APPENDIX A: Concept Matrix

CONCEPTS/Components
1. **PROMOTE AWARENESS** that suicide in older adults is a public health problem that is preventable.
2. DEVELOP **BROAD-BASED SUPPORT** for elder suicide prevention.
3. Develop and implement strategies to **REDUCE THE STIGMA** associated with aging and with being a senior consumer of mental health, substance abuse and suicide prevention services.
4. Develop and implement **COMMUNITY-BASED SUICIDE PREVENTION PROGRAMS** for older adults.
5. Promote efforts to **REDUCE ACCESS** to lethal means and methods of self-harm by older adults
6. Implement **TRAINING FOR RECOGNITION AND ASSESSMENT** of at-risk behavior in and delivery of effective treatment to older adults.
7. Develop and promote effective **CLINICAL AND PROFESSIONAL PRACTICES.**
8. Improve **REPORTING AND PORTRAYALS** of suicidal behavior, mental illness, and substance abuse among older adults in the entertainment and news media.
9. Promote and **SUPPORT RESEARCH** on late life suicide and suicide prevention.
10. Improve and expand **SURVEILLANCE** SYSTEMS
11. **EVALUATION** of prevention programs

CITATION	CONCEPTS/Components	Notes
1. Adamek ME, Kaplan MS. **(1996).** Managing elder suicide: a profile of American and Canadian Crisis Prevention Centers. *Suicide Life Threat Behav;* Summer; 26(2):122-31.	COMMUNITY-BASED PREV TRAINING RECOG/ASSESS	Canada and U.S. study. Describe and assess crisis prevention centers in terms of training, knowledge, and practices revolving around elder suicide. Mismatch between crisis approach and the nature of elderly suicide. Need to broaden interventions beyond crisis counseling.
2. American Foundation for Suicide Prevention (AFSP), American Association of Suicidology (AAS), Annenberg Public Policy Center. **(2001).** Reporting on Suicide: Recommendations for the Media. Retrieved from www.afsp.org/education/recommendations/5/1.htm on 2/21/04.	PROMOTE AWARENESS REPORTING & PORTRAYAL REDUCE STIGMA Media education Public education	National consensus recommendations for media.
3. Barnow S, Linden M. (**2000**). Epidemiology and psychiatric morbidity of suicidal ideation among the elderly. *Crisis*; 21(4):171-80.	PROMOTE AWARENESS REPORTING & PORTRAYAL TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES	Berlin Aging Study (BASE). Investigates the epidemiology and psychic morbidity of the wish to be dead, suicidal ideation, and suicidal intent among elderly. Discusses suicidal ideation in terms of psychiatric

	Risk factors	morbidity or a "natural phenomenon of old age". Risk of suicidality decreases from 40-to 18-fold when risk factors (coping, health status, mobility, loneliness, etc.) are considered. Typical symptoms of depression (hopelessness, limited cognitive abilities, physical pain and helplessness), decrease coping abilities.
4. Bartels SJ, Coakley E, Oxman TE, Constantino G, Oslin D, Chen H, Zubritsky C, Cheal K, Durai UN, Gallo JJ, Llorente M, Sanchez H. **(2002).** Suicidal and death ideation in older primary care patients with depression, anxiety, and at-risk alcohol use. *Am J Geriatr Psychiatry*; Jul-Aug;10(4):417-27.	TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICE Primary care Social support	Age 65+ primary care patients, in 3 groups: No Ideation, Death Ideation, and Suicidal Ideation. Correlates of active suicidal ideation and passive death ideation in patients with depression, anxiety, and at-risk alcohol use. Active suicidal ideation is not associated with increased contacts with healthcare providers. Targeted assessment and preventive services should be aimed at geriatric outpatients with co-occurring depression and anxiety, social isolation, younger age, and Asian or Caucasian race.
5. Beautrais AL. **(2002).** A case control study of suicide and attempted suicide in older adults. *Suicide Life Threat Behav*; Spring;32(1):1-9.	TRAINING for REC/ASSESS Risk factors	A case control study examining risk factors for serious suicidal behavior among older adults. Risk of serious suicidal behavior was higher in those with current mood disorders, psychiatric hospital admission within the previous year and limited social network. Improved detection, treatment and management of mood disorders should be a primary focus of suicide prevention for elders.
6. Bird MJ & Parslow RA. **(2002).** Potential for community programs to prevent depression in older people. *Med J Aust*; Oct 7;177 Suppl:S107-10.	TRAINING for REC/ASSESS CLINICAL/PROF PRACTICES Primary care Access to services Screening Public education	There are currently no reported public health approaches to prevent late-life depression. Propose three broad and interacting prevention methods: increasing literacy about late-life depression, exercise, and dietary supplements.
7. Brown GK, Bruce ML, Pearson JL. **(2001)**. High-risk management guidelines for elderly suicidal patients in primary care settings. *Int J Geriatr Psychiatry*; Jun;16(6):593-601.	TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES REDUCE MEANS Primary care	NYC, Philadelphia, Pittsburgh, 1991-2001. Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT). Build upon AHCPR guidelines for treatment of depression in primary care settings for depressed and non-depressed elderly. Test effectiveness in preventing and reducing suicidal ideation and behavior, hopelessness, and depressive symptoms using depression

		care managers.
8. Bruce ML, Ten Have TR, Reynolds CF 3rd, Katz II, Schulberg HC, Mulsant BH, Brown GK, McAvay GJ, Pearson JL, Alexopoulos GS. **(2004).** Reducing suicidal ideation and depressive symptoms in depressed older primary care patients: a randomized controlled trial. *JAMA*; Mar 3;291(9):1081-91.	TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES REDUCE MEANS Primary care	PROSPECT. Determine the effect of a primary care intervention on suicidal ideation and depression in older patients. Evidence of effectiveness in community-based primary care presents challenges related to sustainability and dissemination. The structured intervention's effectiveness in reducing suicidal ideation, regardless of depression severity, reinforces that quality treatment of depression can be a prevention strategy to reduce risk for suicide in late life.
9. Carney SS, Rich CL, Burke PA, Fowler RC. **(1994)**. Suicide over 60: the San Diego study. *J Am Geriatr Soc;* Feb;42(2):174-80. Review	TRAINING for REC/ASSESS CLINICAL/PROF PRACTICES Risk factors Social support Social isolation	San Diego, CA: 1981-1982. Structured interview data gathered from different age groups and compared. Older suicides significantly more likely to be married or widowed and to be stressed by medical illness, significantly less likely to have financial problems as stressors or to have talked about suicide or made prior suicide attempts than either of the two younger groups. Specific age-related differences when assessing suicide risk. Older suicides may be harder to predict and prevent.
10. Cattell H. **(2000).** Suicide in the Elderly. *Advances in Psychiatric Treatment*; 6:102-108.		Discussion of epidemiological, social neurobiological, psychiatric and physical antecedents. Review.
11. Centers for Disease Control and Prevention (CDC). (2002). Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Available from: Retrieved from: www.cdc.gov/ncipc/wisqars, on 3/1/04		
12. Centers for Disease Control and Prevention (CDC). **(2002).** Emergency Medical System Responses to Suicide-Related Calls --- Maine, November 1999--October 2000. *MMWR*; Jan. 25;	SURVEILLANCE	Maine Bureau of Health (MBOH) assessed the use of Emergency Medical Service (EMS) response data to estimate incidence of responses to suicide-related calls in Maine from 1999-2000 and summarizes the distribution by patient and event characteristics are similar to those in

