

PROMOTING EMOTIONAL HEALTH AND PREVENTING SUICIDE

A Toolkit for Senior Centers



Substance Abuse and Mental Health Services Administration
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Promoting Emotional Health and Preventing Suicide:

A Toolkit for Senior Centers

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
Division of Prevention, Traumatic Stress, and Special Programs
Suicide Prevention Branch

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About This Toolkit

This toolkit is a resource for senior center staff and volunteers. As a focus point for the community, senior centers connect older adults with a range of critical services and programs, including meals and nutrition programs, transportation services, health and wellness programs, and social and recreational activities. Therefore, these centers can play an important role in promoting emotional health among older adults and increasing the factors that may protect them from suicide. This toolkit will give you many ideas, examples, tools, and resources for integrating suicide prevention into the work you already do to support the well-being of older adults.

Questions You May Have

Promoting emotional health and preventing suicide might be new topics to you—and if so, you may have a few questions.

How can my senior center address suicide and other sensitive topics?

Suicide, depression, and problems with alcohol and medications are issues you may feel uncomfortable talking about or not qualified to address. But there are many individuals and organizations in your community who can help you talk about these issues and connect older adults to the help they need. These individuals include mental health providers who have been trained to lead educational sessions addressing these issues and to screen and counsel older adults and link them to sources of help.

Do older adults want to talk about emotional health?

You may be concerned that the older adults who come to your center will not want to talk about suicide and related mental health problems. It's true—if you were to schedule a workshop on “suicide prevention” or “depression,” very few people would likely show up. But mental health educators and others who conduct these sessions at senior centers have found that older adults will indeed attend when these topics are framed in a more positive and engaging way (e.g., “Promoting Emotional Well-Being”). Older adults want to learn about these issues—both to improve their own health and wellness and to serve as a resource to their friends, family members, and others who may be experiencing problems.

Will older adults be willing to seek help?

You may be wondering, “What’s the point of raising these issues? Older adults will not want to seek help because they don’t want to be labeled as having a mental health problem.” Many older adults may indeed be reluctant to do so—and that is why it’s so important to let them know that depression, problems with alcohol and medications, and thoughts of suicide are not a normal part of aging and that effective treatment is available. If you notice signs that an older adult may have a problem, you can promote help-seeking by encouraging the person to talk with a counselor, a social worker, or his or her doctor. This can be a critical first step that can make a tremendous difference in that person’s life.

Contents of the Toolkit

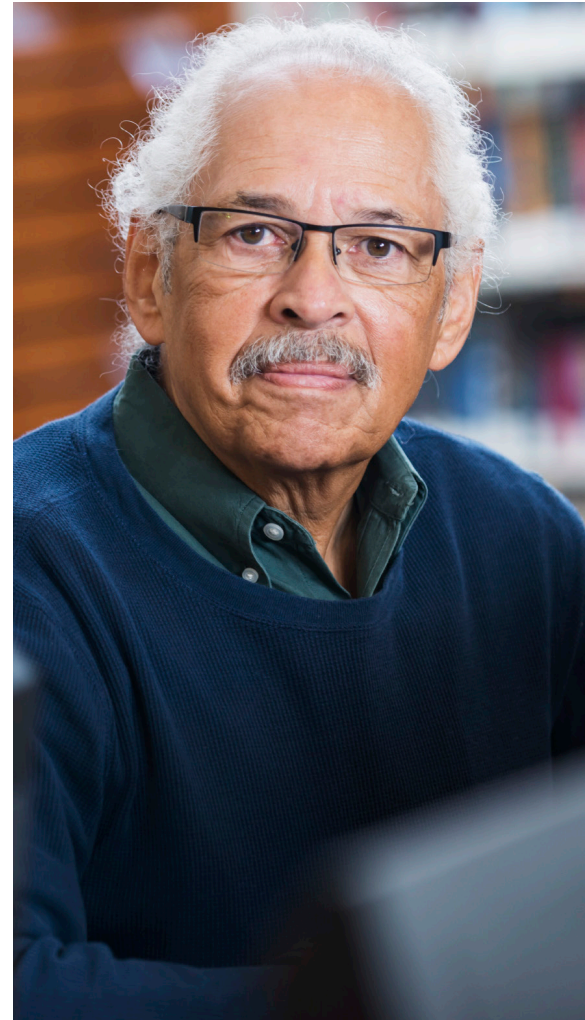
Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Centers (2015) is based on a similar resource for senior living communities published in 2011 by the Substance Abuse and Mental Health Services Administration (SAMHSA). This toolkit, which is tailored to the needs of senior centers, was developed for SAMHSA by the Education Development Center, Inc., with input from other federal agencies, senior center staff, and individuals and organizations who work with senior centers to provide services and support to older adults.

This toolkit includes the following:

- A Getting Started section that provides an overview of suicide among older adults and how senior centers can help address this important problem.
- A section on each of the three key strategies that senior centers can use to promote emotional well-being and prevent suicide among older adults. Each section describes recommended steps for carrying out the strategy and indicates relevant tools and resources.
- Nine tools for carrying out the three strategies.
- Three fact sheets that senior centers can share with older adults and their families as part of an educational session or other event.

The table that follows provides an at-a-glance look at the contents of this toolkit, showing how all the parts fit together. For each section and subsection of the toolkit, the table lists the steps that your senior center can take and the related tools and fact sheets.

Please feel free to adapt the information in this toolkit to best fit your needs and to share it with others who serve older adults in your community.



Toolkit Sections, Steps, and Tools

Section and Steps	Tools and Fact Sheets
Getting Started	
- Educate staff, volunteers, and participants about suicide among older adults. - Assess needs and develop a plan. - Identify and partner with behavioral health providers in your community. - Identify others who can help you carry out each strategy.	Tool 1: Suicide among Older Adults Tool 2: Assessment Checklist Tool 3: Connecting to Behavioral Health Resources in the Community
Strategy 1: Promote Emotional Health	
Provide Activities and Programs that Increase Protective Factors - Offer activities and programs that foster a sense of purpose, resilience, and other protective factors. - Provide activities and programs that integrate mental and physical health. - Invite a mental health educator to lead wellness sessions at your senior center. - Align programs and activities with the values, preferences, and cultural and linguistic needs of the older adults you serve.	Tool 4: Activities to Promote Health and Wellness
Support the Development of Social Connections - Establish a buddy system to welcome new participants. - Provide activities that help men, in particular, develop social connections. - Develop a policy for addressing bullying.	Tool 5: Strategies for Establishing Social Networks Fact Sheet 1: Looking Out for the Well-Being of Yourself and Others
Strategy 2: Recognize and Respond to Suicide Risk	
Recognize the Warning Signs of Suicide - Designate someone at your senior center to serve as the point person for addressing concerns related to suicide risk. - Identify a mental health professional in the community who will be your contact for advice and referrals. - Develop a written protocol for recognizing and immediately responding to the warning signs of suicide. - Provide training to staff, volunteers, and participants. - If someone shows any signs of immediate risk, alert the designated person at your senior center. - Refer individuals who may be at serious, but not immediate risk of suicide to a mental health professional for further assessment and treatment.	Fact Sheet 2: Know the Warning Signs of Suicide

Strategy 2: Recognize and Respond to Suicide Risk <i>cont'd</i>	
Recognize and Respond to Depression • Increase awareness of the symptoms of depression. • Identify community partners who can conduct educational sessions at your senior center to educate staff, volunteers, and older adults about depression.	Tool 6: Recognizing and Responding to Depression
Recognize and Respond to Medication and Alcohol Misuse • Increase awareness of the recommended drinking limit for older adults. • Invite a behavioral health professional to make a presentation about alcohol and/or medication misuse for your staff and volunteers. • Invite a pharmacist to conduct a session on appropriate and inappropriate use of medications.	Tool 7: Recognizing and Responding to Medication and Alcohol Misuse
Increase Access to Care • Encourage older adults to seek care for behavioral health problems by using words that are neutral and nonthreatening. • Suggest that older adults talk with their doctors about issues related to mental health and/or use of alcohol or medications. • Invite a local behavioral health care professional to come to your senior center to encourage help-seeking and describe available services. • Facilitate access to screening and treatment.	Tool 3: Connecting to Behavioral Health Resources in the Community
Strategy 3: Respond to a Suicide Attempt or Death	
• Develop one or more <i>postvention</i> protocols for responding to a suicide attempt or death.* • Provide training to senior center staff and volunteers. • Contact an organization that provides postvention support to obtain its help in the event of a suicide death or attempt.	Tool 8: Community Support Meetings Fact Sheet 3: After a Suicide: What to Expect and How to Help



* The term *postvention* refers to “response to and care for individuals affected in the aftermath of a suicide attempt or suicide death” (HHS Office of the Surgeon General and National Action Alliance for Suicide Prevention, 2012, p. 141).



Getting Started

Senior centers vary tremendously in size, location, number of people served, funding sources, staffing, services, and activities—as well as in their approaches to mental health promotion and suicide prevention. This section provides an overview of suicide among older adults, presents three key strategies that senior centers can use to address this problem, and suggests steps for getting started.

Suicide among Older Adults. In 2013, more than 7,000 people age 65 or older died by suicide (CDC, 2013). Suicide rates are higher among older adults than in the general population (CDC, 2013). In addition to the thousands of older adults who die by suicide, many more have made suicide attempts and suffer from the emotional pain of suicidal thoughts.

Suicide rates are particularly high among older men—higher than among any other group in the United States (CDC, 2013). Although suicide *attempts* are more common among older women than older men (SAMHSA, 2013b), attempts are more likely to be fatal among men because men are more likely than women to use firearms (CDC, 2013).

Although older adults (both men and women) are less likely than younger adults to report serious thoughts of suicide or a suicide attempt (SAMHSA, 2013b), attempts are more likely to result in death among older adults than among younger people (Conwell, 1997; Fassberg et al., 2012).

Risk and Protective Factors. In most cases, suicide results from a combination of factors rather than a single cause. Studies suggest that some of the key *risk factors* for suicide among older adults include the following (Conwell, Van Orden, & Caine, 2011):

- Mental disorders, particularly depression
- Substance use problems (including abuse of prescription medications)
- Physical illness, disability, and pain
- Social isolation
- Stressful life events and losses
- Access to lethal means

Suicide is preventable. Several factors may help protect older adults from suicide and related behavioral health problems. *Protective factors* for suicide among older adults include the following (Conwell, et al., 2011):

- Receiving care for mental and physical health problems
- Social connectedness
- A sense of purpose or meaning
- Skills in coping and adapting to change
- Cultural or religious beliefs that discourage suicide

There is help and hope when individuals, families, and organizations such as senior centers join forces to prevent suicide.

Three Key Strategies. Senior center staff and volunteers can promote emotional health and prevent suicide among older adults by implementing three key strategies:

- **Strategy 1: Promote emotional health.** This strategy focuses on all older adults—regardless of individual risk for suicide. It includes providing a range of programs, services, and activities that support emotional health and helping older adults develop positive social connections.
- **Strategy 2: Recognize and respond to suicide risk.** This strategy focuses on identifying older adults who may be at risk for suicide, as well as related mental health or substance use problems, and linking them to sources of help. As senior center staff and volunteers work with older adults on a daily basis, they are in a unique position to notice signs of a problem and encourage help-seeking.
- **Strategy 3: Respond to a suicide attempt or death.** A suicide attempt or death can have a profound emotional impact on older adults and their families and other caregivers, as well as on senior center staff and volunteers. This section of the toolkit offers information on how to support your staff, volunteers, and participants after a crisis.

