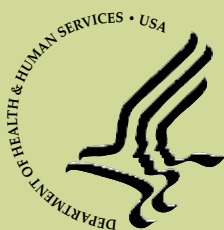


Promoting Emotional Health and Preventing Suicide: **A Toolkit** for Senior Living Communities



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Acknowledgments

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Disclaimer

The views, opinions, and content of this publication are those of the author and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS.

The people depicted in this toolkit are models only. They are not included to illustrate the mental health issues addressed in this toolkit nor do the authors of this document have any reason to believe that they experienced any of the mental health issues addressed in this toolkit.

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Toolkit Overview

This Toolkit, *Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities*, contains resources to help staff in senior living communities promote emotional health and prevent suicide among their residents. Senior living communities include nursing homes, assisted living facilities, independent living facilities, and continuing care retirement communities. The Toolkit uses a comprehensive framework made up of three essential approaches (Langford, 2008):

- ◆ **Whole Population Approach:** Activities and programs that benefit the emotional well-being of all residents
- ◆ **At-Risk Approach:** Strategies ensuring that staff properly identify and effectively treat residents at risk of suicide
- ◆ **Crisis Response Approach:** Procedures for appropriate responses to suicide deaths and attempts

The Toolkit also provides resources and information to help residents become active participants in emotional health promotion and suicide prevention efforts.

Older adults die by suicide at a higher rate than the national average. Rates go up after age 65, primarily among white men (CDC, 2006). When older adults attempt suicide, they are more likely to die: 1 out of every 4 older adults who attempt suicide dies, compared to 1 out of every 100–200 younger adults who attempt suicide (American Association of Suicidology, 2009). There are few reliable statistics on suicide in senior living communities. However, we do know that residents of these communities have many of the risk factors associated with suicide, such as depression, social isolation, lack of a sense of purpose in life, illness and pain, and family losses.

This Toolkit will show you that senior living communities have many opportunities to prevent suicide and other self-destructive behaviors without having to create new programs or hire new staff. It provides guidelines for integrating suicide prevention into your ongoing programs and procedures, as well as hands-on tools, training manuals, and many examples from your colleagues around the country.

Why should you use the Toolkit?

When we visited senior living communities to develop this Toolkit, the staff at one facility shared with us the reasons why they were interested in learning more about the topic of suicide. The most dramatic reason was the following story. The names have been changed, but the story is true.

Mr. and Mrs. Johnson moved into the Maple Tree Assisted Living Center, located in one of the New England states. Mr. Johnson was pleased with the move, but according to staff, his wife came in “kicking and screaming.” Although Mr. Johnson ate in the dining room and began participating in the activities offered to the residents, his wife would not. She took all her meals in her room. In fact, she stayed in her room most of the time. Her husband told the staff he was worried but didn’t know what to do. The staff reassured him she would eventually settle in—but she didn’t.

One day Mr. Johnson returned from lunch to find his wife lying on the floor. She had cut her wrist with a knife. She was rushed to the hospital.

Mrs. Johnson survived and received inpatient treatment in the hospital for one month. The event was terribly traumatic for both Mr. and Mrs. Johnson, as well as for the staff and the other residents at Maple Tree. The staff spent a lot of time wondering what they could have done to prevent that event.

Mrs. Johnson returned to Maple Tree when her doctor felt she would be safe. Her family started visiting more often. The activities director convinced her to join a book club and to volunteer to welcome new residents. She also agreed to join a life review therapy group facilitated by the social worker. The nursing assistants and housekeepers made a point of chatting with the Johnsons when they visited their apartment. And, Mrs. Johnson started eating in the dining room.

Today, seven years later, the staff says, “You’d never suspect that Mrs. Johnson is the person who tried to take her life. She misses her husband, who died two years ago. But at 93 years old, she is one of the most well-liked, engaged, and outgoing residents in Maple Center!”

