

Trainer's Manual for Promoting Emotional 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

2011

Trainer's Manual

for Promoting Emotional Health and Preventing Suicide in Senior Living Communities

2011

**U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services**

Acknowledgments

This Toolkit was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by the National Association of State Mental Health Program Directors (NASMHPD) in collaboration with Education Development Center, Inc. (EDC), McFarland & Associates, Inc., and the National Association of State Mental Health Program Directors Research Institute, Inc. (NRI) under contract number HHSS283200700020I/HHSS2800003T, with SAMHSA, U.S. Department of Health and Human Services (HHS). Tarsha M. Wilson, Ph.D., LGSW and Rosalyn Blogier, LCSW-C served as the Government Project Officers.

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Recommended Citation

Substance Abuse and Mental Health Services Administration, *Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities*. HHS Publication No. SMA 4515, CMHS-NSPL-0197. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2011.

Originating Office

Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857 HHS Publication No. SMA 4515, CMHS-NSPL-0197. Printed 2011.

Table of Contents

Introduction.....	7
Overview of the Workshops	9
How to Prepare for the Workshops.....	11
Discussing Suicide and Depression	11
Staff Workshop 1: Understanding Suicide Prevention in Senior Living Communities	13
Preparing for Staff Workshop 1	15
Staff Workshop 1 Script.....	17
Handouts for Staff Workshop 1.....	35
Coping with the Issue of Suicide.....	37
Recognizing and Responding to the Warning Signs of Suicide.....	38
Role Play 1	40
Role Play 2	41
PowerPoint for Staff Workshop 1.....	43
Staff Workshop 2: Implementing Strategies to Prevent Suicide in Senior Living Communities.....	53
Preparing for Staff Workshop 2	55
Staff Workshop 2 Script.....	57
Handouts for Staff Workshop 2.....	75
Coping with the Issue of Suicide.....	77
Recognizing and Responding to the Warning Signs of Suicide.....	78
Role Play Script	80
Risk Factors for Suicide.....	81
Protective Factors for Suicide.....	83
Protocols for Immediate Response to a Suicide Death	84
Protocols for Postvention after Suicide Deaths and Attempts	85
Whole Population Approach Checklist:.....	87
PowerPoint for Staff Workshop 2.....	89

Family and Resident Workshop: Promoting the Emotional Well-Being of Residents in Senior Living Communities	97
Preparing for the Family and Resident Workshop	99
Family and Resident Workshop Script.....	101
Handout for Family and Resident Workshop	111
Coping with the Issue of Suicide.....	113
PowerPoint for Family and Resident Workshop	115

Introduction





Introduction

The *Trainer's Manual*, a component of *Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities*, provides information and resources necessary for leading three one-hour workshops on promoting emotional health and preventing suicide among residents of senior living communities. Two of these workshops are for staff. The third is for residents and their families.

The two staff workshops can be used for continuing education at monthly inservice meetings, as part of new staff orientation, or annually, which would introduce new staff to the topic and refresh the memories of staff who had already taken the workshop.

The third workshop will help residents and their families understand emotional health issues, including the problem of suicide in senior living communities. It emphasizes your facility's commitment to the health and well-being of residents. Providing staff, residents, and families with similar information about suicide and suicide prevention is an important part of implementing a comprehensive suicide prevention program in a senior living community.

Before implementing the workshops described in this manual, the senior living community's administrators and managers should read *A Guide for Promoting Emotional Health and Preventing Suicide*, another component of the Toolkit, and begin planning some of the action steps recommended in the Guide. The workshops can then provide the information and skills that staff, residents, and their families need to be effective partners in these emotional health promotion/suicide prevention plans.

Senior living communities should not wait to implement suicide prevention activities—including these workshops—until after a suicide crisis takes place. The materials in this training manual, and the Toolkit of which it is a part, may help you prevent suicide-related crises and effectively respond to any incidents that may occur.

Overview of the Workshops

This *Trainer's Manual* includes resources that will allow you to implement three different suicide prevention workshops. These workshops are:

Staff Workshop 1: Understanding Suicide Prevention in Senior Living Communities

- ◆ This workshop is for all staff, including administrators, professionals, and paraprofessionals. It is especially important for staff who come in daily contact with

residents, including nursing assistants and dietary, maintenance, and activities and wellness staff.

- ◆ The goal of Workshop 1 is to raise awareness of the issue of suicide among older adults. Participants will learn how to recognize and respond to a resident who is at risk of suicide. The workshop emphasizes the importance of paying attention to residents' behaviors and emotions as well as the importance of communicating concerns about residents to other staff.

Staff Workshop 2: Implementing Strategies to Prevent Suicide in Senior Living Communities

- ◆ This workshop is for clinical and professional staff, including nurses, social workers, clergy, and other staff responsible for the emotional health of residents.
- ◆ The goal of Workshop 2 is to provide more detailed guidance on understanding whether a resident is in danger of attempting suicide. Workshop 2 also engages the staff in thinking about the steps they should take to prepare for a suicide attempt or death *before* a crisis in order to better meet the needs of everyone affected. The workshop provides staff with an opportunity to plan activities and programs related to promoting the emotional health of all residents. It is recommended that staff attend Workshop 1 prior to attending Workshop 2.

Family and Resident Workshop: Promoting the Emotional Well-Being of Residents in Senior Living Communities

- ◆ This workshop is for the residents and their family members. It can also be offered to members of the local community as part of your commitment to providing outreach and education to the public.
- ◆ The goal of the Family and Resident Workshop is to provide participants with an overview of emotional health among older adults, describe the warning signs of depression and suicide, provide guidance in how to respond to these warning signs, and describe how residents and their families can take advantage of senior living community activities and programs that promote emotional health.

The *Trainer's Manual* provides all of the materials necessary for each workshop. These include:

- ◆ A training script for a one-hour workshop session
- ◆ Handouts to be used during the session
- ◆ PowerPoint slides
- ◆ Scripts for role plays

How to Prepare for the Workshops

A trainer should complete the following tasks **before** leading any of the workshops:

- 1. Read *A Guide to Promoting Emotional Health and Preventing Suicide in Senior Living Communities***, which provides information on the topic of suicide prevention among older adults and will help you become comfortable discussing this sensitive issue.
- 2. Ask the administrator** or manager of your facility to introduce and endorse the workshop. The staff workshops encourage personnel to report concerns they have about residents to specific staff members. They are more likely to take this important step if it is endorsed by the management.
- 3. Carefully review the training script and slides**
 - ◇ **Look for the bolded text in brackets** in the script, (e.g., [**name of facility**]). These indicate where you need to insert information (such as your facility's name).
 - ◇ **Change words and phrases** in the script and slides to match the terms used by your staff. We tried to use language and terms for staff positions, activities, and programs that are common to senior living communities. But it may be helpful to change some of the terms to those commonly used in your facility.
- 4. Prepare and copy materials** for the workshop. Each workshop includes handouts. Some handouts need to be adapted for your facility's suicide-related procedures. At the beginning of each workshop, you will find a list of handouts you need for that workshop, along with instructions on adapting them.
- 5. Schedule the workshop** at a time and in a place where participants will not be interrupted or distracted. You will need a computer with an LCD projector in order to show the PowerPoint slides. You will also need enough handouts and fact sheets for all of the participants.

Each of the staff workshops takes about one hour to complete. They can be presented in less time by eliminating the role plays. The Family and Resident Workshop takes about 30 minutes to complete.

Discussing Suicide and Depression

Suicide and depression can be difficult subjects to discuss. If you have personal or family experience with these issues, it is important that you come to terms with your own feelings about these issues before leading a workshop. It may be helpful to talk about this issue with another staff member, a social worker, or a mental health professional.

Suicide is a sensitive subject, even for people who have experience with death and dying. Some members of the staff may have personal or family experiences with suicide and depression. Talking about suicide (or even listening to others talk about it) may be uncomfortable or upsetting for them. It is also important to keep in mind that some staff may have religious or cultural beliefs about suicide, for example, that it is wrong, or that it is a legitimate option.

It is important to give participants options for getting help if they need to talk with someone about feelings raised by the workshop. These options may include:

- ◆ A social worker on staff
- ◆ Someone from your employee assistance program (EAP)
- ◆ A community mental health professional
- ◆ A local suicide survivors' support group

It is also important to set up referrals to these resources before conducting any workshops so that you do not have to tell participants you will “get back to them later.”

You may want to invite the social worker, pastoral counselor, or other mental health professional from your facility or community to participate in the training. This person will be able to provide support to workshop participants who may be uncomfortable with the subject matter.

Staff Workshop 1

Understanding Suicide Prevention in Senior Living Communities





Staff Workshop 1

Understanding Suicide Prevention in Senior Living Communities

Staff Workshop 1 is for all staff: administrators, health and mental health professionals, and paraprofessionals. It is especially important for staff who come in daily contact with residents, including nursing assistants and dietary, maintenance, and activities and wellness staff.

The goal of Staff Workshop 1 is to raise awareness of the issue of suicide among older adults. Participants will learn how to recognize and respond to a resident who is at risk of suicide. The workshop emphasizes the importance of paying attention to residents' behaviors and emotions as well as the importance of communicating concerns about residents to other staff.

Preparing for Staff Workshop 1

- 1. Review the complete instructions** for facilitating this workshop in the Introduction to this *Trainer's Manual*.
- 2. Go through the PowerPoint slides on the accompanying CD and read through the workshop script.** Fill in the blanks with information relevant to your facility (as described in the Introduction to the *Trainer's Manual*).
- 3. Prepare handouts for the workshop.** Some handouts will need to be adapted for your facility before being copied. Make enough copies of the handouts for all participants unless otherwise indicated. Below is a list of the handouts you will need, which ones need to be adapted and how, and where they are located.

These handouts are at the end of the Workshop 1 script:

- ◇ *Coping with the Issue of Suicide.* On this handout, list resources available at your facility for those who may become upset by the subject of the workshop. Since some people may be embarrassed to ask for this information, ***everyone should be given a copy of the handout at the beginning of the workshop.***

- ◇ *Recognizing and Responding to the Warning Signs of Suicide.*
On this handout, indicate the individuals in your facility and community who should be contacted if staff are concerned about the emotional health of a resident.
- ◇ Role Play 1 script (Make 3 copies only)
- ◇ Role Play 2 script (Make 5 copies only)

The following card can be downloaded:

- ◇ *Are you or someone you love at risk of suicide?* National Suicide Prevention Lifeline wallet card.
http://www.suicidepreventionlifeline.org/App_Files/Media/PDF/NSPL_WalletCard.pdf

These handouts are in the *Fact Sheets for Residents* section of this Toolkit. For each one, add the necessary contact information at the end of it:

- ◇ *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*

- 4. You will need a computer and LCD projector** to show the PowerPoint slides.

Staff Workshop 1 Script



Slide 1. Today's workshop

Welcome to today's workshop: Understanding Suicide Prevention in Senior Living Communities.



Slide 2. What we will learn

Today we will learn about the problem of suicide among residents of senior living communities:

- ◆ We will learn how to recognize when a resident may be in danger of attempting to take his or her own life.
- ◆ We will learn how to help a resident who is in danger of suicide.
- ◆ We will learn how we can promote the emotional health of all of our residents while also protecting them from suicide.



Slide 3. Coping with the issue of suicide

It can be difficult to talk about suicide—or even to listen to someone else talk about suicide. Some of you may have personal or family experience with suicide. I'm handing out a list of people and resources that can help you with any memories or emotions brought up by this discussion.

Handout



Distribute the handout Coping with the Issue of Suicide and the National Suicide Prevention Lifeline wallet card. Briefly review the handout.

Please take advantage of these resources if today's workshop raises any feelings you'd like to discuss with someone.

I'd like everyone to think of this workshop as a positive experience. We will learn how to help residents who may be in danger of hurting themselves. And we will also learn how to create an environment that will promote emotional health and happiness.



Slide 4. Suicidal behavior

Suicide experts often talk about three types of suicidal behaviors.

1. **Suicide** is when a person takes his or her own life.

2. **A suicide attempt** is an effort by someone to take his or her own life, which is not completed. You sometimes hear people talk about suicide attempts as being “cries for help.” Most suicide attempts, especially by older adults, are not cries for help. Most older people who attempt suicide really want to die. But even suicide attempts that are cries for help are dangerous. People can still die or be seriously injured. We must take every suicide attempt seriously—even if the attempt does not result in an injury.
3. **Passive or indirect suicide** is when an older adult tries to cause his or her own death by refusing medicine or food. It is essential to get help for any resident who is refusing to eat, drink, take medicine, or follow other parts of his or her treatment. It is important to note that passive or indirect suicide is different from an end-of-life decision made by a terminally ill older adult. The latter involves a health care team supporting a rationally thought out decision by the individual to have treatment and medication withheld or withdrawn.