51(03):56.		community and population-based studies of nonlethal suicidal behavior. EMS data would be a useful component of an integrated statewide suicidal behavior surveillance system.*
13. Centers for Disease Control and Prevention (CDC). **(2002).** Non-fatal Self-inflicted Injuries Treated in Hospital Emergency Departments—United States, 2000. *MMWR*; May 24; 51, (20):436.	SURVEILLANCE	CDC and Consumer Product Safety Commission (CPSC) expanded National Electronic Injury Surveillance System (NEISS) to include all types of injury treated in U.S. emergency departments, All Injury Program (AIP). Usefulness of NEISS-AIP in describing characteristics of self-inflicted injuries, monitoring trends, facilitating research, and evaluating suicide prevention efforts.*
14. Center for the Study and Prevention of Suicide (CSPS). **(2002).** Suicide Prevention in Later Life-Year II. Scientific Consensus Meeting, June 12-13, Washington, D.C. Retrieved from http://www.rochesterpreventsuicide.org/elders.html, on 2/5/04.	ALL CONCEPTS (except evaluation)	Goals and Objectives.
15. Commonwealth of Australia. **(2001).** Fact or Fiction? Reporting Mental Illness and Suicide. ResponseAbility: Resources for Journalism Education. Retrieved from www.responseability.com, on 2/21/04.	REPORTING & PORTRAYAL REDUCE STIGMA Media education Public education	Discusses various issues connected to reporting on suicide. Guidelines for professional reporting.
16. Commonwealth Department of Health and Aged Care **(2000).** Learnings about Suicide. In Life: Living is for Everyone - A framework for prevention of suicide and self-harm in Australia. Commonwealth Department of Health and Aged Care, Canberra. Retrieved from www.mentalhealth.gov.au, 2/21/04.	ALL CONCEPTS	Resource for workers and professionals to inform them of national priorities and directions in suicide prevention.
17. Conway K. **(1985).** Coping with the stress of medical problems among black and white elderly. *Int J Aging*	COMMUNITY-BASED PREV Social support	Study looking at the coping responses of black and white urban elderly women to the stressful event of a medical problem. Racial differences in cognitive and active coping

Hum Dev; 86;21(1):39-48.		responses (level of social support, use of prayer, use of nonprescription drugs).
18. Conwell Y & Duberstein PR. **(2001).** Suicide in elders. *Ann N Y Acad Sci;* Apr;932:132-47; discussion 147-50.	Training & guidelines Media portrayal Primary care Community outreach	Reviews the epidemiology and risk factors of elderly suicide and approaches to prevention. Psychiatric and physical illness, functional impairment, personality traits of neuroticism and low openness to experience, and social isolation are correlates of late-life suicide. Optimize ability of primary care providers to diagnose and treat. Identify other high-risk groups and provide outreach.
19. Conwell Y, Duberstein PR, Connor K, Eberly S, Cox C, Caine ED. (**2002**) Access to firearms and risk for suicide in middle-aged and older adults. *Am J Geriatr Psychiatry*; Jul-Aug;10(4):407-16.	ACCESS TO MEANS Means reduction Public education Training & guidelines	Rochester and Syracuse area, NY. Psychological autopsy study to test risk for suicide associated with access to and storage of firearms. Supports potential suicide prevention of restricting access to handguns and education programs for family members and healthcare providers concerning risks of having a gun in the home.
20. Conwell Y, Duberstein PR, Cox C, Herrmann J, Forbes N, Caine ED. **(1998).** Age differences in behaviors leading to completed suicide. *Am J Geriatr Psychiatry*; Spring;6(2):122-6.	ACCESS TO MEANS Means reduction TRAINING for REC/ASSESS Primary care Outreach programs Social isolation	Psychological autopsy. A retrospective description of self-destructive behaviors of suicide and how they differ with age. Older age significantly associated with more determined and planful self-destructive acts, less violent methods, and fewer warnings of suicidal intent. Age differences in suicidal behaviors indicate that intervention during a suicidal crisis may be less effective in elderly. Efforts to decrease late life suicide should focus on primary prevention.
21. Conwell Y, Lyness JM, Duberstein P, Cox C, Seidlitz L, DiGiorgio A, Caine ED. **(2000).** Completed suicide among older patients in primary care practices: a controlled study. *J Am Geriatr Soc*; Jan;48(1):23-9.	TRAINING for REC/ASSESS CLINICAL/PROF PRACTICES Risk factors Primary care	Monroe County, NY. Case-control study using data from psychological autopsies of elder suicides and prospective patient interviews for controls in primary care practices. Psychiatric diagnosis; depressive symptom severity; physical health and function; and psychiatric treatment history were examined for suicides who visited a primary care provider within 30 days of death and elder patients from a group practice of general internal or family medicine. Completed suicides had more depressive illness, physical illness burden, and functional limitations than controls and were more likely to be prescribed antidepressants, anxiolytic agents, and narcotic analgesics.

