



by Select Rehabilitation

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# Healthy Living Series

## February 2020: Suicide Prevention

*Resources for Residents, Caregivers and Staff*

## Suicide Prevention among Older Adults

The highest rate of suicide in the nation is among individuals 65 years of age and older. Suicide rates are particularly high among men, with men ages 85 and older having the highest rate of any group in the country. Suicidal behavior is complex, and there is no single cause. Many different factors contribute to someone making a suicide attempt. But people most at risk tend to share specific characteristics. When an older adult has one or more of the following risk factors, his or her loved ones should be especially cognizant of the danger of suicide:

- Access to lethal methods (e.g., firearms, medications)
- Debilitating physical health problems
- Depression
- Divorced or widowed (rates are highest for those who are divorced or widowed)
- Family discord
- Major changes in social roles (e.g., retirement)
- Perceived poor health
- Prior suicide attempts
- Recent death of a loved one
- Social isolation and loneliness; socially dependent
- Substance abuse
- Uncontrollable pain or the fear of a prolonged illness

Suicide prevention requires a comprehensive approach that occurs at all levels of society. Older adults who think they may be suffering from depression or having suicidal thoughts should share their concerns with their health care providers. In addition, the following national resources can provide a support for older adults that are experiencing suicidal thoughts:

- SAMHSA Suicide Prevention Resources: <http://www.samhsa.gov/prevention/suicide.aspx>
- National Suicide Prevention Lifeline; 1-800-273-TALK: <http://www.suicidepreventionlifeline.org>
- Suicide Prevention Resource Center: <http://www.sprc.org>
- National Action Alliance for Suicide Prevention: <http://www.actionallianceforsuicideprevention.org>



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*How Can Rehabilitation Help? Because therapy facilitates participation and is client-centered, it plays an important role in the success of those living with depression and/or suicidal thoughts. Your rehab team can provide educational programs and treatment groups or classes to address self-awareness, interpersonal and social skills, stress management, and role development. Your rehab team can assist in the development and instruction of compensatory and adaptation techniques to facilitate increased functional performance, attention and safety. Your rehab team can provide interventions to preserve mobility, socialization and ADL skills. Your rehab team can provide clients purposeful activities according to capabilities.*

*For additional information, please contact your Select Rehabilitation Physical, Occupational and Speech therapists.*

# Suicide Prevention among Older Adults

## Scope of the Concern

- Older adults have higher rates of suicide than other segments of the population.
- Suicidal behavior is more lethal in later life than at other points in the life course.
- The incidence of suicide is particularly high among older, white males (30.3 suicides per 100,000).
- The rate of suicide in the oldest group of white males (ages 85+) is over four times higher than the nation's overall rate of suicide.

Source: Injury Prevention & Control: Data & Statistics (WISQARSTM).

<https://www.cdc.gov/injury/wisqars/fatal.html>

## Risk Factors for Suicide in Older Adults

- There are several important risk factors for suicide in older adults. These include, among others:
  - Access to lethal methods (e.g., firearms, medications)
  - Debilitating physical health problems
  - Depression
  - Divorced or widowed (rates are highest for those who are divorced or widowed)
  - Family discord
  - Major changes in social roles (e.g., retirement)
  - Perceived poor health
  - Prior suicide attempts
  - Recent death of a loved one
  - Social isolation and loneliness; socially dependent
  - Substance abuse
  - Uncontrollable pain or the fear of a prolonged illness

## The Role of Depression in Suicide

- Depression is one of the leading risk factors of older adult suicide.
- Approximately 20 percent of older adults experience undiagnosed depression; yet only 12-25 percent of older adults with depression receive treatment for it.
- Depression is not a normal part of aging.
- The risk of depression increases when an older adult has other illnesses and has limited ability to function.
- Most older adults who die by suicide had been seen recently by their primary doctor.
- When an older adult visits their doctor, they often describe physical ailments that are the result of depression, such as poor appetite and pain, which can lead to a misdiagnosis.

- Older adults experience many losses, including spouses, family and friends passing away, moving away to live with family or in a long-term care setting.
  - These losses, in addition to a decreased ability to perform daily activities, are factors that increase social isolation.
- If depression is untreated, it can delay or prevent full recovery.

