
 - Rate of 18.6/100,000
 - Great majority with hx of mental disorders

Scocco et al, Int J Geriatric Psychiatry 21:307-311, 2006
- NH characteristics associated with suicide
 - ↑ staff turnover
 - Larger
 - Lower cost
 - Religious or “other” affiliation vs. public or private

Osgood Suic Life-Threaten Behav 22:98-106, 1992.



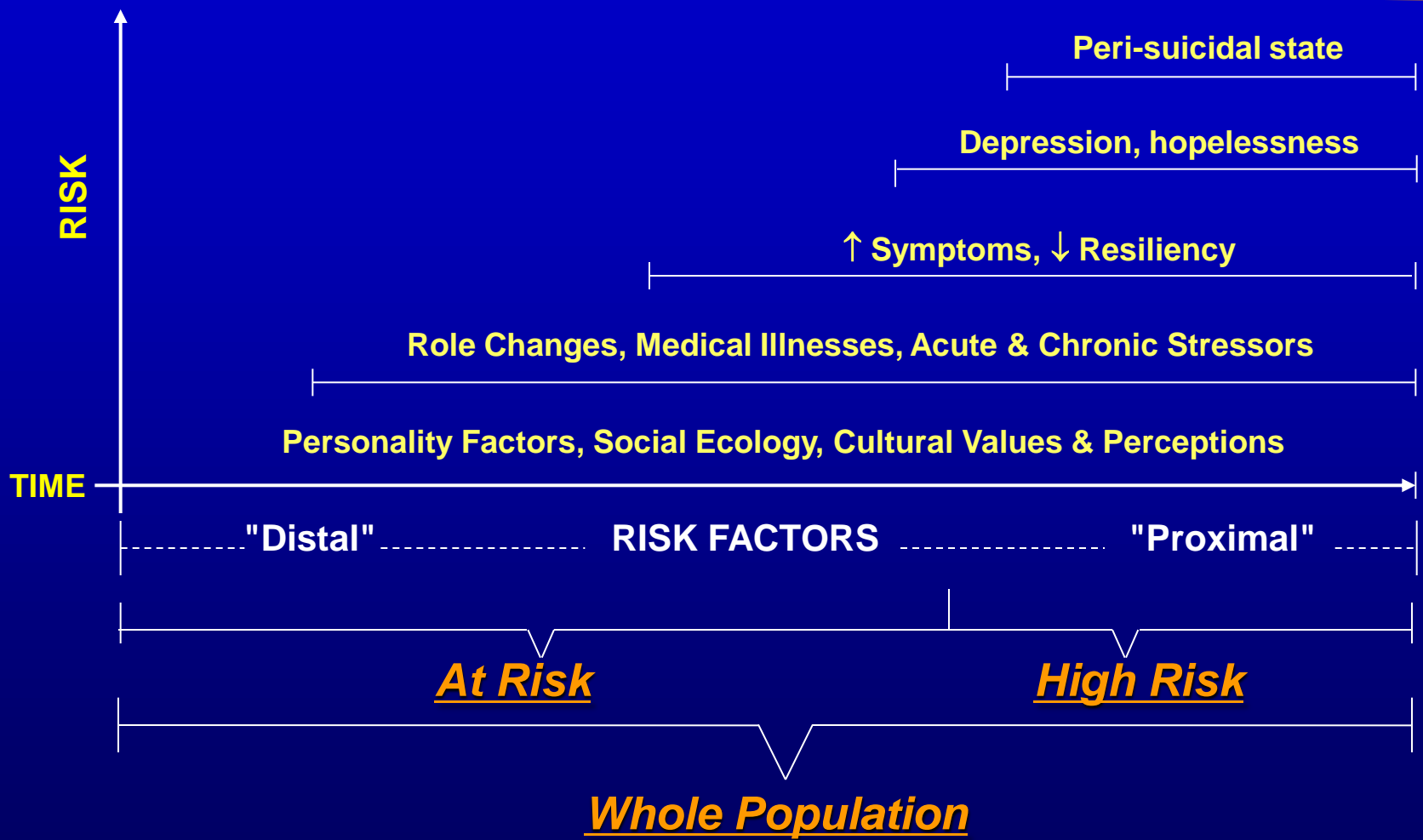
PREVENTION FRAMEWORK

HOW DO WE PREVENT
SUICIDE IN ELDERERS?

(Approaches to Prevention)

DEVELOPMENTAL PROCESS OF LATE LIFE SUICIDE

SUICIDE

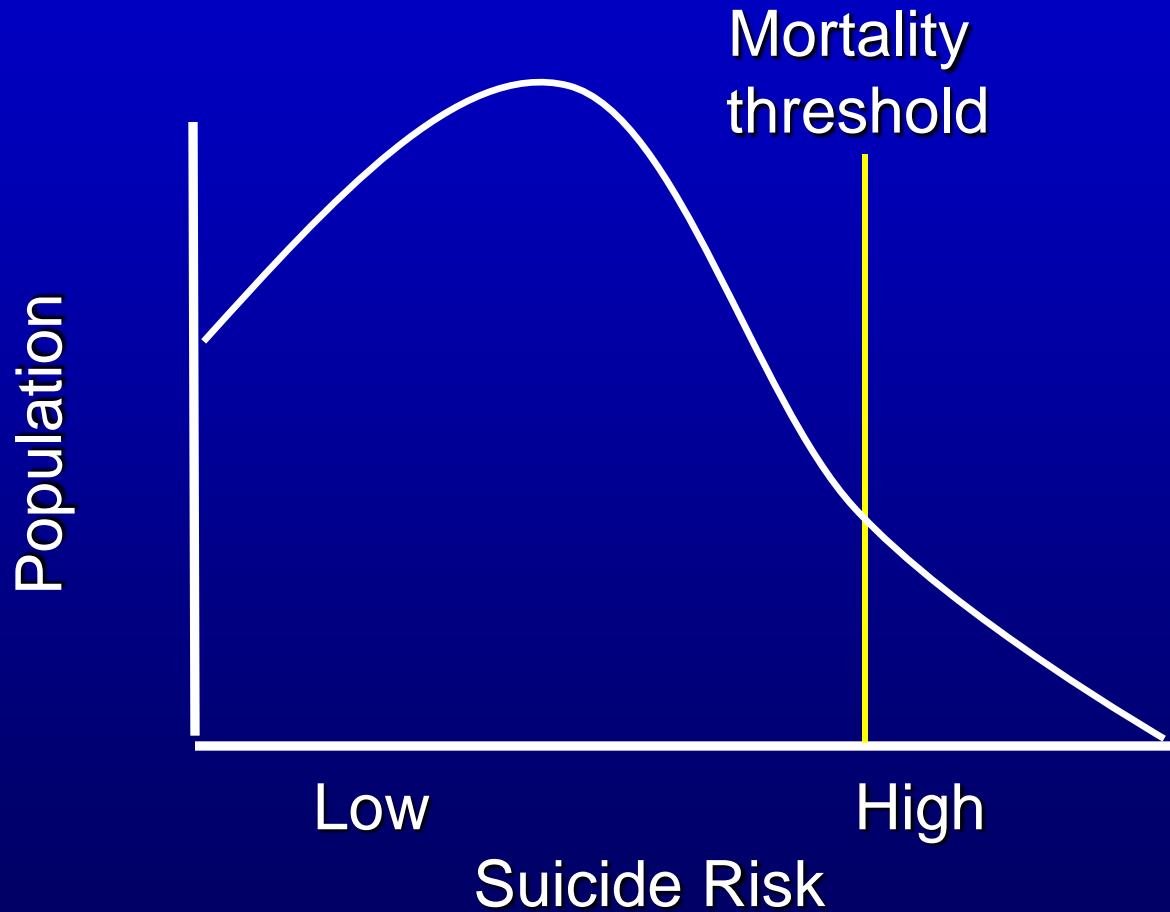


“LEVELS” OF PREVENTIVE INTERVENTION

“**At Risk**” – focused on symptomatic individuals and those with defined risk factors – interventions to prevent full-blown disorders and suicidal behavior.