What you can do

Educate staff, volunteers, and participants about suicide among older adults. Help increase awareness of the issue of suicide and educate senior center staff, volunteers, and participants by sharing copies of **Tool 1: Suicide among Older Adults**. It provides key facts, a detailed list of risk and protective factors, and suggestions for what you can do.

Assess needs and develop a plan. Assess how well your senior center is already addressing the three key strategies (see **Tool 2: Assessment Checklist**), and develop a plan for closing any existing gaps and making improvements. Consider scheduling a meeting with your board members, staff, and volunteers to review the checklist and identify the strategies and steps that are feasible for and important to your center. You can then follow the guidance in each relevant section of this toolkit to help you take those steps.

Identify and partner with behavioral health providers[†] in your community. These include mental health centers and specialists, programs aimed at preventing and/or treating substance use disorders, pastoral counseling resources, support groups, and hospitals, all of whom can support the work of your center in many ways. This toolkit provides many examples of how these partnerships can be a win-win situation for all involved.

A Win-Win Situation

Partnerships between senior centers and behavioral health providers can benefit both parties in many ways.

Behavioral health providers can help senior centers by:

- Serving as valuable sources of consultation and referrals
- Providing trained specialists to lead workshops and sessions that educate older adults and/or senior center staff and volunteers on topics related to behavioral health
- Screening older adults for depression, substance use disorders, and/or suicide risk and connecting them to sources of care

Senior centers can support the work of behavioral health providers by:

- Helping them reach older adults in the community who may be unwilling to go to a specialist for help with a behavioral health problem
- Providing space for screenings and consultations at a trusted location that is easily accessible to older adults via transportation services
- Connecting providers to individuals and organizations serving older adults (e.g., meals and transportation services, home health aides) who can identify older adults in other settings (e.g., at home) who may need help.

[†] Behavioral health providers are individuals and organizations who provide support for a wide range of mental and/or substance use problems, including alcohol and drug addiction, misuse of substances, mental illness, serious psychological distress, co-occurring mental and substance use disorders, and suicide (SAMHSA, 2011).

Identify others who can help you carry out each strategy. Potential partners include health educators, who can lead sessions on health and wellness; primary care providers, who can offer preventive services and care for chronic health problems, thereby also reducing suicide risk; and others in the community who provide services for older adults, such as Meals on Wheels programs and home health aides.

All of these connections—among providers of services for older adults, behavioral health services, and other health care services—can promote better coordination of services and improved health and quality of life for the older adults you serve.

Tools you can use

- **Tool 1: Suicide among Older Adults** can help you increase awareness of the risk and protective factors for suicide among older adults. Distribute copies to staff and volunteers.
- **Tool 2: Assessment Checklist** will help you assess how well your senior center is addressing the three strategies and identify areas for improvement.
- **Tool 3: Connecting to Behavioral Health Resources in the Community** will help you develop a list of potential partners.

Other resources

Get Connected! Linking Older Adults with Medication, Alcohol, and Mental Health Resources is a toolkit that provides step-by-step information and resources, including fact sheets and screening tools, on how to establish a program to link older adults with medication, alcohol, and mental health treatment and support resources. Available at <http://store.samhsa.gov/product/Linking-Older-Adults-With-Medication-Alcohol-and-Mental-Health-Resources/SMA03-3824>.

Two **Issue Briefs** from the Administration for Community Living offer information about partnering with behavioral health providers and preventing suicide among older adults:

- Issue Brief 1: Aging and Behavioral Health Partnerships in the Changing Health Care Environment
- Issue Brief 4: Preventing Suicide in Older Adults

Available at http://www.aoa.acl.gov/AoA_Programs/HPW/Behavioral/index.aspx.

Strategy 1: Promote Emotional Health

Senior centers offer many activities and services that help older adults stay healthy and independent as they age—but centers can do even more. The factors that may help protect older adults from suicide and other behavioral health problems include personal characteristics and skills and positive and caring social connections. This section describes ways to promote emotional well-being and to strengthen protective factors among all senior center participants, regardless of their individual risk for suicide.

Provide Activities and Programs that Increase Protective Factors

Studies suggest that the characteristics and skills that may help protect older adults from suicide include having a sense of purpose or meaning, self-esteem, social skills, flexibility, and skills in coping and adapting to change (Conwell, et al., 2011). Cultural or religious beliefs that discourage suicide and support self-preservation may also be protective.

Senior centers can increase these protective factors by offering activities and programs that older adults find interesting and enjoyable, build on their strengths, and help them develop new skills. Given that medical problems, disability, and pain may increase suicide risk, it is also important to provide activities and programs that help older adults manage chronic health conditions and adapt to changes in physical function. Whenever possible, these programs should convey the message that physical and mental health are strongly linked and that both are important to healthy aging.

What you can do

Offer activities and programs that foster a sense of purpose, resilience, and other protective factors. Consider activities that do the following:

- Help older adults prevent and manage health problems (e.g., sessions on topics such as diabetes self-management and injury prevention)
- Develop coping skills (e.g., workshops on issues such as loss and bereavement or caring for a spouse or partner)
- Provide a sense of purpose and opportunities to develop meaningful connections with others (e.g., volunteering and mentoring activities, intergenerational activities)
- Provide a sense of accomplishment and pleasure (e.g., word and number games, writing poetry or stories, cooking, using computers, woodworking, financial management)

A brief survey can be a great way to identify topics and activities of interest to your participants. Create a list of potential offerings and ask participants to rank order them and/or suggest their own ideas.

Provide activities and programs that integrate mental and physical health. Consider adding mind-body activities, such as mindfulness,



meditative breathing, and yoga to your exercise and activity programs. When planning an educational session on a health problem, such as heart disease or diabetes, make sure that the session also addresses the relationship between mental and physical health (e.g., the link between heart disease and depression). You might offer chronic disease self-management workshops that include topics such as decision making, stress reduction, coping with pain, and the appropriate use of medications. Consider inviting behavioral health providers from your community to participate in health fairs and other events hosted by your senior center.

Invite a mental health educator to lead wellness sessions at your senior center. See the box for examples of wellness classes offered by senior centers in Colorado and Utah.

Wellness Classes: Ideas from Colorado and Utah

Senior Reach (<http://www.seniorreach.org>), a program in Colorado that partners with others in the community to support the well-being of older adults, sends wellness coordinators to lead classes at senior centers. Sample topics include:

- **NO MORE REGRETS!** Focusing on past regrets robs us of any happiness we can have right now.
- **Taking In the Good.** Savoring the good in our lives can help promote healing and a deep sense of inner contentment.
- **Into the Stillness.** During the holidays, take some time to just be still, through meditation, journaling, and ritual.
- **Awakening to Joy.** Focus on how to live our daily lives more mindfully.
- **Calm in the Chaos.** Typical holiday scenarios are followed by discussion and information on various coping techniques.
- **The Journey of a Caregiver.** Consider the passages involved in being a caregiver and ways to take care of oneself.

Valley Behavioral Health (<http://www.valleycare.com>), in Utah, has a Vital Aging Project that provides wellness classes at 19 senior centers. Class topics are selected via a needs assessment questionnaire completed by senior center participants. More than 15 wellness topics are offered, and participants are encouraged to make suggestions. Examples include:

- How I View Myself (Self-Esteem)
- Achieving a Healthy Mind, Body, and Soul
- Building Resilience
- Creative Problem Solving
- Mindfulness and Relaxation Techniques
- Adjusting to Transitions in Your Living Environment





Align programs and activities with the values, preferences, and cultural and linguistic needs of the older adults you serve. For example, if your senior center serves Spanish-speaking older adults, invite a Spanish-speaking mental health professional to lead a session on wellness. Be aware that some terms (e.g., depression) may not translate well into other languages. Choose culturally competent presenters, particularly individuals who come from the same culture as session attendees. (See sidebar for an example of a prevention program designed specifically for Native American older adults.) In addition to considering race/ethnicity and language, also take into account the needs and interests of other groups, such as people with disabilities and those who are lesbian, gay, bisexual, or transgender. Connect with organizations representing various groups in your community to find out more about the types of programs that different older adults may find appealing.

Tools you can use

Tool 4: Activities to Promote Health and Wellness provides additional examples of activities and programs your senior center may consider incorporating.

Other resources

Issue Brief 11: Reaching Diverse Older Adult Populations and Engaging Them in Prevention Services and Early Interventions provides information and examples on how to deliver culturally appropriate services. Available at http://www.aoa.acl.gov/AoA_Programs/HPW/Behavioral/index.aspx.

A Toolkit for Serving Diverse Communities, from the Administration on Aging, offers easy-to-use methods for providing respectful, inclusive, and sensitive services. Available at http://www.aoa.acl.gov/AoA_Programs/Tools_Resources/DOCS/AoA_DiversityToolkit_Full.pdf.

Wise Elders Living Longer (WELL-Balanced): A Group Program for Native Americans

WELL-Balanced is a program developed by the National Resource Center on Native American Aging and the University of North Dakota Wellness Center specifically for Native American elders. The program uses exercise, information, and social interaction to help elders remain active and independent. It helps elders:

- Prevent falls
- Manage diabetes, arthritis, and hypertension
- Engage in social activity
- Increase their level of physical activity
- Develop strategies for independent living
- Have fun

WELL-Balanced program materials are available online at <https://www.nrcnaa.org/well-balanced>.



Support the Development of Social Connections

Being connected to others at the personal, family, and community levels has been identified as a key protective factor for older adults (CDC, 2006; Conwell, et al., 2011). Studies suggest that suicide may be less likely among older adults who have close friends and family members, participate in community activities, and/or are active in organizations than among those who have fewer connections. Belonging to a faith community and attending services also may help protect older adults from suicide by connecting them to sources of social support in the community. To be protective, these connections should “create positive interactions and feelings of being cared about” (Conwell, et al., 2011, p. 6).

Senior centers can provide older adults with a variety of opportunities to develop positive connections with their peers, staff, volunteers, and other service providers. These social networks may be particularly important to older adults who lack day-to-day contact with family and close friends.

What you can do

Establish a buddy system to welcome new participants. Ask current participants if they would like to volunteer to serve as buddies. When new participants come to your senior center, they can be connected with a buddy who will introduce them to the facilities, services, personnel, and other participants. Organizing “friendship tables” in dining locations is another way to welcome new members and help them develop positive connections.

Provide activities that help men, in particular, develop social connections. As noted in the Getting Started section, suicide rates are particularly high among older men. However, men are less likely than women to reach out socially. It is estimated that men make up only about 30 percent of senior center participants, or less than one in three (NCOA, 2012). This makes it especially important to attract men to your senior center by providing activities that they will find engaging. Consider conducting a community survey to identify activities and topics of interest to older men who live in your area. For example:

- Games such as pool, poker, and bridge
- Opportunities for men to work on meaningful projects of their choice (e.g., carpentry, restoring bicycles for a local school, gardening, mentoring on how to start a new business), at their own pace, while interacting with other older men
- Breakfast or lunch speakers who can address an issue of particular interest to the men in your community (e.g., local news and events, sports)
- Workshops or discussions on topics of interest to men in your community (e.g., a men’s health issue)

Develop a policy for addressing bullying. Bullying is a social problem that affects people of all ages, including older adults. Bullying can happen in any place where older adults spend a lot of time together, such as dining areas and other shared facilities. Consider adopting a formal protocol for preventing, recognizing, and stopping bullying at your senior center. The protocol should define bullying, give examples, indicate how and to whom one should report this type of behavior, and state the center's disciplinary policy (e.g., verbal warning, followed by written warning, followed by a suspension of senior center privileges).