Slide 5. Suicide among older adults in the United States

Suicide rates have increased with age and the rates of suicide for those over age 65 are among the highest of any age group (Centers for Disease Control and Prevention, 2006).

Every year, more than 5,000 Americans over the age of 65 die by suicide. This is about 14 suicides every day or 1 suicide every 100 minutes (Centers for Disease Control and Prevention, 2005).

These numbers do not include passive or indirect suicide. There are no reliable statistics on passive or indirect suicide.

About 80 percent of older adults who die by suicide are white men. However, people of both sexes and every racial and ethnic background die by suicide (Centers for Disease Control and Prevention, 2005).



Slide 6. Older adults die more often in a suicide attempt

Older adults have a much greater chance of dying when they attempt suicide than do younger people. Researchers estimate that among people between the ages of 15–24, 1 person dies for every 100–200 suicide attempts. Among people over 65, 1 person dies for every 4 suicide attempts (American Association of Suicidology, 2009).

Why do older adults have a greater chance of dying in a suicide attempt than younger people? There are several reasons:

- ◆ Older adults plan carefully and use more deadly methods (such as guns). Younger people's suicide attempts are more impulsive. They are less likely to use firearms.
- ◆ Older adults are more likely to live alone. They are less likely to be discovered and rescued than younger people.
- ◆ Many older adults are physically frail. They are less likely to recover from a suicide attempt than younger people.

Homicide-suicides are incidents in which a person kills someone else and then takes his or her own life. These are relatively rare. In the case of older adults, these incidents usually involve a depressed and isolated older man caring for a sick wife.



Slide 7. Suicide and suicide attempts in senior living communities

We don't know all that much about suicide among residents of senior living communities. We do know that the type of older adult who lives in a senior living community is in more danger of suicide than the average older adult living independently in the community. We will talk about why older adults are in more danger of suicide in a couple of minutes.

The most common means of suicide and attempted suicide in senior living communities are jumping from buildings, hanging, cutting, and taking an overdose of medication. Although guns are a major method of suicide among older men, this is not the case in nursing homes and assisted living facilities, since most do not allow residents to own guns.

Behind all these numbers and scientific studies are real people who are suffering, real family members who love them, and real staff who care for them. I'm going to tell you a story about two residents of a senior living community.



Slide 8. Mrs. Smith

The first resident is Mrs. Smith. She was an 80-year-old woman living in a nursing home that was part of the ABC Senior Living Community. One day a nurses' aide walked into Mrs. Smith's room and found her unconscious. She had cut her wrists with a kitchen knife. Mrs. Smith was rushed to the hospital. She survived, but she never fully recovered, either physically or emotionally.



Slide 9. Mr. Jones

Three months after Mrs. Smith cut her wrists, a housekeeper heard a loud bang from one of the independent living apartments in the ABC Senior Living Community. When she went to see what it was, she discovered that the apartment's owner, Mr. Jones, was dead. He had shot himself.

These two incidents seriously upset other residents. Families of some of the residents wanted to meet with the administration. The staff was also very upset and confused. Many people on the staff wondered whether they could have done something to prevent these tragedies.



Slide 10. Two questions

At an all-staff meeting at ABC, most of the staff had two questions:

1. Could we have known that Mrs. Smith and Mr. Jones would try to take their own lives?
2. Can we do anything to prevent other suicides and suicide attempts?

Let's start with the first question. Could the staff have known that Mrs. Smith and Mr. Jones would try to take their own lives? There are ways we can tell someone might attempt suicide.



Slide 11. Mrs. Smith's warning signs

For a couple of days before Mrs. Smith cut her wrists, she had been unusually withdrawn and agitated. She avoided conversations. She didn't leave her room very much. When a nurses' assistant asked if something was wrong, she muttered "I just want to die." The day before Mrs. Smith cut her wrists, a housekeeping aide noticed a steak knife in the drawer of her bed-side table. It seemed out of place.



Slide 12. Mr. Jones' warning signs

The week before Mr. Jones died, he shouted at a maintenance worker who came to repair a stuck window in his apartment. He usually was a very calm person who did not raise his voice. Other residents noticed that he was drinking a lot. The day before he died, he sent his brother an e-mail saying that all his problems would be solved if he just died.

Both Mrs. Smith and Mr. Jones were behaving in ways that showed they may have been headed toward a suicide crisis.



Handout



Slide 13. Warning signs of immediate risk of suicide

Distribute the handout Recognizing and Responding to the Warning Signs of Suicide.

Experts have identified warning signs that show when someone may be in immediate danger of suicide. There are two kinds of signs:

- ◆ The first are signs of immediate danger. These are listed at the top of the handout.
- ◆ The second are signs that show there may be some danger, but the danger is probably less immediate. These signs are listed in the middle of the handout. We'll talk about these signs in a couple of minutes.

The warning signs that show that someone might be in immediate danger of suicide are:

- ◆ 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

There is a myth that people who talk about suicide will not try to take their own lives. This is not true. Talking about suicide is a warning sign that should be taken seriously.

We will now talk about how to recognize each of the immediate warning signs.



Slide 14. Someone threatening to hurt or kill him/herself, or talking about wanting to hurt or kill him/herself

A person at immediate risk of suicide will often threaten to hurt or kill him/herself or talk about wanting to kill him/herself.

He or she may say things like these:

- ◆ "I'm going to kill myself."
- ◆ "I'm going to end it all."
- ◆ "I just want to die."

We need to take people very seriously when we hear them talking like this. They need immediate help. We'll talk about how to get that help in few minutes.



Slide 15. Someone looking for ways to kill him/herself by seeking access to firearms, available pills, or other means

Another warning sign that a person is at immediate risk of suicide is any indication that they are preparing or looking for ways to kill themselves. A resident might stockpile medicine, buy a gun, or steal a knife from the kitchen. Anyone who seems to be looking for—or already has—a way to harm him/herself should be taken very seriously. A resident who is thinking about suicide and also has a weapon or other means of harm—or is thinking about how to get a weapon—is in immediate danger.

In senior living communities, some residents may try to end their lives by refusing food, medication, or medical treatment. Some residents who are too frail to actively take their own lives may neglect their physical needs. Others who were raised in religions in which suicide is strongly forbidden may neglect their physical needs in an attempt to hasten their own deaths. We need to get help for residents who are refusing food, liquids, medication, or other parts of their treatment.



Slide 16. Someone talking or writing about death, dying, or suicide

A person might talk or write about death, dying, or suicide in ways that are out of character for that person. They might say things like:

- ◆ “Death would solve all my problems.”
- ◆ “I wish I were dead.”

Such statements can be warning signs that the resident is suicidal and that he or she needs immediate help.

It is normal and healthy for older adults to think about, and talk about, death and dying. You’ve all probably heard residents sitting around together talking about death, maybe in a joking way, maybe as part of thoughtful conversations. A resident may have told you something like, “I’ve had a great life. I’ve done everything I wanted. If I die tomorrow I’m ready.” We need to think about how a person is talking. Is a resident talking about death in a healthy way? Or is a resident depressed and talking about death because he or she is unhappy? The warning sign is not just about what the resident says, but how he or she says it.



Slide 17. Take immediate action if you notice any of the warning signs

To repeat what we learned earlier: There are three warning signs that show that a person might be in immediate danger of trying to take his or her own life. These are:

- ◆ 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 this is out of the ordinary for the person



Slide 18. If you see any immediate warning signs

Suicide experts usually say that if you are worried that someone is showing any of these signs, you should stay with that person and call 911. The *Recognizing and Responding to the Warning Signs of Suicide* handout describes what you should do if you have the slightest worry that a resident is showing these signs.

In _____ **[facility]** staff should:

Make sure someone stays with the person.

Someone contacts _____ **[mental health contact]** or calls 911.



Slides 19 and 20. Other warning signs that someone may be considering suicide

Experts have discovered other warning signs that show a person may be considering suicide, but are not at immediate risk. These are the second kind of warning signs we mentioned earlier. These less-immediate warning signs are:

- ◆ 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, or society
- ◆ Anxiety, agitation, unable to sleep, or sleeping all the time
- ◆ Dramatic changes in mood
- ◆ No reason for living; no sense of purpose in life

These less-immediate warning signs are also listed on your handout.

Discussion

What might be a sign that a resident is withdrawing from family and friends?

Possible answers:

- ◆ *They stop attending social events or going to activities.*
- ◆ *They don't want to see family members when they come to visit.*

What might a resident say or do that can show us he or she feels hopeless?

Possible answers:

- ◆ *A resident might refuse offers of help for problems.*
- ◆ *A resident might say things like "What's the use?" or "Nothing will help."*



Slide 21. If you see any of these less-immediate warning signs

The less-immediate warning signs are also important. They may show that a resident is in serious danger. If you notice any of these warning signs, you should follow the instructions in the *Recognizing and Responding to the Warning Signs of Suicide* handout.

That is, you should contact _____
[mental health contact] and let him or her know about your concerns.



Slide 22. Helping each other recognize and respond to the warning signs

Recognizing and responding to the warning signs of suicide should be everyone's job. Sometimes we need to work together to understand if a resident may be at risk of suicide. We also need to pay attention when someone else indicates that a resident might be at risk. Let's do a role play to see how this might work. I'd like two volunteers to read this short role play out loud. All you have to do is read.

Role Play



.....
Give the two volunteers the Role Play 1 handout

OK. We are going to pretend that **[name of volunteer]** is Anna, a nursing assistant. And that **[name of volunteer]** is Nancy, her supervisor. They are talking about Mrs. Williams who is a resident of the senior living community where they work.

Have the two volunteers read Scene 1.

Discussion



- ◆ What do you think about what Anna said? Do you think she was worried? Do you think she might have more information about Mrs. Williams' behavior?
- ◆ What do you think about Nancy? Should she have asked Anna more questions?
- ◆ If so, what questions should she have asked?

OK. Now we're going to do it again, but slightly differently. **[name of volunteer]** is still Anna, the nurses' aide and **[name of volunteer]** is still Nancy, her supervisor.

Role Play



.....
Have the two volunteers read Scene 2.

Discussion



Did Anna have more to say than she was able to say the first time?

- ◆ What were some of the important things that Anna knew?
- ◆ How did Nancy help Anna remember these things?

Thank you and good job **[names of volunteers]**.

You may be uncomfortable talking about these warning signs with another staff person. You may think that you are violating a resident's privacy. But keeping residents safe is part of our job. You have a responsibility to tell _____ **[mental health contact]** if you think a resident might be thinking about hurting him or herself. And it is also your responsibility to pay attention to your coworkers if they are worried about a resident.



Slide 23. What to do in the event of a suicide death or attempt

We would like to be able to prevent all suicide deaths and attempts. But sometimes a resident may hurt him/herself. And sometimes a resident may actually die. We need to know what to do when a resident tries to take his or her life—even if the resident is not injured.

[Name of facility] has a process for what we do after a suicide death or attempt.

Summarize process and staff responsibilities.



Slide 24. What to do after a suicide death or attempt

Working in a residence for older adults means you are familiar with death and dying. But a suicide can be a very different experience for you. A

suicide traumatizes families and staff. Staff members may not realize how the experience has affected them until the immediate crisis is over.

After a suicide death or attempt, there are three things that we need to do:

1. Take care of ourselves. This may involve contacting the **[designated person or resource]** to get help with the emotions that a crisis can produce.
2. Pay special attention to residents and other members of the staff. A crisis can raise the risk of suicide for other vulnerable people.
3. Help family members who may be upset by the crisis. This includes the family of the person who died or was injured as well as the families of other residents.

Resources for coping with a suicide death or attempt—or helping other staff members or family members cope—are found in the *Coping with the Issue of Suicide* handout.



Slide 25. Mrs. Smith and Mr. Jones

Remember Mrs. Smith and Mr. Jones? We now know that both Mrs. Smith and Mr. Jones were showing warning signs of suicide. But there were other things about Mrs. Smith and Mr. Jones that showed that they were in trouble.



Slide 26. Mrs. Smith

Mrs. Smith's mental health history showed she suffered from depression for many years. And, if you remember, she spent a lot of time alone in her room.



