

"Loss, a significant and frequent occurrence among aged persons, is often accompanied by transient depressive symptoms." (Smyer, 1993, p.8).

# ELDER CARE CENTER

## ABSTRACT

It is time to open up the dialogue about old age with a healthy and positive outlook.

The current state of Oregon is faced with high elder suicide rates and depression is common with elders.

I propose a complex including the following.:

- A focus on the mind and body for better health.
- A complex focused on community and holistic living.
  - senior living
  - child-day care
  - mental health support
  - alternative therapies
  - public advocacy
  - community events
  - aging education

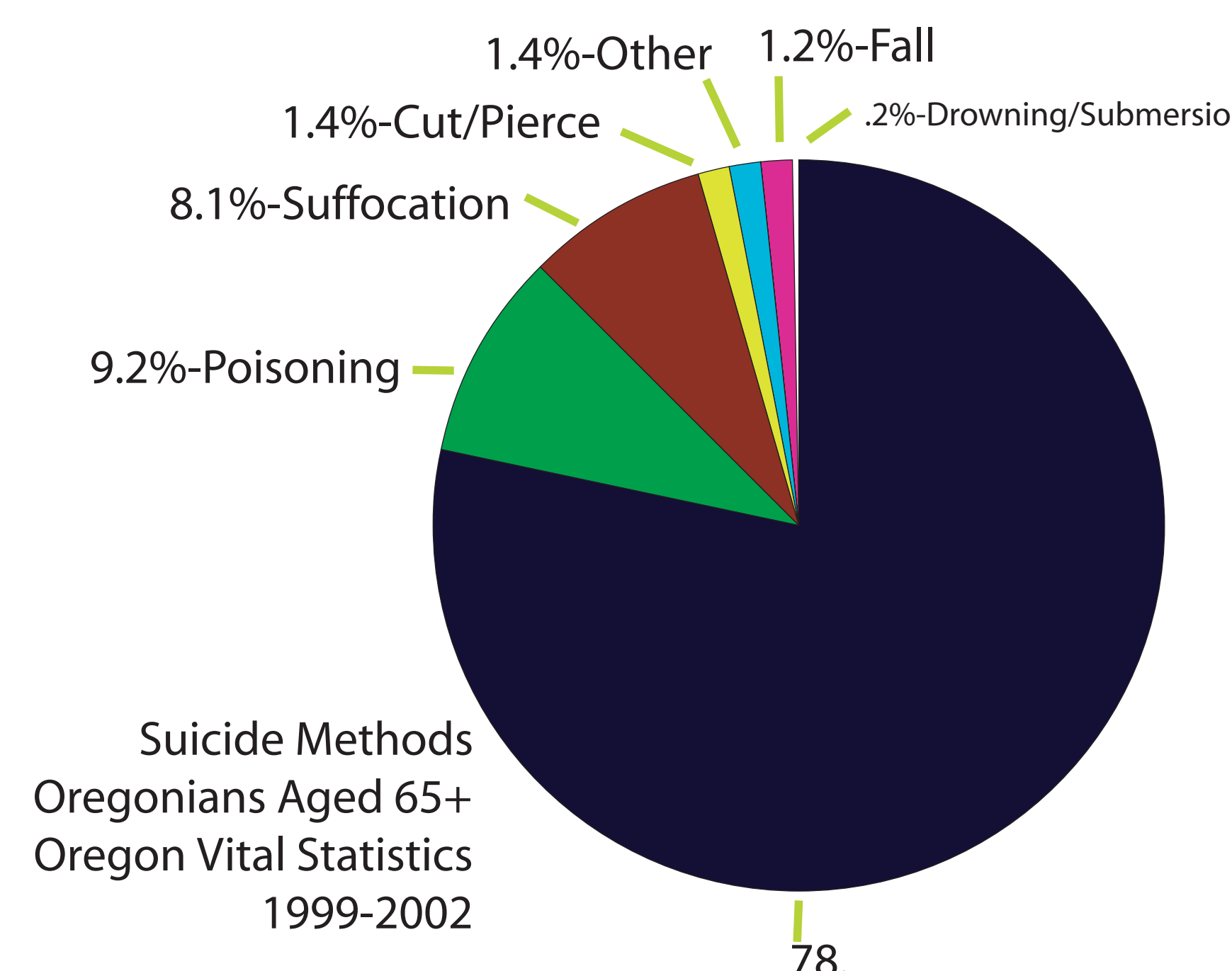
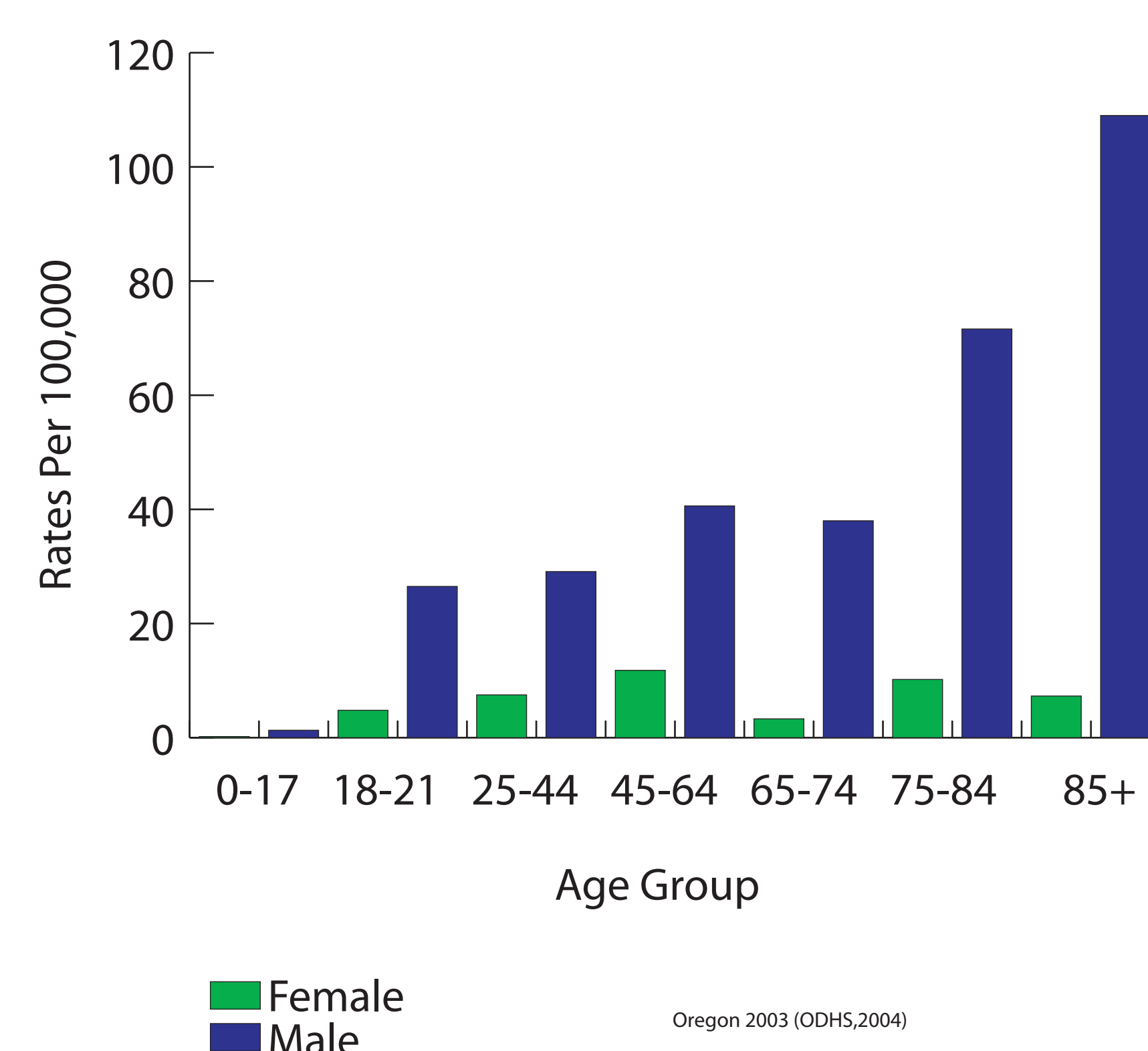
Outcome:

With so much dedication to this new holistic approach to aging the mental health of elders will improve and people will look forward to the last phase of life.

