



Canadian Coalition for Seniors' Mental Health

## Late Life Suicide Prevention Toolkit

Suicide Assessment and Prevention for Older Adults:  
Life Saving Tools for Health Care Providers

# Facilitator's Guide



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## Acknowledgements

Production of the CCSMH Late Life Suicide Prevention Toolkit was made possible through a financial contribution from the **PUBLIC HEALTH AGENCY OF CANADA**, the **Betty Havens Award for Knowledge Translation in Aging (CIHR)**, as well as a donation from the **RBC Foundation**. The Canadian Coalition for Seniors' Mental Health gratefully acknowledges this support and commitment to seniors' mental health.

In addition, special thanks to the Project Leads and members of the CCSMH Late Life Suicide Prevention Toolkit Development Group who dedicated a countless number of hours and engaged in the creation of this important resource:

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In order to meet the educational needs of your learners, some materials in the toolkit may be modified. Please acknowledge that the information was provided by the Canadian Coalition for Seniors' Mental Health Late Life Suicide Prevention Toolkit.

Elements of the CCSMH Late Life Suicide Prevention Toolkit may be updated based on ongoing feedback and evaluation. Any updated material will be posted at [www.ccsmh.ca](http://www.ccsmh.ca) where it can be downloaded free of charge. Please bookmark this site and visit frequently for updates.

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## Background / Overview

Suicide is a significant public and mental health problem and a leading cause of preventable morbidity and mortality. Older adults\* have among the highest rates of suicide worldwide; in Canada, older men have a suicide rate that nearly doubles the nation's average. Improved understanding of the epidemiology of late life suicide and associated risk and resiliency factors, and methods for assessing the presence and severity of suicide risk and for clinical intervention can help reduce the devastating burden associated with suicide among older adults.

In 2006, the Canadian Coalition for Seniors' Mental Health (CCSMH) developed the first ever, multi-disciplinary, evidence-based, national guidelines on the assessment of suicide risk and prevention of suicide in older adults. The CCSMH has developed and is continually updating an interactive Late Life Suicide Prevention Toolkit to enhance understanding of late life suicide and its prevention among front-line health care providers, medical and mental health care clinicians, trainees, and educators.

Key elements of the CCSMH Late Life Suicide Prevention Toolkit include:

- DVD - *Suicide Assessment & Prevention for Older Adults: Life Saving Tools for Health Care Providers*
- CCSMH National Guidelines for Seniors' Mental Health: The Assessment of Suicide Risk and Prevention of Suicide
- Clinician pocket-card
- PowerPoint presentation
- Facilitator's Guide with tips for using the Toolkit in a variety of ways

The interactive, case-based DVD - *Suicide Assessment & Prevention for Older Adults: Life Saving Tools for Health Care Providers* - contains a dramatized case study, expert interviews, and personal stories from survivors. It is intended to present health care providers with the following tools and information that they can integrate into their practice settings:

- assessment and detection of suicide
- building rapport, asking key questions
- recognizing risk and resiliency factors
- managing risk
- suicide warning signs
- the importance of hope
- the impact of stigma

It is hoped that the DVD – as well as other elements of the CCSMH Late Life Suicide Prevention Toolkit - will be a helpful resource for health care providers in their work with older adults, and an effective tool for health care educators.

\*The term "older adult" refers to individuals 65 years or over.

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# Using the DVD and other elements of the CCSMH Late Life Suicide Prevention Toolkit