Slide 27. Mr. Jones

We already know that Mr. Jones was drinking. Here are some more facts about Mr. Jones.

Mr. Jones had moved to the senior living community a month before he took his life. His wife had died the year before, and he had stopped socializing with friends. He did not make any new friends at ABC, and he would not participate in activities. He told the social worker that he and his son had terrible arguments about money.

All of these things indicated that Mr. Jones was in trouble and may have been headed toward suicide. Alcohol abuse is a major problem that can

contribute to suicide. People are more at risk for suicide during transitions. And Mr. Jones was undergoing two transitions: the loss of his wife and his move into the senior living community. People are also more at risk of suicide if they are socially isolated. Mr. Jones had recently lost his wife, had stopped socializing, did not participate in activities, and had argued with his son.

So what does all this mean? There are problems that increase a person's risk for suicide. Helping people with these problems also helps prevent suicide. And preventing these problems can help prevent suicides.

Two of the major problems that can contribute to suicide are depression and substance abuse.



Slide 28. Depression

Many people who attempt suicide are suffering from depression. Depression is a disease—it is not a normal part of getting older. We can help residents who are depressed. If you think a resident is depressed, tell **[staff title]**.



Slide 29. Substance abuse

Substance abuse can also contribute to suicide risk. In senior living communities, substance abuse usually includes abusing alcohol, prescription medications, or over-the-counter medications. Current residents of senior living communities rarely abuse illegal drugs. We can help residents who have substance abuse problems. If you think that a resident has a substance abuse problem, you should tell **[designated personnel]**.



Slide 30. Reducing suicide risk

There are other conditions that can contribute to suicide risk. And there are things we can do about these conditions. Let's do another role play about Mrs. Williams. Remember Mrs. Williams? In our last role play, Anna and Nancy decided that Mrs. Williams was in danger, so Nancy took Mrs. Williams to see Dr. Gomez. Let's see how Mrs. Williams is doing now.

So **[Name of volunteer who played Nancy]**, why don't you still be Nancy. And we need three more volunteers.

Role Play



Recruit volunteers, give them the Role Play 2 handout and assign them roles.

OK. We are going to pretend that **[name of volunteer]** is Nancy, **[name of volunteer]** is an Assistant Director, **[name of volunteer]** is the Facilities Manager, and **[name of volunteer]** is the Activities Director. It's several months after Nancy took Mrs. Williams to see Dr. Gomez. This is a regular meeting at which staff talk about any concerns they have about residents.

Have the volunteers read Role Play 2 out loud.

Discussion



- ◆ Why were people still worried about Mrs. Williams? (Prompts: She spent a lot of time alone, her family never visited, her room was a mess, and she didn't really do much but sit in her room or walk alone in the garden.)
- ◆ What were the types of activities that people thought would help Mrs. Williams? (Prompts: working on the newsletter, joining the gardening group, joining the book club.)
- ◆ Why would these things help Mrs. Williams? (She would spend time with other people, make friends, feel useful, and be creative.)



Slide 31. Helping Mrs. Williams

The staff suggested that Mrs. Williams should be asked to join the book club, the gardening group, and work on the newsletter. All of these activities provide benefits that help prevent suicide. People are less likely to attempt suicide if they have friends and social connections. People are less likely to attempt suicide if they feel good about themselves and their lives. And people are less likely to attempt suicide if they have some purpose in life.



Slide 32. Helping ALL residents

In our role play, the staff decided to help Mrs. Williams because they thought that she needed some help. But providing *all* the residents with the types of opportunities the staff offered Mrs. Williams can help all residents avoid problems before they require special professional help.

We can think of the warning signs as a way to understand who needs treatment for a condition—the condition being a risk of suicide. And we can think of positive activities as vitamins that help prevent people from developing suicide risk in the first place. Only people with a problem need to get treatment. But everyone should take their vitamins.



Slide 33. Reduce suicide risk through connections

Strong social relationships and connections help prevent suicide. These include connections with family and friends, staff, and the community.

Discussion



What kinds of activities do we use to promote social connections?

Are there other things we could do to promote social connections?

Possible answers:

- ◆ *Encouraging residents to reach out to new residents (which also helps ease the transition to a new life)*
- ◆ *Promoting family visiting days*
- ◆ *Promoting group activities that bring together residents with the same interests*
- ◆ *Promoting activities that bring children into the senior living community*
- ◆ *Asking people to bring pets to visit residents*

So, we already do a lot of things to promote social relationships. What we can do is to try to make sure that all the residents take advantage of these opportunities.



Slide 34. Reduce suicide risk through a positive outlook and a sense of meaning in life

Encouraging a positive outlook and meaning in life also helps prevent suicide.

Discussion



What are some ways you could help increase a resident's sense that his or her life has meaning and purpose?

Possible answers:

- ◆ *Asking residents to participate in the resident council*
- ◆ *Inviting residents to participate in volunteer activities*
- ◆ *Engaging residents in reminiscence therapy*
- ◆ *Providing opportunities for residents to mentor younger people*
- ◆ *Providing opportunities for spiritual activities*
- ◆ *Providing opportunities for cultural and intellectual activities, including music, books, films, and theater*



Slide 35. Reduce suicide risk with a positive physical environment

A positive physical environment can also help people feel better about their lives and thus help prevent suicide. The color of rooms, good lighting, and the use of plants and pictures can all help create a positive environment.

Allowing residents to decorate their own rooms provides residents with not only a pleasant, homelike environment, but also a sense of control and purpose over their lives.

We can create a physical environment that promotes social connections, for example:

- ◆ We can provide areas for both large and small group gatherings.
- ◆ We can provide gardens and walkways that can promote social interactions by giving residents places to sit and walk together.
- ◆ We can involve residents in decorating the physical environment, which both promotes social connection and gives them a sense of control and usefulness.

Discussion



What else could we do to create a positive environment?



Slide 36. Some things to remember

We are almost done. I would like to remind you about three important things we all should remember:

- ◆ Take immediate action when we notice a resident showing any warning signs of suicide. The *Recognizing and Responding to the Warning Signs of Suicide* handout describes both the warning signs of suicide and what we should do when we notice the warning signs.
- ◆ Depression is not a normal part of aging. If you think a resident is depressed, you should tell **[staff title]**.
- ◆ There are things we can do every day to help make **[name of facility]** a happier and healthier place to live. These things may also help prevent suicides.



Slide 37. Thank You!

I know we have covered a lot in this hour, and I want to thank you for your attention and your time.

I would like to remind you that if this workshop brought up any feelings you'd like to talk about with someone, please make use of the resources on the *Coping with the Issue of Suicide* handout.

Distribute the following fact sheets: Look Out for the Well-Being of Yourself and Others, Know the Warning Signs of Suicide, and After a Suicide: How to Help Yourself and Others.

This set of three resident fact sheets has been adapted for our senior living community. They provide a basic overview of the key points we have discussed today:

- ◆ How to create an environment that promotes the emotional health of all residents
- ◆ How to identify and help residents who may be at risk of suicide
- ◆ How to help residents cope after someone attempts or dies by suicide

You can use these sheets to help discuss these issues with residents. They can be used in support groups or other group settings, or as part of one-on-one counseling.

I would like to encourage you to especially hold on to the *Recognizing and Responding to the Warning Signs of Suicide* handout. Use it to refresh your memory from time to time. It will only take a minute, and it could help save a life—and prevent sad stories like the ones about Mrs. Smith and Mr. Jones. Oh, by the way. Mrs. Williams now edits the newsletter, works in the garden, and is doing fine.

Again, thanks.

Reference List

American Association of Suicidology. (2009). 2006 official final data. Retrieved May 14, 2009, from <http://www.suicidology.org/web/guest/stats-and-tools/statistics>

Centers for Disease Control and Prevention (CDC). (2005). Web-based Injury Statistics Query and Reporting System (WISQARS). National Center for Injury Prevention and Control, CDC. Retrieved June, 1, 2009, from <http://www.cdc.gov/ncipc/wisqars/default.htm>

Centers for Disease Control and Prevention (CDC). (2006). WISQARS Fatal Injuries: Mortality Reports. National Center for Injury Prevention and Control, CDC. Retrieved June 1, 2009, from <http://webappa.cdc.gov/sasweb/ncipc/mortrate.html>

Handouts for Staff Workshop 1



Coping with the Issue of Suicide

This handout lists people and resources you can turn to if you need help with any difficult memories or emotions that may be brought up by this discussion.

If you feel you are in crisis and need immediate help, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). It is available 24 hours a day, seven days a week.

These are some other resources you can contact.

[Insert facility and local resources]

Employee Assistance Program:

Pastoral Counselor or Clergy:

Social Worker:

Community Mental Health Center:



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. This 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 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

- ◆ Anxiety, agitation, unable to sleep, or sleeping all the time
- ◆ Dramatic mood changes
- ◆ No reason for living, no sense of purpose in life

If you hear or see anyone showing one or more of the signs above, in _____ [facility], you should do the following:

- ◆ **Contact _____ [mental health contact in facility or community]**
- ◆ Other: _____

You can also call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Source

Rudd, M.D., et al. (2006). Warning signs for suicide: Theory, research, and clinical applications. *Suicide and Life-Threatening Behavior*, 36(3), 255–262. (<http://www.atypon-link.com/GPI/doi/abs/10.1521/suli.2006.36.3.255>)



Role Play 1

SCENE 1:

Anna: Nancy, I'm sort of worried about Mrs. Williams.

Nancy: Why, what's wrong?

Anna: I don't know. She's started saying strange things.

Nancy: Oh, well, a lot of our residents say strange things. I'm sure she's fine. We can talk later if anything else comes up.

STOP READING

SCENE 2:

Anna: Nancy, I'm sort of worried about Mrs. Williams.

Nancy: Why, what's wrong?

Anna: I don't know. She's started saying strange things.

Nancy: Tell me some of the things she's saying that seem strange.

Anna: Well, like, "Anna, everything seems hopeless to me." "Nothing will ever get better."

Nancy: You've been on duty the last few nights. Is she sleeping OK?

Anna: Actually, no. She's up walking around half the night.

Nancy: Has she said anything about actually wanting to die?

Anna: Now that you say that—Yes, I remember. When she was walking around the other night, she said, "Anna, I'm just going to end it all."

Nancy: Anna, thank you so much for telling me this. I'm going to go talk to Dr. Gomez right now. I'll take Mrs. Williams to see him today.



Role Play 2

SCENE

Bi-weekly meeting to discuss concerns staff have about residents.

Assistant Director: Dr. Gomez told me that Mrs. Williams is doing a lot better. I was wondering what you thought.

Nancy: Well, I think she is doing better. But Anna and a few of the housekeeping staff have told me she still spends a lot of time by herself in her room. Her family never seems to visit. And her room is pretty messy.

Facilities Manager: I see her walking around in the garden. But she always is by herself.

Assistant Director: We need to get Mrs. Williams out of her room and engaged with other people. Anyone have any suggestions?

Activities Director: We just started a book club. I'm going to ask her to join. That will get her out of her room and talking to other residents. Some of the other members of the club are also on our outreach committee, and I know they'll make an effort to get her involved.

Facilities Manager: The Garden Club is going to expand the garden. I think she really likes being in the garden. I'll ask her if she wants to help.

Nancy: Mrs. Williams was an English teacher. Why don't we see if she wants to work on the newsletter—that will also give her the sense of contributing to the community.

Assistant Director: These are all great ideas. Thanks.

PowerPoint for Staff Workshop 1

Staff Workshop 1

Understanding Suicide Prevention in Senior Living Communities

1

What we will learn

The problem of suicide among residents of senior living communities

- How to recognize the warning signs of suicide
- What to do if we think a resident is showing the signs
- How we can promote emotional health of all of our residents

2

Coping with the issue of suicide

National Suicide Prevention Lifeline at 1-800-273-TALK (8255), 24 hours a day, seven days a week

- Employee Assistance Program
- Clergy
- Social Worker
- Community Mental Health Center

3

Suicidal behavior includes:

- Suicide
- Suicide attempts
- Passive or indirect suicide



4

Suicide among older adults in the United States

Suicide rates increase with age

- > 5,000 older adults die by suicide every year
- 80% of these suicides = white men

(Source: CDC. (2005). Web-based Injury Statistics Query and Reporting System (WISQARS). National Center for Injury Prevention and Control, CDC. Retrieved June, 1, 2009, from <http://www.cdc.gov/ncipc/wisqars/default.htm>)

5

Older adults die more often in a suicide attempt

Young people:

100–200 attempts = 1 death

Older adults:

4 attempts = 1 death

(Source: American Association of Suicidology. (2009). 2006 official final data. Retrieved May 14, 2009, from <http://www.suicidology.org/web/guest/stats-and-tools/statistics>)

6

Suicide and suicide attempts in senior living communities:

- Little is known
- Residents may have many risk factors for suicide
- Common means: jumping from building, hanging, cutting, and overdoses

7

Mrs. Smith



8

Mr. Jones



9

Two Questions:

1. Could we have known that Mrs. Smith and Mr. Jones would attempt suicide?
2. Can we do anything to prevent other suicides and suicide attempts?