Tools you can use

- **Tool 5: Strategies for Establishing Social Networks** offers more ideas on how to help older adults establish positive social connections.
- Distribute **Fact Sheet 1: Looking Out for the Well-Being of Yourself and Others** to senior center participants as part of a session or presentation on health promotion and wellness.

Other resources

For more on senior bullying, see a series of blog posts by two experts on the topic, Dr. Robin Bonifas and Marsha Frankel. Available at <http://www.mybetternursinghome.com/senior-bullying-guest-post-by-robin-bonifas-phd-msw-and-marsha-frankel-licsw/>.

Recognizing and Stopping Bullying

Signs of bullying may include:

- Name calling, teasing, taunting, or threatening
- Pushing, hitting, destroying property, or stealing
- Shunning, excluding or ignoring, gossiping, spreading rumors, or mimicking
- Laying claim to certain spaces or areas in the building and leaving others out

Bullying can cause long-term harm to its victims. For bystanders, it creates a toxic environment of fear and distrust.

Ignoring bullying won't make it go away. Strategies for preventing and stopping bullying include:

- Creating a culture of equality and respect
- Increasing awareness of bullying via educational sessions and awareness materials
- Adopting a policy on bullying and posting it at your facility

A close-up portrait of an elderly man with a mustache, looking slightly to the side. He has a serious expression. The background is a soft, out-of-focus green.

Strategy 2: Recognize and Respond to Suicide Risk

Senior centers can play an important role in preventing suicide by identifying older adults who may be at immediate risk, taking appropriate follow-up actions to keep them safe, and connecting them to help they need. This section describes how to recognize and respond to the warning signs of suicide. Since suicidal behavior is closely linked to mental disorders and substance misuse, this section also addresses how to recognize and respond to depression and misuse of alcohol and medications among older adults.

Recognize the Warning Signs of Suicide

Senior center staff and volunteers should be able to recognize the warning signs of suicide and know how to respond immediately if someone displays any of them. This information may also be useful to the older adults at your center, as they may have friends, neighbors, or family members who are experiencing suicide risk.

What you can do

Designate someone at your senior center to serve as the point person for addressing concerns related to suicide risk. For example, you could designate the senior center director, a social worker, or other appropriate staff member to serve in this capacity.

Identify a mental health professional in the community who will be your contact for advice and referrals. Contact local behavioral health providers to identify one or more mental health professionals who can provide this assistance to your senior center and its participants. (See **Tool 3: Connecting to Behavioral Health Resources in the Community** for more information on how to identify and contact behavioral health providers.)

Develop a written protocol for recognizing and immediately responding to the warning signs of suicide. The protocol should include information on how to recognize warning signs and behaviors. It should also indicate the senior center point person to notify and the community mental health provider to contact for assistance. Develop and disseminate a resource sheet that provides this information (e.g., **Fact Sheet 2: Know the Warning Signs of Suicide**).

Provide training to staff, volunteers, and participants. Consider partnering with a mental health provider who can provide training on how to identify and help individuals who may be showing these signs. When offering this training to senior center participants, also invite family members and other caregivers to attend. These individuals may be in a good position to notice changes in behavior that could indicate a problem.

If someone shows any signs of immediate risk, alert the designated person at your senior center. The following three behaviors may indicate that a person is at immediate risk of suicide (SPRC, 2014):

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

If you see any of these signs, alert the point person at your senior center. He or she should immediately call your senior center's mental health contact in the community or the National Suicide Prevention Lifeline (1-800-273-8255). The goal is to connect the person to a mental health professional who can quickly assess for suicide risk. If you think the person is in immediate danger of attempting suicide, call 911. Stay with the person until help arrives, talking with him or her in a supportive tone.

Refer individuals who may be at serious, but less immediate risk of suicide to a mental health professional for further assessment and treatment. The following behaviors may indicate a serious risk, especially if the behavior is new, has increased, and/or seems related to a painful event, loss, or change:

- Talking about feeling trapped or being in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

If you see any of these signs, alert the point person at your senior center. He or she should connect the person to your senior center's mental health contact in the community who can screen the person, determine whether a referral for treatment is appropriate, and facilitate treatment.

Tools you can use

- Distribute **Fact Sheet 2: Know the Warning Signs of Suicide** to your staff and volunteers and to older adults who visit your senior center as part of an educational session. Consider sharing it with other service providers (e.g., home health aides, personnel from transportation and meal programs) as well.

Partnering with Behavioral Health Providers to Educate Older Adults

Older adults can play an important role in recognizing and addressing suicide risk among their family members, friends, neighbors, and other older adults in the community. Partnering with local mental health providers can be a great way to educate older adults who come to your senior center about this important issue.

Valley Behavioral Health (<http://www.valleycares.com>) in Utah and Oakland Family Services (<http://www.oaklandfamilyservices.org/programs/oacs/oacs.html>) in Michigan work in partnership with their local senior centers to educate older adults about behavioral health topics, including the warning signs for suicide. The two organizations lead educational workshops to do the following:

- Discuss the signs that a family member or friend may be at risk
- Offer guidance on how to respond
- Provide information about sources of mental health care in the community

These workshops use information adapted from *Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities*. Available at <http://store.samhsa.gov/product/Promoting-Emotional-Health-and-Preventing-Suicide/SMA10-4515>.

- Encourage or provide training on managing suicide risk for appropriate professional staff and volunteers. Consider setting up a time to view online webinars addressing suicide and other behavioral health issues among older adults. See links to available webinars in **Tool 9: Resources List**.

Other resources

The **National Suicide Prevention Lifeline (1-800-273-TALK/8255)** is a 24-hour, toll-free, confidential suicide prevention hotline that provides crisis counseling and mental health referrals to anyone in suicidal crisis or emotional distress. Visit <http://www.suicidepreventionlifeline.org>.

The **Friendship Line (1-800-971-0016)** is the nation's only 24-hour toll-free hotline specifically for older and disabled adults. Trained staff and volunteers make and receive calls to and from individuals who are either in crisis or just in need of a friend. Visit <http://www.ioaging.org/services-for-elders-and-caregivers/friendship-line>.

Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities includes a trainer's manual that senior centers have adapted to provide training to senior center staff, volunteers, and participants. Available at <http://store.samhsa.gov/product/Promoting-Emotional-Health-and-Preventing-Suicide/SMA10-4515>.

Question, Persuade, Refer (QPR) Gatekeeper Training for Suicide Prevention is a one- to two-hour training, delivered by QPR-certified instructors or online, for staff, volunteers, and others who interact with older adults. It covers the warning signs of suicide and what to do, as well as what not to do. Although not specifically designed for older adults, QPR has been used successfully with staff in nursing homes. For more about this training, including associated costs, visit <http://qprinstitute.com>.

safeTALK is a half-day training, delivered by registered LivingWorks trainers who are assisted by a community resource person who can recommend local resources. It can be used to train senior center staff, volunteers, and others who interact with older adults, although it is not designed specifically for this audience. safeTALK helps participants identify people who are at risk for suicide and connect them with intervention resources. For more about this training, including associated costs, visit <https://www.livingworks.net/programs/safetalk>.





Recognize and Respond to Depression

Depression is a serious mental health problem that affects many older adults. Although depression is more common among women than among men, it is also a serious concern for men. Depression is not a normal part of aging—it is a mental health problem that can significantly diminish one’s quality of life. Effective treatment, including medication and counseling, is available.

Senior centers can play an important role in increasing awareness of depression among staff, volunteers, and others who provide services to older adults, as well as to older adults themselves. All of these individuals can help identify others who may be experiencing problems and can encourage help-seeking.

What you can do

Increase awareness of the symptoms of depression. Key symptoms include (APA, 2013):

- Depressed mood (e.g., feeling sad, empty) most of the time[‡]
- Loss of interest or pleasure in activities
- Weight loss or gain (changes in appetite)
- Disturbed sleep (sleeping too much or too little)
- Noticeable restlessness (agitation) or slow movement
- Fatigue or lack of energy
- Feelings of worthlessness or extreme guilt
- Difficulties with concentration or decision making
- Frequent thoughts of death or suicide, or a suicide attempt

Share this information with your staff and volunteers, but also let them know that these symptoms are similar to those of other medical conditions and may also vary among different groups (e.g., by age, sex, race/ethnicity). Only a mental health care provider can make a full evaluation and diagnosis.

[‡] Among older adults, a depressed mood is not always a symptom of depression as it usually is among younger adults. Therefore, it is important to look out for the other listed symptoms.

Identify community partners who can conduct educational sessions at your senior center to educate staff, volunteers, and older adults about depression. These sessions can provide information on risk factors, the signs and symptoms of depression, self-help techniques, treatment, sources of professional help, and ways to take care of oneself to support one's emotional health and well-being. See the sidebar for an example of this type of partnership.

Tools you can use

- Share copies of **Tool 6: Recognizing and Responding to Depression** with your staff and volunteers.

Other resources

See **Get Connected! Linking Older Adults with Medication, Alcohol, and Mental Health Resources** for information, tools, and resources addressing depression, anxiety, and other mental health problems affecting older adults. Available at <http://store.samhsa.gov/product/Linking-Older-Adults-With-Medication-Alcohol-and-Mental-Health-Resources/SMA03-3824>.

Issue Brief 6: Depression and Anxiety: Screening and Intervention discusses how to help older adults who have mental health issues. Available at http://www.aoa.acl.gov/AoA_Programs/HPW/Behavioral/index.aspx.

Recognize and Respond to Medication and Alcohol Misuse

The misuse of alcohol and/or medications may increase the risk for many health problems among older adults. As people get older, their metabolism slows, so the effects of alcohol are greater. Alcohol use may speed up normal declines in functioning due to aging; increase the risk of falls, injuries, and disability; and trigger or complicate many medical and mental conditions (SAMHSA, 2013a). Alcohol may also displace important nutrients in older people's diets, interfere with the intended effects of medications, and interrupt sleep at night.

Many older adults have chronic health conditions that require them to take several medications per day. Misusing medications, or combining alcohol with certain medications, can lead to serious side effects and medication interactions.

What you can do

Increase awareness of the recommended drinking limit for older adults. The National Institute on Alcohol Abuse and Alcoholism recommends that adults age 65 or older who are healthy and take no medications should drink no more than three alcoholic drinks on a given day, not to exceed seven drinks per week (NIAAA, n.d.). Women are advised to drink less than this because their bodies react differently to alcohol than men's bodies do. People with certain health conditions may need to drink less or not at all.

Screening Older Adults for Depression and Connecting Them to Sources of Care

The Mental Health Association of New York City (MHA-NYC, <http://www.mhaofnyc.org>) conducts workshops at local senior centers that educate older adults about depression. At least two educators lead each emotional wellness workshop, which comprises an interactive discussion addressing emotional well-being, symptoms of depression, risk factors, and treatment.

At the start of each session, workshop leaders distribute information packets, including a depression knowledge survey and a screening tool (the PHQ-9). Before and after the discussion, leaders walk around the room, reviewing answers and encouraging help-seeking in a nonthreatening way.