## The DVD has four chapters:

1. **Suicide Assessment: Case Study & Expert Commentary** [36:55 minutes]  
Mr. Johnson is experiencing depression and abusing alcohol. Through visits to his family physician, interactions with his daughter, and calls to a distress line, viewers learn about Mr. Johnson's risk for suicide and see various assessment strategies. Experts comment on and clarify key messages throughout. This chapter is broken down into five easy-to-use sections:
  - i. Introduction & Risk Factors [0 – 7:34]
  - ii. Depression [7:34 – 16:00]
  - iii. Talking about Suicide [16:00 – 23:37]
  - iv. Phone Call to Crisis Centre [23:37 – 27:09]
  - v. Family Conflict & Next Steps [27:09 – 36:55]
2. **Suicide Risk & Resiliency Factors** [5:48]  
Dr. Marnin Heisel discusses the main suicide risk factors and illustrates how they correspond with the DSM-IV's five axes of disorder or disability. Dr. Heisel also touches on the importance of assessing for protective / resiliency factors.
3. **Suicide Warning Signs** [5:52]  
Dr. Marnin Heisel reveals a helpful mnemonic device for remembering suicide warning signs: IS PATH WARM
4. **Suicide & Stigma: Survivors' Voices** [5:27]  
This chapter shares personal stories of the impact of stigma and suicide.

## In Advance:

1. View the entire DVD in advance.
2. Review the Facilitator's PowerPoint presentation (The presentation can be downloaded at [www.ccsmh.ca/en/projects/suicide.cfm](http://www.ccsmh.ca/en/projects/suicide.cfm)).  
*Note: We encourage you to tailor this presentation to the needs of your learners. The first slide acknowledges Dr. Marnin J. Heisel as the original author of the presentation.*
3. You may also find it useful to review the *CCSMH National Guidelines for Seniors' Mental Health: The Assessment of Suicide Risk and Prevention of Suicide* and read the clinician pocket-card *Suicide: Assessment & Prevention for Older Adults*.
4. If you'd like to provide your learners with copies of the clinician pocket-card and the national guidelines, ask the CCSMH to send you copies of this material (see page 14 for details). These materials can also be downloaded from [www.ccsmh.ca/en/projects/suicide.cfm](http://www.ccsmh.ca/en/projects/suicide.cfm).

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## At Your Educational Session:

1. Show the DVD or selected chapters.  
*Note: If you are showing the DVD from a laptop computer, additional speakers will be required to ensure good sound quality.*
2. Using the PowerPoint presentation, explore the topic of late life suicide. The PowerPoint presentation covers: epidemiology of late life suicide, mortality statistics, warning signs, risk and resiliency factors, assessment process, key questions, suicide risk management strategies (immediate and ongoing), symptoms of depression, summary, and discussion questions.
3. Lead the group discussion (potential topics are listed on the next page and begin on slide 41 of the PowerPoint presentation).
4. Distribute copies of the *CCSMH National Guidelines for Seniors' Mental Health: The Assessment of Suicide Risk and Prevention of Suicide* and the clinician pocket-card *Suicide: Assessment & Prevention for Older Adults* (or let them know they can access these materials at [www.ccsmh.ca/en/projects/suicide.cfm](http://www.ccsmh.ca/en/projects/suicide.cfm) or by calling 416-785-2500 ext. 6331).
5. Ask learners to complete a brief evaluation:

Option A: Print copies of the Evaluation for Learners form for each attendee and return the completed forms to the CCSMH. The Evaluation for Learners form is located on page 16 of this guide with instructions on where to return the completed forms. CCSMH staff will compile the data and can send you a summary, if desired.

Option B: Encourage learners to visit [www.ccsmh.ca/en/projects/suicide.cfm](http://www.ccsmh.ca/en/projects/suicide.cfm) to complete an online survey (SurveyMonkey) or download a paper version that can be completed online and e-mailed to the CCSMH.

6. We value your feedback as a facilitator. Your ideas and suggestions will help us to make improvements to the toolkit.

Option A: Complete the Evaluation for Facilitators form on page 18 and return to the CCSMH.

Option B: Visit [www.ccsmh.ca/en/projects/suicide.cfm](http://www.ccsmh.ca/en/projects/suicide.cfm) to complete an online survey (SurveyMonkey) or download a paper version that can be completed online and e-mailed to the CCSMH.