10

Mrs. Smith's warning signs

Something seemed out of place . . .



11

Mr. Jones' warning signs



12

Warning signs of immediate risk of suicide

Someone . . .

- 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 out of the ordinary for the person

13

Someone threatening to hurt him/herself, or talking about wanting to hurt or kill him/herself may say:

- “I’m going to kill myself.”
- “I’m going to end it all.”
- “I just want to die.”

14

Someone looking for ways to kill him/herself may:

- Stockpile pills
- Obtain a gun
- Steal a knife
- Refuse food or medicine



15

Someone talking or writing about death, dying, or suicide may say:

- “Death would solve all my problems.”
- “I wish I were dead.”

16

Take immediate action if you notice these warning signs:

- Threatening or talking about wanting to kill or hurt him/herself
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying or suicide, when this is out of the ordinary for the person

17

If you see any immediate warning signs:

- Do not leave the resident alone
- Call 911 OR Contact _____ *[in this facility]*
- Call resident’s emergency contact

18

Other warning signs:

- 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

19

Other warning signs (cont.):

- Withdrawing from friends, family, or society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic changes in mood
- No reason for living; no sense of purpose in life

20

If you see any of these less immediate warning signs:

- Contact _____ [*mental health provider*]
- Other: _____

21

Helping each other recognize and respond to the warning signs

Two volunteers needed



22

What to do in the event of a suicide death or attempt: [Example]

- Call 911
- _____ [*Staff/Department*] notifies resident's family
- _____ [*Staff/Department*] assists other residents, family, and staff
- _____ [*Staff/Department*] notifies regulatory authority

23

What to do after a suicide crisis:

- Take care of yourself
- Take care of other residents and staff members
- Take care of residents' families



24

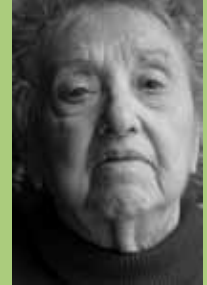
Mrs. Smith and Mr. Jones



25

Mrs. Smith

- Suffered from depression
- Didn't leave her room



26

Mr. Jones

- Recently moved to the senior living community
- Wife died
- Stopped socializing
- Did not participate in activities
- Argued with son about money
- Was drinking heavily



27

Depression

- Depression can contribute to suicide risk.
- We can help residents who are depressed.
- If you think a resident is depressed, you should tell [staff title].



28

Substance abuse

- Alcohol
- Prescription and over-the-counter medication
- If you think a resident has a substance abuse problem, you should tell [staff title].



29

Reducing Suicide Risk

Volunteers needed



30

Helping Mrs. Williams

Activities help Mrs. Williams:

- Make friends and connections
- Feel good about herself and her life
- Have a sense of purpose



31

Helping ALL residents

Positive activities help reduce suicide risk among all residents



32

Reduce suicide risk through connections:

- Family and friends
- Staff
- The community



33

Reduce suicide risk through a positive outlook and a sense of meaning in life



34

Reduce suicide risk with a positive physical environment

- Pleasant and homelike
- Promotes social connections



35

Some things to remember:

- Take action if you notice warning signs.
- Depression and suicide are not a normal part of aging.
- There are things we can do every day to help the residents be happier and healthier.



36



37

Staff Workshop 2

Implementing Strategies to Prevent Suicide in Senior Living Communities





Staff Workshop 2

Implementing Strategies to Prevent Suicide in Senior Living Communities

Staff Workshop 2 is for clinical and professional staff, including nurses, social workers, clergy, and other staff responsible for the emotional health of residents.

The goal of Staff Workshop 2 is to provide more detailed guidance on understanding whether a resident is in danger of attempting suicide. Staff Workshop 2 also engages the staff in thinking about the steps they should take to prepare for a suicide attempt or death *before* a crisis in order to better meet the needs of everyone affected. The workshop provides staff with an opportunity to plan activities and programs related to the Whole Population Approach to suicide prevention. It is recommended that staff attend Staff Workshop 1 prior to attending Staff Workshop 2.

Preparing for Staff Workshop 2

1. **Review the complete instructions** for facilitating this workshop in the Introduction to this *Trainer's Manual*.
2. **Go through the PowerPoint slides on the accompanying CD and read through the workshop script.** Fill in the blanks with information relevant to your facility (as described in the Introduction to the *Trainer's Manual*).
3. **Prepare handouts for the workshop.** Some handouts will need to be adapted for your facility before being copied. Make enough copies of the handouts for all participants unless otherwise indicated. Below is a list of the handouts you will need, which ones need to be adapted and how, and where they are located.

These handouts are at the end of the Workshop 1 script:

- ◇ *Coping with the Issue of Suicide*. On this handout, list resources available at your facility for those who may become upset by the subject of the workshop. Since some people may be embarrassed to ask for this information, **everyone should be given a copy of the handout at the beginning of the workshop**.
- ◇ *Recognizing and Responding to the Warning Signs of Suicide*. On this handout, indicate the individuals in your facility and community who should be contacted if staff are concerned about the emotional health of a resident.
- ◇ Role play script (Make 3 copies)
- ◇ *Risk Factors for Suicide*
- ◇ *Protective Factors for Suicide*
- ◇ *Protocols for Immediate Response to a Suicide Death*. On this handout, indicate the staff who are responsible for each step.
- ◇ *Protocols for Postvention after Suicide Deaths and Attempts*. On this handout, indicate the person in your facility responsible for the protocol.
- ◇ *Whole Population Approach Checklist*

The following card can be downloaded:

- ◇ *Are you or someone you love at risk of suicide?* National Suicide Prevention Lifeline wallet card.
http://www.suicidepreventionlifeline.org/App_Files/Media/PDF/NSPL_WalletCard.pdf

These handouts are in the *Fact Sheets for Residents* section of this Toolkit. For each one, add the necessary contact information at the end of it:

- ◇ *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*

4. You will need a computer and LCD projector to show the PowerPoint slides.

Staff Workshop 2 Script



Slide 1. Today's workshop

Welcome to today's workshop: Implementing Strategies to Prevent Suicide in Senior Living Communities.



Slide 2. What we will learn

I want to thank you all for coming to the second staff workshop. Here's what we are going to learn today:

- ◆ We are going to refresh our memories about recognizing and responding to the warning signs of suicide.
- ◆ We are going to discuss how we can learn more about resident's suicide risk by talking with them.
- ◆ We are going to explore how risk factors, such as depression, contribute to suicide risk.
- ◆ We are going to learn what to do in the event of a suicide or suicide attempt.
- ◆ We are going to discuss how whole population activities will prevent suicide as well as promote emotional health and general well-being for all residents.



Slide 3. Coping with the issue of suicide

I would like to reiterate something I said in the first workshop.

It can be difficult to talk about suicide—or even to listen to someone else talk about suicide. Some of you may have personal or family experience with suicide. Your first handout is a list of people and resources that can help you with any memories or emotions brought up by this discussion.

Handout



Distribute the handout Coping with the Issue of Suicide and the National Suicide Prevention Lifeline wallet card. Briefly review the handout.

Please take advantage of these resources if you feel upset by today's workshop.

I'd like everyone to think of this workshop as a positive experience. We will learn how to help residents who may be in danger of hurting themselves.

And we will learn how to create an environment that will promote the emotional health and well-being of all residents.



Slide 4. Some important things to remember

I'd like to start by going over some of the things we discussed during the first workshop. You may remember that we discussed three types of suicidal behavior:

1. **A suicide** is when a person takes his or her own life.
2. **A suicide attempt** is a potentially self-injurious behavior with a non-fatal outcome, for which there is evidence that the person intended to kill him/herself; a suicide attempt may or may not result in injuries.
3. **Passive or indirect suicide** is when an older adult tries to cause his or her own death by refusing food, liquids, medicine, or other treatment. It is important to note that passive or indirect suicide is different from an end-of-life decision made by a terminally ill older adult, in which a health care team supports a rationally thought out decision by the individual to have treatment and medication withheld or withdrawn.

We also talked about the fact that suicide rates increase with age. Older adults die at a greater rate than the national average. Every year, more than 5,000 Americans over the age of 65 die by suicide (Centers for Disease Control and Prevention, 2005). These numbers do not include passive or indirect suicide. Most of these suicides are by white men, although people of both sexes and every racial and ethnic background die by suicide.

Older adults have a much greater chance of dying when they attempt suicide than do younger people. For people over 65 years, 1 person dies for every 4 suicide attempts as compared to 1 for every 100–200 younger adults (American Association of Suicidology, 2009).

We do not have good data on suicide in senior living communities. We really do not know how many people in senior living communities die by suicide or attempt suicide. On the one hand, residents in senior living communities may have some advantages over similar people living in the community. Older adults living in a senior living community are at less of a risk of isolation than those in the community. They have more access to health and mental health care. And they do not have easy access to firearms and other means of suicide.

But on the other hand, many people who move to a senior living community have personal or situational characteristics that raise the risk of suicide. Just moving into a new living situation can be very difficult. They may have lost their spouse. They are moving away from friends and their community. Many of them are in facilities because they have physical or cognitive problems that prevent them from living independently.

The bottom line is that, overall, older people are more at risk of suicide than younger people. And there is reason to believe that a substantial number of older people living in places like **[name of facility]** have a higher than average risk of suicide for people of their age.



Slide 5. Warning signs of immediate risk of suicide

Handout



Distribute the handout Recognizing and Responding to the Warning Signs of Suicide.

Central to our discussion in the first workshop was how to recognize and respond to the warning signs of suicide. These warning signs are important, and I'd like to go over them again—briefly.

The warning signs that show that someone might be in immediate danger of suicide are:

- ◆ 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



Slide 6. Responding to the warning signs of immediate risk of suicide

As we said in the first workshop, suicide experts usually say that if you are worried that someone is showing any of these signs, you should stay with that person and call 911. The *Recognizing and Responding to the Warning Signs of Suicide* handout describes what you should do if you have the slightest worry that a resident is showing these signs.

In _____ **[facility]** staff should:

Make sure someone stays with the person while . . .

Someone contacts _____ [mental health contact] or calls 911.



Slides 7 and 8. Other warning signs

The same expert panel that created the list of warning signs of immediate risk of suicide created a second list of signs that indicate a person might be at risk of suicide, but not in immediate danger. These warning signs are:

- ◆ 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, or society
- ◆ Anxiety, agitation, unable to sleep or sleeping all the time
- ◆ Dramatic changes in mood
- ◆ No reason for living, no sense of purpose in life

These warning signs do not call for the type of urgent action required by the first three “immediate risk” warning signs. But they do indicate that the person may have a problem and that something needs to be done—and done sooner rather than later.



Slide 9. Understanding other warning signs

You probably noticed that the nine less-immediate warning signs are not as straightforward as the immediate warning signs. I bet everyone in this room has experienced agitation or anger—or problems sleeping. We may all have felt hopeless. This does not mean that we are all at risk for suicide. It is important to understand the context of these warning signs in order to understand who may be at risk. Factors that indicate the warning signs are serious are:

- ◆ The behavior or mood represents a sudden change for the resident. A normally outgoing and social person may suddenly become sullen and antisocial. Someone who is usually calm and quiet now is angry and hostile.

- ◆ The person has other physical, emotional, or life circumstances that place him or her at heightened risk of suicide.
- ◆ The person is actually thinking or talking about, or looking for means of suicide.
- ◆ There are ways we can gather information to help us judge how serious these “less-immediate” warning signs are. One way is to talk with the resident.



Slide 10. Talking with residents

Talking with a resident can provide much valuable information about whether he or she is at risk of suicide or has other problems that should be addressed.

Talking with a resident will not hurt him or her.

Talking with a resident will not cause him or her to attempt suicide.

Talking with a resident may help you understand that he or she is at immediate risk of suicide.