## Signs and Symptoms of Depression

- Symptoms of depression usually last more than two weeks and include:
  - Disturbed sleep patterns (sleeping too much or too little)
  - Changes in appetite (weight loss or gain)
  - Physical aches and pains
  - Lack of energy or motivation
  - Irritability and intolerance
  - Loss of interest or pleasure
  - Feelings of worthlessness or guilt
  - Difficulties with concentration or decision-making
  - Noticeable restlessness or slow movement
  - Recurring thoughts of death or suicide

## What are the Warning Signs of Suicide?

- Talking about suicide
  - As an example, making statements such as "I'm going to kill myself", "I wish I were dead" or "I wish I hadn't been born"
- Securing the means to take your own life, such as buying a gun or stockpiling pills
- Withdrawing from social contact and wanting to be left alone
- Having mood swings, such as being emotionally high one day and hopeless the next
- Being preoccupied with death, dying or violence
- Feeling trapped or hopeless about a situation
- Increasing use of alcohol or drugs
- Changing normal routine, including eating or sleeping patterns
- Doing risky or self-destructive things, such as using drugs or driving recklessly
- Giving away belongings or getting affairs in order when there's no other logical explanation for doing this
- Saying goodbye to people as if they won't be seen again
- Developing personality changes or being severely anxious or agitated, particularly when experiencing some of the warning signs listed above

## What Should I Do if I See the Warning Signs of Suicide?

- If you believe someone you know is in immediate danger of killing himself or herself:
  - Do not leave the person alone. If possible, ask for help from friends or other family members.
  - Take away or remove objects that the person could use to hurt himself or herself.
  - If the person is already in psychiatric treatment, help her or him to contact the doctor or therapist for guidance and help.
  - Try to keep the person as calm as possible.
  - Call 911 or take the person to an emergency room.

## Suicide Prevention Strategies

- Develop a strong connection to family and community support
- Encourage family members to look out for warning signs of suicide
- Develop skills in problem solving and conflict resolution
- Remove firearms from the home
  - If this is not an option, unload the firearm, store the ammunition in another part of the home and place a trigger lock on the gun
- Dispose of out-of-date medications
  - If necessary, medications should be monitored by someone who can recognize potentially lethal dosages or combinations of medications
- Reduce social isolation
- Identify a variety of clinical interventions and help-seeking support
- Seek out effective clinical care for mental, physical, and substance disorders
- Prioritize positive family involvement to maintain your emotional well-being

## Who can help?

- Older adults who think they may be suffering from depression or having suicidal thoughts should share their concerns with their health care provider.
- A physician can help determine if the symptoms are due to a depressive and/or anxiety disorder, a medical condition, or both.
- The client and provider should work as a team to make a plan to treat the depression and/or suicidal thoughts.

## Self- Care to Relieve/Reduce Depression and/or Suicidal Thoughts

- Acknowledge worries and address any fears that can be handled
- Talk with family, a friend or spiritual leader
- Adopt stress management techniques, meditation, prayer, and deep breathing techniques

- Exercise
- Avoid things that can aggravate the symptoms of depression and/or anxiety:
  - Caffeine (coffee, tea, soda, chocolate)
  - Nicotine (smoking)
  - Over-eating
  - Over-the-counter cold medications
  - Certain illegal drugs
  - Certain herbal supplements
  - Alcohol (While alcohol might initially help a person relax, it eventually interferes with sleep and overall wellness, and can even contribute to anxiety, depression, and dementia)

### Are you Concerned about a Loved One?

- If you suspect an older adult you know might have a problem with depression or suicidal thoughts, notice and ask:
  - Is the person avoiding situations and activities he or she once enjoyed?
  - Does he or she seem to worry excessively?
  - Is he or she taking a new medication, either prescription or over the counter? Or has the dosage changed for one of the medications?
  - Is he or she drinking more alcoholic drinks than previously?
- When talking with an older adult who has depression and/or suicidal thoughts:
  - Be calm and reassuring
  - Acknowledge their fears but do not play along with them
  - Be supportive
  - Encourage them to engage in social activities
  - Offer assistance in getting them help from a physician or mental health professional

### What Suicide Prevention Resources are Available?

The following national resources can provide a support for older adults that are experiencing isolation.