***Thank you for facilitating a session on late life suicide assessment and prevention!***

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## Suggested Discussion Topics / Questions

Where the topic / question is specifically addressed in the DVD, notes have been included (along with times so it can be located on the DVD easily). Otherwise, please brainstorm with your group.

**Important note:** While the DVD shows Mr. Johnson visiting his physician, very frequently other health care providers are a first point of contact. These warning signs and clues can be used regardless of where the older adult presents (in a mental health office, to a home care nurse, etc.). **Suicide prevention is everybody's business.**

### Chapter 1: Suicide Assessment: Case Study & Expert Commentary

#### 1. What makes it difficult to assess depression and suicide risk in older adults?

- [10:58] Many seniors have physical problems. A sleep disturbance may be caused by arthritis and not depression. Problems eating may be related to their GI system and not depression. These symptoms may be more difficult for a physician to figure out as they may be attributed to other illnesses. In addition, seniors typically won't say they're depressed, they'll say they're upset about things or may appear agitated or angry. They might not clearly identify an emotion of depression.
- [32:06] Shame and / or cultural aspects may keep people from speaking openly.
- [33:15] Current cohorts of older white males were typically raised in an era where one didn't air dirty laundry or consult mental health providers.

#### 2. What did the physician do to assess Mr. Johnson's depression and suicide risk?

##### First doctor's visit:

- [4:13] Asks Mr. Johnson how he's doing. Assesses his pain.
- [5:41] Examines his back, writes prescription for pain, explains that he can't drink alcohol with medication, asks about other related problems, writes prescription to address sleep problems, orders X-ray, schedules appointment for next week, tells Mr. Johnson to take it easy, rest.

##### Second doctor's visit:

- [7:40] Seeing that there's no structural damage to Mr. Johnson's back, assesses pain pill usage, cautions about addiction to pills and use of alcohol.
- [10:25] Comments on lost weight, talks about the death of Mr. Johnson's wife.
- [14:45] Asks if Mr. Johnson is "feeling blue". Asks about Mr. Johnson's family supports. Explains to Mr. Johnson that it's not uncommon to feel the way he's feeling.
- [16:20] Asks Mr. Johnson how often he thinks about ending his life.
- [17:09] Asks Mr. Johnson to call the office if he's feeling low so they can schedule more time to talk. Encourages him to spend more time with family and friends. Gives a brochure for a seniors' help line, describes the service, and asks Mr. Johnson to call them if necessary. Asks Mr. Johnson to agree to go to ER if he feels at risk of hurting himself.

- 
3. **Was this adequate? What else, if anything, could the doctor have done differently?**
  
  4. **What are some of the risk management strategies shown or discussed in the DVD?**
    - Address underlying issues (medical illness, mental health problems, social problems, concerns, transitions, environmental factors, etc.)
    - Continue to build and sustain the therapeutic relationship.
    - Look for ways to foster hope and enhance a sense of meaning in life.
    - Be aware of community resources and referral sites / processes.
  
  5. **What will be important in terms of ongoing risk management for Mr. Johnson?**
  
  6. **What resources could you access to help a suicidal patient / client?**
  
  7. **What can you do in advance to be prepared for potential crises?**
  
  8. **In your own practice setting, what can you do to inspire hope with your patient / client?**
  
  9. **The DVD suggests some key questions to ask people at risk for suicide. Can you think of other questions to ask?**

## **Chapter 2: Suicide Risk & Resiliency Factors**

1. **What are the risk factors for suicide?**
  - Mental disorders [1:42]: depression / mood disorders, anxiety disorders, psychotic symptoms substance abuse, co-morbid mental illness.
  - Personality disorders [2:13]: rigidity, lack of openness, narcissism, emotional instability.
  - Medical illness [2:46]: not about severe or terminal illness for the majority of people, but medical illness and pain can contribute to depression.
  - Psychosocial stressors [3:27]: negative life events or other losses: family conflict, lack of social supports, loss of a spouse or partner, loss of a relationship with a child or others, moving away from sources of support, leaving their home and transitioning to a new environment, loss of independence, financial issues, loss of social esteem, retirement.
  - Functioning [4:31]: health-related losses of function, problems with activities of daily living, feeling of burdensomeness on others.
  - [Chapter 1, 2:45]: being white, being older, being male (Canadian men mid-70's and higher have suicide rates more than double the nation's suicide rate).
  - [Chapter 1, 16:45]: family history of suicide.