Lisa Furst, MHA-NYC Director of Education for the Geriatric Mental Health Alliance of New York, gives an example of what she might say: "Mary, you took the time to fill this out. I'd love to talk to you about it. This number suggests that depression could be getting in the way of your emotional wellness. I can't tell you based only on this piece of paper what is making you feel this way. But it would be beneficial for you to talk to someone to know for sure if it is depression that is causing you to feel this way."

Workshop leaders encourage participants who may be showing signs of depression to talk with a health care provider. They also connect them to LIFENET, New York City's free and confidential mental health hotline service, which offers counselors and referrals.

Invite a behavioral health professional to make a presentation about alcohol and/or medication misuse for your staff and volunteers. The presenter might discuss myths and facts about substance misuse among older adults, signs and symptoms of misuse, treatment, and sources of help in the community.

Invite a pharmacist to conduct a session on appropriate and inappropriate use of medications. He or she can explain how medications should be taken, possible side effects, and interactions with alcohol, other medications, and supplements. The pharmacist can also review medications, answer questions, and provide tools, such as medication tracking charts.

Tools you can use

- Distribute copies of **Tool 7: Recognizing and Responding to Medication and Alcohol Misuse** to your staff and volunteers.

Other resources

Get Connected! Linking Older Adults with Medication, Alcohol, and Mental Health Resources offers information, tools, and resources addressing medication and alcohol misuse among older adults. Available at <http://store.samhsa.gov/product/Linking-Older-Adults-With-Medication-Alcohol-and-Mental-Health-Resources/SMA03-3824>.

The following **Issue Briefs** provide information and resources on substance use problems and older adults:

- Issue Brief 2: Alcohol Misuse and Abuse Prevention
- Issue Brief 3: Screening and Preventive Brief Interventions for Alcohol and Psychoactive Medication Misuse/ Abuse
- Issue Brief 5: Prescription Medication Misuse and Abuse Among Older Adults

Available at http://www.aoa.acl.gov/AoA_Programs/HPW/Behavioral/index.aspx.

Increase Access to Care

Although proven interventions for mental health and substance use problems are available, many older adults with these behavioral health issues do not receive the treatment they need (Karlin, Duffy, & Gleaves, 2008). Studies show that most adults who die by suicide saw a primary care provider within one year before their death, but only a small minority had contact with mental health services (Luoma, Martin, & Pearson, 2002).

Many people of all ages may not feel comfortable seeking treatment for behavioral health problems. But help-seeking can be particularly difficult for older adults, who grew up at a time when attitudes about mental illness were very negative. Some may not realize that the symptoms they are experiencing could be caused by a mental illness (Karlin, et al., 2008). Others may recognize that they need mental health care but may not know where to go for treatment. Transportation can also be a barrier, particularly for older adults who live in rural areas. In addition, feelings of hopelessness and helplessness linked to suicidal thoughts and depression may prevent help-seeking.

Culture and Help-Seeking

Cultural issues can affect help-seeking among older adults. Studies suggest that Chinese older adults, for example, may not want to admit to having thoughts of suicide for fear of disrupting family honor or “losing face” (Dong, Chen, Wong, & Simon, 2014). In another recent study, Korean older adults living in California reported not feeling comfortable seeking help for suicidal ideation from mental health care providers (Kim & Ahn, 2014). Poor English language skills are also a barrier to accessing care.

What you can do

Encourage older adults to seek care for behavioral health problems by using words that are neutral and nonthreatening. Keep in mind that some older adults may not react well to words such as *counseling*, *mental illness*, or *alcoholic*. Focus instead on health and wellness and improving quality of life. Use language such as “removing things that may be standing in the way of your physical and mental well-being,” or “talking with someone who can help.” Connect them with sources of help in your community.

Suggest that older adults talk with their doctors about issues related to mental health and/or use of alcohol or medications. Some older adults may be more comfortable talking with their primary care provider about such issues than going to a mental health provider. If an older adult chooses to seek help from a primary care provider, suggest that he or she write down the reason for the visit and any symptoms he or she may be experiencing and to present this information to the provider during the visit.

Invite a local behavioral health care professional to come to your senior center to encourage help-seeking and describe available services. Having an outside professional lead a group session may help participants feel more comfortable talking about these issues. Ask the presenter to describe how useful it can be to talk with a specialist about life issues that make people, particularly older adults, feel sad, depressed, or anxious. He or she should also explain that clinicians are bound by rules of confidentiality that they may break only in cases when the client or someone else is in danger.

Facilitate access to screening and treatment. Consider different ways of partnering with local providers to connect older adults with behavioral health services. Models that are being used by senior centers in different parts of the country include the following:

- A behavioral health specialist provides screening services at the senior center and refers older adults to counseling services if needed. These services may be offered at home or at the provider’s facility.
- A local mental health agency sends a trained counselor to the senior center. The center provides a space where the counselor offers drop-in office hours or scheduled appointments on a regular basis (e.g., one day per week).
- A behavioral health professional offers group counseling sessions at the senior center.

Increasing Access to Care: Ideas from Michigan and Pennsylvania

Oakland Family Services (<http://www.oaklandfamilyservices.org/programs/oacs/oacs.html>), a behavioral health provider in Michigan, describes a partnership with local senior centers that was successful in increasing access to behavioral health care. Through a SAMHSA grant, the partners worked together to train Meals on Wheels drivers serving 13 communities to look for signs of depression in older adults—simple things, such as not having changed clothes from one day to the next or not recognizing the driver. When a driver identified someone who might need help, the senior center outreach supervisor followed up by calling the person and asking, “How are you feeling today? We are offering a new program. We can send someone to talk with you about any concerns you may have, at no cost. Would you like us to send someone to talk with you?” The behavioral health provider then called the person to set up an appointment, and sent a therapist to the person’s home. The number of contacts increased from 72 in the first year to 200 the following year and 400 in the third year.

Another idea for increasing access to care comes from Get Busy Get Better: Helping Older Adults Beat the Blues, a program that was found to be effective in reducing depressive symptoms and improving quality of life among African Americans ages 55 years and older in Philadelphia (Gitlin et al., 2013). Conducted jointly by a senior center and a university research center, the tailored program randomly assigned participants to a home-based intervention or a wait-listed group. As part of the program, the research center trained care managers at the senior center and other agencies on how to screen for depression using a standardized tool. The training helped care managers effectively integrate depression assessment into the services they were providing to older adults in the community. As this program demonstrates, providing mental health training to care managers can be a great way to increase access to behavioral health care.

Tools you can use

- Use **Tool 3: Connecting to Behavioral Health Resources in the Community** to adapt the information you have gathered about community resources, and then share it with participants and their families. Ensuring that all participants know where they can go for help can decrease one key barrier to help-seeking.

Other resources

Issue Brief 11: Reaching Diverse Older Adult Populations and Engaging Them in Prevention Services and Early Interventions, from SAMHSA and the Administration on Aging, provides information and resources on how to reach and engage adults from different cultural backgrounds. Available at http://www.aoa.acl.gov/AoA_Programs/HPW/Behavioral/index.aspx.

The **SAMHSA Resource Center to Promote Acceptance, Dignity, and Social Inclusion Associated with Mental Health** offers information, resources, and programs for providing a caring, welcoming, and supportive community that will help promote recovery and wellness for people with mental health problems and substance use disorders and for those who have experienced trauma. To learn more, visit <http://www.promoteacceptance.samhsa.gov/audience/adults/default.aspx>.



Strategy 3: Respond to a Suicide Attempt or Death

Senior center staff and volunteers can play an important role in helping participants cope with a suicide attempt or death. These events can have a profound emotional impact on survivors—family members, friends, and others who knew the person involved.

People who are affected by a suicide attempt or death may experience feelings of grief, guilt, anger, shame, and embarrassment. In addition, exposure to a suicide death can also increase suicide risk among vulnerable individuals. Responding to suicide deaths and attempts in an appropriate way can help alleviate the pain caused by these incidents, promote healing, and help prevent similar attempts by others.

What you can do

Develop one or more postvention protocols for responding appropriately to a suicide attempt or death. The term postvention refers to “response to and care for individuals affected in the aftermath of a suicide attempt or suicide death” (HHS Office of the Surgeon General and National Action Alliance for Suicide Prevention, 2012, p. 141). Developing postvention protocols and sharing them with your staff and volunteers will help your senior center to respond promptly to these traumatic events.

A protocol for responding to a suicide death should indicate the following:

- The lead person for postvention support
- How to identify participants and others who may be affected by the event, including senior center staff and volunteers
- If, when, and how to offer a community support meeting
- How to provide individualized support to those who may need more help

Provide training to senior center staff and volunteers. The training should cover why the protocol was developed and how it should be used. It should also explain that exposure to a suicide attempt or death can increase suicide risk among people who are vulnerable. As part of the training, share copies of **Fact Sheet 3: After a Suicide: What to Expect and How to Help**, and note that this is a good resource to share with all who may be affected by a suicide death.

Contact an organization that provides postvention support to obtain its help in the event of a suicide death or attempt. Behavioral health providers and suicide prevention organizations are good starting places.

Tools you can use

- **Tool 8: Community Support Meeting** provides a facilitator guide for holding a community support meeting after a crisis.
- Share **Fact Sheet 3: After a Suicide: What to Expect and How to Help** with older adults at your senior center.

Other resources

The **Suicide Prevention Resource Center Survivor Resource Sheet** lists a number of organizations, websites, and materials that can help people who have lost someone to suicide. Available at <http://www.sprc.org/sites/sprc.org/files/Survivors.pdf>.