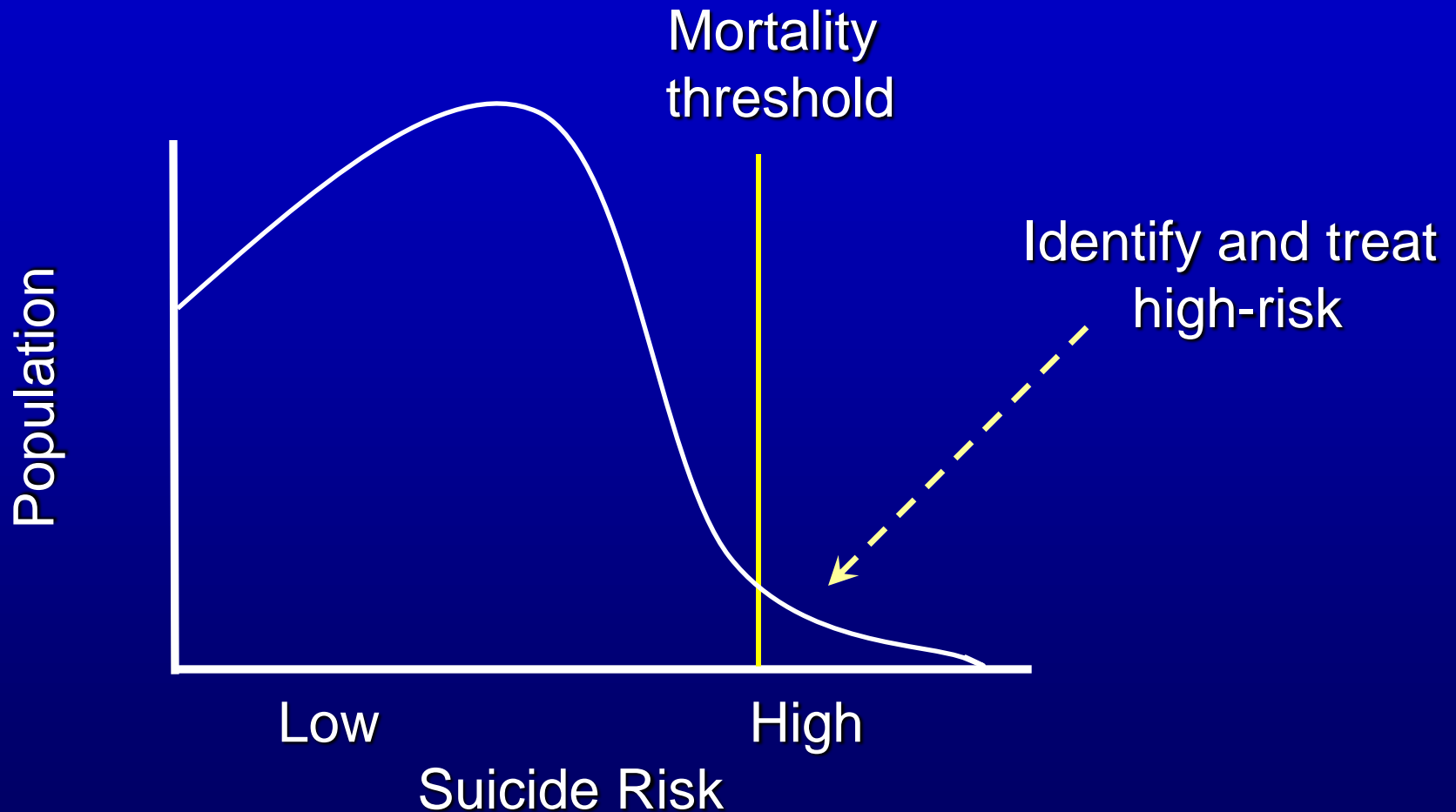
“**Whole Population**” – focused on the entire population as the target – prevention through reducing distal risk factors and enhancing health and well-being.

POPULATION DISTRIBUTION OF SUICIDE RISK



Modified from Crosby

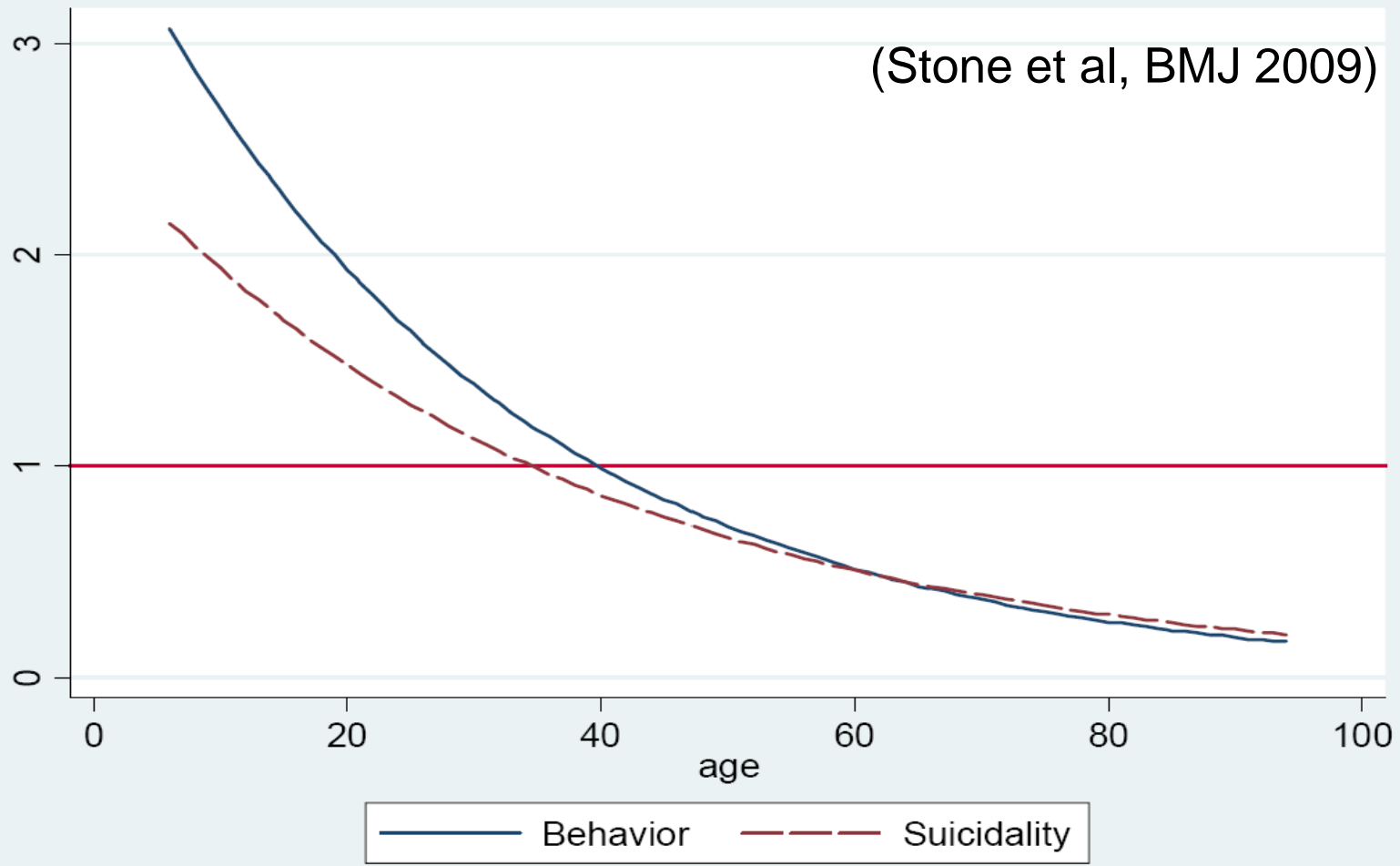
“At Risk” Approach



Modified from Crosby

Risk of suicidal ideation and behavior in people receiving antidepressants in FDA trials :