Talking with a resident may help you understand that he or she is not at immediate risk, but has problems and needs some help.



Slide 11. How to talk with residents

We all know that how you ask a question is as important as what you ask.

Do not tell them that their problems are unimportant. Use a friendly, but matter-of-fact tone. You shouldn't sound like you are conducting a clinical interview, and neither should you appear panicked or anxious.

Let's try a few practice sessions.

I need two volunteers.

Role Play



.....
Give the two volunteers the Role Play handout.

Mrs. Green is a resident at Maple Tree Assisted Living Facility. She has always been active and friendly, but lately, she has seemed withdrawn.

One of the nurses, Nancy, decides to find out if anything is wrong.

Have the volunteers read Scene 1.

Discussion



Mrs. Green, how did you feel when Nancy told you that your life is fine, and you have nothing to complain about?

Possible answers:

- ◆ *I feel challenged.*
- ◆ *I feel like I'm not being taken seriously.*
- ◆ *I don't feel like I'm being listened to, so I don't want to keep talking.*

How do you all think Mrs. Green felt when Nancy seemed shocked and told her not to talk about ending her life?

Possible answers:

- ◆ *Like she shouldn't tell anyone her problems.*
- ◆ *Her feelings are bad or wrong. Talking about suicide is wrong.*
- ◆ *She's making Nancy uncomfortable so she should stop talking.*
- ◆ *She doesn't want to tell Nancy anything else.*

We can assume Nancy cares about the residents and wants to be helpful. So, why do you think Nancy said what she did, when Mrs. Green talked about taking her life?

Possible answers:

- ◆ *She thinks she can help her cheer up by being positive.*
- ◆ *She's uncomfortable with the topic so she wants to end the conversation.*



Slide 12. How *not* to talk to a resident

Here are some things not to say to a resident:

- ◆ Things aren't so bad.
- ◆ Our problems are never as serious as we think they are.

- ◆ Don't talk like that. It's foolish.
- ◆ I know you're probably not, but I wanted to check—are you thinking about suicide?
- ◆ You're not thinking about suicide are you?

Anyone care to guess what is wrong with the last two bullets?

Answer: These two bullets imply that suicide is something the resident should not be thinking about. This implication may cause a resident not to reveal his or her true thoughts. We need to let the resident know that we want to know how he or she is really feeling.

Let's try the role play again.

Role Play



.....
Have the volunteers read Scene 2.

Discussion



Look at your list of warning signs. Which ones was Mrs. Green showing?

Answers:

- ◆ *Withdrawal*
- ◆ *Change in mood*
- ◆ *Sleeplessness*
- ◆ *Feeling hopeless*
- ◆ *No reason for living*
- ◆ *Thinking about hurting herself*
- ◆ *Thinking about methods*

Ask the volunteer playing Mrs. Green: Did you feel more comfortable talking about your feelings this time? Why?

Ask the group: Did the way Nancy brought up the issue of suicide seem effective? Could you imagine yourself doing that? Can you see why it might be helpful to practice it?

Can you think of other questions to ask to find out if someone is thinking about or planning suicide?

What would you say if Mrs. Green did not want to get help from Dr. Gomez?



Slides 13 and 14. Questions you *can* ask a resident

Things you can ask a resident are:

- ◆ How are you doing?
- ◆ Would you mind talking about how you feel?
- ◆ Tell me more about how you feel.
- ◆ Are you thinking about hurting yourself?
- ◆ Do you have thoughts about suicide?
- ◆ Are you thinking about ending your life?
- ◆ Have you thought about methods you might use to take your life?

Remember, if the answer to any of these last four questions is “yes,” the resident is in immediate danger. So do not leave the resident alone and immediately contact _____
[mental health contact].



Slide 15. Risk factors for suicide

We have just discussed how we can get more information about a resident’s risk of suicide by talking with him or her. We focused on how to determine whether someone is showing any of the warning signs of suicide and what to do if you determine they are at immediate risk of suicide.

There are other ways to get more information about a resident’s risk. One way is to determine if he or she has any risk factors for suicide. Risk factors are emotional and physical problems, life circumstances, and situations that may indicate that a person is at an increased risk for suicide. None of these risk factors mean that a person will definitely try to take his or her life. But they can provide more information about whether a particular person may be in trouble.

Handout



Distribute the handout Risk Factors for Suicide.

The major risk factors for suicide include:

- ◆ Depression and other mental illnesses
- ◆ Substance abuse

- ◆ Physical illness, disability, or pain
- ◆ Personal and family history of suicide



Slide 16. Two major risk factors for suicide

In Workshop 1, we discussed two of the major risk factors for suicide:

1. Depression
2. Substance abuse, including the abuse of alcohol and prescription and over-the-counter drugs

If someone is showing some of the less immediate warning signs we talked about (for example, hopelessness, not sleeping, withdrawal), AND he or she have a mental disorder or substance abuse problem, this is cause for concern, and the resident should be referred to _____
_____ **[mental health contact]**.

Of course, if you think that a resident may be depressed, or suffering from a mental health or substance abuse problem, and that resident is not being treated for that condition, you should refer him or her to _____
_____ **[mental health contact]**, regardless of whether they display any of the warning signs. Depression and substance abuse are conditions that can and should be treated.



Slide 17. Other risk factors: Physical conditions

Poor physical health and limitations in activities of daily living can also contribute to suicide risk. Suicide risk can increase when a resident becomes less healthy and less independent—or when he or she learns about physical problems that may result in limitations in activities of daily living. Chronic pain can also increase the risk of suicide.



Slide 18. Other risk factors: Personal and family history

People who have already tried to take their own lives or had a family member die by suicide are more likely to attempt suicide than other people. There are a number of reasons why a suicide death in a family may raise the risk of suicide for other family members:

- ◆ Some types of depression are genetic.
- ◆ People from the same family often share the same stresses as well as the same lack of social support.
- ◆ Role-modeling may be at work.



Slide 19. Understanding suicide risk

Before moving on to the next topic, I'd like to reiterate what we have learned about understanding suicide risk. We've learned that there are warning signs, that is, things that people do or say, that can help us recognize they may be at risk of suicide. Some of these warning signs represent an immediate risk, for example, a resident who says that he or she is going to kill himself or herself.

Other warning signs require us to think about their context. One of the ways we can understand if these warning signs are meaningful is to think about whether they represent a change in the way a resident talks or behaves. For example, we can ask ourselves—and other staff—whether a resident who seems to be angry much of the time has always acted this way, or has only recently begun to act this way.

We've also learned that we can ask questions of a resident to gain more information about suicide risk. And that asking questions will not push a resident toward suicide. We can even ask a resident whether he or she is planning suicide.

And we've learned about risk factors—emotional and physical problems, life circumstances and situations that can provide evidence that a resident may be at an increased risk of suicide. These include depression, a previous suicide attempt, or a family member who has died by suicide.



Slide 20. Responding to a suicide death or attempt

This is a difficult topic. Despite our best efforts, it is possible that a resident will attempt suicide or die by suicide. It is imperative that you have a plan in place beforehand, so that everyone knows how to react.

In any suicide attempt, our first priority is the health of the resident. So, make sure your staff are trained on what to do if they discover a resident who has injured him/herself, or has, for example, taken an overdose of medication. They should know to:

- ◆ Immediately call 911
- ◆ Not leave the resident alone
- ◆ Send another staff member to the front door to guide the EMTs when they arrive

Make sure that staff with medical training know how to begin medical care for this type of situation. Those without medical training should telephone or send another staff member to find someone with medical training.

Finally, you should call the designated person in your senior living community who is responsible for coordinating the response in the event of a suicide attempt.



Slide 21. Immediately after a suicide death

After a suicide death, there will be a great deal of turmoil. The other residents will be upset. Families will start calling. The media will show up. You can see why having a plan already in place will reduce the trauma for everyone.

Handout



Distribute the handout Protocol for an Immediate Response after a Suicide Death.

How and what we do and say in this situation can make things better or worse. That is why we have established procedures for this situation. Here is what we will do after a suicide or a suicide attempt involving injury or potential injury:

- ◆ Anyone can call 911 as soon as it is obvious that medical attention may be necessary.
- ◆ _____ **[Designated staff member]** will notify the resident's family or legal advocate.
- ◆ _____ **[Designated staff member]** will go to the residence to assist staff and be present for the family and any law enforcement persons who may also be present.
- ◆ _____ **[Designated administrator]** will notify State regulatory authorities as required by State regulations.
- ◆ _____ **[Designated staff member or members]** will provide immediate support to survivors.
- ◆ _____ **[Designated administrator]** will be the contact person for the media.

This final point is especially important. The media may want to talk with everyone, just to get a dramatic sound bite. Saying the wrong thing can be very harmful to families, vulnerable people in the public, and the reputation of our facility. It is important to let _____ **[Designated administrator]** talk with the media.



Slide 22. Postvention

After the immediate crisis is past, you need to think about postvention support for everyone. Postvention refers to activities designed to comfort and protect people who have been emotionally affected by a suicide or suicide attempt. At _____ **[name of facility]** these people would include other residents, family members, and our staff.

People who were close to someone who died by suicide are often called suicide survivors. People who attempt suicide but do not die are usually called attempt survivors.

Suicide survivors are profoundly affected by the experience.

Discussion



What are some of the feelings do you think survivors have?

Possible answers:

- ◆ *Grief*
- ◆ *Guilt*
- ◆ *Confusion*
- ◆ *Regret*
- ◆ *Shame*
- ◆ *Embarrassment*

Survivors may feel both betrayed by the person who died—and guilty, as they wonder if they could have done something to prevent the death. Postvention is important because it seeks to ease the psychological trauma and pain suffered by survivors—people who knew and cared about the person who died.

Postvention is also important because it helps protect vulnerable people from attempting suicide.

A suicide death or attempt can raise the risk of suicide for other vulnerable people. If, for example, someone is depressed or hopeless, knowing someone else who dies by suicide can reinforce this depression and hopelessness. A death by suicide can give vulnerable people the impression that suicide is a way to solve their problems. A socially isolated person or a person with low self-esteem might even envy the attention that someone else gets after they die.



Slide 23. Postvention activities

Postvention activities include the following:

- ◆ Support to survivors at the scene of a suicide crisis
- ◆ Support to survivors in the near-term and long-term future
- ◆ Vigilance in recognizing and responding to people who may be at risk

Again, having a protocol in place beforehand will help ensure you take care of all the survivors in a way that protects their emotional well-being.

Handout



Distribute the handout Protocols for Postvention after Suicides and Suicide Attempts.

Here is a sample protocol:

At _____ **[name of facility]**,
_____ **[designated staff member]** will coordinate all postvention activities. This includes the following.

- ◆ We need to identify everyone, within reason, who may be profoundly affected by this event. That is, we need to identify the survivors. A list of potential survivors is included on the handout.
- ◆ We need to make sure that these survivors are offered appropriate support. This can include individual support, such as counseling. It can also include group support—support groups, memorial services, community meetings, and the like. A list of support types is also included on the handout.

Discussion



Is _____
[name of facility] prepared to implement these steps? What do we need to do to prepare ahead of time?



Slide 24. Whole Population Approaches

Well, now we can move on to how we can prevent suicide by building on many of the activities that we already do. Whole population approaches are things that we can do that enhance the well-being of all residents as well as helping to reduce the risk of suicide among the more vulnerable residents. Whole population approaches help strengthen protective factors.

Handout



Distribute the handout Protective Factors for Suicide.

Please look at the handout. Protective factors are circumstances and personal characteristics that protect a person's emotional well-being. Protective factors reduce the likelihood that someone will become depressed or suicidal. They are called protective factors precisely because they protect people from risks—in this case, suicide risks. Whole population approaches do not require us to identify people at risk of suicide. They enhance the lives of all the residents—regardless of whether or not they are at an increased risk of suicide.

Handout



Distribute the handout Whole Population Approach Activities.

This checklist includes a lot of examples of Whole Population Approach activities. You will probably recognize many of these activities. Next we are going to talk about how these activities help prevent suicide and think a bit about additional activities we might want to use here.



Slide 25. Whole Population Approach: Promoting health

You might remember from our discussion of risk factors that physical illness and pain increase the risk of suicide. So activities that promote health—and encourage residents to seek help for their health problems—can help prevent suicide. Health-promoting activities also help fulfill our mission to keep all the residents as healthy as possible.

Let's take a look at the section of the checklist on activities that promote health and wellness. Let's find all the ones we already do and check them off.