References

- American Psychiatric Association (APA). (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). Washington, DC: Author.
- Centers for Disease Control and Prevention (CDC). (2006). Strategic direction for the prevention of suicidal behavior: Promoting individual, family, and community connectedness to prevent suicidal behavior. Retrieved from http://www.cdc.gov/ViolencePrevention/pdf/Suicide_Strategic_Direction_Full_Version-a.pdf
- Centers for Disease Control and Prevention (CDC). (2013). Fatal injury reports, national and regional, 1999-2013. *Web-based Injury Statistics Query and Reporting System (WISQARS)*. Retrieved from http://webappa.cdc.gov/sasweb/ncipc/mortrate10_us.html
- Conwell, Y. (1997). Management of suicidal behavior in the elderly. *The Psychiatric Clinics of North America*, 20(3), 667–683.
- Conwell, Y., Van Orden, K., & Caine, E. D. (2011). Suicide in older adults. *The Psychiatric Clinics of North America*, 34(2), 451–468.
- Dong, X., Chen, R., Wong, E., & Simon, M. A. (2014). Suicidal ideation in an older U.S. Chinese population. *Journal of Aging and Health*, 26(7), 1189–1208.
- Fassberg, M. M., van Orden, K. A., Duberstein, P., Erlangsen, A., Lapierre, S., Bodner, E., . . . Waern, M. (2012). A systematic review of social factors and suicidal behavior in older adulthood. *International Journal of Environmental Research and Public Health*, 9(3), 722–745.
- Gitlin, L. N., Harris, L. F., McCoy, M. C., Chernet, N. L., Pizzi, L. T., Jutkowitz, E., . . . Hauck, W. W. (2013). A home-based intervention to reduce depressive symptoms and improve quality of life in older African Americans: A randomized trial. *Annals of Internal Medicine*, 159(4), 243–252.
- HHS Office of the Surgeon General and National Action Alliance for Suicide Prevention. (2012). *2012 National Strategy for Suicide Prevention: Goals and objectives for action*. Washington, DC: HHS.
- Karlin, B., Duffy, M., & Gleaves, D. H. (2008). Patterns and predictors of mental health service use and mental illness among older and younger adults in the United States. *Psychological Services*, 5(3), 275–294.
- Kim, B. J., & Ahn, J. (2014). Factors that influence suicidal ideation among elderly Korean immigrants: Focus on diatheses and stressors. *Aging and Mental Health*, 18(5), 619–627.
- Luoma, J. B., Martin, C. E., & Pearson, J. L. (2002). Contact with mental health and primary care providers before suicide: A review of the evidence. *The American Journal of Psychiatry*, 159(6), 909–916.
- National Council on Aging (NCOA). (2012). Senior centers: Fact sheet. Retrieved from <http://www.ncoa.org/press-room/fact-sheets/senior-centers-fact-sheet.html>
- National Institute on Alcohol Abuse and Alcoholism (NIAAA). (n.d.). Older Adults. Retrieved from <http://www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/older-adults>
- Substance Abuse and Mental Health Services Administration (SAMHSA) (2013a). *Get connected! Linking older adults with medication, alcohol, and mental health resources*. Retrieved from <http://store.samhsa.gov/product/Linking-Older-Adults-With-Medication-Alcohol-and-Mental-Health-Resources/SMA03-3824>
- Substance Abuse and Mental Health Services Administration (SAMHSA) (2013b). Internal analysis based on data from the National Survey on Drug Use and Health.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2011). *Leading change: A plan for SAMHSA's roles and actions 2011-2014*. Retrieved from <http://store.samhsa.gov/product/Leading-Change-A-Plan-for-SAMHSA-s-Roles-and-Actions-2011-2014/SMA11-4629>
- Suicide Prevention Resource Center (SPRC). (2014). Warning signs of suicide. Retrieved from http://www.sprc.org/sites/sprc.org/files/library/RS_warningsigns.pdf

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Tool 1: Suicide among Older Adults

Key facts

Older adults are the fastest-growing segment of the U.S. population (Ortman, Velkoff, & Hogan, 2014). Baby-boomers began to turn 65 in 2011. By 2030, the U.S. Census projects that more than 20 percent of the U.S. population—almost 73 million adults—will be 65 or older (Ortman et al., 2014).

Suicide is an important problem affecting older adults. In 2013, 7,215 people ages 65 or older (16.1 per 100,000) died by suicide in the United States, compared to 12.6 per 100,000 among all age groups (CDC, 2013).

Suicide rates are particularly high among older men. While suicidal thoughts and attempts are more common among older women than older men (SAMHSA, 2013), men's attempts are more likely to be fatal. In 2013, the suicide rate among men ages 65 or older was 30.9 per 100,000—more than six times the rate among women of the same age (4.6 per 100,000) (CDC, 2013). The highest suicide rates in the country are among men ages 85 or older.

A key reason that men's suicide attempts are more likely to be fatal is that men are more likely to use firearms. In 2013, the vast majority (5,113 of 7,215, or 71 percent) of suicide deaths among older adults were linked to firearms—and men accounted for more than 91 percent (4,666 of 5,113) of such deaths (CDC, 2013). Other lethal means of suicide among older adults include poisoning and suffocation (e.g., hanging).

Older adults are less likely than younger adults to report serious thoughts of suicide or a suicide attempt (SAMHSA, 2013). And yet, suicide attempts are much more likely to result in death among all older adults than among those who are younger. Reasons that a suicide attempt may be more likely to be fatal in this population include the following (Conwell, 1997; Fassberg et al., 2012):

- Older adults plan carefully and use more deadly methods—particularly firearms.
- Suicide attempts by younger people are more impulsive, and they are less likely to use firearms.
- Older adults are more likely to live alone than other age groups and 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.

Key Terms

Suicide. Death caused by self-directed injurious behavior with any intent to die as a result of the behavior

Suicide attempt. A nonfatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior

Suicidal ideation. Thoughts of engaging in suicide-related behavior

(Adapted from HHS Office of the Surgeon General and National Action Alliance for Suicide Prevention [NAASP], 2012.)

Risk and protective factors for suicide among older adults

In most cases, suicide results from a combination of factors rather than a single cause. Studies suggest that the following factors may be particularly important among older adults (Conwell, Van Orden, & Caine, 2011).

Risk Factors	Protective Factors
Risk factors are “characteristics that make it more likely that a person will think about suicide or engage in suicidal behaviors” (HHS Office of Surgeon General & NAASP, 2012, p. 13). Some factors may be long lasting—such as a chronic health condition—while others may be short-lived (e.g., a stressful event or a brief illness). Risk factors in older adults include the following: Mental and/or substance use disorders • Major depression and other mood disorders • Substance use problems, particularly involving alcohol and medications Physical illness, disability, and pain • Medical conditions that are painful and/or affect one’s function and autonomy • Having several health problems at the same time Social factors • Social isolation • Important losses (e.g., of a loved one, job due to retirement, driver’s license) • Relationship problems or conflicts • The feeling that one is a burden to others Individual factors • Being timid or hostile • Finding it difficult to adjust to change • Having serious financial problems Other risk factors • A previous suicide attempt and/or having a family member who died by suicide • Access to lethal means, such as firearms	Protective factors are characteristics of individuals and the environment that “strengthen, support, and protect individuals from suicide” (HHS Office of Surgeon General & NAASP, 2012, p. 13). Protective factors in older adults include the following: Behavioral health and health care • Assessment and care for mental and substance use disorders • Care for medical conditions and physical health problems Social connectedness • Connections to others at the personal, family, and community levels • Friends and family members in whom to confide • Participation in community activities • Relationships that create positive interactions and feelings of being cared about Personal characteristics and skills • Sense of purpose or meaning • Self-esteem • Social skills • Flexibility • Skills in coping and adapting to change • Cultural or religious beliefs that discourage suicide and support self-preservation

What you can do

Working with partners to recognize and reduce risk factors and increase protective factors for suicide is at the heart of this toolkit's approach to suicide prevention.

If someone you know may be experiencing risk factors for suicide:

- Talk with the person in a caring, nonjudgmental way
- Encourage the person to attend wellness sessions or classes offered by your senior center
- Connect the person to supportive services available from the senior center (e.g., Meals on Wheels programs, assistance with financial planning)
- Connect the person to sources of counseling or other forms of help

References

- Centers for Disease Control and Prevention (CDC). (2013). *Fatal injury reports, national and regional, 1999–2013*. Web-based Injury Statistics Query and Reporting System (WISQARS). Retrieved from http://webappa.cdc.gov/sasweb/ncipc/mortrate10_us.html
- Conwell, Y. (1997). Management of suicidal behavior in the elderly. *The Psychiatric Clinics of North America*, 20(3), 667–683.
- Conwell, Y., Van Orden, K., & Caine, E. D. (2011). Suicide in older adults. *The Psychiatric Clinics of North America*, 34(2), 451–468.
- Fassberg, M. M., van Orden, K. A., Duberstein, P., Erlangsen, A., Lapierre, S., Bodner, E., . . . Waern, M. (2012). A systematic review of social factors and suicidal behavior in older adulthood. *International Journal of Environmental Research and Public Health*, 9(3), 722–745.
- HHS Office of the Surgeon General and National Action Alliance for Suicide Prevention (NAASP). (2012). *2012 National Strategy for Suicide Prevention: Goals and objectives for action*. Washington, DC: HHS.
- Ortman, J. M., Velkoff, V. A., & Hogan, H. (2014). *An aging nation: The older population in the United States*. Retrieved from <http://www.census.gov/prod/2014pubs/p25-1140.pdf>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2013). Internal analysis based on data from the 2013 National Survey on Drug Use and Health.

Tool 2: Assessment Checklist

Promoting Emotional Health and Preventing Suicide among Older Adults

Questions				Review This Section of the Toolkit
For each question, circle the answer that best matches your current situation.				If you answered “No” or “Don’t Know,” consider taking the steps and using the tools and resources in the toolkit section listed below.
Getting Started				
Do your staff members and volunteers know what factors may increase the risk of suicide among older adults?	Yes	No	Don’t Know	Getting Started section
Do you have a list of the behavioral health contacts in your community?	Yes	No	Don’t Know	Getting Started section
Promote Emotional Health				
Do you offer a variety of activities that promote intellectual, creative, spiritual, and physical well-being?	Yes	No	Don’t Know	Strategy 1: Provide Activities and Programs That Increase Protective Factors
Do you offer programs designed to promote social networks and community building?	Yes	No	Don’t Know	Strategy 1: Support the Development of Social Connections
Recognize and Respond to Suicide Risk				
Have your staff and volunteers been trained on how to recognize the warning signs of suicide?	Yes	No	Don’t Know	Strategy 2: Recognize the Warning Signs of Suicide
Do your staff and volunteers know how to identify symptoms of depression?	Yes	No	Don’t Know	Strategy 2: Recognize and Respond to Depression
Do your staff and volunteers know how to identify problems with alcohol and/or medications?	Yes	No	Don’t Know	Strategy 2: Recognize and Respond to Medication and Alcohol Misuse
Do you provide older adults with information and resources on depression, substance abuse, and suicide?	Yes	No	Don’t Know	Strategy 2: Increase Access to Care
Respond to a Suicide Attempt or Death				
Do you have a plan and resources to help individuals bereaved by a suicide death?	Yes	No	Don’t Know	Strategy 3: Respond to a Suicide Attempt or Death

Tool 3: Connecting to Behavioral Health Resources in the Community

You can develop a list of contacts in behavioral health organizations and programs in your local area where you can refer participants for treatment and from whom you can obtain services and educational programs for your senior center. Consider the following steps:

1. Contact some or all of the following types of organizations and programs:
 - Mental health centers, including evaluation and crisis intervention teams
 - Hospitals, including emergency departments and psychiatric units
 - Psychiatric hospitals
 - Individual mental health providers, including psychiatrists, psychologists, and social workers
 - Pastoral counseling resources
 - Substance misuse treatment programs
 - Telephone hotlines for suicide, depression, and substance misuse
 - Support groups for different types of mental health, health, and substance misuse problems and for dealing with losses, such as of a spouse

The following national organizations and tools can provide you with local contacts:

SAMHSA Behavioral Health Treatment Services Locator

<http://findtreatment.samhsa.gov/>

National Suicide Prevention Lifeline—Crisis Center Locator

<http://www.suicidepreventionlifeline.org/GetInvolved/Locator>

American Psychological Association—Psychologist Locator

<http://locator.apa.org>

National Association of Social Workers

<http://www.helppro.com/nasw/BasicSearch.aspx>

National Alliance on Mental Illness—State Organizations and Local Affiliates

<http://www.nami.org/Find-Your-Local-NAMI>

American Foundation for Suicide Prevention—Local Chapters

<http://www.afsp.org/local-chapters/find-your-local-chapter>

As you connect with each organization or program, fill in a copy of the following form: Information Form for Behavioral Health Resources.

2. Fill in a copy of the Behavioral Health Resources Chart so that all of your contacts are in one place.
3. Make the chart available to all of your center staff.