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## What are the greatest risk factors?

The strongest risk factors for death by suicide are [47]:

- Suicidal thoughts and behaviours: thinking about suicide, self harm and / or wanting to die.
- Previous self harm / suicide attempt(s).

### 2. Which of these risk factors can be modified?

### 3. What are some resiliency / protective factors [5:10]?

- Sense of meaning and purpose in life
- Sense of hope
- Sense of optimism
- Religious practice
- Active social networks and support from family and friends
- Good health care practices
- Positive health-seeking behaviours
- Engagement in activities of personal interest

### 4. How would you assess for these factors?

## Chapter 3: Suicide Warning Signs

### 1. What does “IS PATH WARM” stand for? What are the warning signs for suicide risk?

- I** Ideation
- S** Substance use
  
- P** Purposelessness
- A** Anxiety / agitation
- T** Trapped
- H** Hopelessness / helplessness
  
- W** Withdrawal
- A** Anger
- R** Recklessness
- M** Mood changes

### 2. Should the mnemonic “IS PATH WARM” be used as a checklist? Why or why not?

[5:07] It should *not* be used as a checklist. A person who has *any* of the potential warning signs might be at risk for suicide and it's important to conduct an in-depth assessment of risk and assure that they're safe and that safety proceedings are in place.

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## **Chapter 4: Suicide & Stigma: Survivors' Voices**

1. How can the stigma about suicide and depression affect your assessment and treatment strategies?
2. What factors can contribute to the stigma surrounding depression and suicide?
3. Take time to reflect on your personal feelings / experiences with late life depression and late life suicide.

### **Overall:**

1. What was your overall reaction to the DVD?
2. Can you list 1-2 new points or concepts you learned in this session?
3. In what ways did the DVD affect your attitudes toward depression and suicide in older adults?
4. What changes will you make in your practice as a result of what you've learned in the DVD?
5. If you are experiencing stress or burn-out while doing this type of work, what resources can you access?

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## Additional Resources

### Documents / Books:

Alexander, V. (1991). *Words I never thought to speak: Stories of life in the wake of suicide*. New York: Lexington Books.

Canadian Association for Suicide Prevention (CASP). (2004). CASP blueprint for a Canadian national suicide prevention strategy. Edmonton (AB): Author. Available: <http://casp-acps.ca/Publications/BlueprintFINAL.pdf>

Canadian Coalition for Seniors' Mental Health (CCSMH). (2006). National guidelines for seniors' mental health: The assessment and treatment of depression. Toronto (ON): CCSMH. Available: [www.ccsmh.ca](http://www.ccsmh.ca)

Jorm, T. (2008). Suicidal thoughts & behaviours: Mental health first aid. ORYGEN Research Centre, Department of Psychiatry: The University of Melbourne, Australia. Available: <http://www.mhfa.com.au/documents/guidelines/guidelinessuicide.pdf>

Heisel, M.J. (2006). Suicide and its prevention among older adults. *Canadian Journal of Psychiatry*, 51, 154-154.

Heisel, M.J. & Duberstein, P.R. (2005). Suicide prevention in older adults. *Clinical Psychology: Science & Practice*, 12, 242-259.

Jevne, R.F., & Miller, J. (1999). *Finding hope: Ways to see life in a brighter light*. Indiana: Willowgreen Publishing.

Joiner, T. (2005). *Why people die by suicide*. USA: Harvard Press.

Myers, M.F., & Fine, C. (2006). *Touched by suicide: Hope and healing after loss*. USA: Gotham Books.