		Among depressed subjects, affective symptom severity and emotional dysfunction distinguished suicide completers. The primary care setting is important for late life suicide prevention and providers should be prepared to diagnose and treat depression in older patients.
22. Cook JM, Pearson JL, Thompson R, Black BS, Rabins PV. **(2002).** Suicidality in older African Americans: findings from the EPOCH study. Am J Geriatr Psychiatry. Jul-Aug;10(4):437-46.	COMMUNITY-BASED PREV Social support Social isolation	Frequency of suicidality and associated characteristics in a sample of African-American older adult residents of six urban public housing developments participating in an outreach intervention. Characteristics of both active and passive suicidality include elevated anxiety, social dysfunction, somatic symptoms, low social support, lack of a confidant, and low religiosity. Characteristics of passive, but not active, ideation include older age, lower levels of education, elevated depressive symptoms, poorer cognitive functioning, and recently discussed emotional problems with a healthcare provider. Characteristics of active, but not passive, include a history of mental health treatment and reporting no instrumental support.
23. De Leo D, Carollo G, Dello Buono M. **(1995).** Lower suicide rates associated with a Tele-Help/Tele-Check service for the elderly at home. *Am J Psychiatry*; Apr;152(4):632-4.	COMMUNITY-BASED PREV SURVEILLANCE SYSTEMS Outreach programs Crisis centers and hotlines	Veneto, Italy. 1988-1991. Determine impact on suicidal behavior of Tele-Help/Tele-Check, a telephone service designed to provide elderly people with home assistance. Tele-Help is an alarm system that the client can activate to call for help; in Tele-Check the client is contacted about twice a week for assessment of needs and for emotional support. One suicide was found in subjects connected to Tele-Help/Tele-Check, compared with expected 7.44 for the general population.
24. De Leo D, Dello Buono M, Dwyer J. **(2002).** Suicide among the elderly: the long-term impact of a telephone support and assessment intervention in northern Italy. *Br J Psychiatry*; Sep;181:226-9.	COMMUNITY-BASED PREV SURVEILLANCE SYSTEMS Outreach programs Crisis centers and hotlines	Veneto, Italy, data from 1988 to 1998. Examine long-term effects of the TeleHelp-Telecheck Service (a telephone helpline and emergency response system) by comparing 18,641 service users with a general population group. Significantly fewer suicides occurred among elderly service users than expected. Service performed well for elderly females. The study confirms the initial promise of the service over a longer time period.
25. Dieksta RF. (1995). Preventive	CONCEPTS	Guidelines for the development and organization of

strategies on suicide. Rene F.W. Diekstra, et al (eds.). E.J. Brill, Leiden, The Netherlands.		suicide prevention programs. The role of the community in assessment, intervention, and prevention of suicide and attempted suicide. Preventing suicide by restricting access to methods for suicide Suicide in W. Samoa, an example of a suicide prevention program in a developing country. Prevention of suicidal behavior, a review of effectiveness. Suicide and the media research and policy implications.*
26. Diekstra RF. **(1989).** Suicide and the attempted suicide: an international perspective. *Acta Psychiatr Scand* Suppl;354:1-24.	CONCEPTS	This article reviews the scope of suicide and attempted suicide as public health problems from an international perspective. The main components of comprehensive strategies for the prevention of suicide are: Design and implementation of national research programs; The improvement of services; The provision of information and training on suicide prevention to relevant professional groups, organizations and the general public; and Formulation of strategies and techniques to deal with special risk groups.*
27. Duberstein PR, Conwell Y, Caine ED. **(1994).** Age differences in the personality characteristics of suicide completers: preliminary findings from a psychological autopsy study. *Psychiatry.* Aug;57(3):213-24.	COMMUNITY-BASED PREV Family support	Report on analyses to determine associations between personality traits and suicidal behavior and ideation. Longstanding patterns of behaving, thinking, and feeling contribute to suicidal behavior and thoughts in older adults and highlight the need to consider traits in prevention strategies.
28. Eagles JM, Carson DP, Begg A, Naji SA. **(2003).** Suicide prevention: a study of patients' views. *Br J Psychiatry*; Mar;182:261-5.	REDUCING STIGMA REPORTING & PORTRAYAL Access to services Social support Social isolation	A semi-structured interview administered to 59 out-patients with serious and enduring mental illness. Three-quarters of patients were in contact with psychiatric services when feeling at their lowest, and contact was generally deemed helpful. Social networks were considered as helpful as psychiatric services by half of patients. Religious beliefs and affiliations were helpful. Negative influences included the media and the stigma of psychiatric illness. Suicide prevention should focus on enhancing patients' social networks, increasing early contact with psychiatric services and decreasing the

		stigma of psychiatric illness.*
29. Everding G. **(1997).** Hotline program assists elderly at risk of suicide. *Record*; 21 (26), April 3. Retrieved from www.wupa.wustl.edu/record/	COMMUNITY-BASED PREV Crisis centers & hotlines Access to services Outreach programs Reducing isolation	"Link Plus" Program. Telephone hotline program in St. Louis. Social work students working as volunteers for Life Crisis, providing proactive counseling and link elders with resources and programs. Decrease in depression, increased social contact, fewer unmet personal needs.
30. Fiske A, Arbore P. **(2000-2001).** Future directions in late life suicide prevention. *OMEGA;* 42(1); 37-53.	COMMUNITY-BASED PREV Access to services Crisis centers and hotline Outreach Programs	Center for Elderly Suicide Prevention, San Francisco, CA. Includes a 24-hour telphone line for emotional support, crisis intervention, information, referral services, plus an outreach program to provide counseling via telephone calls and home visits. Compared changes in depression, hopelessness, and life satisfaction.
31. Florio ER, Rockwood TH, Hendryx MS, Jensen JE, Raschko R, Dyck DG. **(1996).** A model gatekeeper program to find the at-risk elderly. *J Case Manag*; Fall;5(3):106-14.	Outreach programs Gatekeeper Social isolation	Spokane Mental health Center. The model trains employees of community businesses and corporations who work with the public to serve as community gatekeepers by identifying and referring community-dwelling older adults who may be in need of aging and/or mental health services. 40% of clients referred were found by community-based gatekeepers. Clients were more socially isolated, economically disadvantaged, and less likely to have a physician, more likely to be women and to be younger. Gatekeepers find distinct older adults who are not found by typical referral sources. Need to integrate this model within a comprehensive clinical case management system.
32. Florio ER, Hendryx MS, Jensen JE, Rockwood TH, Raschko R, Dyck DG**. (1997).** A comparison of suicidal and nonsuicidal elders referred to a community mental health center program. *Suicide Life Threat Behav*; Summer;27(2):182-93.	TRAINING for REC/ASSESS Outreach programs Gatekeeper Training & guidelines Communit-based prev Social isolation	Spokane Mental Health Center Elder Services Division, Spokane, WA. Gatekeeper model coupled with a comprehensive clinical case management system. Non-traditional community referral sources to identify, during their routine business at risk elders.
33. Goldney RD, Fisher LJ, Wilson DH, Cheok F. (**2001**). Suicidal ideation and health-related quality of life in the community. *Med J Aust*; Nov	TRAINING for REC/ASSESS CLINICAL/PROF PRACTICE Gatekeeper Primary care	A Health Omnibus Survey of a random, representative sample of SAustralia population in 1998. Subjects with suicidal ideation reported significantly greater use of general practitioners, psychiatrists, psychologists, social