Information Form for Behavioral Health Resources

Name of Organization/Program: _____

Contact Person: _____ Phone Number: _____

E-Mail: _____

1. Do you currently provide services for older adults (ages 65+) with:
Mental health issues ____ Yes ____ No
Substance use problems ____ Yes ____ No
2. Are you able to take new clients that we would refer to you? ____ Yes ____ No
3. Do you accept health insurance? ____ Yes ____ No
If yes, check all that apply: ____ Medicare ____ Medicaid ____ Private insurance ____ Other
4. What counseling and/or treatment programs do you provide?
5. What support groups do you provide?
6. Would you be available for consultation with our senior center staff about behavioral health issues?
7. What services could you provide at our senior center, for example:
____ Screening
____ Counseling
____ Support groups
____ Speakers/trainings/classes for: ____ Staff ____ Participants
____ Other (please describe):

Behavioral Health Resources Chart

In the first column, list the contact information for each organization or program. Then place an “X” in the box for each service that the organization or program provides.

Name of Organization or Program Contact Person Phone Number E-Mail Address	Mental Health Treatment	Substance Misuse Treatment	Support Groups	Consultation	Training for Staff	Education Programs for Older Adults and Their Families
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A

Tool 4: Activities to Promote Health and Wellness

Social activities

Social activities fill many functions, including providing pleasure, helping older adults prevent and cope with loneliness, enhancing emotional support, and fostering relationships. Some examples are group trips to social, sporting, and cultural events; parties to celebrate holidays, birthdays, and other special occasions; and a hospitality room where coffee is served every morning or tea every afternoon. Many of the following ideas also involve social contact.

Health and wellness activities and programs

Group exercise classes and interactive games increase physical activity, balance, circulation, and flexibility. Walking and gardening provide physical activity and opportunities to get outdoors. Classes in relaxation, breathing techniques, yoga, Qigong, or Tai Chi may help with stress reduction and overall wellness. Group games, such as health education bingo, and presentations that include a discussion component are interactive ways to convey health information.

Arts activities, such as creative writing, poetry readings, arts and crafts, photography, music, drama, and dance, can promote creativity, imagination, and self-expression.

Classes on health-related topics, such as nutrition, preventing falls, or managing chronic diseases (e.g., heart disease, diabetes), can help residents take better care of their own health.

Classes or groups on coping skills can help residents better deal with personal issues, such as loss and bereavement, aging, living with specific health conditions, sexuality, caring for a spouse or partner, stress, interpersonal communication, problem solving, financial issues, and organizing paperwork.

Spiritual and religious activities, such as religious services, celebration of religious holidays, prayer groups, meditation classes, and taking personal time for contemplation, may help participants find meaning, purpose, and value in life.

Positive life review. Also called reminiscence, this activity involves going back through one's life and putting together scrapbooks, journaling, and/or writing life stories. It can be very helpful in the process of putting one's life in perspective and finding meaning, and it is also a form of creative expression. It can be done in groups, alone, or with another person as a guide, such as a student, a professional, or a friend.



Educational and skill-building activities

Classes that build knowledge and skills in such topics as computers, carpentry, cooking, sewing, gardening, financial management, and grandparenting may increase a sense of competence and self-esteem.

Intellectual activities, such as book groups, current events discussions, presentations, seminars, workshops, learning a new language, and interactive gaming may stimulate cognitive functioning and enhance self-esteem.

Mastery activities, such as crossword puzzles, word and number games, jigsaw puzzles, woodworking, writing poetry or stories, and painting, are pleasurable for many older adults, provide a sense of accomplishment, and are important for maintaining a positive mood.

Volunteering and mentoring

Helping others may provide older adults with a sense of purpose or meaning. For example:

- Participants can identify ways to welcome new members and engage other participants in contributing their own skills, either within the senior center or in other settings.
- Within the senior center, participants can help organize and run events; develop and manage a newsletter; help other participants with household tasks, shopping, getting to appointments, and taking walks outside; or plant and maintain a community garden. Participants can also organize and run fundraisers or volunteer their time to the center as grant writers.
- Participants can teach or tutor children, teens, young adults, and other older adults, as well as tutor senior center staff and volunteers who are learning English as a second language.
- Outside the senior center, participants can volunteer for community organizations, such as ethnic and religious groups and the Service Corps of Retired Executives. Other volunteering opportunities may be available from Senior Corps Programs sponsored by the Corporation for National and Community Service, such as RSVP, a volunteer network for adults ages 55 and older (<http://www.nationalservice.gov/programs/senior-corps/rsvp>).
- Intergenerational activities can be effective in bringing young energy to older adults and enabling them to contribute to young people's lives. These activities can range from caring for preschool children to tutoring or mentoring school-age children. For ideas, visit the website of Generations United (<http://www.gu.org>), a national membership organization that advocates for the mutual well-being of children, youth, and older adults, and builds bridges between generations.

Behavioral health

- Invite a behavioral health provider to encourage help-seeking and describe available services. Ask the provider to describe how useful it can be to talk with a mental health professional about life issues that make people feel sad, depressed, or anxious. The provider should also explain that clinicians are bound by rules of confidentiality that they may break only in cases when the client or someone else is in danger.

Tool 5: Strategies for Establishing Social Networks

Welcoming new participants

- Hold events specifically to welcome new visitors to the senior center, where they can meet other participants and senior center staff and volunteers.
- Provide information to new participants on all the types of social connection and support available at the senior center.
- Coordinate buddy systems that match the new participant with someone who has been using the center for a longer time, or designate greeters who are available to welcome anyone new who comes to the center.

Maintaining connections

- Implement a telephone outreach program, in which participants make calls to other participants to check how they are doing and offer support. Predetermined times can be set for the calls. If an individual does not respond to daily calls made at set times, the caller alerts a designated emergency contact.
- Provide opportunities for participants to volunteer to do things to help others, such as taking a new member to dinner, providing support if a spouse dies, or making hospital visits.
- Provide training on the warning signs of suicide and listening skills.
- Encourage involvement in decision making that affects the senior center and helps build social networks for both individuals and the community as a whole. You can involve participants in the senior center's decision-making processes by asking them to participate in or contribute to the center's advisory, governing, or planning bodies.
- Offer small-group activities, such as knitting and quilting, that allow participants to share information and develop relationships.
- Encourage connections among older men who may come to the center for lunch by adding post-lunch activities, such as playing pool, cards, or Ping-Pong. Consider adding a "Fix-It" room, where community members can bring in items that need to be fixed, and senior center participants work together on the repairs. Offer educational sessions on topics related to men's health.

Tool 6: Recognizing and Responding to Depression

Many people mistakenly think that symptoms of mental illness, such as sadness, depression, and anxiety, are a natural part of the aging process or a grief response to the loss of a spouse or other stressful life event. **Depression is a serious but treatable illness that needs immediate attention.**

Key symptoms of depression include the following (APA, 2013):

- Depressed mood (e.g., feeling sad, empty) most of the time[§]
- Loss of interest or pleasure in activities
- Weight loss or gain (changes in appetite)
- Disturbed sleep (sleeping too much or too little)
- Noticeable restlessness (agitation) or slow movement
- Fatigue or lack of energy
- Feelings of worthlessness or extreme guilt
- Difficulties with concentration or decision making
- Frequent thoughts of death or suicide, or a suicide attempt

Identifying late-life depression can be challenging. Many older adults may have symptoms that do not meet the full criteria for depression, but they may still be experiencing significant problems. In addition, symptoms of depression can be similar to those of other medical conditions, making depression more difficult to diagnose.

Older adults who have depression may be more likely than younger adults to report physical symptoms (e.g., nervousness, loss of appetite) than psychological ones (SAMHSA, 2013).

Symptoms may also vary among different groups of older adults. A recent review found that among older Hispanics, symptoms of depression included “weakness, multiple aches and pains, dizziness, palpitations, and sleep disturbances” (Sadule-Rios, 2012, p. 466).

Assessment, diagnosis, and treatment

A number of screening tools can be used to screen older adults for depression. The tools will not give a definite diagnosis, but they can indicate that a problem may exist.

Depression screening is one of the free preventive services that an older adult’s primary care provider may offer. All health plans that comply with the Patient Protection and Affordable Care Act (ACA), including Medicare Part B, cover this screening when delivered by a primary care provider from the health plan’s network. Doctors who offer depression screening must be prepared to facilitate referrals to mental health treatment if needed.

Individuals who screen positive for depression should receive a full diagnostic evaluation from a mental health care provider. Treatment of depression often combines psychotherapy (talk therapy) and medication. However, many older adults fail to seek treatment because of the fear of being labeled as having a mental illness. They may feel embarrassed or reluctant to seek help.

Men and Women May Show Different Symptoms

Women with depression are more likely to have feelings of sadness, worthlessness, and excessive guilt.

Men with depression are more likely to:

- Be very tired
- Be irritable
- Lose interest in once-pleasurable activities
- Have difficulty sleeping

Men may be more likely than women to turn to alcohol or drugs when they are depressed. They also may become frustrated, discouraged, angry, and sometimes abusive. Some men may behave recklessly.

(Adapted from National Institute of Mental Health [n.d].)

[§] Among older adults, a depressed mood is not always a symptom of depression as it usually is among younger adults. Therefore, it is important to look out for the other listed symptoms.

What you can do

Promote acceptance of mental health issues by sharing the following messages (SAMHSA, 2013):

- You are not alone. Depression, anxiety, and other mental health issues are more common than you think.
- These feelings are not your fault. Mental health issues are real health concerns.
- You may feel better if you talk to someone who can help. Treatment does work.
- The earlier you see a doctor or other health professional and get help, the better you will feel.

If you think that someone you know may be showing signs of depression, talk with a nurse, doctor, social worker, mental health professional, or member of the clergy. Your goal is to find someone who can speak to the person and help him or her find out if there is a problem and how to get help.

If you think that you or someone else may have depression:

In this facility, contact: _____

Or contact: _____

In the local community, contact: _____

References

American Psychiatric Association (APA). (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). Washington, DC: Author.

National Institute of Mental Health. (n.d.). What is depression? Retrieved from <http://www.nimh.nih.gov/health/topics/depression/index.shtml>

Sadule-Rios, N. (2012). A review of the literature about depression in late life among Hispanics in the United States. *Issues in Mental Health Nursing*, 33(7), 458–468.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2013). *Get connected! Linking older adults with medication, alcohol, and mental health resources*. Retrieved from <http://store.samhsa.gov/product/Linking-Older-Adults-With-Medication-Alcohol-and-Mental-Health-Resources/SMA03-3824>

Tool 7: Recognizing and Responding to Medication and Alcohol Misuse

Recognizing medication and alcohol misuse among older adults can be difficult. Sometimes it may be hard to tell if a problem exists. People may mistake alcohol and drug problems for a bad mood, dementia, or delirium. But knowing what to look for can help.

Symptoms of alcohol or medication problems in older adults include the following:

- Blackouts
- Forgetfulness or trouble concentrating
- Frequent falls and unexplained bruising
- Shakes or tremors
- Constant irritability and altered mood
- Depression or anxiety
- Poor hygiene and self-neglect
- Sleep problems or daytime drowsiness
- Slurred speech
- Tremor, clumsiness, and trouble walking

Alcohol and medications can interact with each other to cause these symptoms. Also, drugs can interact with each other. Thus, it is crucial to make sure older adults take their medications properly.

Problems with alcohol

An alcohol problem is defined as drinking above the limits recommended by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), using alcohol while taking prescription medications, and/or using alcohol in any other way that is harmful.

How much alcohol is too much? Although everyone is different, NIAAA (n.d.) recommends that adults ages 65 or older who are healthy and take no medications drink no more than three alcoholic drinks on a given day, not to exceed seven drinks per week.