Walk the group through the Activities and Programs that Promote Health and Wellness section of the list and check off activities that are already in place in your senior living community.

Great, let's move on to the next category of whole population approaches.



Slide 26. Whole Population Approach: Promoting connections

Another risk factor for suicide is social isolation. Activities that promote social connections help protect residents from social isolation. We can take steps to promote social connections with the residents' families, friends, other residents, staff, or people in the community. Social activities also help residents cope with loneliness, share emotional support, and develop relationships. This approach can be especially important for new residents who might be moving away from family and their old friends, or who have lost a spouse.

Let's go back to the checklist and mark all of the activities to promote social connections that we already do.

Walk the group through the Activities and Programs that Promote Social Connections section of the list and check off activities that are already in place in your senior living community.

Ok, let's move on to the next category of Whole Population Approaches activities.



Slide 27. Whole Population Approach: Promoting hopefulness

Self-esteem, a sense of competence, and believing that one's life has meaning all can help protect an older adult against suicide risk. These protective factors counteract risks such as hopelessness and a sense that life is meaningless.

Let's go back to the checklist and mark all of the activities that enhance self-esteem, promote a sense of competence, and help residents find meaning in life.

Walk the group through the Intellectual, Creative and Skill-Building Activities section of the list and check off activities that are already in place in your senior living community.

Ok, let's move on to the next category of whole population approaches.



Slide 28. Whole Population Approach: Activities that will appeal to men

It is important to try to get all of the residents involved in Whole Population Approach activities. In many cases, it is the people who need these activities the most who are the most reluctant to participate. For example, men are at higher risk of suicide than women. However, men are also less likely to participate in social activities and to reach out for medical or emotional help when they need it. So, it is important to use Whole Population Approach activities that will appeal to them.

So, let's mark all of the activities on the checklist that will appeal to men.

Walk the group through the Activities and Programs that will Appeal to Men section of the list and check off activities that are already in place in your senior living community.

Thanks. Of course, one way we can find out what other activities would attract men is to ask them.

Ok, let's move on to the final category of Whole Population Approach activities.



Slide 29. Whole Population Approach: Improving the physical environment

Finally, there are things we can do to the physical environment to help make residents happier and reduce suicide risk. The physical environment can also help create social connections. The less institutional and homier environment we can produce, the better.

So, let's mark all of the activities on the checklist that will create a pleasant, homelike physical environment and promote social connections.

Walk the group through the Enhancements to the Physical Environment section of the list and check off activities that are already in place in your senior living community.



Slide 30. Whole Population Approach: A planning activity

We are going to finish up with a Whole Population Planning Activity.

[Note: This activity could be done as a group activity. Or the participants could break up into small teams or pairs and work together on individual activity categories. If this is done as small teams, you should have a member of each team report on what they did to the entire group at the end of the activity.]

We're just about finished. But let's take a look at our checklist. Let's just talk a little about three things.

1. Are there categories of Whole Population Approach activities in which we could be doing more?
2. Are there additional activities in any of these categories we should try? For example, do you think any of the activities we are not doing would really appeal to our residents? Or are there some new activities that would be easy to try because we have staff with the skills and interest to lead them?
3. Are we getting enough people involved in activities, and if not, how we can increase participation?

Discussion



Lead a discussion about each category.



Slide 31. Thank you!

I know we've covered a lot in this hour, and I want to thank you for your attention and your time.

I would like to remind you that if you were upset by this workshop—or find yourself getting upset later—please make use of the resources on the *Coping with the Issue of Suicide* handout.

Distribute the following fact sheets: Look Out for the Well-Being of Yourself and Others, Know the Warning Signs of Suicide and After a Suicide: How to Help Yourself and Others.

This set of three resident fact sheets has been adapted for our senior living community. They provide a basic overview of the key points we have discussed today:

- ◆ How to create an environment that promotes the emotional health of all residents
- ◆ How to identify and help residents who may be at risk of suicide
- ◆ How to help residents cope after someone attempts or dies by suicide

You can use these sheets to help discuss these issues with residents.

They can be used in support groups or other group settings, or as part of one-on-one counseling. I would like to encourage you to keep handy the *Recognizing and Responding to the Warning Signs of Suicide* handout. And if any of you have an interest in continuing to plan some of the activities we talked about in our concluding exercise, please talk to me.

Again, thanks.

Reference List

American Association of Suicidology. (2009). 2006 official final data. Retrieved May 14, 2009, from <http://www.suicidology.org/web/guest/stats-and-tools/statistics>

Centers for Disease Control and Prevention (CDC). (2005). Web-based Injury Statistics Query and Reporting System (WISQARS). National Center for Injury Prevention and Control, CDC. Retrieved June, 1, 2009, from <http://www.cdc.gov/ncipc/wisqars/default.htm>

Handouts for Staff Workshop 2



Coping with the Issue of Suicide

This handout lists people and resources you can turn to if you need help with any difficult memories or emotions that may be brought up by this discussion.

If you feel you are in crisis and need immediate help, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). It is available 24 hours a day, seven days a week.

These are some other resources you can contact.

[Insert senior living community and local resources]

Employee Assistance Program:

Pastoral Counselor or Clergy:

Social Worker:

Community Mental Health Center:



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. This 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 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

- ◆ Anxiety, agitation, unable to sleep, or sleeping all the time
- ◆ Dramatic mood changes
- ◆ No reason for living, no sense of purpose in life

If you hear or see anyone showing any one or more of the signs above in _____, **[facility]** you should do the following:

- ◆ **Contact** _____ **[mental health contact in facility or community]**
- ◆ Other: _____

You can also call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Source

*Rudd, M.D., et al. (2006). Warning signs for suicide: Theory, research, and clinical applications. *Suicide and Life-Threatening Behavior*, 36(3), 255–262. (<http://www.atypon-link.com/GPI/doi/abs/10.1521/suli.2006.36.3.255>)*



Role Play Script

SCENE 1:

- Nancy: Mrs. Green, I notice you haven't been participating in the book club or bridge lately. Are you feeling OK?
- Mrs. Green: Not really. I can't sleep. I feel so sad.
- Nancy: Oh, your life is fine. You have nothing to complain about.
- Mrs. Green: Well . . . I just can't see how things will ever improve. I think I might just be better off not living.
- Nancy: Oh, goodness! You're not thinking of taking your life are you? That's a terrible way to talk. Cheer up, now.

STOP READING

SCENE 2:

- Nancy: Mrs. Green, I notice you haven't been participating in the book club or bridge lately. Are you feeling OK?
- Mrs. Green: Not really. I can't sleep. I feel so sad.
- Nancy: Is it unusual for you to not sleep well?
- Mrs. Green: Yes, I used to go right to sleep.
- Nancy: You said you feel sad. Tell me more about that. Do you feel that things will get better any time soon?
- Mrs. Green: No. Nothing will ever improve. I have nothing to live for anymore.
- Nancy: Do you ever think about hurting yourself? Do you have thoughts of taking your life?
- Mrs. Green: Oh, all the time. I know just how I'm going to do it.
- Nancy: I'm really glad you told me this. That sounds very serious. I'm going to take you to see Dr. Gomez right now. He knows how to help people who are feeling like you are.



Risk Factors for Suicide

Mental illness

- ◆ Major depression
- ◆ Other mood disorders
- ◆ Psychotic disorders

Substance abuse and misuse

- ◆ Alcohol
- ◆ Prescription and over-the-counter (OTC) medication

Physical illness, disability, and pain

- ◆ Poor physical health
- ◆ Functional impairments
- ◆ Pain
- ◆ Side effects of some medications
- ◆ Insomnia

Personal and family history of suicide

- ◆ Previous suicide attempt
- ◆ A family member who has died by suicide

Current life circumstances

- ◆ Social isolation
- ◆ Major life transitions, such as moving to a new setting
- ◆ Family conflict and loss
- ◆ Financial problems
- ◆ Lack of a sense of safety
- ◆ Losing autonomy, respect, supportive relationships, and participation in civic and social life
- ◆ Other people having lower expectations for them

Personal characteristics

- ◆ Inability to adjust to change
- ◆ Low rating of their own health
- ◆ Low self-esteem
- ◆ Hopelessness

- ◆ Impulsive or aggressive behavior
- ◆ Cultural or religious beliefs favorable to suicide, especially among older people

Access to means of suicide

Most common means of suicide in nursing homes include:

- ◆ Jumping from buildings
- ◆ Hanging
- ◆ Cutting
- ◆ Taking an overdose of medication

Older adults can also harm themselves by refusing to eat, drink, take medication, or follow other treatment, and by taking unnecessary risks.

Sources

Beeston, D. (2006). *Older people and suicide*. Staffordshire, UK: Staffordshire University, Centre for Ageing and Mental Health.

Department of Health and Human Services (DHHS), Public Health Service. (2001). National strategy for suicide prevention: Goals and objectives for action.

Reed, J. (2007, October). *Variation among states in older adult white male suicide*. Unpublished doctoral dissertation, Virginia Commonwealth University, Richmond, VA.

Wojnar, M., Illegan, M., Wojnar, J., McCammon, R. J., Valenstein, M., & Brower, K. J. (2009). Sleep problems and suicidality in the National Comorbidity Survey Replication. *Journal of Psychiatric Research*, 43, 526–531.



Protective Factors for Suicide

Health care and emotional health care

- ◆ Treatment for depression and other mental health issues
- ◆ Substance abuse treatment
- ◆ Treatment for physical illnesses and disabilities
- ◆ Promotion of health and wellness

Personal characteristics

- ◆ Resilience and perseverance
- ◆ Openness to experience
- ◆ Sense of meaning and purpose/Hope
- ◆ Self-esteem
- ◆ Skills in coping, problem solving, conflict resolution, and nonviolent handling of disputes
- ◆ Cultural and religious beliefs that discourage suicide and support self-preservation
- ◆ Positive health practices and help-seeking behavior

Living situation

- ◆ Positive, pleasant, and homelike physical environment
- ◆ Accessible environment for residents with physical disabilities
- ◆ Restricted access to highly lethal means of suicide

Relationships

- ◆ Strong connections with family, friends, and the larger community
- ◆ Engagement in purposeful activities, including recreational, social, spiritual, intellectual, and creative—designed around the likes and needs of the residents
- ◆ Strong connections with staff and volunteers

Sources

Beeston, D. (2006). *Older people and suicide*. Staffordshire, UK: Staffordshire University, Centre for Ageing and Mental Health.

Department of Health and Human Services (DHHS), Public Health Service. (2001). National strategy for suicide prevention: Goals and objectives for action.

Reed, J. (2007, October). *Variation among states in older adult white male suicide*. Unpublished doctoral dissertation, Virginia Commonwealth University, Richmond, VA.



Protocols for Immediate Response to a Suicide Death

Complete and post this in relevant locations in the facility.

Staff person with overall responsibility for this protocol:

_____ [insert name]

1. _____ will call 911 immediately. [insert name]
2. _____ will notify the resident's family or legal advocate. [insert name]
3. _____ will go to the residence to assist staff and be present for the family and any law enforcement persons who may also be present. [insert name]
4. _____ will notify State regulatory authorities as required by State regulations. [insert name]
5. _____ will provide immediate support to survivors. [insert name]
6. _____ will be contact for the media. [insert name]
7. Plan how you will communicate in a way that provides the information residents and families need while respecting the privacy of the person involved.

Sources

Assisted Living Concepts, Inc. (Updated 2008). *Assisted living concepts behavioral health resource guide, Section G. Suicide*. Menomonee Falls, WI: Author.

The Jed Foundation. (2006). *Framework for developing institutional protocols for the acutely distressed or suicidal college student*. New York: The Jed Foundation. Retrieved April 14, 2009, from <http://www.jedfoundation.org/professionals/programs-and-research/framework>



Protocols for Postvention after Suicide Deaths and Attempts

Person (s) responsible for implementing the postvention protocol:

_____ [insert name(s)]

1. Identify all appropriate individuals as survivors.

Consider the following categories:

a. Immediate

- Spouse
- Other family members
- Close friends and neighbors

b. Resident community at large

- All residents
- Volunteers

c. Staff

- Administrators
- Professional/clinical staff who may have treated the resident
- Paraprofessionals who were in frequent contact with the resident
- All other staff

d. Others

- Police and emergency medical technicians

2. Ensure that support is offered or provided to all survivors.

Because everyone grieves differently, one response does not fit all. Determine which of the following you will provide. Then, determine who will provide each and how it will be publicized. Types of support that senior living communities might provide include the following:

- ◇ Community-wide support meetings are an effective way to help the senior living community come together and heal after a tragedy.
- ◇ Interventions by internal or community LOSS teams.

