

The Role of

Senior Living Community Professionals

in Preventing Suicide



John, an 84-year-old man, recently returned to his assisted living facility after a rehab stay for injuries from a fall. His Parkinson's disease had progressed, so now he used a walker at all times. The resident service coordinator (RSC) saw John's wife in the lobby and asked about him. The wife indicated that he was having a difficult time and was feeling like a burden on her. The RSC expressed concern and asked if she could visit the apartment to assess John's needs.

During her visit, John said that he had given up hope and did not think life was worth living anymore. The RSC received permission to contact his physician about her concerns. The physician saw John, made a diagnosis of depression, and initiated treatment, including a referral for counseling. When the RSC followed up with John, she learned that he was participating in counseling and was starting to feel better. She continued to stay in touch with him, encouraged him to participate in activities in the facility, and helped him identify activities he found meaningful and enjoyable.

(Based on the experiences of a social worker who works with older adults)

Key Steps to Reduce Suicide Risk among Residents:

- Identify a professional to contact with concerns about residents' mental health
- Recognize when residents may be at risk for suicide
- Respond to residents who may be at risk for suicide
- Train paraprofessional and non-professional staff
- Be prepared to respond to a suicide death
- Consider becoming involved in a suicide prevention program in your senior living community

What is a Senior Living Community?

A senior living community (SLC) is any residential facility or community for older adults, including but not limited to independent living or retirement communities, assisted living facilities, skilled nursing facilities, and continuing care retirement communities. Staff may include administrators and managers; general health care providers; mental health providers; clergy; recreation, activities, and wellness staff; and personal care, dining, housekeeping, transportation, maintenance, grounds, and security staff.



Your Role as a Senior Living Community Professional in Suicide Prevention

Preventing suicide is part of the SLC's mission to keep its residents safe and healthy. As an SLC professional (e.g., a manager, health or mental health professional, recreation or wellness coordinator), you are in a key position to:

- Observe residents' behavior and get the appropriate help when you suspect that a resident may be at risk of self-harm
- Provide relevant information and training to all paraprofessional and non-professional staff in your facility
- Foster the emotional well-being of *all* the residents by creating an environment that promotes communication, respect, engagement, and a sense of belonging and social connectedness

Know the facts

Suicide touches everyone, and especially older adults.

- Suicide takes the lives of over 41,000 Americans each year.
- Older adults ages 65+ have a higher suicide rate than the national average: 16.1 compared to 13.0.
- Older men have particularly high rates: 30.9 for ages 65+ and 48.5 for ages 85+.
- Older adults who attempt suicide are more likely to use lethal means and die from suicide than younger people who attempt suicide.

However, there is help and hope when individuals, families, and SLCs join forces to prevent suicide.

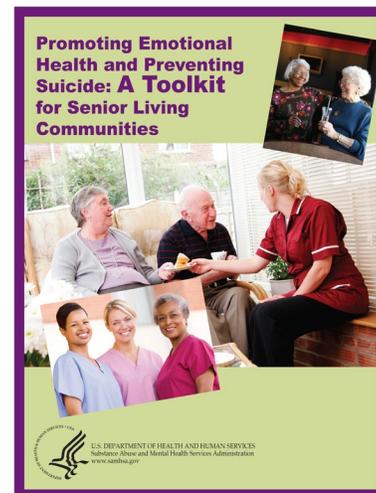
Data from CDC 2013 and AAS 2015

Identify Professionals to Contact with Concerns about Residents' Mental Health

An increasing number of assisted living, skilled nursing, and other long-term care facilities have a mental health professional on staff or maintain a consultation relationship with a mental health professional in the local community. Some facilities, especially independent living communities, may not have these established contacts. If your SLC does not have a relationship with a mental health professional, it is important to find someone to whom residents with mental health issues can be referred when the need arises.

One way to find local mental health professionals is by accessing the [Behavioral Health Treatment Services Locator](#). Primary care providers in your area may also have suggestions. It is recommended that you talk with several mental health professionals in the community to identify one or more who are well qualified and appropriate.

This information sheet is based on material in the toolkit [Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities](#). See the Resources section at the end of this sheet for more on the toolkit's contents.



Once one or more mental health professionals are identified, you should do the following:

- Establish a protocol for when and how to contact a mental health professional and how to document referrals
- Make sure all staff in the facility know who the mental health contacts are and how to reach them

Recognize When Residents May Be At Risk for Suicide

Be alert to problems that increase suicide risk

You may know about the history, problems, and circumstances of your residents that may put them at risk for suicide. There are a large number of risk factors for suicide. Some of the most significant ones are:

- Prior suicide attempt(s)
- Alcohol and drug abuse
- Depression and anxiety
- Access to a means to kill oneself, i.e., lethal means

Suicide risk is usually greater among people with more than one risk factor. For individuals who are already at risk, a “triggering” event causing shame or despair or resulting in social isolation may make them more likely to attempt suicide. These events may include loss of a spouse, other family members, or friends; disabling illness, uncontrolled pain, or health decline; and financial problems.