- Increased in those under age 25
- No difference from placebo in those 25-64
- Decreased in those ≥ 65



An example of an “at risk” approach for community dwelling older adults: Tele-Help/Tele-Check Service for the Elderly

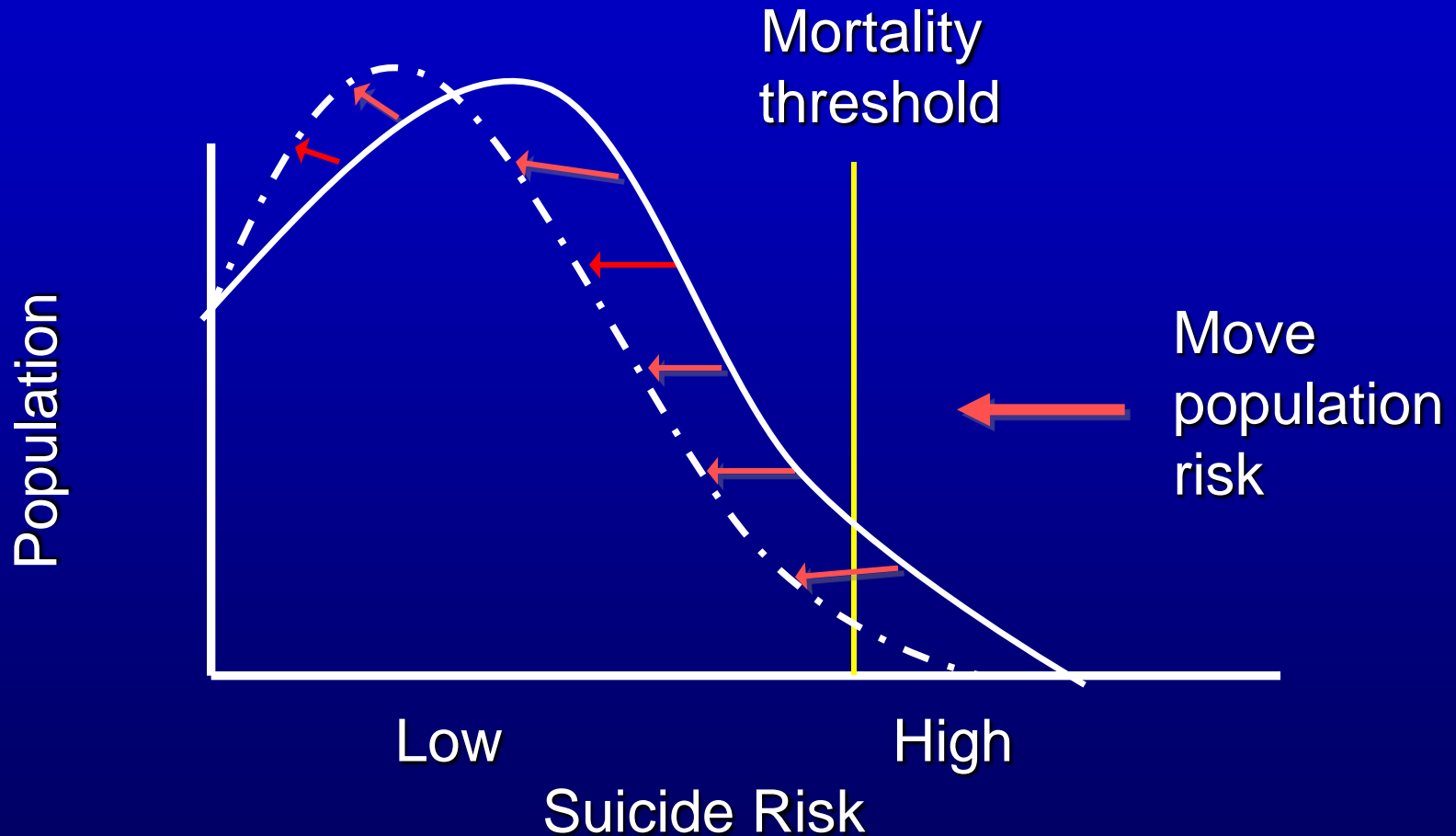
DeLeo et al., Br J Psychiatry 181:226-229, 2002

- 18,641 service users in Padua, Italy – 1/88 thru 12/98
- Mean age = 80.0 years; 84% women; 73% lived alone
- Referred due to frailty, isolation, risk of need for institutional care
- Alarm-activated phone link to social work staff (Tele-help)
- Routine calls 2x/wk for welfare monitoring and emotional support

- Suicides observed = 6 vs. expected = 20.9
SMR = 28.8% ($p < .0001$)

