



Understanding and Managing Suicide Risk

A Training Resource

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Suicide Risk

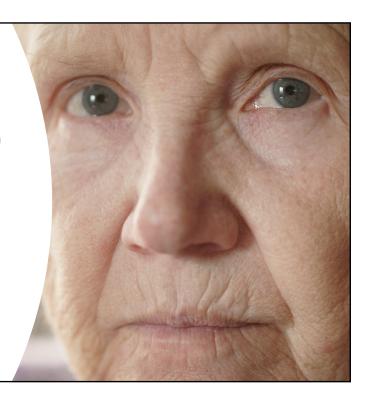
 "It is not unusual for older adults, residents of senior living communities, and seriously or chronically ill older adults, to talk about death and dying. There is virtually no research that provides substantial direction about how to distinguish normal or healthy talk about death and dying from talk that might indicate suicidal intent." 25.

A Guide to Promoting Emotional Health and Preventing Suicide in Senior Living Communities. https://store.samhsa.gov/system/files/guide.gettingstarted.pdf

Depression

- "Depression is a serious mental health problem that affects many older adults.
- Although depression is more common among women than among men, it is also a serious concern for men.
- Depression is not a normal part of aging—it is a mental health problem that can significantly diminish one's quality of life."





Depression Symptoms

Depressed mood (e.g., feeling sad, empty) most of the time

Loss of interest or pleasure in activities

Weight loss or gain (changes in appetite)

Disturbed sleep (sleeping too much or too little)

Noticeable restlessness (agitation) or slow movement

Fatigue or lack of energy

Feelings of worthlessness or extreme guilt

Difficulties with concentration or decision making

Frequent thoughts of death or suicide, or a suicide attempt

Preventing Suicide in Senior Living Communities. https://store.samhsa.gov/system/files/guide.gettingstarted.pdf

Depression

"More than 90% of people who attempt suicide have untreated or undertreated depression"

Source – Kate Rope. What to Know About Suicide Rates in Older Adults. Compass by WebMD. What to Know About Suicide Rates in Older Adults (webmd.com)

Is Mary At Risk?

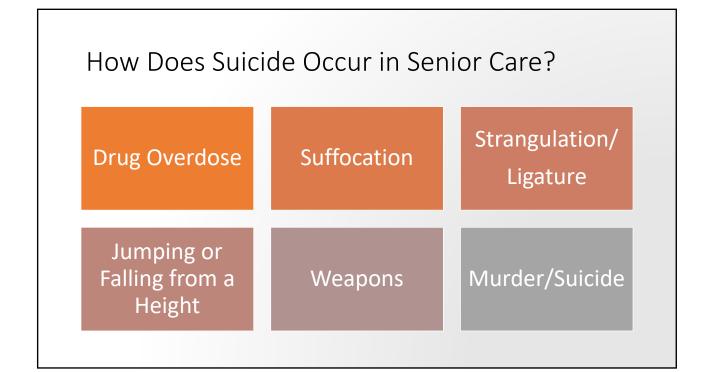
- Husband of 50 years passed away in May
- 13-year-old dog died in July
- Slipped outside watering in flowers in August
- Fractured hip
- Plans are short-term rehab
- Two adult children, both live in California
- No other living relatives in the area



Is Karen At Risk?

- 60-years-old
- Recently diagnosed with ALS
- She has mentioned several times that she is concerned about an uncomfortable death
- She was an only child, no children
- Parents are deceased





Suicide Risk Recognition and Response

- Active Listening
- Critical Thinking
- Situational Awareness
- Proactive Communication
- Interventions to Support Safety



Suicide Risk Actions

Assessment

Communication

Interventions

Care Plan

Documentation



Risk Factors

- Intent
- Past History
- Plan
- Means
- Likelihood of Acting on the Plan



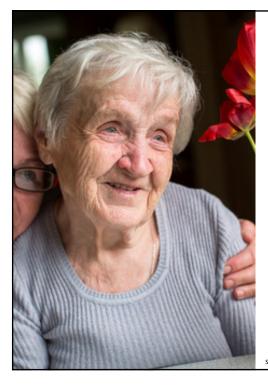
Source - https://afsp.org/about-suicide/risk-factors-and-warning-signs/