Moore, S.L. (1997). A phenomenological study of meaning in life in suicidal older adults. *Archives in Psychiatric Nursing*, XI(1), 29-36.

SLTB. (2006). Special section: Warning signs for suicide. *Suicide and Life-Threatening Behavior (SLTB)*, (36)3, 255-363.

Rudd, M.D. (2008). Suicide warning signs in clinical practice. *Current Psychiatry Reports*, 10, 87-90.

Wolfelt, A. (2002). *Healing your traumatized heart: 100 practical ideas after someone you love dies a sudden, violent death*. Colorado: Companion Press.

Wolfelt, A. (2007). *The wilderness of grief: Finding your way*. Colorado: Companion Press.

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## Websites:

**American Association of Suicidology:** [www.suicidology.org](http://www.suicidology.org)

*Download their “Recommendations for Inpatient and Residential Patients Known to be at Elevated Risk for Suicide”.*

**American Foundation for Suicide Prevention:** [www.afsp.org](http://www.afsp.org)

**Canadian Association for Suicide Prevention (CASP):** [www.suicideprevention.ca](http://www.suicideprevention.ca)

**Centre for Research and Intervention on Suicide and Euthanasia:** [www.crise.ca/index\\_eng.asp](http://www.crise.ca/index_eng.asp)

**Centre for Suicide Prevention:** [www.suicideinfo.ca](http://www.suicideinfo.ca)

**International Academy of Suicide Research:** [www.iasronline.org](http://www.iasronline.org)

**International Association for Suicide Prevention:** [www.med.uio.no/iasp](http://www.med.uio.no/iasp)

**Mood Disorders Society of Canada:** [www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca)

**National Initiative for the Care of the Elderly (NICE):** [www.nicenet.ca](http://www.nicenet.ca)

**National Institute of Mental Health:** [www.nimh.nih.gov](http://www.nimh.nih.gov)

**Statistics Canada:** [www.statcan.ca/menu-en.htm](http://www.statcan.ca/menu-en.htm)

*Type in “suicide” in the search field to get information on summary tables, detailed tables, publications, analytical studies, learning resources, etc.*

**Suicide Prevention Resource Centre:** [www.sprc.org](http://www.sprc.org)

**World Health Organization:** [www.who.int/mental\\_health/prevention/en](http://www.who.int/mental_health/prevention/en)

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## References

### SLIDE 5: EPIDEMIOLOGIC CONSIDERATIONS

- **The World Health Organization estimates that approximately One Million lives are lost to suicide worldwide every year.**  
World Health Organization (WHO) - [http://www.who.int/mental\\_health/prevention/suicide/suicideprevent/en/](http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/), retrieved October 16, 2008.
- **Suicide is a leading cause of preventable death that accounts for more deaths annually than homicide and war combined.**  
WHO - <http://www.who.int/mediacentre/news/releases/2004/pr61/en/>, retrieved October 16, 2008.
- **Every death by suicide leaves at least 6 survivors.**  
WHO and IASP (International Association of Suicide Prevention) - [http://www.who.int/mental\\_health/prevention/suicide/resource\\_survivors.pdf](http://www.who.int/mental_health/prevention/suicide/resource_survivors.pdf), retrieved November 12, 2008.

### SLIDE 6: WORLD HEALTH ORGANIZATION DATE: MAP OF SUICIDE RATES

- WHO *Map of Suicide Rates per 100,000; most recent year available as of 2007.*  
[http://www.who.int/mental\\_health/prevention/suicide/suicideprevent/en/](http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/), retrieved November 12, 2008.