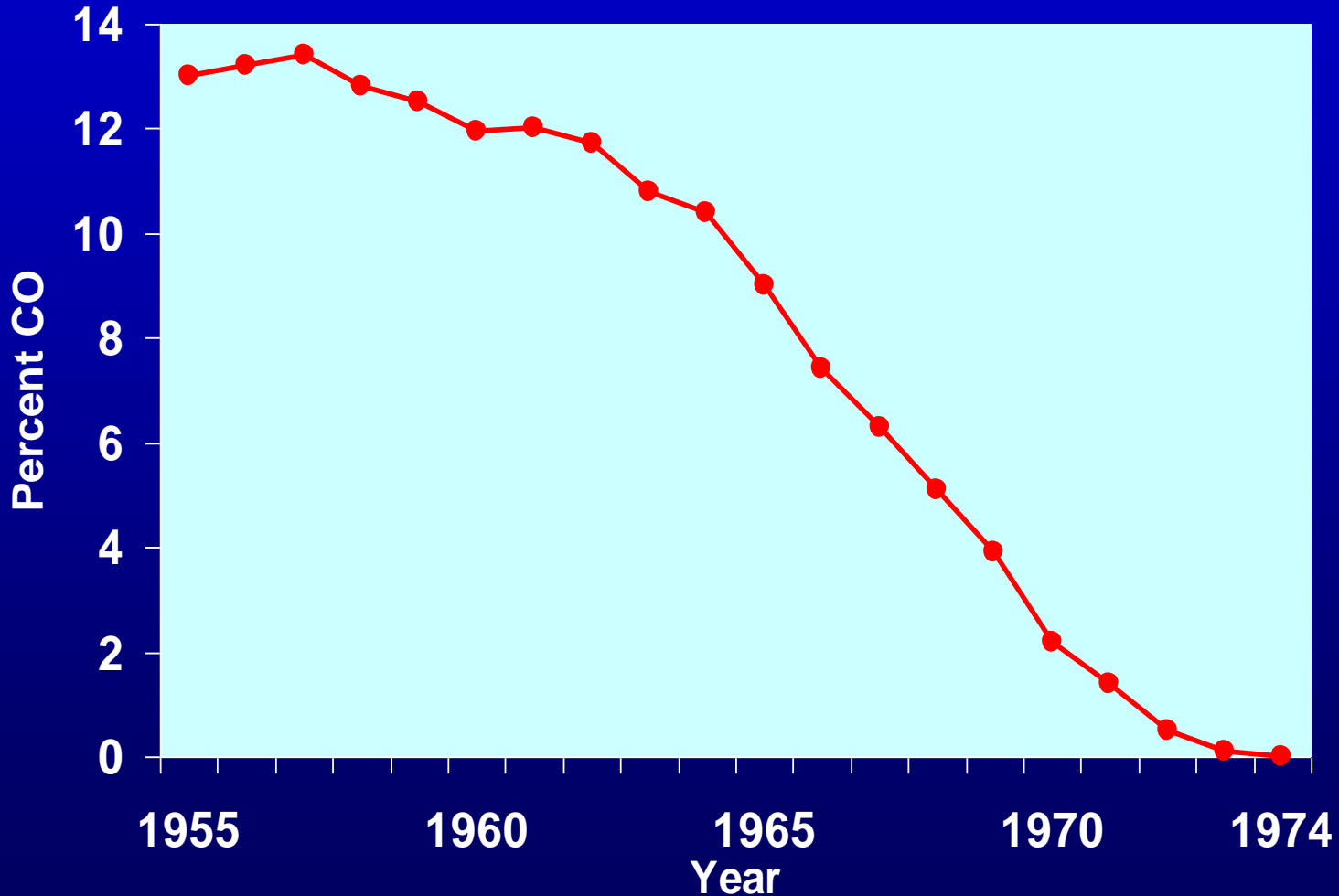
- *The service was effective in reducing suicides in women, but not apparently for men.*

“Whole Population” Approach



Modified from Crosby

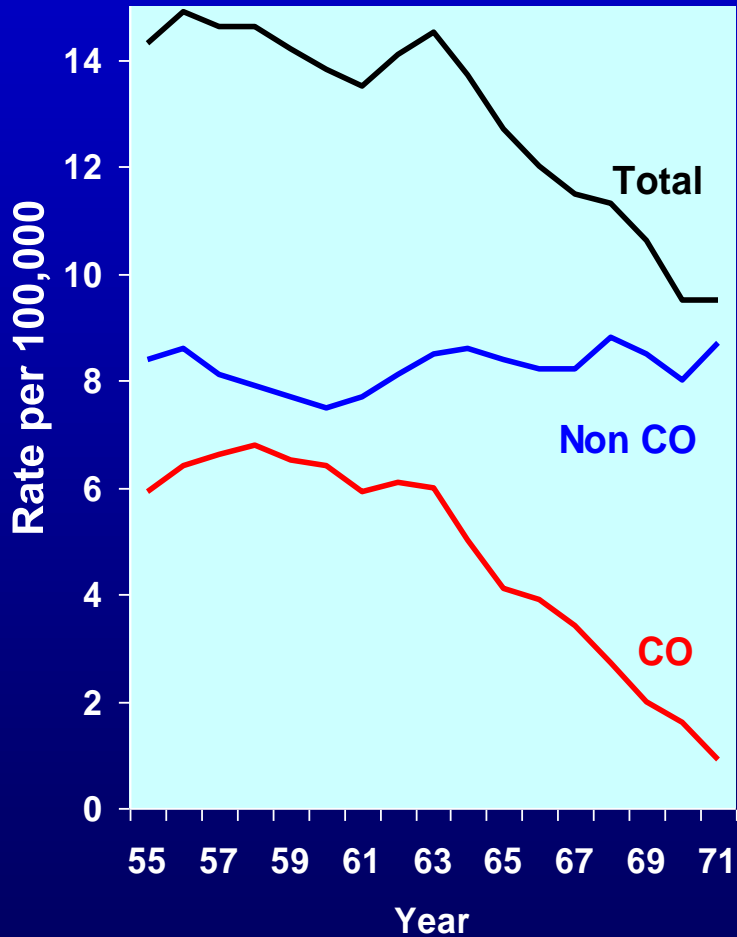
Percentage of CO in domestic gas, United Kingdom 1955-74



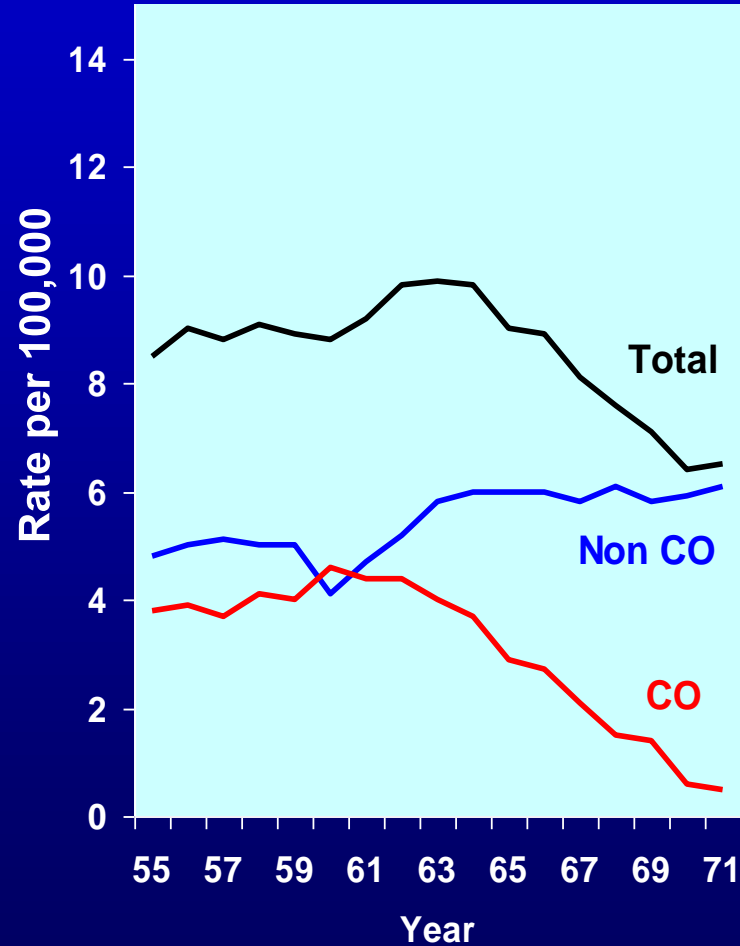
THE COAL GAS STORY

Suicide rates by mode of death: England & Wales

Males



Females



OPTIMAL SUICIDE PREVENTION =

At Risk

+

Whole Population

“MULTI-LAYERED SUICIDE PREVENTION”

Challenge: Even multi-component interventions tend to be much more effective for older women than older men.

<i>Study</i>	<i>Intervention</i>	MALE	FEMALE
		<i>Impact on suicide rates</i>	
DeLeo et al. (2002)	Social work assessment; outreach and social support.	↔	↓
Oyama et al. (2004)	Systematic screening for depression; referral for care; engagement in social activities; education; peer support	↓	↓
Oyama et al. (2005)		↔	↓
Oyama et al. (2006a)		↔	↓
Oyama et al. (2006b)		↔	↓

How do we reach elderly men at risk?