19;175(10):546-9.	Training & guidelines Outreach programs	workers and outpatient clinics, community health services and other counsellors, and more hospital admissions. Suicidal ideation is associated with poor health-related quality of life. Results add support to the need to improve targeting of those with suicidal ideation on a population basis with a view to earlier intervention. (15+).*
34. Glass JC and Reed SE. **(1993).** To live or die: a look at elderly suicide. *Educational Gerontology*; 19(8):767-778.	ALL CONCEPTS Most components	Suggested strategies to lower the suicide rate for elderly persons.
35. Hall RCW, Hall RCW, Chapman MJ. (2003). Identifying geriatric patients at risk for suicide and depression. *Clinical Geriatrics;* 11(10):36-44.	TRAINING for REC/ASSESS CLINICAL/PROF PRACTICE Primary care Training & guidelines	Describes the geriatric patient at risk for suicide. Discusses affective treatment for these individuals.
36. Hawton K. (**1998**). A national target for reducing suicide. Important for mental health strategy as well as for suicide prevention. *BMJ*; Jul 18;317(7152):156-7.	BROAD-BASED SUPPORT COMMUNITY-BASED PREV SUPPORT RESEARCH EVALUATION Primary care	Editorial.*
37. Hawton K, Harriss L, Hodder K, Simkin S, Gunnell D**. (2001).** The influence of the economic and social environment on deliberate self-harm and suicide: an ecological and person-based study. *Psychol Med*; Jul;31(5):827-36.	COMMUNITY-BASED PREV BROAD-BASED SUPPORT Outreach programs	DSH patients presenting to a general hospital between 1985 and 1995 and suicides. Investigate whether ecological associations are seen in individuals with suicidal behaviour. Socio-economic deprivation was associated with DSH rates. Reducing socio-economic deprivation and its associated problems may be an important strategy in the prevention of suicidal behaviour, especially in young men.*
38. Institutes of Medicine (IOM). **(2002).** Reducing Suicide: a national imperative. Goldsmith SK, Pellmar TC, Kleinman AM, Bunney WE (eds). The National Academies Press, Washington, D.C.		Medical and Psychotherapeutic interventions. Programs for suicide prevention. Findings and Recommendations.*
39. Kaplan MS, Adamek ME, Calderon A. **(1991).** Managing depressed and suicidal geriatric patients: differences	TRAINING for REC/ASSESS CLINICAL/PROF PRACTICE Primary care	Survey of Illinois physicians to examine differences by specialty of primary care physicians in managing suicidal and depressed geriatric patients. Significant differences

among primary care physicians. *Gerontologist;* Aug;39(4):417-25.	Training & Guidelines	were found between specialties in estimates of the prevalence of psychiatric disorders; use of assessment procedures, treatment approaches, and referrals; perceptions of obstacles to providing mental health care; and confidence in diagnosing and treating depression and suicidality. Meeting the mental health needs of the growing older population will require an emphasis on geriatric mental health and consistency across primary care specialties.
40. Kaplan MS, Adamek ME, Rhoades JA. **(1998).** Prevention of elderly suicide. Physicians' assessment of firearm availability. *Am J Prev Med.* Jul;15(1):60-4.	TRAINING for REC/ASSESS Public education Primary care Training & Guidelines	Survey study of Illinois primary care physicians, to examine extent that physicians inquire about firearms with depressed and suicidal elderly patients. Factors for physicians who assessed for firearms were: continuing medical education training in suicide risk assessment, expertise in geriatric mental health, confidence in diagnosing depression, having a patient mention suicide in the past year, and indicating patient reluctance as a barrier to mental health treatment. Effective suicide prevention will require physician training in geriatric mental health and firearm suicide, at the student, residency, and continuing education levels.
41. Kastenbaum R. **(1992).** Death, suicide and the older adult. *Suicide Life Threat Behav;* Spring;22(1):1-14. Review.	REDUCING STIGMA REPORTING & PORTRAYAL TRAINING for REC/ASSESS Public education Training & Guidelines Social isolation	Characteristics of elderly people at a high risk for suicide are associated with reduced ability to communicate (e.g., male, living alone, residing in a low-income transient urban area, suffering from a depressive state). Converging perspectives on death and suicide from standpoints of the external observer and the elderly person. Elderly people reveal a diversity of attitudes toward death. Stressful conditions arouse more anxiety than prospect of death.
42. Katon W, Robinson P, Von Korff M, Lin E, Bush T, Ludman E, Simon G, Walker E. **(1996).** A multifaceted intervention to improve treatment of depression in primary care. *Arch Gen Psychiatry;* Oct;53(10):924-32.	TRAINING for REC/ASSESS CLINICAL/PROF PRACTICE Public education Primary care Training & Guidelines	Evaluates effectiveness of a multi-faceted primary care intervention program to improve management of depression. Intervention consistentaly resulted in favorable depression outcomes among patients with major depression.*

43. Kerkhof AJ, Visser AP, Diekstra RF, Hirschhorn PM. **(1991).** The prevention of suicide among older people in The Netherlands: interventions in community mental health care. *Crisis;* Sep;12(2):59-72.	PROMOTE AWARENESS REPORTING & PORTRAYAL Public education Media education	Netherlands. This article presents the use of television and other media for communicating messages to identify depressive symptoms and counter suicidal tendencies by mobilizing relatives and friends along with epidemiological findings and data on the role of the general practitioner and the mental health care system in suicide prevention. Symptoms of depression may be confused with the normal aging process, both by the person and by their relatives and friends.*
44. Lebowitz BD, Pearson JL, Schneider LS, Reynolds CF 3rd, Alexopoulos GS, Bruce ML, Conwell Y, Katz IR, Meyers BS, Morrison MF, Mossey J, Niederehe G, Parmelee P. **(1997).** Diagnosis and treatment of depression in late life. Consensus statement update. *JAMA;* Oct 8;278(14):1186-90. Review.	TRAINING for REC/ASSESS CLINICAL/PROF PRACTICE	National Institutes of Health staff and experts drawn from the Planning Committee and presenters of the 1991 Consensus Development Conference reexamined the conclusions of the 1991 National Institutes of Health Consensus Panel on Diagnosis and Treatment of Depression in Late Life in light of current evidence. Although the initial consensus statement still holds, there is important new information in areas including the onset and course of late-life depression; comorbidity and disability; sex and hormonal issues; newer medications, psychotherapies, and approaches to long-term treatment; impact of depression on health services and health care resource use; late-life depression as a risk factor for suicide; and the importance of the heterogeneous forms of depression. Unrecognized or inadequately treated depression in older people remains a significant public health problem. Aggressive approaches to recognition, diagnosis, and treatment.
45. Ludwig J, Cook PJ. (**2000).** Impact of the brady act on homicide and suicide rates. *JAMA.* Dec 6;284(21):2718-21	REDUCE ACCESS Means reduction Public education	Compared violent death rates in 32 states directly affected by the Brady Act with 18 "control" states. Evidence for the Brady Handgun Violence Prevention Act in reducing suicide for persons aged 55 and over.
46. Luoma JB, Martin CE, Pearson JL. **(2002).** Contact with mental health and primary care providers before suicide: a review of the evidence. *Am J Psychiatry*. Jun;159(6):909-16. Review.	TRAINING for REC/ASSESS Primary care	Review of 40 studies that examined rates of contact with primary care and mental health care professionals by individuals before suicide. Three of four suicide victims had contact with primary care providers within the year of suicide, one-third had contact with mental health services.

