



## When Residents Threaten to Harm Themselves - An Ombudsman's Guide

Illinois Department on Aging

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# Purpose

- Equip Ombudsmen with steps to take when faced with a resident who verbalizes suicidal thoughts
- Examples:
  - “I wish I were dead”
  - “I’d rather die than stay here”
  - “I’d be better off dead”



# Frustration vs. Suicidal Ideation

- Suicidal Ideation
  - wanting to take your own life
  - thinking about suicide
- When do Ombudsmen take the comments seriously?
  - **ALWAYS!**



# Follow Up Questions Help Determine

- Is the person thinking of taking his or her life?
- How likely is he or she to act on those thoughts?
- Does the individual have a plan and have the means to carry out their plan?



# Expectation of the Ombudsman

- The Ombudsman is **NOT RESPONSIBLE** for making the final determination of suicide risk **OR** for single-handedly protecting a person from his or her suicidal thoughts.
- The Ombudsman **IS RESPONSIBLE** for asking the appropriate questions and making an appropriate referral.




# Basic Steps


- perform a preliminary risk assessment using a standard set of questions provided by the Office
- communicate risk according to protocol
- determine which supports or crisis assistance to involve
- assist resident in accessing supports
- discuss with an Ombudsman supervisor




Ombudsman Protocol  
when the resident has  
spontaneously verbalized  
thoughts of suicide

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- The Ombudsman asks: *Have you told your doctor or anyone about these thoughts?*
  - Regardless of the answer, the Ombudsman asks the next question.



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- The Ombudsman asks: *Do you feel these feelings and thoughts are a problem for you, or something you might act on?*
    - If the resident answers **NO**, the Ombudsman says: *You know I am not a clinician and I am not qualified to fully evaluate these thoughts and feelings. I'm glad this is something you feel you would not act on, but these thoughts and feelings could be a sign of depression. Is there anyone that you would like to talk to about these feelings?*
    - If the resident answers **YES** or answers equivocally, (such as “I don't know or I'm not sure” to the question: Do you feel these feelings and thoughts are a problem for you, or something you might act on? The Ombudsman says: *You know I am not a clinician and I am not qualified to fully evaluate these thoughts and feelings. I am concerned about you. I would like to ask you a few more questions and then help put you in touch with the professionals who can help you.*

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- The Ombudsman then asks: *Have you thought about how you would hurt yourself?* In other words, is there a plan?
    - If the resident answers yes, the Ombudsman asks: *If there is a plan, do you have a way to carry it out?* In other words, is there access to the means to carry out the plan? For example, a resident who plans to overdose may easily hoard medicines.
    - If yes, the Ombudsman asks: *What has helped you not act on these feelings?* In other words, are there any deterrents?
    - If yes, the Ombudsman asks: *How likely do you think you are to act on these thoughts?*



# Preliminary Suicide Risk Assessment

## Low Risk

- No plan
- Has vague plan but has no access or idea on how to carry it out OR has very strong deterrents for not pursuing suicide
- States NO INTENTION of acting on suicidal thoughts or feelings

## Medium Risk

- Has plan but it is vague
- Has specific plan but no access to the means for carrying it out
- Has some deterrents
- States LITTLE INTENTION of acting on suicidal thoughts or feelings but cannot say for sure

## High Risk

- Has clear plan (how, when, where)
- Plan involves use of a firearm
- Has no or few strong deterrents
- States intention of acting on suicidal feelings regardless of when or where



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# High

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- Plan involves use of a firearm
- Has no or few strong deterrents
- States intention of acting on suicidal feelings regardless of when or where



## Next Steps - Low

- 1) Say something to the resident such as: *I am concerned about you. I understand from what you've told me, that it is unlikely that you would act on the thoughts about suicide you've had. Nonetheless, I think it would be helpful for you to talk to someone. May I help you arrange it? May I let someone on the staff know what you're dealing with?*
- 2) Document your contact and determination of risk.
- 3) Seek permission to talk to facility staff, medical personnel, and/or a family member. With resident consent, the Ombudsman then proceeds to schedule a time to talk with someone on the care team or proceeds with making a referral to the nurse or the resident's physician.



## **Next Steps – Low Risk**

- 4) Advise the resident to tell someone (doctor, nurse, family or friend) if suicidal thoughts become more of a prevalent.
- 5) Ask the resident what additional supports they have or could use in his or her life. Provide them with the Friendship Line (Center for Elderly Suicide Prevention's warm line) 1-800-971-0016.
- 6) Give the resident your contact information.
- 7) If the resident does not give you permission to disclose the nature of the conversation, you may not do so to anyone other than an Ombudsman.
- 8) Discuss with your Ombudsman supervisor as soon as possible or at least within the work week.





## Next Steps – Medium Risk

- 1) Say something to the resident such as: *I am concerned about you. I understand from what you've told me, that these thoughts of suicide are a problem. I think it would be helpful for you to see your doctor or a mental health professional. Let's ask the staff to schedule an appointment with your doctor now.*
- 2) Document your assessment and determination of risk.
- 3) Seek permission to talk to facility staff, medical personnel, and/or a family member. With resident consent, the Ombudsman then proceeds to schedule a time to talk with someone on the care team immediately.
- 4) Ask the resident if he or she is willing to ask the facility staff to schedule a doctor's appointment.



## Next Steps – Medium Risk

- 5) Facilitate a referral. Before leaving the facility, the Ombudsman should try to have the resident talk with staff and offer to accompany the resident to this meeting. If the resident is unwilling, ask them for an alternate plan. Provide them with the Friendship Line (Center for Elderly Suicide Prevention's warm line) 1-800-971-0016.
- 6) Give the resident your contact information.
- 7) If the resident does not give you permission to disclose the nature of the conversation with anyone, you may not do so unless you are speaking with an Ombudsman.
- 8) Discuss with the Regional Ombudsman or the Office as soon as possible (within 24 hours but no longer than 48 hours)



## Next Steps – High Risk

- 1) Say something to the resident such as: *I am concerned about you. I believe you are at risk for hurting yourself and it is important that we get proper medical attention for you. Do you have a mental health counselor I can call or should we ask the nurse to call your doctor or the crisis clinic?*
- 2) Document your assessment and determination of risk.
- 3) Tell the resident the concern for being at risk of harm and state additional assistance is needed.



## **Next Steps – High Risk**

- 4) Seek permission to talk to facility staff, medical personnel, counselor and/or a family member. Provide them with the Friendship Line (Center for Elderly Suicide Prevention's warm line) 1-800-971-0016 and assist with making the call.**
- 5) Advise the resident of the need to talk with nursing staff and if the resident refuses, call the local crisis service or the Center for Elderly Suicide Prevention's warm line 1-800-971-0016 to discuss the situation and to help determine next steps.**
- 6) Discuss with the Regional Ombudsman or the State Ombudsman before leaving the facility.**



# High Risk and Others at Harm

- Immediately report:
  - To the person in charge at the facility
  - Your immediate supervisor
  - The State Ombudsman

# Disclaimer

- The guidelines and protocol are intended to provide direction but should never be used as the sole determinant.