(Adapted from Rodgers, 2011; SAMHSA, 2012; SPRC, 2008)

Look for signs of immediate risk for suicide

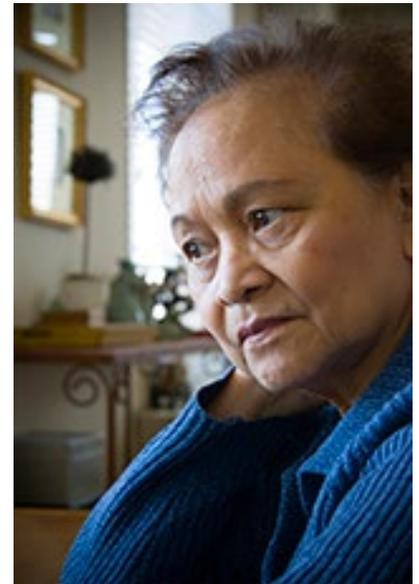
Some behaviors may indicate that a person is at immediate risk for suicide. These three should prompt you to take action right away:

- **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 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

(Adapted from National Suicide Prevention Lifeline, [n.d.]).



National Suicide Prevention Lifeline

The Lifeline is a 24-hour toll-free phone line for people in suicidal crisis or emotional distress. The phone number is 1-800-273-TALK (8255). For a Lifeline wallet-sized card that lists the warning signs of suicide and the toll-free number, go to <http://www.suicidepreventionlifeline.org/getinvolved/materials.aspx>

As people get older they often think more about death and dying, and sometimes they talk more about it. It is important to note that:

- Talking about death and dying can be healthy for older adults, but a sudden focus on wanting to die or a preoccupation with death is a cause for concern.
- Any statements made by older adults about wanting to die should be taken seriously.

Respond to Residents Who May Be at Risk for Suicide

Take action if you encounter a resident who is at immediate risk

If someone is:

- **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**

Take the following steps right away:

1. Do not leave the resident alone.
2. Remove any lethal means from the resident's room or apartment.
3. Get in touch with the mental health contact.
4. If the danger for self-harm seems imminent, call 911.
5. Provide any information that may be helpful to the mental health contact or 911.
6. Contact the resident's emergency contact person.
7. Ensure that the resident is screened by a mental health professional who will determine whether referral for treatment is needed and, if so, facilitate the resident's obtaining treatment.
8. If possible, make sure the resident's physician/health care provider is involved in the process of obtaining treatment.
9. Document all actions taken (in the resident's chart or a log book).

Reach out to a resident who may be at risk

To help other residents who are not at immediate risk for suicide but about whom you are concerned, take these steps:

- Talk with the resident in a supportive and caring way. Listen by showing understanding and withholding judgment. You could mention changes you have noticed in her or his behavior and that you are concerned.
- If the resident needs further help:
 - o Calmly support the resident, since older adults are often reluctant to seek care. Reassure the resident that seeking help is a positive step that can help him or her feel better.



- o Obtain the resident’s permission to talk with a personal contact, such as a family member.
- o Obtain the resident’s permission to get in touch with a mental health contact. Assist the resident in connecting with this provider.
- Continue to stay in contact with the resident and pay attention to how she or he is doing. Provide encouragement to reinforce treatment and positive gains.

Train Paraprofessional and Non-Professional SLC Staff

It is important for all SLC staff to be able to recognize and respond to suicide warning signs. Staff, such as nursing assistants and dining, housekeeping, maintenance, and security personnel, interact with residents on a regular basis and are in a good position to notice changes in residents’ behavior. You can help these staff members be involved by taking the following steps:

- Remind staff to follow the process for your facility, which may include contacting one or more of the following:
 - o Their supervisor
 - o 911
 - o A mental health contact determined by the facility
 - o National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- Consider delivering a one-hour training using the information and sample training in the trainer’s manual of *Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities*.
- Be available for ongoing consultation and support

Be Prepared to Respond to a Suicide Death

Although death and dying are, unfortunately, familiar experiences in SLCs, the death of a resident by suicide can be a very different experience and have an especially profound emotional effect on both residents and staff. Survivors of suicide loss often experience complex reactions, which may include feelings of grief, guilt, confusion, shame, and embarrassment. A suicide death can result in an increased risk of suicide for vulnerable residents. Therefore, an essential part of suicide prevention is responding appropriately to a death by suicide. This response is often called *postvention*. In an SLC, recommended postvention measures include the following:

- Have grief counseling available for all residents and staff, and support for yourself
- Support residents at risk—individually and/or in groups
- Check in with residents at risk at later times after the death, including on the anniversary of the death

Address Cultural Differences

Differences in cultural background can affect how older adults respond to problems, the way they talk about death and dying, and their attitudes toward suicide, as well as how they feel about sharing personal information and seeking help. It is important to be aware of possible differences and tailor your responses accordingly. For example, individuals from some cultures may not be open to seeing a mental health provider, but they may be willing to talk with a faith community leader.