		Older adults had higher rates of contact with primary care within 1 month of suicide. The majority of suicides make contact with primary care providers, although it is not known to what degree this can prevent suicide.*
47. Lynch TR, Mendelson T, Robins CJ, Krishnan KR, George LK, Johnson CS, Blazer DG. **(1999).** Perceived social support among depressed elderly, middle-aged, and young-adult samples: cross-sectional and longitudinal analyses. *J Affect Disord*; Oct;55(2-3):159-70.	Social support	Elderly, middle-aged, and young-adult depressed samples from the Duke Clinical Research Center for the Study of Depression in Late Life. Examined clinical, historical, and phenomenological variables associated cross-sectionally and longitudinally with perceived social support. Perceived social support was: for the elderly associated with pessimistic thinking, being divorced, having strange ideas, the degree of social interaction, and instrumental support; for middle-age associated with dysthymia, divorce, pessimistic thoughts, social interaction, and instrumental support; and among young adults with instrumental support only. Clinicians must address relationship or social support difficulties in the elderly. Future studies should consider using multiple informants, not just patients to enhance the accuracy of reported social support.
48. Lyness JM, Noel TK, Cox C, King DA, Conwell Y, Caine ED. **(1997).** Screening for depression in elderly primary care patients. A comparison of the Center for Epidemiologic Studies-Depression Scale and the Geriatric Depression Scale. *Arch Intern Med;* Feb 24;157(4):449-54.	CLINICAL/PROF PRACTICE Screening	Examine if primary care screening instruments for depression are valid for elder primary care patients. The 2 instruments, CES-D and GDs can be used as screening instruments for major depression in older primary care patients.
49. McIntosh JL. **(1995).** Suicide prevention in the elderly (age 65-99). *Suicide Life Threat Behav*; Spring;25(1):180-92. Review	TRAINING for REC/ASSESS CLINICAL/PROF PRACTICES Access to services Public education	Subpopulations of elderly adults at high risk are identified. Several specific programs are described and a range of measures to prevent suicide in late life are suggested. Measures include primary prevention steps related to education and information dissemination, and secondary prevention involving early identification and assessment of the depressed and suicidal as well as improved referral

		efforts.
50. McIntosh JL, Santos JF, Hubbard RW, Overholser JC. **(1994).** Elder Suicide: Research, Theory and Treatment. American Psychological Association, Washington, D.C.	COMMUNITY-BASED PREV. Outreach programs Gatekeeper Crisis center & hotlines Primary care Family support TRAINING for REC/ASSESS CLINICAL/PROF PRACTICES Public education Training & guidelines	Suicide Assessment and Intervention with the Elderly. Prevention, Ethics and Unresolved Issues. SF Center for Elderly Suicide and Grief Related services, Spokane Community Mental Health Center, Link-Plus
51. McNamee JE, Offord DR. **(1994).** Prevention of suicide. In: Canadian Task Force on the Periodic Health Examination. Canadian Guide to Clinical Preventive Health Care. Ottawa: Health Canada 456-67.	TRAINING for REC/ASSESS CLINICAL/PROF PRACTICES Primary care	Recommend that primary care physicians routinely evaluate suicide risk among patients in high-risk groups. Available interventions include counseling, follow-up and, if necessary referral to a psychiatrist. Studies evaluating medical treatment for reduction of suicide ideation or depression have shown some reduction of depression. Insufficient evidence to recommend for or against the combination of routine evaluation of suicide risk with intervention programs.*
52. Miller M. **(1977).** A psychological autopsy of a geriatric suicide. J Geriatr Psychiatry; 10(2):229-42.	Risk factors	Psychological autopsy
53. Miller M. **(1978).** Geriatric suicide: the Arizona study. Gerontologist. Oct;18(5 Pt 1):488-95.	TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES Primary care Guidelines & training Risk factors ACCESS TO MEANS Means reduction	Systematic examination of 301 white elderly male sucides in Arizona. Risk of suicide associated with firearm access.
54. Milton J, Ferguson B, Mills T. **(1999).** Risk assessment and suicide prevention in primary care. *Crisis;* 20(4):171-7.	TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES Primary care Guidelines & training	A retrospective survey of probable suicides conducted in a primary care setting utilizing a questionnaire of GPs who had experienced a patient suicide and was augmented by hospital and coroners' records to examine how frequently GPs implement risk assessment in patients who may be vulnerable to suicide. GPs had little knowledge of a

		patient's life circumstances in up to half of cases, risk assessment occurred in 38% of subjects, was positively associated with prior psychiatric contact but negatively associated with presence of physical illness, older patient age, and GPs length in practice. Points to the need for active engagement of GPs in future suicide prevention strategies and should influence the content of training programs in primary care.*
55. Ministry of Health. (2001). New Zealand Health Strategy. DHB Toolkit: Suicide Prevention. To reduce the rate of suicides and suicide attempts. Retrieved from, http://www.newhealth.govt.nz/toolkits/toolkits.htm, on 2/28/04.	ALL CONCEPTS	Main themes from reports and strategies on suicide prevention. Need for comprehensive and intersectoral approach. How to prioritize prevention activities.*
56. Neeleman J. **(2002).** Beyond risk theory: suicidal behavior in its social and epidemiological context. *Crisis*;23(3):114-20. Review.	Social support	Contextual influences on individuals' suicide risk depends on their personal exposure to risk or protective factors, and how they relate to their social, cultural, economic, or physical environments. Lack of prospective multilevel research, makes it unclear which mechanisms underlie the distribution of risk factors that may affect their suicide risk. Contextual effects may result in a concentration of suicide risk in persons. This has important implications for population-based prevention strategies.*
57. Nemeroff CB, Compton MT, Berger J. (**2001).** The depressed suicidal patient. Assessment and treatment. *Ann N Y Acad Sci*; Apr;932:1-23. Review.	TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES Guidelines & training	Depression should be thoroughly evaluated, and current and past suicidality and potential risk factors for suicide. Treatment of depression with suicidality may involve hospitalization, pharmacotherapy, electroconvulsive therapy, and psychotherapy. Clinicians encountering patients with depressive disorders should be able to asses and treat depression with suicidality.*
58. Nisbet PA. **(1996).** Protective factors for suicidal black females. *Suicide Life Threat Behav*; Winter;26(4):325-41	Social support Family support	National Institute of Mental Health's Epidemiological Catchment Area Study 1980-1985. LISREL model. Evaluate extent to which a model of social support helps explain the low suicide rate of Black females. For Black and White males and females, emotional and