Understanding the Behavior Meaning

- What did they actually say?
 - "I could just kill myself."
 - Frustration?
 - Figure of speech?
 - Real intent?
 - "I am so tired of living?"
 - "I'll show you...I will end my life and you'll be in trouble."
 - Anger towards someone
 - Nothing
 - · This may be the most concerning



Suicide in Long-Term Care. Thomas Magnuson, M.D. https://www.unmc.edu > media > intmed > geriatrics > nebgec > ppt > suici....



What Was The Behavior?

- Wrapped a cord around their neck
 - Tangled in call light while moving in bed
- Asking questions about how many medications to end their life
- Told staff they were hiding pills
 - · Bag of pills actually found
- History of drinking chemicals
 - · Found in unlocked housekeeping closet

Suicide in Long-Term Care. Thomas Magnuson, M.D. https://www.unmc.edu nedia-intmed geriatrics nedua-intmed geriatrics <a href="nedua-ne

Time Frame

- How long did the talk or behavior last?
 - Seconds
 - Possibly a figure of speech
 - Minutes
 - · Then readily redirected
 - Several hours
 - May be the real thing...
 - Until they took a nap
 - · Frustrated but redirected
 - Stopped after the offending party left
 - · Angry at someone, e.g. daughter

Suicide in Long-Term Care. Thomas Magnuson, M.D. $\underline{\text{https://www.unmc.edu}} \times \underline{\text{media}} \times \underline{\text{intmed}} \times \underline{\text{geriatrics}} \times \underline{\text{nebgec}} \times \underline{\text{ppt}} \times \underline{\text{suici...}}$



Action

- Observation/Assessment
- · Critical Thinking
- Communication
- Interventions
- Documentation
- Monitoring Effectiveness of Intervention



Interventions and Care Plan

- Behavior Triggers
- Mental Health Evaluation
- Monitoring Medication Effects and Side-Effects
- Behavior Log
- Regular Interdisciplinary Team Communication



Environmental Safety Observation

Ligature Sources (e.g., belts, bathrobe ties, cords)

Hoarding (e.g., pills, chemicals, mouthwash)

Availability of Sharps/Cutting Sources (e.g., razors)

Availability of Plastic Garbage Bags

Ability to Open Windows that are Not Restricted



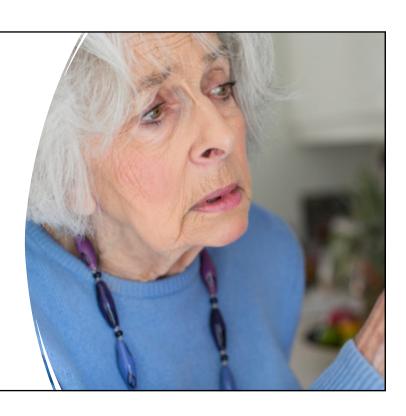
What Would You Do?

Assisting Resident and You See a Bag of Pills in Her Room?

She Tells You She Has Been Saving Them To End Her Life. She Asks You Not to Tell Anyone.

What Would You Do?

You Overhear A Husband Tell His Wife With Advanced Dementia That He Will Take Care Of This Situation Soon



Recognition and Action

- Immediate Supervisor and Physician Notification
- Understand the Behavior Triggers and Remove as Able
- Have a Current Plan of Care



Additional Actions May Include (Based on Situation and Physician Communication) 1:1 Supervision Mental Health Evaluation Emergency Department Transfer Mental Health Transfer



Emergency Response

- Call For Help
- Take Care of the Person
- Notify Supervisor and Physician
- Police May Need To Be Called
- Coroner May Need to Be Called
- External Reporting
- Designated Person(s) for Resident
- Designated Person(s) for Family
- Designated Person(s) for Staff



Summary

Suicide Risk Awareness Requires

- Critical Thinking
- Situational Awareness
- Communication
- Interventions
- Plan of Care
- Documentation