Consider Becoming Involved in a Suicide Prevention Program in Your SLC

Identifying and responding to residents at risk is a crucial part of a comprehensive approach to suicide prevention. As an SLC professional, you can also become involved in other aspects of suicide prevention. A comprehensive suicide prevention program for an SLC is comprised of the following three key approaches:

- **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 attempts and deaths

You can become involved in implementing policies and protocols as well as education/training, programs, and activities for staff and residents for any or all three of these approaches.

Helping Your Colleagues

Suicide can occur among your colleagues as well as among residents. If you notice signs of risk for suicide in your colleagues, you can assist them in obtaining help too.

For more information on helping colleagues, see the Resources section, including the information sheet *The Role of Co-Workers in Suicide Prevention*.

Resources

Assessing and Managing Suicide Risk: Core Competencies for Mental Health Professionals (AMSR)

Suicide Prevention Resource Center and American Association of Suicidology (Revised October 2008)

<http://www.sprc.org/training-institute/amr>

This is a one-day training for mental health professionals. It combines lecture, video demonstrations, and exercises to teach how to effectively assess suicide risk, plan treatment, and manage ongoing care of the at-risk client. Trainings are sponsored by community groups and facilitated by AMSR's nationwide roster of expert faculty.

Late Life Suicide Prevention Toolkit: Life Saving Tools for Health Care Providers

Canadian Coalition for Seniors' Mental Health (2008)

<http://www.ccsmh.ca/en/projects/suicide.cfm>

These training materials include an interactive case-based DVD, the *National Guidelines for Seniors' Mental Health: The Assessment of Suicide Risk and Prevention of Suicide*, a clinician pocket card, a facilitator's guide, and a PowerPoint presentation.

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

Substance Abuse and Mental Health Services Administration (2011)

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

This toolkit contains information and resources to help staff in senior living communities promote emotional health and prevent suicide among their residents and also 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 abuse problems, responding to a suicide death, conducting a one-hour staff training, and implementing a comprehensive suicide prevention program in SLCs.

Suicide and Aging: A Gatekeeper's Workshop

Samaritans of Merrimack Valley, MA (2008)

<http://www.fsmv.org/Samaritans/GatekeeperTrainings.html>

This 4-hour training was adapted from the Samaritans 8-hour *Suicide Prevention Training for Gatekeepers of Older Adults* (see listing below) and has a less clinical focus. It is designed for all levels of staff and volunteers, including nurses, social workers, home health aides, personal care attendants, food service workers, transportation workers, and volunteers. The training provides information on recognizing the risk and protective factors of suicide and how to talk with someone at risk for suicide.

Suicide Prevention for Older Adults in Residential Communities: Implications for Policy and Practice

Podgorski, C. A., Langford, L., Pearson, J. L., & Conwell, Y. (2010). PLoS Medicine, 7(5).

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000254>

This journal article describes approaches to suicide prevention that can be used in residential communities for older adults as well as special considerations for those communities in developing suicide prevention plans and creating healthy communities.

Suicide Prevention for Older People: Early Intervention, Assessment and Referral Options for Staff Working with Older People Who May Be at Risk of Suicide

New South Wales Department of Health, Australia (2003)

<http://www.health.nsw.gov.au/mhdao/publications/Publications/suicide-prevent.pdf>

This is a guide for mental health educators on how to conduct a one-day workshop on suicide prevention and older people for both health and non-health workers with clinical and/or assessment and referral responsibilities. The workshop focuses on understanding suicide risk in older people, strategies for early intervention and prevention, as well as methods of responding to varying levels of risk.

Suicide Prevention Training for Gatekeepers of Older Adults

Samaritans of Merrimack Valley, MA (2006)

<http://www.fsmv.org/Samaritans/GatekeeperTrainings.html>

This 8-hour training can be provided in one 8-hour session or two 4-hour segments. It has a clinical focus and covers not only basic information on suicide, but also identifying and responding to older adults who are suicidal and providing them with ongoing care and support. It is particularly suitable for nurses and mental health professionals.

Suicide Warning Signs (wallet card)

National Suicide Prevention Lifeline (2011)

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

This wallet-sized card contains the warning signs for suicide and the toll-free number of the National Suicide Prevention Lifeline.

The Role of Co-Workers in Preventing Suicide

Suicide Prevention Resource Center (revised 2013)

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

This information sheet helps people in any type of workplace learn how to recognize and respond to the warning signs for suicide in their co-workers.

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March 2015

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The people depicted in the photographs in this publication are models and used for illustrative purposes only.

The Suicide Prevention Resource Center is supported by a grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) under Grant No. 5U79SM059945

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