Thank you

Contact information:

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300 Crittenden Boulevard
Rochester, NY 14642 USA

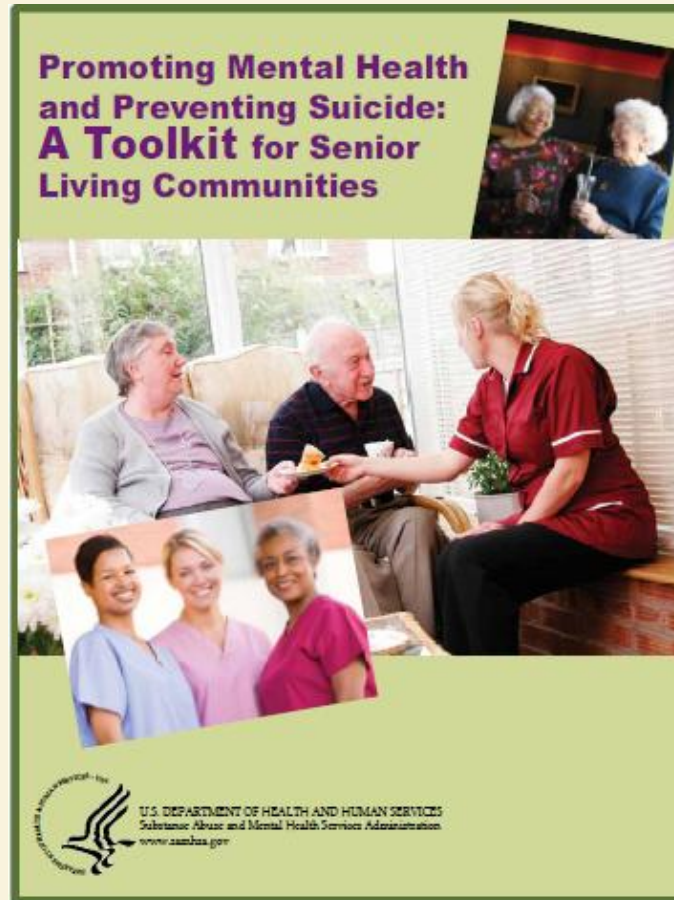
Yeates_Conwell@urmc.rochester.edu



Promoting Mental Health and Preventing Suicide: A Toolkit for Senior Living Communities



Creating the Toolkit



SAMHSA's Direction

→ **Mission:** To reduce the impact of substance abuse and mental illness on America's communities.

→ **Roles:**

- Voice and Leadership
- Funding-Service Capacity Development
- Information and Communications
- Regulation and Standard Setting
- Improve Practice

SAMHSA's Strategic Initiatives

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- 1. Prevention of Substance Abuse and Mental Illness**
- 2. Trauma and Justice**
- 3. Military Families—Active, Guard, Reserve, and Veteran**
- 4. Health Reform**
- 5. Housing and Homelessness**
- 6. Health Information Technology for Behavioral Health Providers**
- 7. Data, Quality, and Outcomes—Demonstrating Results**
- 8. Public Education and Support**

SAMHSA Principles

→ People

- *Stay focused on the goal.*



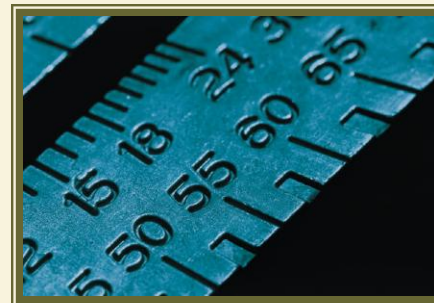
→ Partnership

- *Cannot do it alone.*



→ Performance

- *Make a measurable difference.*



SAMHSA's Key Messages

- Behavioral health is essential to health
- Prevention works
- Treatment is effective
- People recover

Toolkit for Senior Living Communities

Promoting Mental Health
and Preventing Suicide:
**A Toolkit for Senior
Living Communities**



Toolkit Research, Development and Description

September 14, 2010

Presenters:

Rosalyn Blogier, LCSW-C

Public Health Advisor

Substance Abuse and Mental Health Services
Administration

Chris Miara, M.S.

Senior Project Director

Education Development Center



What Is a Senior Living Community?

- **Nursing Homes**
- **Assisted Living Facilities**
- **Independent Living Facilities**
- **Continuing Care Retirement Communities**

Who Is Here Today?

POLL

Check the place which best describes where you work:

- Community organization**
- Residential facility**
- State or federal agency or organization**
- University**
- Other**

Background

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Asbury Summit

**It Takes a Community: A Summit on Opportunities for
Mental Health Promotion and Suicide Prevention in
Senior Living Communities
October 15-16, 2008**

“It Takes a Community”

**Report on the Summit on Opportunities for Mental Health Promotion and
Suicide Prevention in Senior Living Communities**

[http://www.sprc.org/library/It Takes A Community.pdf](http://www.sprc.org/library/It_Takes_A_Community.pdf)

Framework for the Toolkit

- **Whole Population**
- **At Risk**
- **Crisis Response**

(Langford, L. 2008. A Framework for Mental Health Promotion and Suicide Prevention in Senior Living Communities)

Why Is It Important?

**Suicide impacts residents, families
and staff**

Risks of suicide can be reduced

Our Audiences

Senior Living Community...

- 1. Residents**
- 2. Staff**
- 3. Families**

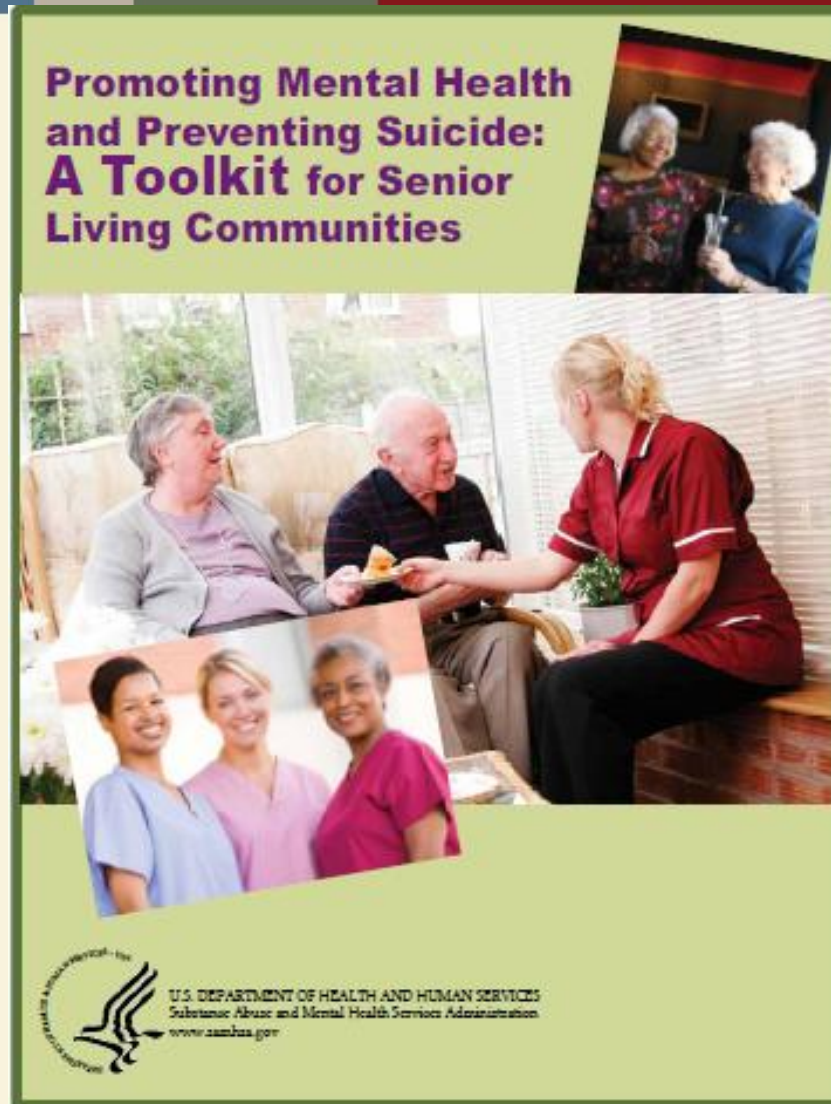
Learning from the Field-Part 1

- **Literature Review**
- **Resource Scan**
- **Expert Workgroup**
- **Focus Groups**