### SLIDE 7: THE EPIDEMIOLOGY OF LATE LIFE SUICIDE

- **Older adults have high rates of suicide worldwide, including in Canada and the U.S.**  
Heisel, M.J. & Links, P.S. (2005). Primary care prevention of suicide among older adults. *Geriatrics & Aging, 8(8)*, 36–41.
- **There are currently over 4.3 million Canadians aged 65 and older.**  
The Daily (Statistics Canada) <http://www.statcan.ca/Daily/English/070717/d070717a.htm>, retrieved October 16, 2008.
- **1 out of every 7 Canadians is a senior citizen. In 2006, seniors accounted for a record high of 13.7% of the total population.**  
The Daily (Statistics Canada) <http://www.statcan.ca/Daily/English/070717/d070717a.htm>, retrieved October 16, 2008.
- **Between 2006 and 2026, the number of seniors is projected to increase from 4.3 million to 8.0 million. Their share of the population is expected to increase from 13.2% to 21.2%.**  
The Daily (Statistics Canada) <http://www.statcan.ca/Daily/English/070227/d070227b.htm>, retrieved October 16, 2008.
- **“Baby boomers” have high rates of suicide.**  
MedPageToday, “White Baby Boomers Cause Rise in National Suicide Rate”  
<http://www.medpagetoday.com/Psychiatry/GeneralPsychiatry/11385>, retrieved October 20, 2008.

### SLIDE 8: SENIORS (BY AGE SUB-GROUPS) AS % OF THE TOTAL POPULATION

Health Canada. (2002). Canada’s Aging Population: A report prepared by Health Canada in collaboration with the Interdepartmental Committee on Aging and Seniors Issues. [http://www.phac-aspc.gc.ca/seniors-aines/pubs/fed\\_paper/pdfs/fedpaper\\_e.pdf](http://www.phac-aspc.gc.ca/seniors-aines/pubs/fed_paper/pdfs/fedpaper_e.pdf), retrieved November 12, 2008.

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## SLIDE 9: MORTALITY STATISTICS

- **Demographic risk factors include sex (Male), age (Older), and ethnicity (Caucasian/White).**  
Conwell, Y., Dubenstein, P.R., Caine, E.D. (2002). Risk factors for suicide in later life. *Biological Psychiatry*, 52, 193-204.  
Heisel, M.J., Duberstein, P.R. (2005) Suicide prevention in older adults. *Clinical Psychology: Science and Practice*, 12, 242-59.
- **In 2004, 427 Canadians 65+ died by suicide, including 319 men and 108 women.**  
Statistics Canada. Suicides and suicide rate, by sex and by age group. Available: <http://www40.statcan.ca/l01/cst01/hlth66a.htm>, retrieved November 12, 2008.
- **Men between 85 and 89 years of age had a suicide rate (26.8 / 100,000) that more than doubled the national average of approximately 13 / 100,000.**  
Statistics Canada. Suicides and suicide rate, by sex and by age group. Available: <http://www40.statcan.ca/l01/cst01/hlth66a.htm>, retrieved November 12, 2008.
- **Suicide mortality data underestimate “true” suicide rates, and do so differentially.**  
Ohberg, A., & Lonnqvist, J. (1998). Suicides hidden among undetermined deaths. *Acta Psychiatrica Scandinavica*, 98, 214-8.

## SLIDE 10: 2004 STATSCAN SUICIDE RATES (PER 100,000)

Statistics Canada. Suicides and suicide rate, by sex and by age group. Available: <http://www40.statcan.ca/l01/cst01/hlth66a.htm>, retrieved November 12, 2008.