- ◇ Memorial services. You probably already have a policy in place with regard to holding a memorial service at your senior living community. If you decide to hold such a service, you must decide whether it will be religious or nonreligious, whether to involve the family and/or residents in planning, and whether the suicide is to be mentioned explicitly or not. Some people advocate for “telling it like it is,” as a way of diminishing negative connotations, but sensitivity is critical in balancing family confidentiality with the opportunity for emotional health education.
- ◇ Individual counseling within the senior living community or referrals to mental health providers in the larger community. Ensure that counselors are trained to treat people experiencing both trauma and grief. It is almost impossible for people to grieve fully until they have first processed their trauma.
- ◇ Pastoral counseling. If a pastoral counselor is on-site, determine whether and/or how much counseling he or she can provide to residents and/or family members and friends.
- ◇ A support group for survivors. Consider whether it is better to offer a group at the senior living community or whether it is better for residents to join an ongoing survivors’ support group in the larger community. If you decide to create a group at the senior living community, decide the following:
 - Will the group will be open or closed?
 - Will your support be time limited or ongoing?
 - Will you offer educational materials, workshops, or reading resources?
- ◇ Handouts, resources, and videos.



Whole Population Approach Checklist:

Activities and Programs that Promote Health and Wellness

- Classes in relaxation, yoga, or Tai Chi
- Wii interactive gaming systems
- Presentations on health
- Outdoor activities: walks, nature walks

Activities and Programs that Promote Social Connections

- Group trips to social, sporting, and cultural events
- Parties to celebrate holidays, birthdays, and other special occasions
- Hospitality room where coffee is served every morning or tea every afternoon
- Group games, such as bingo and mah jong
- Buddy system for new residents
- Volunteering to help other residents with household tasks

Intellectual, Creative, and Skill-Building Activities that Enhance Self-Esteem and Feelings of Competence

- Book or bridge clubs
- Current events discussions
- Trips to museums, galleries, open studios, and recitals
- Classes in carpentry, sewing, or gardening
- Classes in art, such as painting or photography
- Writing or poetry workshops
- Participatory or listening to or attending musical performances

Activities that Help Residents Find Meaning and Purpose in Life

- Religious services, celebration of religious holidays, prayer groups, meditation classes
- Volunteering for community organizations, such as ethnic and religious groups and the Service Corps of Retired Executives
- Intergenerational activities such as storytelling to young children or mentoring school-age children

- Life review/ Reminiscence therapy: This activity is very popular among older adults in SLCs. It involves going back through one's life and putting together scrapbooks, journaling, and/or writing life stories. It can be done alone; with another person such as a student, a professional, or a friend as a guide; or in groups.

Activities and Programs that Will Appeal to Men

- Games such as pool and poker
- Fitness center activities
- Breakfasts or lunches specifically for men and that include a speaker on an issue of interest to men. The speakers could be from outside the senior living community or one of the residents.
- Resident-led discussions on topics of interest to men, such as sports or history

Enhancements to the Physical Environment

- Accommodations for physical impairments and other accessibility-related factors
- Institutional equipment stored out of sight
- Indoor plants, artworks, and attractive landscaping and gardens
- Gathering areas for group conversations and activities; dining areas and common spaces arranged to allow small-group interactions
- Opportunities to develop intergenerational connections, such as bringing children and teens into the senior living community for different activities
- Programs and policies that are welcoming and inclusive of people of different cultural and ethnic groups

PowerPoint for Staff Workshop 2

Staff Workshop 2

Implementing Strategies to Prevent Suicide in Senior Living Communities

1

What we will learn:

- Warning signs of suicide
- Understanding suicide risk
- What to do after a suicide crisis
- How “whole population activities” can reduce suicide risk and promote emotional health and general well-being for all residents

2

Coping with the issue of suicide

National Suicide Prevention Lifeline at 1-800-273-TALK (8255), 24 hours a day, seven days a week.

- Employee Assistance Program
- Clergy
- Social Worker
- Community Mental Health Center

3

Some important things to remember:

- Suicidal behavior includes suicide deaths, suicide attempts, and passive/indirect suicide.
- Suicide rates increase with age.
- Older adults die more often in a suicide attempt.

4

Warning signs of immediate risk of suicide

Someone:

- Threatening or talking of wanting to hurt or kill him/herself
- Looking for ways to kill him/herself
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person

5

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.

6

Other warning signs:

- 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

7

Other warning signs (cont.):

- Withdrawing from friends, family, or society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic changes in mood
- No reason for living; no sense of purpose in life

8

Understanding other warning signs

- The behavior change is sudden
- The person has physical, emotional, or life circumstances placing them at risk for suicide
- The person is actively talking about or looking for means of suicide

9

Talking with residents:

- Will not cause a resident to attempt suicide
- May help you understand that a resident is at immediate risk of suicide or
- May help you understand that a resident is not at immediate risk, but has problems and needs some help

10

How to talk with residents

- Let them know their problems are important
- Use a friendly but matter-of-fact tone
- Do not appear either unconcerned or over-emotional

11

How *not* to talk to residents

- Things aren't so bad.
- Our problems are never as serious as we think they are.
- Don't talk like that. It's foolish.
- I know you're probably not, but I wanted to check—are you thinking about suicide?
- You're not thinking about suicide are you?



12

Questions you *can* ask a resident:

- How are you doing?
- Would you mind talking about how you feel?
- Tell me more about how you feel.
- Are you thinking about hurting yourself?

13

Questions you *can* ask a resident (cont.):

- Do you have thoughts about suicide?
- Are you thinking about ending your life?
- Have you thought about methods you might use to take your life?

14

Risk factors for suicide:

- Depression and other mental illnesses
- Substance abuse
- Physical illness, disability, or pain
- Personal and family history of suicide

15

Two major risk factors for suicide:

Depression, other mood disorders, and psychotic disorders



Substance abuse, including the abuse of alcohol and prescription and over-the-counter medication

16

Other risk factors: Physical conditions

- Poor physical health
- Physical impairments that limit the activities of daily living
- Chronic pain



17

Other risk factors: Personal and family history

- Previous suicide attempt
- A family member who has died by suicide

18

Understanding Suicide Risk:

- Warning signs: Immediate and others
- Asking questions is helpful
- Certain factors increase suicide risk



19

Responding to a suicide death or attempt:

- Call 911
- Do not leave resident alone
- Help EMTs
- Begin or seek medical care
- Call ____ [*staff member*]

20

Immediately after a suicide death

Have procedures describing who will:

- Call 911
- Notify family
- Go to the residence
- Notify regulatory authorities
- Provide support to survivors
- Serve as contact for the media

21

Postvention

Postvention:

Activities implemented after a suicide crisis to comfort and protect suicide survivors

Suicide survivors:

Anyone emotionally affected by the suicide



22

Postvention activities:

- Support to survivors at the scene
- Support to survivors in the near-term and long-term future
- Vigilance in recognizing and responding to people who may be at risk

23

Whole population approaches:



- Enhance the well-being of all residents
- Reduce risk of suicide among vulnerable residents

24

Whole Population Approach: Promoting health

- Promoting physical activity
- Helping residents reduce or cope with pain
- Encouraging residents to seek help for health problems



25

Whole Population Approach: Promoting connections

- Family
- Friends
- Other residents
- Staff
- The community



26

Whole Population Approach: Promoting hopefulness

- Enhance self-esteem
- Promote a sense of competence
- Help residents find meaning in life



27

Whole Population Approach: Activities that will appeal to men



28

Whole Population Approach: Improving the physical environment

- Create a pleasant, homelike physical environment
- Promote social connections

29

Whole Population Approach: A planning activity

1. Categories of activities in which we could do more
2. Additional activities we could consider
3. Activities which could be expanded



30



31

Family and Resident Workshop

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





Family and Resident Workshop

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

Preparing for the Family and Resident Workshop

- 1. Consider your audience.** This workshop is appropriate for residents of senior living communities and their family members. Based on your knowledge of your residents and their family members, decide whether it would be best to present it separately to residents or to have residents and family members attend the workshop together.
- 2. Review the complete instructions** for facilitating this workshop in the Introduction to this *Trainer's Manual*.
- 3. Go through the PowerPoint slides on the accompanying CD and read through the workshop script.** Fill in the blanks with information relevant to your facility (as described in the Introduction to the *Trainer's Manual*).
- 4. Prepare handouts for the workshop.** This workshop has three handouts, all of which will need to be adapted for your facility before being copied. Make enough copies of the handouts for all participants. Below is a list of the handouts you will need and where they are located.

These handouts are in the *Fact Sheets for Residents* section of this Toolkit. For each one, add the necessary contact information at the end of it:

- ◇ *Look Out for the Well-Being of Yourself and Others*
- ◇ *Know the Warning Signs of Suicide*

This handout is at the end of the *Family and Resident Workshop* script:

- ◇ *Coping with the Issue of Suicide*. On this handout, list resources available at your facility for those who may become upset by the subject of the workshop. Since some people may be embarrassed to ask for this information, **everyone should be given a copy of the handout at the beginning of the workshop.**

The following wallet card can be downloaded:

- ◇ *Are you or someone you love at risk of suicide?* National Suicide Prevention Lifeline wallet card.
http://www.suicidepreventionlifeline.org/App_Files/Media/PDF/NSPL_WalletCard.pdf

5. You will need a computer and LCD projector to show the PowerPoint slides.

Family and Resident Workshop Script



Slide 1. Today's workshop

Welcome to today's workshop: Promoting Emotional Well-Being of Residents in Senior Living Communities.



Slide 2. What we will learn

- ◆ Today we will learn about the common challenges facing older adults.
- ◆ We will learn about depression and the importance of seeking professional help.
- ◆ We will learn the warning signs that indicate an older adult may be thinking about taking his or her life.
- ◆ We will learn what everyday activities can help improve the emotional well-being of older adults.



Slide 3. Mrs. Williams

It's a myth that all older adults are lonely and depressed. Many are like Mrs. Williams.

Mrs. Williams is 80 years old and lives in a senior living community. She is a leader of the activities club and a source of support for other residents at the senior living community. She has some trouble walking due to a hip injury, but she takes a swimming class twice a week and can often be found strolling through the hallways with her cane, chatting with other residents and staff.



Slide 4. Common challenges facing older adults

Older adults, even those like Mrs. Williams, experience certain situations and circumstances that can be particularly challenging, and that can affect their emotional well-being.

Here are some common challenges they face:

- ◆ As people get older, they may lose a spouse, close friends, brothers, and sisters.
- ◆ If they cannot get around easily, they may have limited contact with other people and feel socially isolated.

- ◆ Some older adults lack a sense of safety as they become frail and have fewer people in their lives to turn to for support.
- ◆ Moving out of their home to live with a family member or in a senior living community is a major transition that can also be challenging for some older adults.
- ◆ Retirement, leaving a position as a volunteer in a community organization, or no longer having a key role in the family can lead to a loss of status and sense of purpose in life.
- ◆ Older adults who live on a limited income may experience money problems, such as paying for medical care and other day-to-day expenses.
- ◆ And let's not forget how tough it can be to have a physical disability or illness, or to be in pain.
- ◆ Some older adults may also have a mental illness or a history of substance abuse.



Slide 5. Depression

Coping with these challenges and changes in life can be hard. And they can sometimes have a negative effect on a person's emotional health.

Some people assume depression is a normal part of aging given the challenges older adults face. But it isn't. Depression is not a normal part of getting older.

Depression is a treatable illness. It can be treated with medication or with counseling, or both.



Slide 6. Symptoms of depression

Symptoms of depression include the following:

- ◆ Lack of interest in activities
- ◆ Feeling overwhelmed by sadness, emptiness, or worthlessness
- ◆ Experiencing fatigue and lack of energy
- ◆ Changes in sleep or appetite

Someone experiencing these symptoms should be evaluated by a professional. If you notice any of these symptoms in yourself, your family member, or another resident, let the staff here know.



Slide 7. Seeking help

Many people of all ages are uncomfortable seeking help and treatment for emotional health issues. The reasons they do not get help may include the following:

- ◆ They fear the negative stereotypes about people with emotional health problems.
- ◆ They think they should be able to cope on their own.
- ◆ They are not comfortable talking about their emotions.
- ◆ Going to a mental health professional may be new and therefore an uncomfortable experience.
- ◆ They may worry about the costs.