		psychological support helps safeguard against suicide. For all race/sex categories, seeking support from friendship and familial resources is negatively related to attempted suicide, seeking support from professional resources is associated with an increase in the likelihood of a suicide attempt. The increased likelihood of attempted suicide may reflect the populations' resistance to seeking professional help until their emotional state has severely deteriorated.*
59. Ong PS. **(2003).** Late-life depression: current issues and new challenges. *Ann Acad Med Singapore*. Nov;32(6):764-70. Abstract.	PROMOTE AWARENESS TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES Primary care Guidelines & training Public education	A Medline search of journal articles on depression in older people, highlighting issues of prevalence, classification, screening instruments, elderly suicide and various treatment modalities. Late-life depression represents a heterogenous group of mood disturbances occuring in a complex medical psychosocial context. Need for early detection and intervention, advances in treatment strategies, training and service developments and effective prevention programs. By raising awareness and understanding of depression among primary and other healthcare practitioners, depressed elderly with comorbid medical problems can be identified and helped.
60. Osgood NJ. **(1992).** Suicide in Later Life: Recognizing the Warning Signs. Lexington Books, New York, NY.	REPORTING & PORTRAYAL Public education TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES Access to services Outreach programs Screening ACCESS TO MEANS Means reduction	Growing Old in a Society of the Young Clues to Later-Life Suicide Keys to Suicide Prevention.
61. Osgood NJ & Manetta AA. **(2000-2001).** Abuse and suicidal issues in older women. *OMEGA*; 42(1) 71-81.	TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES Guidelines & training Screening	Virginia. Reports results of a study of chart reviews of elder women who were former patients in 1 of 3 psychiatric facilities. Determine the relationship between abuse and suicidal issues. Women identified with suicidal issues had significantly more prior victimization. Importance of assessing for past and/or present physical

		and sexual abuse in older suicidal women.
62. Oslin DW, Zubritsky C, Brown G, Mullahy M, Puliafico A, Ten Have T. **(2004).** Managing suicide risk in late life: access to firearms as a public health risk. *Am J Geriatr Psychiatry;* Jan-Feb;12(1):30-6.	Access to means Means reduction Public education	A random sample of older adults with a primary-care clinic appointment was selected for a cross-sectional epidemiologic survey of firearm availability and safety practices to assess the prevalence of gun availability for elderly patients to determine whether gun availability is related to the presence of suicidal or depressive symptoms. Patients with suicidal ideation or high levels of depression or psychological distress were not significantly more or less likely to have a gun in the home. Data suggest the need for screening for firearm availability and education about the safe storage of firearms as a potential means of prevention of suicide among elderly patients suffering from emotional distress or suicidal ideation.
63. Pearson JL. **(2000-2001).** Preventing late life suicide: National institutes of health initiatives. *OMEGA*. 42;(1):9-20.	PROMOTE AWARENESS REDUCING STIGMA PROMOTE RESEARCH	Reviews a number of efforts that have led to heightened awareness and initial public health policy development of late life suicide prevention strategies. Next steps are described.
64. Pearson JL, Brown GK. **(2000).** Suicide prevention in late life: directions for science and practice. *Clin Psychol Rev*; Aug;20(6):685-705. Review.	TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES Primary care Guidelines & training	There are no proven, effective interventions showing reduced suicidal behaviors in older adults, the best current approach is to improve detection and treatment of later-life depression. This may be especially effective in primary care settings, where the majority of our nation's elderly seek and receive their mental health care. Reviews approaches to assessment and treatment of later life depression. Needs to determine whether treatment approaches are effective to inform late-life suicide prevention.
65. Pearson JL, Conwell Y, Lindesay J, Takahashi Y and Caine ED. **(1997).** Elderly suicide: a multi-national view. *Aging & Mental Health.* 1(2):107-111.	TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES REDUCE ACCESS SURVEILLANCE Primary care Guidelines & training Screening Access to services	US, UK, and Japan. Summarizes research findings and recent prevention efforts from several nations that suggest means for primary and secondary prevention efforts.

	Gatekeepers Means reduction Outreach programs	
66. Perkins K & Tice C**. (1994).** Suicide and older adults: the strengths perspectives in practice. *Journal of Applied Gerontology*; 13;4:438-454.	TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES REDUCING STIGMA Primary care Training & guidelines	Strengths perspective. Intervention technique that improves the coping of senior suicide clients by forming a coalition with the therapist and clients to overcome the perceived unbearable pain that can lead to suicide completion. This approach builds on the older person's pre-existing survival skills. Challenges current system that focuses dysfunction and pathology of clients.
67. Quinnett P. Building Community Competence. The role of gatekeeper in preventing late-life tragedies. (Unpublished manuscript).	COMMUNITY-BASED PREV Gatekeeper Access to services	Describes an approach to community-based suicide prevention program for at-risk elders. Trained gatekeepers to identify and link elders with services.
68. Richman J. (**1993).** Preventing Elderly Suicide: overcoming personal despair, professional neglect, and social bias. Springer Publishing Company, New York, NY.	TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES Primary care Training & guidelines Crisis centers and hotlines	Assessment and Early Intervention Crisis Intervention
69. Rubenowitz E, Waern M, Wilhelmson K, Allebeck P. **(2001).** Life events and psychosocial factors in elderly suicides--a case-control study. *Psychol Med;* Oct;31(7):1193-202.	COMMUNITY-BASED PREV TRAINING FOR REC/ASSESS Social isolation Family support	Sweden from 1994-1996. Investigates the occurrence of stressful life events among elderly suicide cases and population controls. Somatic illness, family discord, financial trouble, mental disorder, lower education, feelings of loneliness and previous suicide in the family were significant risk factors. Factors associated with decreased risk include active participation in organizations and having a hobby.
70. Rutz W, von Knorring L, Walinder J. **(1989).** Frequency of suicide on Gotland after systematic postgraduate education of general practitioners. *Acta Psychiatr Scand*; Aug;80(2):151-4.	TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES Training & guidelines Primary care	Gotland, Sweden. Educational program for GPs to increase knowledge about diagnosis and treatment of patients with affective disorders. GPs identified and treated patients with depressive disorders more accurately. Suicide rate dropped one-year after the program was introduced. Better primary treatment of depressive disorders may reduce suicide in a given area.*
71. Salvatore T. (**2000**). Elder suicide: a preventable tragedy. *Caring;*		Elder suicides happen because not enough is done to prevent them. Home care agencies can do something