## SLIDE 11: MORTALITY STATISTICS

- **The ratio of suicidal behaviour to deaths for older adults is between 1-4:1, while that for adolescents is as high as 200-300:1**  
Conwell, Y., Duberstein, P.R., Cox, C., Herrmann, J., Forbes, N., Caine, E.D. Age differences in behaviours leading to completed suicide. *American Journal of Geriatric Psychiatry*, 1998;6:122-6.  
McIntosh, J.L., Santos, J.F., Hubbard, R.W., Overholser, J.C. Elder suicide: research, theory, and treatment. Washington (DC): American Psychological Association; 1994.
- **Many older adults may end their lives by refusing food and / or needed medications; however, these deaths are typically not officially deemed suicide**  
Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B., Lozano, R., editors. World report on violence and health. Geneva (CH): WHO. Available: [www.who.int/mental\\_health/media/en/382.pdf](http://www.who.int/mental_health/media/en/382.pdf). Accessed: June 29, 2005.
- **Means of suicide differ by age, gender, and location. 23-26**  
Juurlink, D.N., Herrmann, N., Szalai, J.P., Kopp, A., Redelmeier, D.A. (2004). Medical illness and the risk of suicide in the elderly. *Arch Intern Med*, 164, 1179-84.  
Quan, H., Arboleda-Flórez, J. (1999). Elderly suicide in Alberta: difference by gender. *Canadian Journal of Psychiatry*, 44, 762-8.  
Statistics Canada. Causes of death, 1994. Catalogue no. 84-208-XPB. Ottawa (ON): Statistics Canada; 1996.  
Centres for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Data file. Available: [www.cdc.gov/ncipc/wisqars](http://www.cdc.gov/ncipc/wisqars). Accessed: December 9, 2005.

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## Order a Copy of the CCSMH Late Life Suicide Prevention Toolkit

### Option A:

Visit [www.ccsmh.ca/en/projects/suicide.cfm](http://www.ccsmh.ca/en/projects/suicide.cfm) to view the DVD and download the CCSMH national guidelines, clinician pocket card, tools for educators (PowerPoint presentation and Facilitator's Guide) and other supplementary materials.

### Option B:

Contact Sherri Helsdingen, Project Manager, [selsdingen@baycrest.org](mailto:selsdingen@baycrest.org) (416-785-2500 ext. 6331) if you prefer a hard copy of the toolkit or multiple copies for your team. Until March 31, 2009, CCSMH is able to provide one free copy of the toolkit to each organization (or to each department in larger organizations). Additional copies can be purchased for \$20 each (includes shipping and handling).

### CCSMH Contact Information:

**Address:** c/o Baycrest  
3560 Bathurst Street  
Room 311, West Wing, Old Hospital  
Toronto, ON M6A 2E1  
**Phone:** 416-785-2500 ext. 6331  
**Fax:** 416-785-2492  
**Web:** [www.ccsmh.ca](http://www.ccsmh.ca)

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## NOTES



# CCSMH Late Life Suicide Prevention Toolkit EVALUATION for LEARNERS

DATE: \_\_\_\_\_

1. In which province / territory do you live? \_\_\_\_\_

2. In which type of setting do you work? Please check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Hospital                      | <input type="checkbox"/> University / College |
| <input type="checkbox"/> Long Term Care                | <input type="checkbox"/> Community            |
| <input type="checkbox"/> Private Practice              |   |
| <input type="checkbox"/> Other (please specify): _____ |   |

3. If you are a student, what is your discipline and level:

- |   |  |
|---|--|
| <input type="checkbox"/> Medicine                     | <input type="checkbox"/> Undergraduate |
| <input type="checkbox"/> Nursing                      | <input type="checkbox"/> Graduate      |
| <input type="checkbox"/> Occupational Therapy         | <input type="checkbox"/> Resident      |
| <input type="checkbox"/> Pharmacy                     | <input type="checkbox"/> Fellow        |
| <input type="checkbox"/> Psychology                   |  |
| <input type="checkbox"/> Social work                  |  |
| <input type="checkbox"/> Other (please specify) _____ |  |

4. Please rate the following aspects of the presentation

|   | Excellent | Good | Average | Fair | Poor | N/A |
|---|-----------|------|---------|------|------|-----|
| Content of the DVD  |           |      |         |      |      |     |
| Content of the PowerPoint presentation  |           |      |         |      |      |     |
| Content of the clinician pocket-card  |           |      |         |      |      |     |
| Quality of the learning materials presented? (i.e. DVD, PowerPoint, clinician pocket-card, national guidelines) |           |      |         |      |      |     |
| How would you rate the presentation overall?  |           |      |         |      |      |     |