- SAMHSA Suicide Prevention Resources: <http://www.samhsa.gov/prevention/suicide.aspx>
- National Suicide Prevention Lifeline; 1-800-273-TALK: <http://www.suicidepreventionlifeline.org>
- Suicide Prevention Resource Center: <http://www.sprc.org>
- National Action Alliance for Suicide Prevention: <http://www.actionallianceforsuicideprevention.org>
- National Strategy for Suicide Prevention: <http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/index.html>

## How Can Rehabilitation Help?

- The purpose of therapy is to increase an individual's ability to live as independently as possible in the community while engaging in meaningful and productive life roles. Because therapy facilitates participation and is client-centered, it plays an important role in the success of those living with depression and/or suicidal thoughts.
- Seeking professional advice to analyze your unique situation; can often result in simple solutions.
- Your rehab team can provide educational programs and treatment groups or classes to address self-awareness, interpersonal and social skills, stress management, and role development.
- Your rehab team can provide clients the opportunity to achieve their highest level of self-performance in functional skills.
- Your rehab team can assist in the development and instruction of compensatory and adaptation techniques to facilitate increased functional performance, attention and safety.
- Your rehab team can provide interventions to preserve mobility, socialization and ADL skills.
- Your rehab team can provide clients purposeful activities according to capabilities.

For additional information, please contact your Select Rehabilitation Physical, Occupational and Speech Therapists. In addition, consult your rehab team today if you are concerned that you or your loved one may be dealing with depression or having suicidal thoughts.



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



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)

**2011**



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

2011

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

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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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## Originating Office

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

# 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:

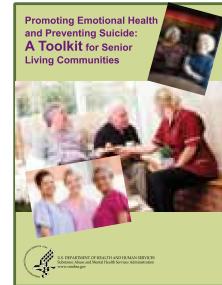
- ◆ **Independent living:** retirement communities, independent living residences, senior apartments, senior housing
- ◆ **Assisted living:** personal care homes, board and care homes, rest homes, congregate housing, residential care facilities, domiciliary care (a name common among Veterans Administration 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.



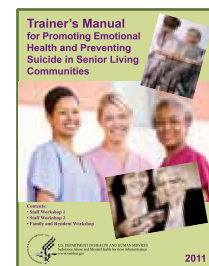
## 2. A Guide to Promoting Emotional Health and Preventing Suicide in Senior Living Communities



- ◆ 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

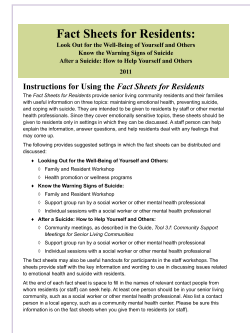
- ◆ The *Trainer's Manual* is designed to be used by the person(s) who provides education to your staff and residents and their families.
- ◆ The *Trainer's Manual* includes materials for conducting three one-hour workshops: two workshops for staff and one workshop for families and residents. The staff 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

- ◆ NASMHPD: Robert Glover, Lauren Kamnik, Christy Lentz
- ◆ EDC: Jerry Reed, Christine Miara, Laurie Rosenblum, Elizabeth Frisco, Jeannette Hudson, Marc Posner, Nancy Davis, Jennifer Smith
- ◆ McFarland & Associates, Inc.: Barbara Milton-King, Sylvia Joice, June Murray
- ◆ NRI: Noel Mazade, Jeanne Rivard, Michael Lane