Mar;19(3):34-7.		about this situation.
72. Satcher D. **(1998).** Bringing the public health approach to the problem of suicide. *Suicide Life Threat Behav.* Winter;28(4):325-7.		Suicide and suicidal behavior are public health problems that should be addressed through a systematic public health approach.*
73. Schulberg HC, Block MR, Madonia MJ, Scott CP, Rodriguez E, Imber SD, Perel J, Lave J, Houck PR, Coulehan JL. **(1996).** Treating major depression in primary care practice. Eight-month clinical outcomes. *Arch Gen Psychiatry*; Oct;53(10):913-9.	TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES Training & guidelines Primary care	Randomized control trial of young adult to middle aged depressive subjects. Pharmacotherapy and psychotherapy effectively treat major depression among primary care patients. Standardized treatment s of major depression with psychiatric patients are equally effective with primary care patients and are more effective then primary care physicians usual care.*
74. Sonneck G, Etzersdorfer E, Nagel-Kuess S. (1994). Imitative suicide on the Viennese subway. *Soc Sci Med*; Feb;38(3):453-7.	REPORTING & PORTRAYAL Media education Public education	A working group of the Austrian Association for Suicide Prevention developed media guidelines and initiated discussions with the media to create an agreement to abstain from reporting on cases of suicide. A 75% decrease in suicides, which was sustained for 5 yr. Appropriate guidelines for media coverage of suicidal acts are presented.*
75. Suicide Prevention Advisory Network USA (SPAN USA), Inc. **(2001).** Suicide prevention. Prevention Effectiveness and Evaluation. SPAN USA, Atlanta, GA. Retrieved from www.spanusa.org on 2/21/04.	PROMOTE AWARENESS EVALUATION Family support Community-based prev	Provides basic tools to create effective suicide prevention plans. State suicide prevention plans can adopt these evidence-based and best practices recommendations to meet the needs of the people in their states. Understand the need of applying the principles of prevention effectiveness and for incorporating evaluation into program planning and implementation.
76. Turvey CL, Conwell Y, Jones MP, Phillips C, Simonsick E, Pearson JL, Wallace R. **(2002).** Risk factors for late-life suicide: a prospective, community-based study. *Am J Geriatr Psychiatry;* Jul-Aug;10(4):398-406.	REPORTING & PORTRAYAL Social support Social isolation Training & guidelines	Examines risk factors for late-life suicide on the basis of general information collected from older subjects participating in a community-based prospective study of aging, the Established Populations for Epidemiologic Studies of the Elderly. Depressive symptoms, perceived health status, sleep quality, and absence of a relative or friend to confide in predicted late-life suicide. Suicide victims did not have greater alcohol use and did not report more medical illness or physical impairment. Provides

		additional information about the context of late-life depression that contributes to suicidal behavior: poor perceived health, poor sleep quality, and limited presence of a relative or friend to confide in.
77. Uncapher H, Arean PA. **(2000).** Physicians are less willing to treat suicidal ideation in older patients. *J Am Geriatr Soc*; Feb;48(2):188-92.	TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES Training & guidelines Primary care	Primary care physicians were selected randomly from the UC San Francisco physician roster to determine if an age bias exists among primary care physicians when they contemplate treating suicidal patients. Primary care providers were mailed one of two case vignettes of a suicidal, depressed patient with the only difference being the age of the patient and employment status. A questionnaire determined provider recognition of suicidal ideation. The physicians recognized depression and suicidal risk in both the adult and the geriatric vignette, reported less willingness to treat the older suicidal patient. They felt that suicidal ideation on the part of the older patient was rational and normal. They were less willing to use therapeutic strategies to help the older patient, and were not optimistic that psychiatrists or psychologists could help. This study suggests that primary care physicians are capable of recognizing suicidal ideation but are less willing to treat if the patient is older and retired.
78. Uncapher H, Gallagher-Thompson D, Osgood NJ, Bongar B. **(1998).** Hopelessness and suicidal ideation in older adults. *Gerontologist.*; Feb;38(1):62-70.	TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES Training & guidelines	Institutionalized elderly patients. Examined the role that hopelessness plays in geriatric suicidal ideation. While hopelessness was strongly related to suicidal ideation, the relationship between hopelessness and suicidal ideation was dependent on level of depression. Unlike previous studies in younger adults, hopelessness did not predict suicidal ideation better than depressive symptoms. These findings highlight the importance of considering depression and hopelessness simultaneously when assessing and treating geriatric suicidal ideation.
79. Unutzer J, Katon W, Callahan CM, Williams JW Jr, Hunkeler E, Harpole L, Hoffing M, Della Penna RD, Noel PH, Lin EH, Arean PA, Hegel MT,	TRAINING FOR REC/ASSESS Training & guidelines Primary care	Eighteen primary care clinics from 8 health care organizations in 5 states. Randomized controlled trial with recruitment from July 1999 to August 2001. Determine effectiveness of the Improving Mood-Promoting Access

Tang L, Belin TR, Oishi S, Langston C; IMPACT Investigators. **(2002).** Improving Mood-Promoting Access to Collaborative Treatment. Collaborative care management of late-life depression in the primary care setting: a randomized controlled trial. *JAMA* ; Dec 11;288(22):2836-45.		to Collaborative Treatment (IMPACT) collaborative care management program for late-life depression. Intervention patients had access for up to 12 months to a depression care manager who was supervised by a psychiatrist and a primary care expert and who offered education, care management, and support of antidepressant management by the patient's primary care physician or a brief psychotherapy for depression, Problem Solving Treatment in Primary Care. Intervention patients experienced greater reduction in depressive symptoms, greater rates of depression treatment, more satisfaction with depression care, lower depression severity, less functional impairment, and greater quality of life than participants assigned to the usual care group. The IMPACT collaborative care model appears to be feasible and significantly more effective than usual care for depression in a wide range of primary care practices.
80. U.S. Department of Health and Human Services. **(2002).** Air Force Suicide Prevention Program: A population-based, community approach. Best Practice Initiative from the Assistant Secretary for Health. Retrieved from http://www.osophs.dhhs.gov/ophs/BestPractice/usaf.htm, on 2/28/04	COMMUNITY-BASED PREV SURVEILLANCE TRAINING for REC/ASSESS Social support Training & guidelines Gatekeeper	Description of a population-based suicide prevention program created by and to target Air Force personnel. Designed a comprehensive program using a coalition of community agencies in and out of the health-care sector.*
81. U.S. Department of Health and Human Services. **(2001).** National Strategies for Suicide Prevention: Goals and Objectives for Action. Rockville, MD. Public Health Service.	ALL CONCEPTS	Goals & Objectives
82. U.S. Public Health Service. **(1999).** The Surgeon General's Call to Action to Prevent Suicide. Washington, D.C.	COMMUNITY-BASED PREV TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES EVALUATION Primary care Access to services	Multi-modal. 15 recommendations. The public health approach: define the problem, identify risk factors, protective factors and their interaction, develop approaches and test effectiveness, and implement interventions widely in a variety of communities.