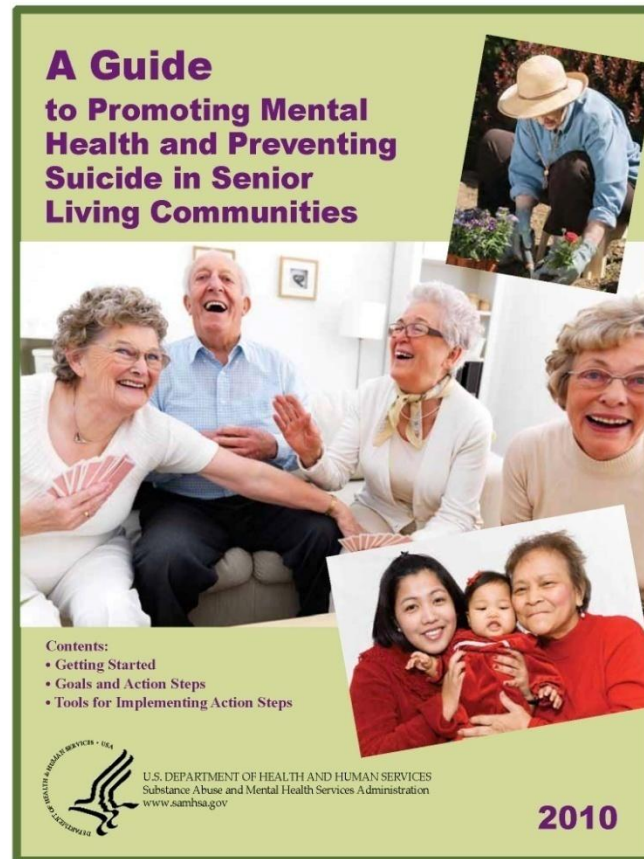
Learning from the Field-Part 2

- Interviews
- Pilot test
- Product test

The Toolkit



A Guide



Trainer's Manual

Trainer's Manual for Promoting Mental Health and Preventing Suicide in Senior Living Communities



Contents:

- Staff Workshop 1
- Staff Workshop 2
- Family and Resident Workshop



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

2010

Fact Sheets for Residents

Look Out for the Well-Being of Yourself and Others

No matter what age you are, it is important to look out for your own emotional well-being. This is especially true for older adults because of the special challenges at this stage of life. Taking charge of your emotional well-being can make a big difference.

Are you in pain? Do you feel depressed?

Are you lonely? Have you experienced a loss?

You don't have to feel this way. Read on . . .

Take Care of Yourself

Your emotional well-being is affected by your health. If you need help or support, staff at your senior living community can help you see a medical or mental health provider. Your facility may also offer health and wellness activities.

Here are some suggestions to take care of your health:

- ♦ Make an appointment with a medical provider if you are in pain or have a physical illness.
- ♦ Seek treatment or talk to a counselor if you have depression or another mental health issue, or if you drink too much or abuse medications.
- ♦ Join a support group to help you cope with the loss of family and friends, financial problems, or other personal issues.
- ♦ Stay active and exercise regularly. Try taking a group exercise class or going on walks.
- ♦ Eat a healthy diet. Avoid too much sugar, salt, fat, and caffeine.

Taking care of your physical and mental health will help you feel better and reduce feelings of helplessness.

Mrs. Williams

At 80 years old, Mrs. Williams was just settling into a senior living community when she broke her hip. Since she couldn't walk, she slept most of the day and seemed very withdrawn. She said she felt her life was over.

Another resident was concerned that Mrs. Williams was depressed and told the staff. They talked with her children and decided she needed to see a counselor. Mrs. Williams did not like the idea, but her children insisted.

The counselor had Mrs. Williams take anti-depressants for six months and go to physical therapy. Her family provided support to her.

The staff encouraged her to get involved in activities she could do, such as arts and crafts and welcoming new residents. These activities gave her a sense of purpose and helped her build relationships.

Now Mrs. Williams is feeling better physically and emotionally and enjoys spending time with other residents and staff.

After a Suicide: How to Help Yourself and Others

When a person dies by suicide, it can have a huge impact on family members, friends, other residents, and staff. Whether you have lost someone by suicide or want to help another person who has, it is useful to know what to expect and how to best help someone else.

How to Help Yourself

Coping with a suicide can cause many emotions. Strong feelings are normal. No one has the same reaction, and emotions can change. Take time to figure out how you feel. You may be feeling any of the following:

disbelief	denial	grief
guilt	anger	shame

An attempted suicide can often bring up some of these same emotions.

Here are some tips for coping:

- ♦ **Give yourself time** to deal with the loss and accept whatever emotions you feel. Everyone grieves differently.
- ♦ **Talk about the person** who died with someone you trust—a family member, resident, or staff.
- ♦ **Honor the memory** of the person who died—set out pictures of the person in your room or write something about him or her.
- ♦ **Express your feelings** with a counselor or in a support group with others who are likely to understand what you are going through.
- ♦ **Stay with your daily routine** and take care of your basic needs—eat, sleep, and attend your regular activities.
- ♦ **Be prepared for holidays and anniversaries**, since they can be difficult emotionally—consider doing something special in memory of the person who died.

Take Care of Yourself

The suicide of a family member, friend, or resident can affect your mental health. Get help if you feel suicidal yourself.

Why did it happen?

It's common to try to figure out *why* someone took his or her life. Yet, the answers may not be known. The causes of suicide are complicated and different for each person. And, the person who died may be the only one able to answer your questions. At some point, most people accept that clear reasons may not exist, and that knowing *why* will not change what happened. This acceptance is a key step in healing.

Know the Warning Signs of Suicide

Have you heard someone make these statements? Have you thought them yourself?

"I think I'm going to end it all."

"I no longer want to live."

"Death seems like the only way out."

Have you seen someone doing any of these things? Are you doing them?

Hoarding pills. Getting a gun or knife. Looking for a high place from which to jump. Refusing food, medicine, or other treatment.

These behaviors and statements are warning signs of suicide. The person needs IMMEDIATE help. Contact a nurse, social worker, doctor, mental health professional, or clergy RIGHT AWAY.



Do either of these descriptions sound like your neighbor, a friend, or yourself?

- ♦ A resident has been drinking more than usual. He doesn't think his life has any purpose now that his wife is gone. He yells at the food servers and maintenance staff for taking too long.
- ♦ Another resident has stopped coming to bridge club and exercise class. She paces around at night, unable to sleep. She says she feels hopeless, that nothing in her life will ever improve.

These residents may be showing warning signs that they are **considering suicide**. Get help if you notice any of these behaviors and moods in yourself or another resident.