One drink is equal to one of the following:

- One 12-ounce can or bottle of regular beer or ale
- One 5-ounce glass of red or white wine
- One 1.5-ounce shot glass of hard liquor (spirits), such as gin, vodka, or whiskey. The label on the bottle will read 80 proof or less.

Women are advised to drink less than this because their bodies react differently to alcohol than men's bodies do. Older adults should not drink alcohol if they (1) take prescription pain medications, sleeping pills, over-the-counter sleep aids, or medication for anxiety or depression; (2) have memory problems; and/or (3) have a history of falls or unsteady walking.

It is crucial to address alcohol problems among older adults because these problems can be harmful and even fatal. However, these problems are often hard to recognize and address. Many older adults disapprove of and feel shame about alcohol misuse. Many do not want to seek professional help for what they consider a private matter. Relatives of older people with alcohol problems, particularly their adult children, may also be ashamed of the problem and choose not to address it.

A range of services are available for older adults who have alcohol problems or who are at risk. Types of treatment include individual counseling, group-based approaches, and approaches that combine medication with counseling.

Problems with prescription and over-the-counter medications

Medications of concern among older adults include those used to treat anxiety, depression, insomnia, and other mood disorders. Older adults also use over-the-counter medications, such as pain relievers and herbal supplements. Taking multiple medications and herbal supplements can lead to serious side effects and drug interactions.

Factors that can increase the risk of medication misuse include the following:

- Multiple physicians prescribing multiple drugs
- Inappropriate prescribing (e.g., prescribing the wrong medication or an inappropriate dose)
- Instructions and package inserts written in small print or confusing language
- Failure to tell the doctor about over-the-counter medications, vitamins, and herbal supplements
- Memory problems that make it difficult to keep track of medication schedules
- Problems taking medicine correctly because of alcohol use, depression, or self-neglect
- Missing instructions as a result of hearing or vision problems, memory problems, language barriers, and so forth

What you can do

If you think someone you know may be showing signs of medication or alcohol misuse, talk with a nurse, doctor, social worker, behavioral health professional, or member of the clergy. Your goal is to find someone who can speak to the person and help him or her find out if there is a problem and how to get help.

If you or someone you know may have a problem with alcohol or medications:

In this facility, contact: _____

Or contact: _____

In the local community, contact: _____

References

National Institute on Alcohol Abuse and Alcoholism. (n.d.). Older adults. Retrieved from <http://www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/older-adults>

SOURCE: Adapted from Substance Abuse and Mental Health Services Administration. (2013). *Get connected! Linking older adults with medication, alcohol, and mental health resources*. HHS Publication No. (SMA) 03-3824. Rockville, MD: Author. Retrieved from <http://store.samhsa.gov/product/Linking-Older-Adults-With-Medication-Alcohol-and-Mental-Health-Resources/SMA03-3824>

Tool 8: Community Support Meeting

A death by suicide can have a huge impact on family members, friends, and other survivors. A community support meeting is one way to bring those affected by a suicide together, to share their stories and to reaffirm that they are not alone in their grief.

This brief guide for facilitating such a meeting was adapted from a program developed by college health professionals to help the larger university community come together in the aftermath of tragic events. Meilman & Hall (2006) note that administrators are bolstered by having a plan in place when adverse circumstances arise, and program participants feel taken care of when administrators have such a plan in place.

Facilitating a community support meeting

1. Opening

The facilitator introduces attending staff members and makes a few comments regarding the confidentiality and duration of the meeting (1 hour). The facilitator requests that any members of the media identify themselves and leave unless they are willing to participate as affected individuals rather than as members of the press.

2. Brief description of the death or event

_____ [insert your designee] gives an official explanation of what is known about how the death occurred so that all who are present are working from the same basic set of facts. This also offsets any potential adverse impact of the rumor mill.

3. Purpose of the meeting

The facilitator acknowledges that this is a difficult time, that participants are courageous for attending, and that it is important that the meeting be a helpful and healing gathering for the community. The facilitator reiterates the need for confidentiality, stating, “We want to ask that this session and the things we discuss be considered confidential within the confines of this room. Does everyone feel okay with that?”

4. Opening question

The facilitator opens the conversation by posing a question to the group: “We feel sad about what has happened, but we did not know _____ [name of the deceased] as well as you did, and we’d like to understand what [he or she] was like in order to be helpful. Can you tell us something about [name of the deceased] so that we can all share a common understanding? You can share your reflections as you feel comfortable. You may also choose not to share, although we hope you will be comfortable enough to speak.”

5. Sharing stories

This begins the heart of the process. In telling the story of the deceased, in reminiscing, in laughing, and in crying together, the grieving process is facilitated, and the community reconnects with itself. Simply put, the storytelling is the work. In a sense, talking can be viewed as the psychological equivalent of chewing—it breaks down an overwhelming experience into manageable, more easily digestible pieces.

6. Grieving process

The facilitator makes a few very brief comments about grieving as a process that takes time, and he or she includes such words and phrases as *shock*, *disbelief*, *feeling disorganized*, *feeling despair*, *sadness*, *anger* (at the situation, at the person who died, at God), *guilt*, *anxiety about oneself*, and *eventually acceptance*. The facilitator emphasizes that there is no right or wrong way to go through the situation and that, for a while, the grieving person may experience an emotional roller coaster.

7. The “hat ifs . . .”

Participants hold a discussion of the inevitable “what ifs” and “if onlys” that people often privately consider in the aftermath of a suicide. It is helpful when we ask residents to identify their own “what ifs” and to speculate out loud about the kinds of statements that others in the room may be considering, such as, “If only I had done, _____ [name of the deceased] would still be alive.” Through this discussion, we

attempt to put perceived guilt on the table, identify it as being an impediment to grieving, and demonstrate to participants that they are not alone with their self-recriminations—that many people are wondering what more they could have done.

It is also important to explain that suicide is complex and that there are many reasons for it, including relationships or failure at relationships, family issues, internal psychological conflicts, personal value systems, biology, logical and illogical thinking processes, tunnel vision (black-and-white thinking), conscious and unconscious processes, bottled-up anger directed at oneself, and religious beliefs. The facilitator explains that changing any of the “if onlys” would not have been likely to create a different outcome.

8. Wrap-up

The facilitator makes parting comments along these lines: “This gathering is important. It helps enhance a sense of community now when it’s needed. You’re in the fortunate position of having a community and being able to care for one another. Please look out for one another. If someone is isolated or having a hard time, invite him or her to talk about it.”

9. Community resources

The facilitator identifies helpful resources within the senior center and in the broader community, including _____ [insert local resources]. This may be a good time to distribute

Fact Sheet 3: After a Suicide: What to Expect and How to Help.

10. Staff availability

The facilitator announces that staff will stay for a few minutes afterward in case anyone wants to talk individually.

11. Reviewing the meeting

At the next monthly staff meeting, the staff (and perhaps others who were involved in the community support meeting) assess their work and conduct a review of the meeting. This process helps the staff continually refine their approach and allows staff members who were not participants in the particular postvention to learn from it.

SOURCE: Meilman, P. W., & Hall, T. M. (2006). Aftermath of tragic events: The development and use of community support meetings on a university campus. *Journal of American College Health*, 54(6), 382–384. The format presented here for a Community Support Meeting was created by Philip W. Meilman, PhD, Director of Counseling and Psychiatric Services at Georgetown University, and Tanni M. Hall, MEd, associate dean of students at Cornell University. Some of their language has been adapted for use with older adults.

Tool 9: Resources List

For senior center staff and volunteers

Basic Information on Suicide Prevention

Older Americans Behavioral Health: Issue Brief Series

http://www.aoa.acl.gov/AoA_Programs/HPW/Behavioral/index.aspx#issue

Older Americans Behavioral Health: Webinar Series

http://www.aoa.acl.gov/AoA_Programs/HPW/Behavioral/index.aspx#webinars

Substance Abuse and Mental Health Services Administration (SAMHSA), Administration on Aging (AoA), and National Council on Aging (NCOA). (2011–2013)

These resources cover key behavioral health issues that affect older adults, including suicide, depression, anxiety, and alcohol and prescription medication misuse, as well as prevention and treatment programs to address these problems. Note especially the items on preventing suicide and reaching diverse populations.

Toolkits with Guidance and Resources on Suicide Prevention and Behavioral Health Promotion

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

<http://store.samhsa.gov/product/SMA10-4515>

Substance Abuse and Mental Health Services Administration. (2011)

This toolkit contains resources to help staff in senior living communities promote emotional health and prevent suicide among their residents and to help residents become active participants in mental health promotion and suicide prevention efforts. It includes information on recognizing and responding to people who are suicidal and/or have depression or substance misuse problems; responding to a suicide death; conducting one-hour trainings for staff, residents, and their families; and implementing a comprehensive suicide prevention program.

Get Connected! Linking Older Adults with Medication, Alcohol, and Mental Health Resources

Substance Abuse and Mental Health Services Administration (SAMHSA), Administration on Aging (AoA), and National Council on Aging (NCOA). (revised 2013)

<http://store.samhsa.gov/product/Linking-Older-Adults-With-Medication-Alcohol-and-Mental-Health-Resources/SMA03-3824>

This toolkit provides step-by-step information and resources on how to establish a program to link older adults with resources on alcohol and medication misuse and mental health problems. Tools provided include a program coordinator's guide, fact sheets, screening tools, sample forms, and suggested curricula for program staff and for older adults.

A Toolkit for Serving Diverse Communities

Administration on Aging (AoA)

http://www.aoa.acl.gov/AoA_Programs/Tools_Resources/DOCS/AoA_DiversityToolkit_Full.pdf

This toolkit offers easy-to-use methods for providing respectful, inclusive, and sensitive services. It covers assessing the needs of a community, identifying resources, designing services, and evaluating programs.

Telephone Lines for Older Adults in Crisis

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

<http://www.suicidepreventionlifeline.org/>

This 24-hour, toll-free suicide prevention hotline is available to anyone in suicidal crisis or emotional distress. Calls are routed to the nearest crisis center in a national network of more than 160 crisis centers, where trained counselors provide crisis counseling and mental health referrals. To connect online through the Crisis Chat service, go to <http://www.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx>.

Friendship Line

1-800-971-0016

<http://www.ioaging.org/services-for-elders-and-caregivers/friendship-line>

This phone line at the Institute on Aging is the nation's only 24-hour, toll-free hotline specifically for older and disabled adults. Trained staff and volunteers make and receive calls to and from individuals who are either in crisis or just in need of a friend.

Organizations and Programs with Additional Resources on Behavioral Health and Older Adults

National Council on Aging (NCOA)

<http://www.ncoa.org>

This nonprofit service and advocacy organization works with organizations across the country to help seniors improve their health, find jobs and benefits, live independently, and remain active in their communities.

NCOA's Center for Healthy Aging

<http://www.ncoa.org/improve-health/center-for-healthy-aging/>

This center offers a number of resources on behavioral health.

National Institute of Senior Centers (NISC)

<http://www.ncoa.org/national-institute-of-senior-centers/>

Part of NCOA, this institute supports a national network of more than 2,000 senior center professionals. It promotes research, promising practices, professional development, and advocacy. It also offers the only national accreditation program for senior centers.