## INTRODUCTION

Multi-purpose facility providing; residences for older adults, including child day-care to bring multi-generations together.

This development will provide a new outlook on aging and will drop senior isolation and suicide.



## LITERATURE REVIEW

Elders

**29** men over the age of **65** were alone in their homes and killed themselves last year in Oregon

(Oregon Department of Human Services, 2004). There are many other men headed down the same path towards isolation, poverty, and helplessness.

- These elderly men of Oregon are leading the suicide rate of the nation (Gee, 2005).
- The older people get the more life changes and the less independent they can become.
- With retirement there can be a drop in income and a general change in social status (Glass & Reed, 1993).
- Aging can bring more illness, less stamina, and higher medical costs (Kastenbaum, 1992).
- Rise in illness can lead to death and loss of friends and loved ones (Uncapher, Gallagher-Thompson, Osgood, & Bongar, 1998).
- It has been noted that twice as many women than men experience major depression (Bowman et al., 2002).
- Touch and more socialization can be means of intervention to help depression (Bowman et al. 2002).
- Elderly men and women that live in isolation can have increased mental health problems.

## KEY FUTURE DIRECTIONS

It is important to consider and research in more depth the exact causes of the increase in depression in seniors.

- There can be many factors involved society, biology, income, health and personal relations.

It is also important to consider the most what the most optimal solution is to the problem.

- seniors working with youth
- prevent isolation
- prevent handguns with seniors
- more available counseling
- encouraging more activity
- provide better medical support/access

Some programs to look into: **Elders in Action, Spokane Gatekeeper Program, Oregon Elder Suicide Prevention Program, National School Safety Center, and Meals On Wheels.**

## CONCLUSION

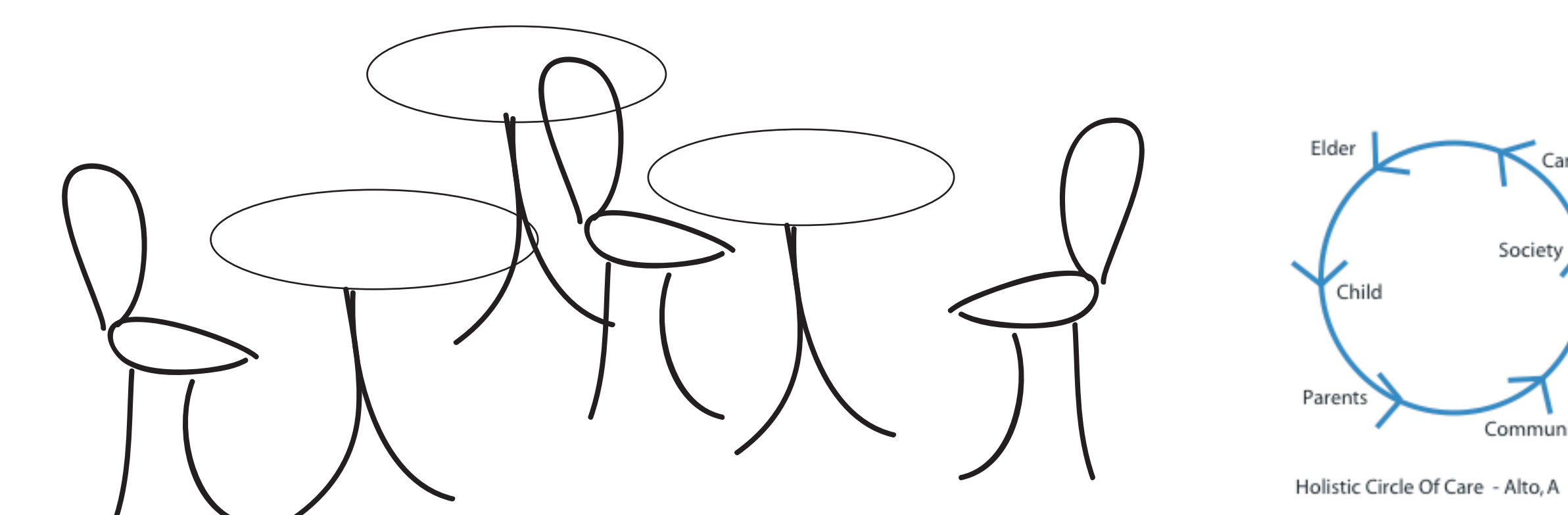
The mental health of elders and the suicide rate is a concern that needs to be addressed.