3 warning signs that a person could be at immediate risk of suicide:

- ♦ Threatening or talking about wanting to kill or hurt him/herself
- ♦ Looking for ways to kill him/herself
- ♦ Talking or writing about death, dying, or suicide when this is not usual for the person.

Warning signs that a person could be considering suicide:

BEHAVIOR

- ♦ Withdrawing from family, friends, or others
- ♦ Sleeping all the time or unable to sleep
- ♦ Acting reckless
- ♦ Increasing use of alcohol or drugs

MOOD

- ♦ Hopeless or feeling trapped
- ♦ No sense of purpose in life
- ♦ Anxious or agitated
- ♦ Rage, uncontrolled anger
- ♦ Dramatic changes in mood

The Framework

1. Whole population

2. At Risk

3. Crisis Response

Whole Population Approach

Section 1

Whole Population Approach

Goals

Goal 1.1: Activities	Residents have access to activities that promote their mental health and well-being.
Goal 1.2: Social networks	Social networks are established among residents.
Goal 1.3: Environment	The physical and social environment promotes mental health and well-being.
Goal 1.4: Lethal means	Residents' access to methods of self-harm is limited.
Goal 1.5: Staff training	Staff receive training and support for their roles in promoting the mental health of residents.

This section of the Guide discusses how you can promote mental health and prevent suicide among all residents of your senior living community, regardless of their individual risk for mental health problems or suicide. Any comprehensive approach to these issues begins with implementing policies and activities to promote the

At-Risk Approach

Section 2

At-Risk Approach

Goals

Goal 2.1: Warning signs	All staff are able to identify and respond to warning signs for suicide. Designated staff are able to screen individual residents for suicide risk and ensure that the appropriate action is taken when a resident may be at risk.
Goal 2.2: Risk Factors	All staff are able to identify risk and protective factors for suicide.
Goal 2.3: Depression	All staff are able to recognize symptoms of depression. Appropriately designated staff are able to screen individual residents for depression and ensure that residents who are depressed receive treatment.
Goal 2.4: Substance abuse	All staff are able to recognize symptoms of alcohol abuse and medication misuse. Appropriately designated staff are able to screen individual residents for these conditions and ensure residents with substance abuse problems receive treatment.
Goal 2.5: Community connections	Appropriately designated staff establish effective connections in the community to support mental health of residents.
Goal 2.6: Help seeking	Residents are knowledgeable about and comfortable seeking help for mental health problems, including suicidal ideation, depression, and substance abuse.

Crisis Response Approach

Section 3

Crisis Response Approach

Goals

Goal 3.1: Immediate response	Policies and protocols for systematic and effective responses to suicide attempts and deaths are created. Staff are trained in these policies and protocols and their responsibilities in the event of a suicide crisis.
Goal 3.2: Postvention	Plans for postvention to support residents, families, and staff after a suicide crisis are developed.

This section of the Guide explores responding to suicide deaths and attempts in senior living communities. It includes information on creating and implementing crisis response policies and protocols and a plan to provide support for residents, their families, volunteers, the staff, and others who are affected by a suicide death or attempt.

Key Messages

What messages about suicide prevention are important for staff in SLCs?

Key Messages: Examples

- Depression is not a normal part of aging
- Normal thoughts about death are different from suicidal thoughts
- It is important to reduce stigma associated with mental health disorders

Conveying Key Messages



Slide 8. What are some practical ways to overcome stigma and other barriers?

Discussion



What are some practical ways to help an older adult overcome their discomfort with seeking mental health support from a professional?

Possible answers:

- ♦ *Explain the benefits of talking about their feelings.*
- ♦ *Describe what a session with a mental health professional might be like.*
- ♦ *Compare seeking treatment for a mental health problem to seeking treatment for a physical health problem.*
- ♦ *Help them work out the cost.*
- ♦ *Provide them with a list of mental health resources and make the first call for them.*
- ♦ *Encourage them to join a support group here at the senior living community.*

What are some practical ways to overcome stigma and other barriers?

Basic Skills

- **Recognizing and responding to warning signs**
- **Responding to a suicide death**

Building Basic Skills

Section 2 Tools for the At-Risk Approach

Tool 2.a
Use with
Goal 2.1

Tool 2.a: Recognizing and Responding to the Warning Signs of Suicide

WARNING SIGNS FOR SUICIDE PREVENTION

The *Warning Signs for Suicide Prevention* was developed by an expert working group brought together by the American Association of Suicidology. The working group presented the warning signs organized by degree of risk and emphasized the importance of including clear and specific directions about what to do if someone shows warning signs.

Warning Signs of Suicide: Emergency Response

- ◆ Someone threatening to hurt or kill him/herself, or talking of wanting to hurt or kill him/herself
- ◆ Someone looking for ways to kill him/herself by seeking access to firearms, available pills, or other means
- ◆ Someone talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person

If you hear or see any of the behaviors above in

_____ [facility], you should do the following:

- ◆ Do not leave the resident alone
- ◆ Call 911 or Contact _____ [mental health contact in facility or local community]
- ◆ Call the resident's emergency contact: _____
- ◆ Other: _____

Warning Signs of Suicide: Mental Health Referral

- ◆ Hopelessness
- ◆ Rage, uncontrolled anger, seeking revenge
- ◆ Acting reckless or engaging in risky activities, seemingly without thinking
- ◆ Feeling trapped—like there's no way out
- ◆ Increased alcohol or drug use
- ◆ Withdrawing from friends, family, and society

Responding to the warning signs of immediate risk of suicide:

- Make sure someone stays with the resident until help arrives.
- Immediately contact [mental health contact] or call 911 if a mental health professional is not available.

Characteristics of the toolkit

- **Comprehensive**
- **Flexible**
- **Easy to use**
- **Realistic**

Comprehensive

A Guide to Promoting Mental Health and Preventing Suicide in Senior Living Communities



Tools for Implementing Action Steps



Contents:
• Getting Started
• Goals and Objectives
• Tools for Implementation



Staff Workshop 1

Understanding Suicide Prevention in Senior Living Communities



Staff Workshop 2

Implementing Strategies to Prevent Suicide in Senior Living Communities



Family and Resident Workshop

Promoting the Emotional Well-Being of Residents in Senior Living Communities



Fact Sheets for Residents:

Look Out for the Well-Being of Yourself and Others
Know the Warning Signs of Suicide
After a Suicide: How to Help Yourself and Others

2010

Instructions for Using the *Fact Sheets for Residents*

The *Fact Sheets for Residents* provide senior living community residents and their families with useful information on three topics: maintaining mental health, preventing suicide, and coping with suicide. They are intended to be given to residents by staff or other mental health professionals. Since they cover emotionally sensitive topics, these sheets should be given to residents only in settings in which they can be discussed. A staff person can help explain the information, answer questions, and help residents deal with any feelings that may come up.

The following provides suggested settings in which the fact sheets can be distributed and discussed:

- ♦ **Looking Out for the Well-Being of Yourself and Others:**
 - ◊ Family and Resident Workshop
 - ◊ Health promotion or wellness programs
- ♦ **Know the Warning Signs of Suicide:**
 - ◊ Family and Resident Workshop
 - ◊ Support group run by a social worker or other mental health professional
 - ◊ Individual sessions with a social worker or other mental health professional
- ♦ **After a Suicide: How to Help Yourself and Others**
 - ◊ Community meetings, as described in the Guide, *Tool 3.f: Community Support Meetings for Senior Living Communities*
 - ◊ Support group run by a social worker or other mental health professional
 - ◊ Individual sessions with a social worker or other mental health professional

The fact sheets may also be useful handouts for participants in the staff workshops. The sheets provide staff with the key information and wording to use in discussing issues related to mental health and suicide with residents.