	Family support Public education	
83. Waern M, Rubenowitz E, Wilhelmson K. **(2003).** Predictors of suicide in the old elderly. *Gerontology;* Sep-Oct;49(5):328-34.	TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES Training & guidelines	Cases of suicide in western Sweden and control persons with the same sex, birth year, and zip codes were randomly selected. Purpose was to determine predictors for suicide among the old elderly (75+). Data for suicide cases collected through interviews with close informants; controls were interviewed in person. Family conflict, serious physical illness, loneliness, and both major and minor depressions were associated with suicide in 75+. Economic problems predicted suicide in the younger but not older elderly. Old elderly suicides with depression (major or minor) were less likely to have received depression treatment. Better recognition and treatment of major and minor depression should be an important target for prevention of suicide in the old elderly.
84. Westerman T & Hillman S. **(2003).** Suicide Prevention in Aboriginal Communities: A Best Practice Model of Community Driven Prevention Poster. Suicide Prevention Australia Conference, June, Brisbane.Retrieved from http://www.gtp.com.au/ips/inewsfiles/Community_Suicide_Prevention_poster.pdf on 3/1/04.	Training & Guidelines	Describes the process of implementation of suicide prevention training forums in 3 rural areas of Australia. Evaluation data has suggested the forums have been beneficial to the local community.*
85. World Health Organization. **(2000)a.** Preventing Suicide: A resource for general physicians. Geneva: World Health Organization, Department of Mental Health. Accessed at : www.who.int/entity/mental_health/resources/suicide/en	TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES Training & guidelines Primary care	Intended primarily for general physicians. Outlines the main disorders and other factors associated with suicide, and to provide information on the identification and management of suicidal patients.
86. World Health Organization. **(2000)b.** Preventing Suicide: A resource for media professionals. Geneva: World	REPORTING & PORTRAYAL REDUCING STIGMA Public education	This resource seeks to outline the impact of media reporting on suicide, indicate sources of reliable information, suggest how to report on suicide in both

Health Organization, Department of Mental Health. Accessed at : www.who.int/entity/mental_health/resources/suicide/en	Media education	general and specific circumstances, and point to pitfalls to be avoided in reporting on suicide.
87. World Health Organization. **(2000)c.** Preventing Suicide: A resource for primary health care workders. Geneva: World Health Organization, Department of Mental Health. Accessed at : www.who.int/entity/mental_health/resources/suicide/en	TRAINING FOR REC/ASSESS CLINICAL/PROF PRACTICES Primary care Access to services Gatekeeper Training & guidelines	Intended primarily for primary health care workers. Outlines main disorders and other factors associated with suicide to empower workers in the field with information on how to identify, assess, manage and refer suicidal persons in the community as a preventive step.
88. World Health Organization. **(2001).** The World Health Report 2001. Mental Health: New Understanding, New Hope. Retrieved from www.who.int/whr2001/2001/main/en/chapter3/003d9.htm	TRAINING for REC/ASSESS Primary Care CLINICAL/PROF PRACTICES MEANS REPORTING & PORTRAYAL Media education	Chapter 3: Solving mental health problems. Examples of effectiveness. Suicide prevention.*
89. Wintemute GJ, Parham CA, Beaumont JJ, Wright M, Drake C. **(1999).** Mortality among recent purchasers of handguns. N Engl J Med. Nov 18;341(21):1583-9.	ACCESS TO MEANS Means reduction	California-1991-1996. A population-based cohort study to compare mortality of those who purchased a handgun to the general adult population. In the first year, suicide was the leading cause of death among handgun purchasers. The increased risk of suicide by any method was attributable entirely to an excess risk of suicide with a firearm. Mortality during the first year was greater than expected for women and the entire increase was attributable to the excess number of firearm suicides. Handgun purchasers remained at increased risk for suicide by firearm over the study period (6 yrs), and the excess risk among women remained greater than men.*
90. Yip PS, Chi I, Chiu H, Chi Wai K, Conwell Y, Caine E. (2003). A prevalence study of suicide ideation among older adults in Hong Kong SAR. *Int J Geriatr Psychiatry*; Nov;18(11):1056-62.	TRAINING for REC/ASSESS Public education	Hong Kong. The study was conducted as part of the General Household Survey (GHS), using face to face interviews of ethnic Chinese people aged 60 or above living in the community. The results showed that poor physical health, including poor vision, hearing problems, and a greater number of diseases; and poor mental health,

		especially depression, are predictors of suicidal ideation. Financial and relationship problems are significant risk factors. Active coping has better results than passive coping styles. Factors for risk span physical and mental health, social, and psychological domains.

*did not focus on elderly

Websites reviewed:
Institute on Ageing: http://www.gioa.org/programs/cesp/cesp.html
American Foundation for Suicide Prevention: http://www.afsp.org/
American Psychiatric Association: http://www.psych.org/public_info/
American Psychological Association: http://www.apa.org/pi/aging/depression.html
American Association of Suicidology: http://www.suicidology.org/
National Institute of Mental Health: http://www.nimh.nih.gov/
Canadian Task Force on Preventive Health Care: http://www.ctfphc.org/index.html
Prevention of Suicide: http://www.ctfphc.org/Full_Text_printable/Ch40full.htm
Center for Disease Control and Prevention: http://www.cdc.gov/
Centre for Suicide Prevention: http://www.suicideinfo.ca/
Mental-Health-Matters: http://www.mental-health-matters.com/articles/related_dis.php?artID=70
Morbidity and Mortality Weekly Report: http://www.cdc.gov/mmwr/mmwr_wk.html
Center for the Study and Prevention of Suicide: www.rochesterpreventsuicide.org
Texas Department of Health: http://www.tdh.state.tx.us/injury
Substance Abuse and Mental Health Services Administration: http://www.samhsa.gov.
Suicide Prevention Action Network USA, Inc.: http://www.spanusa.org.
Suicide Awareness Voices of Education: http://www.save.org/
Commonwealth Department of Health and Aged Care: http://www.mentalhealth.gov.au .

State Suicide Prevention Plans Reviewed (Comprehensive):
Alaska
Colorado
Florida
Kansas
Maine
Minnesota
Montana
Nebraska
Ohio
Tennessee
Texas
Wisconsin