- The proposed **Elder Care Center** is going to have a profound effect on the surrounding **community**.
- The center will **contribute** by providing a center open to the public that demonstrates and teaches how to **age** with a **positive perspective**.
- Work with the **life cycle** of the community from the **youngest to oldest**.
- No longer turning a **blind eye** to our seniors.

Through positive participatory activity this center will help Oregon decrease the rate of elder depression and suicide.

Gardens in the center of the complex and the café/resource center with art shows by local seniors

Change the stereotype of an elder residential complex to a place to be cherished and visited by all.



## REFERENCES

- Bowman, S., Padgett-Coeilo, D., Barlow-Pietrick, M., Hooker, K., Balkan, C. (2002-2005) Depression in late life: Understanding mental illness from multiple perspectives. Oregon: Interactive Media Publishing.
- Dekker, M. (2004, March) Appendix a: concept matrix. DHS Elderly Suicide Prevention Program. Elders in Action. (n.d.) Retrieved November 15, 2005, from <http://www.eldersaction.org/>
- Florio, E., Rockwood, T., Hendryx, M., Jensen, J., Raschko, R. & Dyck, D. (1996) A model gatekeeper program to find the at-risk elderly. Journal of Case Management, 5 (3) 106-114.
- Gee, B. (2005, August) Elder suicide has state worried. Oregonian, Pg. B1 and B7.
- Glass, J. & Reed, S. (1993) To live or die: A look at elderly suicide. Educational Gerontology, 767-778.
- Hersen, V. CEO Elders in Action, Portland, Oregon. (2005, Sept. 30). (personal interview).
- National School Safety Center. (1999) Retrieved March 21, 2006 from [http://72.14.203.104/search?q=cache:CpVmjCP44www.schoolsafety.us/pubfiles/working\\_together.pdf+children+senior+citizens+working+together&hl=en&gl=us&ct=clnk&cd=12](http://72.14.203.104/search?q=cache:CpVmjCP44www.schoolsafety.us/pubfiles/working_together.pdf+children+senior+citizens+working+together&hl=en&gl=us&ct=clnk&cd=12)
- Oregon Department of Human Services. (2004) Retrieved November 15, 2005, from <http://oregon.gov/DHS/ph/pe/esp/data.shtml>.
- Quinn, P. (n.d.) Building community competence: The role of gatekeepers in preventing late life tragedies. QPR Institute, Inc. Retrieved October 23, 2005, from <http://www.qpr.org/library/buildingconfidence.pdf>
- Pearson, J., Conwell, Y., Lindesay, J., Takahashi, Y., & Caine, E. (1997, Jan. 20) Elderly suicide: a multinational view. Aging & Mental Health, 1, (2) 107-111.
- Smyer, M. (Ed.). (1993). Mental Health & Aging. New York: Springer Publishing Company, Inc.
- Uncapher, H., Gallagher-Thompson, D., Osgood, N., & Bongar, B. (1998) Hopelessness and suicidal ideation in older adults. The Gerontology Society of America, 38 (1) 62-70.
- U.S. Code Online via GPO Access (2003) Title 42 the public health and welfare. US Government Retrieved November 30, 2005 from [http://fwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse\\_usc&docid=Cite:42USC3001](http://fwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse_usc&docid=Cite:42USC3001)
- U.S. Department of Health and Human Services. (2001). National Strategy for Suicide Prevention: Goals and Objectives for Action. Maryland: Public Health Service.