LOW RISK

No plan

Has vague plan but has no access or idea on how to carry it out OR 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 feeling regardless of when or where

ACTION STEPS

Say you are concerned and suggest talking to someone

Document your contact and determination of risk

Seek permission to discuss with staff, family, or medical personnel

Advise the resident to tell someone

Ask what additional supports he or she could use

Provide your contact info and the Friendship Line (1-800-971-0016)

Discuss with your RO within a week

ACTION STEPS

Say you are concerned and suggest seeing a specialist

Document your contact and determination of risk

Seek permission to discuss with staff, family, or medical personnel

Ask if he or she is willing to schedule a doctor's appointment

Facilitate a referral

Provide your contact info and the Friendship Line (1-800-971-0016)

Discuss with your RO or the Office as soon as possible (preferably within 24 hours but not later than 48 hours)

ACTION STEPS

Say you are concerned and it is important to get the proper medical attention

Document your contact and determination of risk

Tell the resident additional assistance is needed

Seek permission to discuss with staff, family, or medical personnel

Advise the resident to talk with the staff. If refused, contact the Center for Elderly Suicide Prevention at 1-800-971-0016 to discuss the situation and plan next steps

Discuss with RO and Office before leaving facility

if his/her plan involves harming others, immediately report to facility, supervisor, and State Ombudsman

these thoughts?" "How likely are you to act on

"What has helped you not act on these feelings?" (In other words, are there any deterrents?)

"If there is a plan, do you have a way to carry it out?"

Ask: "Have you thought about how you would hurt yourself?" (In other words, is there a plan?) It the resident answers YES, ask the following questions:

If the resident answers YES or equivocally, such as "I don't know or I'm not sure", say "You know I am not a clinician, and I am not 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 help put you in touch help you?

Ask: "Do you feel these feelings and thoughts are a problem for act on?"

If the resident answers NO, say "You know I am not a clinician, and I am not a clinician, evaluate these thoughts and feelings. I'm glad this is not act on, but these thoughts and and feelings could be a sign of and feelings could be a sign of these would like to talk to about these feelings?"

Ask: "Do you feel these feelings and thoughts are a problem for act on?"

ASK THE FOLLOWING QUESTIONS:

When should an Ombudsman take residents' suicidal thoughts or plans seriously?

ALWAYS

While not every statement means the person is going to take their life, every statement is worthy of some follow-up questions to determine:

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

Disclaimer: The guidelines described are intended to provide direction but should never be used as sole determinant.

The Ombudsman is NOT RESPONSIBLE for making the final determination of suicide risk OR for single-handedly protecting a person.

The Ombudsman IS RESPONSIBLE for asking the appropriate questions and making an appropriate referral.

This document is for Ombudsmen use only.
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State of Illinois Illinois Department on Aging



A guide for Long-Term Care Ombudsmen when residents threaten suicide