Administration on Aging (AoA)

http://www.aoa.acl.gov/AoA_Programs/HPW/Behavioral/index.aspx

The Administration on Aging is part of the Administration for Community Living, the federal agency on aging and disability. The Behavioral Health section offers a variety of resources on behavioral health in older adults.

Positive Aging Resource Center (PARC)

<http://positiveaging.org>

Brigham and Women's Hospital and the Harvard Medical School Division on Aging provides information and resources for older adults, caregivers, health and social service professionals, and policymakers.

Suicide Prevention Resource Center (SPRC)

<http://www.sprc.org>

SPRC provides information, resources, training, and technical assistance related to suicide and suicide prevention.

SPRC Online Library

http://www.sprc.org/search/library/Older%20Adults%20%2855%252B%29?filters=type%3Alibrary_resource%20tid%3A243

This online library contains a large number of materials related to older adults.

SPRC State Pages

<http://www.sprc.org/states>

Use the State Pages to find your state suicide prevention contact person and to learn about suicide prevention coalitions, programs, and activities in your area.

American Foundation for Suicide Prevention (AFSP)

<http://www.afsp.org>

AFSP offers educational programs and provides support to those affected by suicide. Find Your Local Chapter: <http://www.afsp.org/local-chapters/find-your-local-chapter>. Contact your local AFSP chapter to find out about local resources, including support groups.

SAMHSA Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health

<http://www.promoteacceptance.samhsa.gov/audience/adults/default.aspx>

This center provides information, resources, and programs for providing a caring, welcoming, and supportive community that will help promote recovery and wellness for people with mental health problems and substance use disorders and for those who have experienced trauma.

For older adults and their families

Suicide Prevention

Suicide Warning Signs (wallet card)

National Suicide Prevention Lifeline

<http://www.suicidepreventionlifeline.org/getinvolved/materials.aspx>

Suicide Prevention for Seniors (brochure)

SAVE (Suicide Awareness Voices of Education)

http://www.save.org/index.cfm?fuseaction=shop.productDetails&product_id=78EE6EC5-E947-7D63-23CC0B169CB38D7C

Suicide Prevention Resources for Survivors of Suicide Loss (resources list)

Suicide Prevention Resource Center (SPRC). (2013)

<http://www.sprc.org/sites/sprc.org/files/Survivors.pdf>

Depression

AgePage: Depression

National Institute on Aging. (updated 2015)

<http://www.nia.nih.gov/health/publication/depression>

AgePage is also available in Spanish.

Older Adults and Depression

National Institute of Mental Health

<http://www.nimh.nih.gov/health/publications/older-adults-and-depression/index.shtml>

Alcohol Misuse

AgePage: Alcohol Use in Older People and Older Adults and Alcohol: You Can Get Help (booklet)

National Institute on Aging. (updated 2015)

<http://www.nia.nih.gov/health/publication/alcohol-use-older-people>

AgePage is also available in Spanish.

Fact Sheets for Older Adults

These fact sheets are meant for senior center users, and you may also share them with staff and volunteers. Because they cover emotionally sensitive topics, the fact sheets should only be handed out in settings where they can be discussed. A social worker, a trained staff person, or a behavioral health specialist should be present to help explain the information, answer questions, and help older adults deal with any feelings that may come up.

Suggested settings in which the fact sheets can be distributed and discussed follow:

Fact Sheet 1: Looking Out for the Well-Being of Yourself and Others

- Workshops or presentations
- Health promotion or wellness programs

Fact Sheet 2: Know the Warning Signs of Suicide

- Workshops or presentations
- Support group run by a social worker or other mental health professional
- Individual sessions with a social worker or other mental health professional

Fact Sheet 3: After a Suicide: What to Expect and How to Help

- Community meetings, as described in **Tool 8: Community Support Meeting**
- Support group run by a social worker or other mental health professional
- Individual sessions with a social worker or other mental health professional

At the end of each fact sheet is space for you to fill in the names of relevant contact people at local agencies, such as community mental health centers or behavioral health providers, from whom participants or staff can seek help. Be sure to add this information before giving out the fact sheets.

SOURCE: These fact sheets were adapted from Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities (SAMHSA, 2011). Available at <http://store.samhsa.gov/product/Promoting-Emotional-Health-and-Preventing-Suicide/SMA10-4515>.



Fact Sheet 1: Looking Out for the Well-Being of Yourself and Others

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

- Are you in pain?
- Do you feel depressed?
- Are you lonely?
- Have you experienced a loss?
- Can you think of someone else who may be experiencing these challenges, such as a spouse, friend, or acquaintance?

If you or someone you know may be going through a difficult time, know that help is available. Read on . . .

Take care of yourself

Your emotional well-being is affected by your health. If you need help or support, staff at your senior center can help you see a medical or mental health provider. They can also recommend health and wellness activities.

Here are some suggestions for taking care of your health:

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

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

Get involved

Getting involved in intellectual and creative activities is a valuable way to build your skills and give you a sense of purpose. If an activity that interests you is not offered at your facility,

find out how you can help get it started. Here are some possible activities:

- Attend a discussion group or presentation on a topic of interest to you
- Do arts and crafts activities
- Go to a poetry, music, or theater event at the facility
- Join or start a book club
- Take a class in sewing, computer, carpentry, or financial management

You can build skills or start a new hobby at any age. You just need to be willing to try.

Reach out

The well-being of older adults is affected by strong relationships with family, friends, and others. Here are some ways to help you build relationships in your senior center, share emotional support, and have fun:

- Go on group trips to social, sporting, and cultural events
- Attend parties to celebrate holidays, birthdays, and other special occasions
- Play bingo, bridge, or poker
- Join the committee to welcome new residents
- Mentor or be a buddy for new residents
- Join a committee involved in facility decision making
- Volunteer to help others in your local area

Reaching out to other senior center staff and participants will also help you look out for the emotional well-being of others.

If you or someone else needs help:

In this facility, contact: _____

In the local community, contact: _____

Helping Others

Look out for the emotional well-being of other older adults. Someone might be helped by your friendship and encouragement to get involved in activities or to see a mental health professional.

Remember to be respectful. If you are concerned about someone, decide if it would be more helpful to talk with a staff member or a social worker about the person or to talk with the person directly.



Fact Sheet 2: Know the Warning Signs of Suicide

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

- “They’d be better off without me.”
- “Don’t worry—I won’t be here to bother you much longer.”
- “I can’t deal with it any more. Life is too hard.”
- “I no longer want to live.”
- “Death seems like the only way out.”

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

The person has been drinking more than usual. He or she doesn’t think life has any purpose now that his or her spouse is gone. He or she yells at food servers or other senior center staff for taking too long.

The person has stopped coming to exercise class. He or she paces around at night, unable to sleep. He or she reports feeling hopeless and that nothing in life will ever improve.

Know the warning signs of suicide.

The following three warning signs suggest that a person could be at immediate risk of suicide:

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

Other behaviors that may also indicate a serious risk—especially if the behavior is new, has increased, and/or seems related to a painful event, loss, or change:

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated, behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

These signs may suggest that someone is considering suicide. Get help if you notice any of these behaviors and moods in yourself or someone else. See the next page for information on what you can do.

What you can do

If someone you know is showing any of the warning signs of suicide, your goal is to encourage that person to seek help—but while that’s easy to say, it’s not always easy to do. People are sometimes uncomfortable seeking help for mental health problems. If they’ve never done it before, they may not know what to expect. The belief that we should be able to cope on our own can also prevent many of us from getting much-needed treatment.

If you or someone else shows one or more warning signs of suicide:

- In this senior center, contact: _____
- In the community, contact the following mental health provider(s):

- If you are unable to reach a mental health provider, call the National Suicide Prevention Lifeline (1-800-273-8255).
- The goal is to connect the person to a mental health professional who can quickly assess for suicide risk. If you think the person is in immediate danger of attempting suicide, call 911. Stay with the person until help arrives, talking with him or her in a supportive tone.

Taking care of your mental health is just as important as taking care of your physical health.

If you had diabetes, you would get help. Do the same with a mental health concern.

SUICIDE CAN BE PREVENTED!



Fact Sheet 3: After a Suicide: What to Expect and How to Help

A death by suicide can have a huge impact on family members, friends, senior center volunteers, staff, and other survivors of suicide loss. Whether you have lost someone by suicide or want to help another person who has, it is useful to know what to expect and how to best help someone else.

How to help yourself

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

- Disbelief
- Denial
- Grief
- Guilt
- Anger
- Shame

An attempted suicide often brings up some of these same emotions.

Here are some tips for coping:

- Give yourself time to deal with the loss and accept whatever emotions you feel. Remember that everyone grieves differently.
- The suicide of a family member or friend can affect your emotional health. Get help if you feel emotionally vulnerable yourself.
- Talk about the person who died with someone you trust—a family member, friend, member of the clergy, or senior center staff person.
- Honor the memory of the person who died—place pictures of the person in your room or write something about him or her.

Why Did It Happen?

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

- Express your feelings with a counselor or in a support group with others who are likely to understand what you are going through.
- Stay with your daily routine and take care of your basic needs—eat, sleep, and attend your regular activities.
- Be prepared for holidays and anniversaries, since they can be difficult emotionally. Consider doing something special in memory of the person who died.

How to help others

How you feel about suicide will affect how you respond to others. Take the time to get clear about your feelings before you try to help someone else.

People who lose a friend or relative by suicide need a lot of support and understanding. The loss and shock of suicide can make a person more sensitive, so be extra careful not to say or do something that could make the person feel worse.

If you feel uncomfortable about suicide, it can be especially hard to know how to respond to someone who has experienced a loss like this. It is helpful to avoid judgment and blame related to the cause of death.

What to say

Express empathy, and acknowledge their pain and sadness.

- “I am so sorry for your loss.”
- “I can see that you are hurting.”

Ask if they want to talk about the person, and then just listen.

- “Do you want to talk about _____?”

Let them know that you care about their well-being.

- “I am here to support you in any way.”

What to do

- Be kind and reach out—send a card, have tea or lunch together, watch a television show or movie together
- Call and visit regularly
- Listen when they talk about their feelings and don’t try to make them feel better
- Offer to help with their responsibilities, but don’t take over unless they ask

Resources to help cope with a suicide

In this facility, contact: _____

In the local community, contact: _____

The National Suicide Prevention Lifeline (1-800-273-TALK [8255]) is available 24 hours a day, 7 days a week.

SOS: A Handbook for Survivors of Suicide by Jeffrey Jackson (2003) can be downloaded from http://www.sprc.org/library/SOS_handbook.pdf.

How Do You Feel?

Your attitude and feelings can make a big difference to someone who has lost a friend or loved one by suicide. Acceptance is key to helping them deal with the loss:

- Accept all their feelings.
- Accept that you will not be able to ease their pain.
- Accept that their loss can’t be compared to anyone else’s.
- Accept that the suicide was not an accident.
- Accept that healing will take a long time. Be patient and understanding.

Your understanding and support are what the person needs most.

Appendix—Additional Acknowledgments

Input and review were provided by:

- Federal agencies: Administration on Aging/Administration for Community Living, Centers for Disease Control and Prevention, National Institute of Mental Health
- National organizations: National Council on Aging, National Institute of Senior Centers
- Community-based agencies and organizations: Beat the Blues, Johns Hopkins School of Nursing; Belmont Council on Aging, MA; Expand Your Horizons: 50+ Consulting, PA; Mental Health America of New York City, NY; Oakland Family Services, MI; Senior Reach, CO; ValleyCare Health System, UT



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