At the end of each fact sheet is space to fill in the names of relevant contact people from whom residents (or staff) can seek help. At least one person should be in your senior living community, such as a social worker or other mental health professional. Also list a contact person in a local agency, such as a community mental health center. Please be sure this information is on the fact sheets when you give them to residents (or staff).

Flexible

Facility Assessment Checklist

For Mental Health Promotion and Suicide Prevention in Your Senior Living Community

Whole Population Approach Questions		If you answer No or Don't Know, consider implementing the steps in:
Do you have a variety of activities that promote intellectual, creative, spiritual, and physical well-being	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Goal 1.1: Activities
Do you have programs and support services for residents that help them cope with loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Goal 1.1: Activities
Have your staff received training on the value of engaging residents in intellectual, social, physical, and creative activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Goal 1.1: Activities
Do you have programs that are designed to promote social networks and community building among your residents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Goal 1.2: Social networks
Are you familiar with initiatives recommending improvements in the social and physical environment of a senior living community to increase resident well-being and satisfaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Goal 1.3: Environment
Do you have policies related to resident access to lethal means, (i.e., weapons and other methods they could use to harm themselves), as well as building design and security standards that restrict or minimize the potential for individuals to access areas that could lead to a fatal act?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Goal 1.4: Lethal means

Flexible: Example

Do you have a list of the mental health contacts in your community, and what help and resources they provide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Goal 2.5: Community connections
Are your residents provided with information and resources to encourage them to seek help for depression, substance abuse, and suicidal thoughts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Goal 2.6: Help seeking

Crisis Response Approach Questions		If you answer No or Don't Know, consider implementing the steps in:
Do you have a protocol for what to do in the event a resident attempts suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Goal 3.1: Immediate response
Do you have a protocol for what to do in the immediate aftermath of a suicide death in your senior living community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Goal 3.1: Immediate response
Do you have a plan and the resources in place to help survivors after a suicide death or attempt, including family and close friends, the resident community at large, and staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Goal 3.2: Postvention

Easy to use



Easy to use: Example

Tool 2.m
Use with
Goals 2.5
and 2.6.

Tool 2.m: Mental Health Resources in the Community

To develop a list of contacts to whom you can turn when you have a resident in need of services, consider the following steps.

1. Contact some or all of the following:

- ◆ Hospitals, including emergency rooms and psychiatric units
- ◆ Psychiatric hospitals
- ◆ Mental health centers, including evaluation and crisis intervention teams
- ◆ Individual mental health providers, including psychiatrists, psychologists, and social workers
- ◆ Pastoral counseling resources
- ◆ Substance abuse treatment programs
- ◆ Telephone hotlines that deal with suicide, depression, and substance abuse
- ◆ Support groups for different types of mental health, health, and substance abuse problems and for dealing with losses such as of a spouse

You can find local contacts using the list at the end of this tool.

2. Ask each contact person some or all of the following questions:

- ◆ Are you willing to serve our residents?
- ◆ If we call you with a referral, what can we expect?
- ◆ What types of services can you provide to us and our residents and at what cost?
- ◆ How long might it take for you to be able to see one of our residents? For urgent problems? For nonurgent problems?
- ◆ Would a provider be able to come to our senior living community to see a resident if necessary?
- ◆ What kind of followup can you provide us and our residents?
- ◆ For a hospital, you should also ask if there is a psychiatric unit, and whether it serves adults ages 65 and older who also have medical problems. If you can establish relationships with psychiatric hospitals and psychiatric units of general hospitals, you may be able to bypass using an emergency room in some cases.

Realistic

Activities to Engage Men

At one assisted living facility, staff noticed a lack of involvement in activities among the men, so they started offering a monthly breakfast for men, during which health care professionals speak on topics of special interest to men, such as heart disease and prostate cancer. The presentation is followed by a discussion to encourage the men to interact. This senior living community also encourages men to participate in activities in the fitness center and in games of pool, poker, and bridge. They also have a fantasy baseball league, which has sharpened the residents' strategic planning skills and their competitive spirit.

Continuing Education

The continuing care retirement community, Asbury Methodist Village, has a school of continuing education that is *fully* staffed and administered by residents. Resident experts, as well as academics and other experts from the surrounding community, serve as lecturers and class leaders. The school serves a number of functions, including education, social networking, and meaningful volunteer activity. It also serves as a logical kind of activity for retired academics as they transition into life in a senior living community. For more information, contact the current dean, Murray Schulman (m-mschulman@comcast.net).

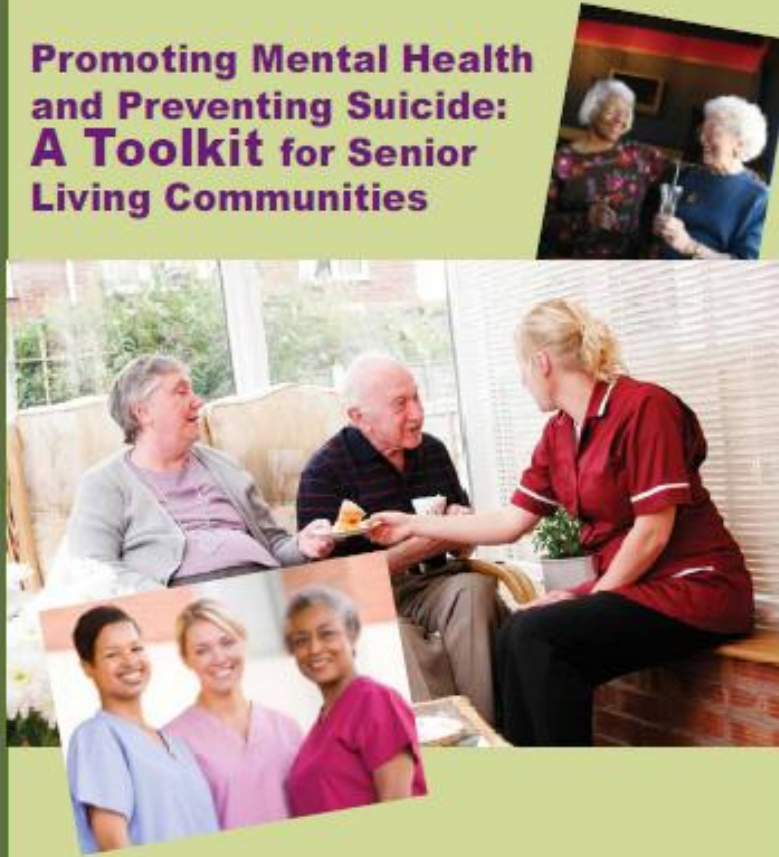
Peer Counseling Program


Consider developing a Senior Peer Counseling Program based on the program at the Center for Successful Aging. Peer counselors, all age 50 and over, provide individual counseling and support groups for older adults who are experiencing a variety of problems related to aging, such as the stresses of illness, loss of spouse or friends, isolation from family and friends, and other life changes. An essential component of this program is that volunteer counselors are carefully screened, undergo an intensive 60-hour training, and are carefully and regularly supervised by a clinical psychologist. For more information, see <http://www.csasb.org>.

Health Promotion and Disease Prevention Programs

In Conclusion...

**Promoting Mental Health
and Preventing Suicide:
A Toolkit for Senior
Living Communities**



 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

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