Fortunately, the story had a happy ending. But if Mr. Johnson had decided to read a newspaper after lunch or had stopped for a conversation before checking on his wife, she could have bled to death.

We do not know how many residents of senior living communities attempt suicide or die by suicide. But, we do know that a suicide in a facility such as yours profoundly impacts the lives of everyone concerned—residents, families, and staff. And we also know there are ways that we—and you—can reduce the risk of suicide. It is our hope that this Toolkit will help prevent your facility from having its own Mrs. Johnson story.

Who is the Toolkit for?

The Toolkit has resources relevant to any type of senior living community, including nursing homes, assisted living facilities, independent living facilities, and continuing care retirement communities. There is information targeted to professional and paraprofessional staff in all departments, including the executive director, administrators, department managers, and supervisors; nursing, medical, mental health, and social work staff; clergy; activities and wellness staff; and dietary, housekeeping, transportation, maintenance, grounds, and security staff. While everyone in a senior living community has a role to play in promoting emotional health and preventing suicide, each component of the Toolkit has a specific target audience. The audience for each component is detailed in the list of Toolkit contents below.

Terms Used in This Toolkit

Senior living communities use a variety of terms for certain staff roles. The following explains the terms used in this Toolkit.

- ◆ Nursing assistants includes certified nurse aides, nurse aides, geriatric nurse aides, personal care assistants, or direct care workers, depending on the state and the facility
- ◆ Activities and wellness staff includes recreation, fitness, and health promotion
- ◆ Dietary staff includes everyone involved in planning, preparing, and serving food

What Is a Senior Living Community?

We define *senior living community* as a residential facility for older adults. There are many names for these facilities. The differences between the categories below have to do with the overall types of services and levels of care provided. The following are the main categories targeted by this Toolkit, followed by some of the names used for facilities within each category:

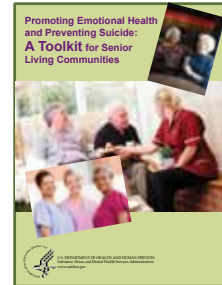
- ◆ **Independent living:** retirement communities, independent living residences, senior apartments, senior housing
- ◆ **Assisted living:** personal care homes, board and care homes, rest homes, congregate housing, residential care facilities, domiciliary care (a name common among Veterans Administration residential facilities for older adults), supported care, adult foster care, adult care homes, adult family homes, sheltered housing, community residences
- ◆ **Nursing homes:** skilled nursing facilities, long-term care facilities
- ◆ **Continuing care retirement communities:** life-care facilities, life-care communities

What is in the Toolkit?

The following list identifies each of the Toolkit components, indicates the primary audience, and summarizes the contents:

1. Toolkit Overview

- ◆ This document is targeted to the administrators and senior managers of the senior living community.
- ◆ It summarizes the Toolkit and provides information intended to motivate senior staff to use the Toolkit to strengthen their emotional health promotion/suicide prevention efforts.



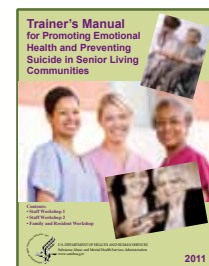
2. A Guide to Promoting Emotional Health and Preventing Suicide in Senior Living Communities



- ◆ This document is targeted to administrators and senior managers, but it contains information on the roles of all staff in the facility.
- ◆ The Guide has a chapter dedicated to each approach in the Framework: Whole Population; At Risk; and Crisis Response. Each chapter has background information, goals relevant to the three approaches, and action steps your staff can take to meet those goals.
- ◆ The Tools for Implementing Action Steps section of the Guide contains a variety of worksheets, fact sheets, and program descriptions to help you create and implement many of the action steps.