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 emotional 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 an emotional health problem to seeking treatment for a physical health problem.*
- ◆ *Help them work out the cost.*
- ◆ *Provide them with a list of emotional health resources and make the first call for them.*
- ◆ *Encourage them to join a support group here at the senior living community.*



Slide 9. How we help a resident get treatment

Senior living communities provide support for residents' emotional health needs. In this senior living community, here is how we address the emotional health of all residents.

Describe how your facility:

(1) Assesses the emotional health of all residents

(2) Makes referrals for treatment

(3) Provides ongoing support

If you think a resident is depressed, you should tell _____
[staff title].



Slide 10. Suicide among people over 65

If depression is *not* treated, it can lead to serious consequences, such as suicidal behavior.

Here are some facts about suicide and older adults:

- ◆ Suicide rates among older adults are higher than the national average, and the rate of suicide increases after age 65 (Centers for Disease Control and Prevention, 2006).
- ◆ 1 out of every 4 older adults who attempt suicide dies. In contrast, 1 out of every 100–200 young people who attempt suicide dies (American Association of Suicidology, 2009).

When an older adult refuses food, medicine, or other needed treatment, this is very serious. It is called passive or indirect suicide.

There is no clear data showing whether the rate of suicide is different for residents of senior living communities than those living in the larger community. But we must be concerned about suicide, wherever it occurs.



Slide 11. Warning signs of immediate risk of suicide

Distribute the fact sheet Know the Warning Signs of Suicide

Experts have identified three signs that someone may be at immediate risk of suicide. Our staff has been trained to seek immediate help for the person if they see any of these signs:

- ◆ Someone threatening or talking about wanting to kill or hurt him/herself

Handout



- ◆ Someone looking for ways to kill him/herself by seeking access to fire-arms, stockpiling pills, or other means
- ◆ Someone talking about or writing about death, dying, or suicide when this is not usual for the person



Slide 12. Talking about death and dying

For most people, talking about death and dying is a warning sign that they may be at risk of suicide. However, as people get older, they think more about death and dying. Sometimes they talk more about death and dying too. This can be healthy for older adults.

For example, someone might say, “I’ve had a great life. I’ve done everything I wanted. If I die tomorrow, I’m ready.”

It is important to be able to distinguish normal, healthy talk like this from suicidal thinking. We need to consider not only *what* someone says but also *how* it is said. Is the person talking about death in a healthy way? Or is the person depressed and talking about death because he or she is unhappy?

A person who talks about death and dying in ways that are out of character for that person, might say things like, “Death would solve all my problems” or “I wish I was dead.” These statements can be a warning sign that the person is suicidal.



Slide 13. Respond immediately to any warning signs

It is important for you to be aware of the three warning signs of immediate risk for suicide listed on your handout. In this senior living community, when one of our residents exhibits a warning sign, we have an emergency contact to call. On the bottom of your fact sheet *Know the Warning Signs of Suicide*, you will see the name and/or number you should contact if you think a resident is showing any of the warning signs of suicide.



Slide 14. Signs requiring referral to mental health treatment: Behavior

As you can see on your handout, there are additional signs that indicate a person could be at risk of suicide. They fall into two categories: behavior and mood. Watch for these signs.

Observe the person's behavior. Here are specific behaviors that indicate a person might be at risk of suicide:

- ◆ Withdrawal from friends, family, or others
- ◆ Sleeping all the time or an inability to sleep
- ◆ Behavior that is reckless or risky
- ◆ Increased alcohol or drug use



Slide 15. Signs requiring referral to mental health treatment: Mood

The mental and emotional state—or mood—of someone at risk of suicide varies individually. A person could feel hopeless or trapped. They may feel no sense of purpose in life or no reason for living. Or a person could feel anxious or agitated. There are also people at risk for suicide who are full of rage or who experience dramatic changes in their mood.



Slide 16. Discussion

Staff in this senior living community have been trained to refer the resident to a mental health professional if they hear or see the behaviors or moods we just discussed. If *you* notice *any* of these signs, let the staff know. You can work together to get that person help from a professional *immediately*.

Discussion



How might you know your family member is withdrawing from family or friends?

Possible answers:

- ◆ *Doesn't want you to visit*
- ◆ *Stops participating in activities*

What might an older adult say or do that indicates a sense of hopelessness?

Possible answers:

- ◆ *Refuse offers of help for problems*
- ◆ *Say things like, "What's the use?" or "Nothing will help."*



Slide 17. Mrs. Williams

Remember Mrs. Williams? Nine months ago she was very depressed. She fell and had a hip replacement, which kept her in bed for quite awhile. She slept all the time and seemed very withdrawn. Several times she said she just didn't think she was any good to anyone anymore. Another resident was concerned and told the staff she might be depressed. They talked with her children and decided she needed to see a mental health professional. Although Mrs. Williams did not like the idea, her children insisted. She saw a counselor and was put on antidepressants for six months. She also started physical therapy. Gradually she began to improve, both physically and emotionally. Now she is doing really well, as we described earlier.



Slide 18. Actions that reduce the risk of suicide

Handout



Distribute the fact sheet Look Out for the Well-Being of Yourself and Others.

When you consider Mrs. Williams' case, it is clear that a number of factors helped her recover.

In fact, there are several important actions that promote the health and emotional well-being of older adults and prevent the risk of suicide. Let's take a closer look at each one of these actions.

Take care of yourself: Health and emotional health care involves professional care for physical problems, mental health concerns, and, substance abuse disorders. In some facilities, clergy play an important role in providing emotional health counseling.

Get involved: Intellectual and creative stimulation is important in building skills and giving a person a sense of purpose in life. Senior living communities provide stimulating activities, presentations, and events. Residents may also be able to help start activities they are interested in that are not offered at the facility.

Reach out: Strong social networks affect the well-being of older adults. They can include family, friends, and other residents, as well as staff and medical care providers. Participating in activities provides opportunities for older adults to develop relationships, help each other, and contribute to the senior living community.



Slide 19. Keys to Mrs. Williams' recovery

Some of these factors were key to Mrs. Williams' recovery. The mental health treatment and medication were necessary to treat her depression. The caring and support from her family were essential. And in spite of her limited mobility and low mood, she was encouraged to participate in activities and programs. Her involvement in these activities really improved her quality of life. They gave her a sense of purpose and enabled her to develop meaningful relationships with staff and other residents.



Slide 20. How senior living communities promote the well-being of older adults

Residents in senior living communities who are active and involved in meaningful recreational, creative, and social activities experience less boredom, have fewer emotional difficulties, and require less help with basic self-care needs.

Senior living communities, like this one, offer many different types of programs and activities that give older adults the opportunity to build relationships, maintain a sense of purpose, and stay physically active. For instance, there is the opportunity to have health and wellness programs; social, recreational, intellectual, and spiritual activities; and volunteering and mentoring opportunities.

You may want to mention some specific programs and activities your facility offers to residents—pointing out that the activities are designed to appeal to residents with varying interests and skills, men and women, etc.

Senior living communities, like ours, can also strive to make the environment as homelike as possible and involve residents in making decisions that affect their life at the senior living community.



Slide 21. Discussion

Discussion



Let's talk about how you can help promote the emotional well-being of an older adult family member who is in a senior living community or your own emotional well-being if you are a resident. Consider the area of relationships—what are some practical things you can do to encourage social interactions?

Possible answers:

- ◆ *Ease the entry into the senior living community by joining an older adult family member for dinner.*
- ◆ *Encourage them to participate in one of the recreational activities offered here at the senior living community.*

What are some ways you can help create a positive physical environment in this senior living community?

Possible answers:

- ◆ *Bring plants, artwork*
- ◆ *Help residents decorate their rooms in a way that is homelike*



Slide 22. Some things to remember

Some older adults can maintain a positive attitude despite the challenges of aging. Other older adults have difficulty adjusting to the challenges and changes they face and may need extra help.

As we wrap up our time together, I would like to remind you of three important points:

1. Depression is not a normal part of aging. Watch for changes in mood and behavior, and get professional help if needed.

2. Older adults who are active and involved in meaningful recreational, creative, and social activities experience less boredom, have fewer disturbing behaviors, and require less help with basic self-care.
3. There are things you can do, or you can encourage an older adult to do, to promote their well-being.



Slide 23. Thank you

I know we have covered a lot in this hour, and I want to thank you for your attention and your time.

Handout



Distribute the handout Coping with the Issue of Suicide and the National Suicide Prevention Lifeline wallet card. Briefly review the handout.

This handout lists people and resources you can turn to if you need help with any memories or feelings that may be brought up by this discussion. I encourage you to make use of these resources if necessary or contact _____ **[staff name and title]** if you have any questions.

Again, thanks.

Reference List

American Association of Suicidology. (2009). 2006 official final data. Retrieved May 14, 2009, from <http://www.suicidology.org/web/guest/stats-and-tools/statistics>

Centers for Disease Control and Prevention (CDC). (2006). WISQARS Fatal Injuries: Mortality Reports. National Center for Injury Prevention and Control, CDC. Retrieved June 1, 2009, from <http://webappa.cdc.gov/sasweb/ncipc/mortrate.html>

Handout for Family and Resident Workshop



Coping with the Issue of Suicide

This handout lists people and resources you can turn to if you need help with any difficult memories or emotions that may be brought up by this discussion.

If you feel you are in crisis and need immediate help, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). It is available 24 hours a day, seven days a week.

These are some other resources you can contact.

[Insert senior living community and local resources]

Employee Assistance Program:

Pastoral Counselor or Clergy:

Social Worker:

Community Mental Health Center:

PowerPoint for Family and Resident Workshop

Family and Resident Workshop

Promoting Emotional Well-Being of Residents in Senior Living Communities

1

What we will learn

- Common challenges facing older adults
- Depression
- Warning signs
- Activities to improve emotional well-being

2

Mrs. Williams

Many older adults lead happy, fulfilling lives.



3

Common challenges facing older adults:

- Family loss
- Social isolation
- Lack of a sense of safety
- Transitions
- Loss of status,
- sense of purpose
- Financial problems
- Physical disability, illness, or pain
- Mental illness
- Substance abuse

4

Depression

- Depression is not a normal part of aging.
- Depression is treatable.



5

Symptoms of depression

- Lack of interest in activities
- Overwhelmed by sadness, emptiness, or worthlessness
- Fatigue and lack of energy
- Changes in sleep or appetite



6

Seeking help

Why some older adults do not seek mental health treatment:

- Negative stereotypes
- Wanting to cope on own
- Uncomfortable talking about emotions
- Unfamiliar with mental health professionals
- Cost

7

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

8

How we help a resident get treatment

- Assess mental health
- Make referrals
- Provide ongoing support



9

Suicide among people over 65

- Rates are higher than the national average.
- 1 out of every 4 older adults who attempt suicide dies.
- 1 out of every 100–200 young people who attempt suicide dies.
- Passive or indirect suicide is a problem.

(Source: American Association of Suicidology, 2009. 2006 official final data)

10

Warning signs of immediate risk of suicide

- Threatening or talking of wanting to hurt or kill 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

11

Talking about death and dying

- “I’ve had a great life. If I die tomorrow, I’m ready.”
- “Death would solve all my problems.”

12

Respond immediately to any warning signs

- Call _____ [*Staff name and contact number*]

13

Signs requiring referral to mental health treatment:

Behavior

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

14

Signs requiring referral to mental health treatment:

Mood

- Hopeless or trapped
- No sense of purpose in life, no reason for living
- Anxious or agitated
- Rage, uncontrolled anger
- Dramatic changes in mood

15

Discussion

- How would you know your family member is withdrawing from family or friends?
- What might an older adult say or do that indicates a sense of hopelessness?



16

Mrs. Williams



17

Actions that reduce the risk of suicide

- Take care of yourself: Health and emotional health
- Get involved: Intellectually and creatively
- Reach out: Strong social networks

18

Keys to Mrs. Williams' recovery

- Medical and emotional health treatment
- Strong and caring family relationships
- Involvement in social and recreational activities



19

How senior living communities promote the well-being of older adults

Activities and programs to:

- Build relationships
- Maintain sense of purpose
- Stay physically active

20

Discussion

- What are some practical things you can do to encourage social interactions?
- What are some practical things you can do to create a positive physical environment?

21

Some things to remember:

- Depression is not a normal part of aging
- Being active and involved increases emotional well-being
- There are things you can do



22



23