## External Workgroup members

- ◆ Leona Bachrach, Asbury Methodist Village, Gaithersburg, MD
- ◆ David Denton, Asbury Methodist Village, Gaithersburg, MD
- ◆ Ruth Kent, Ingleside at Rock Creek, Washington, DC
- ◆ Amy Ostrolenk, Asbury Methodist Village, Gaithersburg, MD
- ◆ Eve Byrd, Fuqua Center for Late-Life Depression, Atlanta, GA
- ◆ Patrick Cook, Macro International, Inc., Rockville, MD
- ◆ Gary Kennedy, Montefiore Medical Center, New York, NY; American Association of Geriatric Psychiatry; Geriatric Mental Health Foundation
- ◆ Richard McKeon, Substance Abuse and Mental Health Services Administration, Rockville, MD
- ◆ Alixe McNeill, National Council on Aging, Washington, DC
- ◆ Linda Langford, Education Development Center, Inc., Newton, MA
- ◆ Nancy Osgood, Virginia Commonwealth University, Richmond, VA
- ◆ Lisa Pape, Veterans Administration, Washington, DC
- ◆ Jane Pearson, National Institute of Mental Health, Bethesda, MD
- ◆ Carol Podgorski, University of Rochester, Rochester, NY
- ◆ Dorothea Rogers, Cardinal Ritter Senior Center, St. Louis, MO

## 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.





# TRANSITION SAFELY

## FEELINGS

- ☐ Do you see or hear a change in level of depression or anxiety?
- ☐ Do you see or hear signs of new anger or irritability greater than usual?
- ☐ Do you see or hear statements of hopelessness or helplessness?
- ☐ Do you see or hear signs of shame or humiliation?

## BEHAVIORS

- ☐ Are you aware of new social isolation?
- ☐ Have you observed or are you aware of any change in drug or alcohol use?
- ☐ Have you observed or are you aware of giving away prized possessions, beyond expected 'downsizing'?
- ☐ Have you observed or are you aware of recent loss of interest or less engagement in favorite activities?
- ☐ Have you observed or are you aware of any changes in sleep?
- ☐ Are you aware of any new and unexpected weight loss or weight gain?
- ☐ Have you observed or are you aware of any new change in eating pattern?
- ☐ Have you observed or are you aware of any incident of self-harm?

**National Suicide Prevention Lifeline    1-800-273-8255 -or-  
TEXT 'Hello' to 741-741**

- Call together and introduce your loved one
- Non-emergency calls are welcome
- Invite your loved one to call before there is a crisis
- Trained personnel offer risk assessment
- Press ONE for Veteran support

## LETHAL MEANS

- ☐ Work with the resident to lock up, transfer ownership of, or take possession of firearms before the planned transition.
- ☐ Work with the resident to contact local agencies for hazardous materials collection events/sites and discard toxic chemicals (pesticides, poisons, etc.) from the home, under sinks, laundry areas, garage, and any outbuildings.
- ☐ Work with the resident to secure or limit access to belts, ropes, cords, hoses and the like.
- ☐ Work with the resident to secure car keys or limit unattended driving around the transition time.

## MEDICATIONS

- ☐ Have you observed or been asked to stockpile medications for any reason?
- ☐ Have you been asked to get larger pill counts or bigger bottles of medications?
- ☐ Does the home have a lock box for medication surplus?
- ☐ Reduce available quantities of over the counter medications.

## Healthy Living Series Talk Follow Up Form

We would like to know if today's topic has been a concern to you which may affect any activities in your day to day life. Please take a moment to complete this questionnaire and indicate if you would like us to contact you regarding your concerns:

| <i>Please mark any areas of concern below</i> ↓ |                       |
|---|-----------------------|
| <b>Daily Activities:</b>                        | I am concerned about: |
| Cooking   |                       |
| Ability to Dress                                |                       |
| Housekeeping                                    |                       |
| Laundry   |                       |
| Shopping  |                       |
| Hobbies   |                       |
| Travel  |                       |
| Church or Temple                                |                       |
| Medication Management                           |                       |
| Bathing/ Hygiene                                |                       |
| <b>Social:</b>                                  |                       |
| Remembering appointments                        |                       |
| Going to Friends Homes                          |                       |
| Forgetting names                                |                       |
| Hearing   |                       |
| <b>Self Perception:</b>                         |                       |
| Physical Health                                 |                       |
| Fear of Hygiene Issues                          |                       |
| Fear of Embarrassment                           |                       |

Please enter your name and phone number if you would like us to contact you:

NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_