5. Please provide any general comments or suggestions about this education session:

\_\_\_\_\_

\_\_\_\_\_

6. Please list 1-2 new points or concepts you learned in this session:

\_\_\_\_\_

\_\_\_\_\_

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7. Please list 1-2 changes you will make in your practice as a result of this session:

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8. As a result of this educational session:

|  | Strongly agree | Somewhat agree | Neutral | Somewhat disagree | Strongly disagree |
|--|----------------|----------------|---------|-------------------|-------------------|
| I am now more aware of the CCSMH National Guideline on the Assessment of Suicide Risk and Prevention of Suicide in Seniors.    |                |                |         |                   |                   |
| I am now more knowledgeable about the topic of late life suicide.  |                |                |         |                   |                   |
| I am now more likely to screen for suicide risk factors in older adults.   |                |                |         |                   |                   |
| I am now more likely to refer to the CCSMH National Guideline to help answer questions about suicide risk in older adults.     |                |                |         |                   |                   |
| I am now more likely to integrate components of the CCSMH Late Life Suicide Prevention Toolkit into my work with older adults. |                |                |         |                   |                   |

**Thank you for taking the time to complete this survey.**

**Please return this form to the Canadian Coalition for Seniors' Mental Health at your earliest convenience (attn: Project Manager):**

e-mail: [shelsdingen@baycrest.org](mailto:shelsdingen@baycrest.org)

fax: 416-785-2492

mail: Baycrest, 3560 Bathurst Street, Room 311, West Wing, Old Hospital, Toronto, ON M6A 2E1

**For more information about the CCSMH, please visit [www.ccsmh.ca](http://www.ccsmh.ca) or call 416-785-2500 ext. 6331.**

# CCSMH Late Life Suicide Prevention Toolkit EVALUATION for FACILITATORS

We really appreciate your feedback as a facilitator to make the Toolkit as useful as possible.

**Contact info (optional):**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I would like to speak with CCSMH staff about my presentation.

1. In which province / territory do you live? \_\_\_\_\_

2. In which type of setting do you work? Please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Hospital         | <input type="checkbox"/> University / College          |
| <input type="checkbox"/> Long Term Care   | <input type="checkbox"/> Community                     |
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Other (please specify): _____ |

3. How did you use the Late Life Suicide Prevention Toolkit?

- Workshop (length of time): \_\_\_\_\_
- Presentation (length of time): \_\_\_\_\_
- Other (please describe): \_\_\_\_\_

4. Who was your audience? (brief description of types of learners in the audience)

\_\_\_\_\_

\_\_\_\_\_

5. How many people attended your session (approximately)? \_\_\_\_\_

6. Please rate the following aspects of the Toolkit:

|   | Excellent | Good | Average | Fair | Poor | N/A |
|---|-----------|------|---------|------|------|-----|
| Content of the PowerPoint presentation  |           |      |         |      |      |     |
| Content of the Facilitator's Guide  |           |      |         |      |      |     |
| Content of the DVD  |           |      |         |      |      |     |
| Quality of the learning materials presented? (i.e. DVD, PowerPoint, clinician pocket-card, national guidelines) |           |      |         |      |      |     |
| How would you rate the Toolkit overall?   |           |      |         |      |      |     |

7. What elements of the Toolkit did you find most useful?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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8. What elements of the Toolkit require improvement? Please explain.

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9. Additional comments:

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*Thank you for taking the time to complete this survey.*

**Please return this form to the CCSMH at your earliest convenience (attn: Project Manager):**

e-mail: [shelsdingen@baycrest.org](mailto:shelsdingen@baycrest.org) \* fax: 416-785-2492

mail: Baycrest, 3560 Bathurst Street, Room 311, West Wing, Old Hospital, Toronto, ON M6A 2E1

**For more information about the CCSMH,  
please visit [www.ccsmh.ca](http://www.ccsmh.ca) or call 416-785-2500 ext. 6331.**