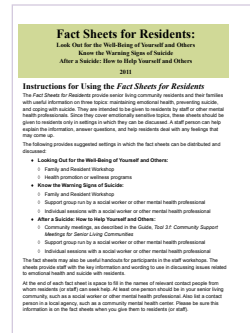
3. Trainer's Manual

- ◆ The *Trainer's Manual* is designed to be used by the person(s) who provides education to your staff and residents and their families.
- ◆ The *Trainer's Manual* includes materials for conducting three one-hour workshops: two workshops for staff and one workshop for families and residents. The staff workshops are intended to reinforce background information provided in the Guide and to help staff implement some of the key steps it recommends. The workshop for families and residents is intended to provide some key information from the Guide and to encourage residents to take advantage of the activities and programs the facility is implementing as part of its approach to emotional health promotion and suicide prevention.



4. Fact Sheets for Residents

- ◆ These fact sheets are targeted to your residents. They may also be useful for family members and your staff. The fact sheets should be distributed to residents with staff guidance as part of a workshop, one-on-one session, or group meeting.
- ◆ The three fact sheets contain information on the roles of residents in each of the three approaches to emotional health promotion and suicide prevention in senior living communities:
 - ◇ *Look Out for the Well-Being of Yourself and Others*
 - ◇ *Know the Warning Signs of Suicide*
 - ◇ *After a Suicide: How to Help Yourself and Others*



How do you use the Toolkit?

1. Share the Cover Letter and Toolkit with your managers

- ◆ Provide these items to your key managers.
- ◆ Encourage them to read this *Toolkit Overview* before you meet.

2. Start with the Guide

- ◆ Meet with your key managers and spend a few minutes discussing the Sample Policy and the Facility Assessment Checklist in the Guide. You will probably identify a number of needs that you can meet by taking some simple actions. Taking these actions will help you promote emotional health and prevent suicide in your senior living community.
- ◆ Ask your key managers to go through the Guide and select those action steps they think are most feasible and will help address some needs highlighted in the Facility Assessment Checklist.
- ◆ Convene relevant staff to make a plan to implement the action steps. You will probably include at least the staff from nursing, social work, activities and wellness, and facilities. Use the many tools provided in the Guide.

3. Offer the Workshops

- ◆ Ask the person responsible for delivering staff training to schedule times to offer the two staff workshops in the Toolkit. These workshops will help reinforce the information in the Guide and will provide the opportunity to begin planning to take some of the recommended action steps.
- ◆ Ask the person responsible for family outreach to schedule a time to deliver the workshop for families and residents. You might also consider offering this to the community at large.

4. Distribute the *Fact Sheets for Residents* in a Number of Ways:

- ◆ During the Family and Resident Workshop as part of health promotion activities, through your health care staff, in support groups, or in other ways that seem appropriate for your facility.

Appendix A: Contributors to the Toolkit

The following people contributed their expertise and time to the development of this Toolkit:

SPARK staff

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Input and review of all documents, and help with piloting the workshops, were provided by staff at the following:

- ◆ Federal agencies: Central and regional offices of the Administration on Aging, National Institute of Mental Health, Veterans Administration
- ◆ Organizations: Suicide Prevention Resource Center, American Association for Homes and Services for the Aging, CrisisLink, National Council on Aging, NASMHPD Older Persons Division
- ◆ Senior Living Communities: Asbury Methodist Village, MD; Assisted Living Concepts, WI; Brethren Care Village, OH; Capitol Ridge, RI; Chelsea Senior Living, NJ; Christian Health Care Center, NJ; Evans Park, MA; Hearthstone Retirement Community, WA; Lexington Health Care Center, MA; North Hill, MA; Waltham Crossings, MA

References

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

Centers for Disease Control and Prevention (CDC). (2006). *WISQARS fatal injuries: Mortality reports*. National Center for Injury Prevention and Control, CDC. Available at <http://webappa.cdc.gov/sasweb/ncipc/mortrate.html>

Langford, L. (2008, October). *Framework for mental health promotion and suicide prevention in senior living communities*. Suicide Prevention Resource Center. Working draft for the meeting "It takes a community: A summit on opportunities for mental health promotion and suicide prevention efforts in senior living communities," Gaithersburg, MD.

