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**We will get started shortly!**



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## Mental Health 101, Suicide Prevention & De-escalation Strategies

Tuesday, September 17  
2:00 – 3:30pm ET



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# Today's Event Host

## Nikki Harris, MA, CBHC-BS

### COE-NF TRAINING AND EDUCATION LEAD

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a certified behavioral specialist.







Mental Health 101, Suicide Prevention & De-Escalation Strategies



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# Today's Presenter

## Bryan G. Stephens, MA, MBA, CPCS, LPC

CEO, TALKFORWARD

Bryan is a licensed professional counselor and the founder and CEO of TalkForward, which provides psychotherapy and executive consulting services. Bryan has practiced in behavioral health for the past 30 years.

With 20 years of executive management experience, Bryan served as a chief executive officer in a public behavioral health agency, with over 450 employees and an annual budget of \$27 million.

A specialist in clinical supervision, Bryan began training therapists in small and large groups, while serving as Ethics Chair for the Board of the Licensed Professional Counselors Association of Georgia (LPCA). He recently served as the President of LPCA which has over 8000 members.

Bryan has an Executive MBA from Kennesaw State University and both a master's and bachelor's degree in psychology.



Contact email: [bryan@talkforward.com](mailto:bryan@talkforward.com)



# Mental Health 101

Mental Health 101 with an inclusion of suicide prevention and brief de-escalation strategies is an introductory training to help identify, understand, and respond to mental health disorders. Also including helpful strategies for suicide prevention and de-escalation techniques applicable to nursing homes.

## **Learning Objectives:**

1. Define and discuss common mental health disorders in nursing facilities.
2. Discuss causes contributing to the onset or exacerbation of symptoms.
3. Provide awareness of suicide prevention.
4. Identify helpful de-escalation strategies nursing home staff can use to support residents with mental health conditions.



# What Is Mental Health and Why Is It Important?

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- Mental health involves a person's psychological, emotional and social well-being. It shapes the way we think, feel, behave and socialize with others.
- It also determines how we handle stress, relate to others and make choices.
- Just like our physical health, mental health is important to all people and all age groups.





# Mental Health vs. Mental Illness

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Mental Health involves effective functioning in daily activities resulting in:

Productive activities  
(such as in living  
communities, work,  
or caregiving)

Healthy relationships

Ability to adapt to  
change and cope  
with adversity



Mental Illness refers to all diagnosable mental disorders and health conditions involving:

Significant changes in thinking,  
emotion, and/or behavior

Distress and/or problems  
functioning in social, work, or  
family activities

# Common Myths and Misconceptions About Mental Health

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- People with mental illnesses are crazy.
- Mental illnesses are extremely rare.
- People with mental illness cannot function in society.
- Mental illnesses make people violent.
- You can't get better if you have a mental illness.

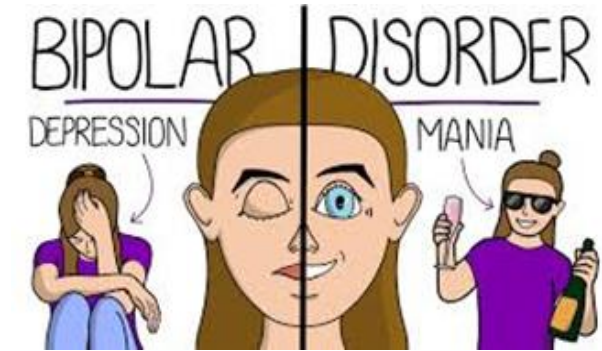
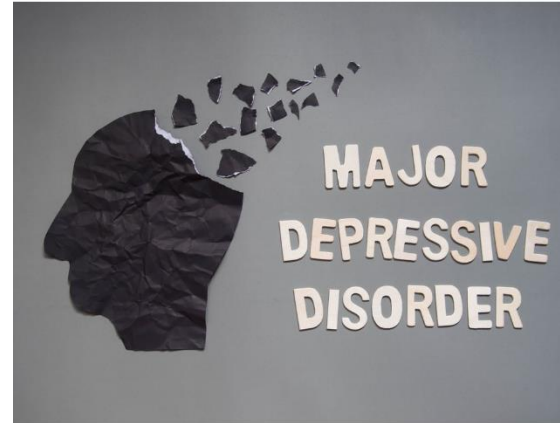
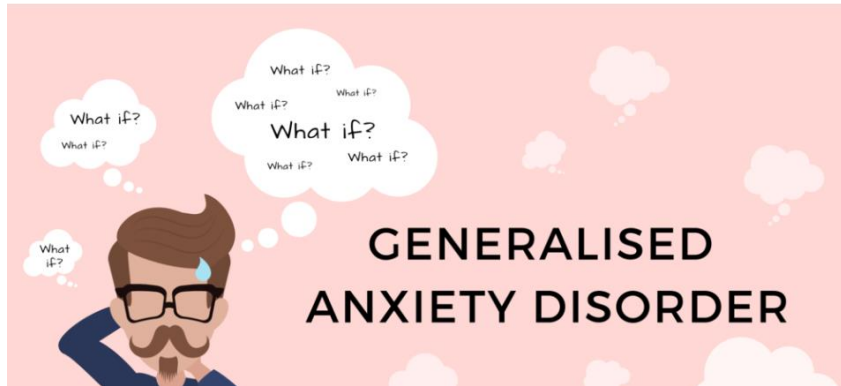


# Mental Health Facts

- Most people with mental health problems are no more likely to be violent than anyone else.
- Most people with mental illness are not violent. Only 3%-5% of violent acts can be attributed to individuals living with a serious mental illness.
- People with mental health conditions are just as productive as other employees.
- People with mental health conditions get better, and many recover completely. Recovery refers to the process in which people can live, work, learn and participate fully in their communities.

Source: [mentalhealth.org](http://mentalhealth.org)

# Common Mental Health Disorders in America



Source:

<https://www.youtube.com/watch?v=7qir8-ncvBA>  
<https://www.atoncenter.com/codeine-drugs/>

<https://theskillcollective.com/worry-or-gad>  
<https://pulsetms.com/depression-and-genetics/>

<https://mind.help/topic/schizophrenia/>



# Prevalence of Mental Health Disorders Nursing Homes

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According to a study published by the National Institutes of Health (NIH), between 65% and 90% of nursing home residents have a mental disorder, ranging from common mental health problems such as anxiety and depression to serious mental illnesses like schizophrenia and bipolar disorder.

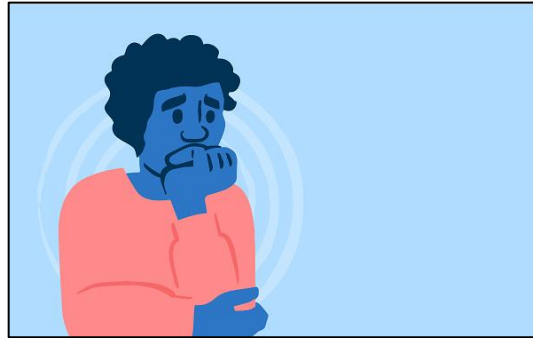
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2981653/>



# Most Common Mental Health Disorders in Nursing Homes

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## Depression, Anxiety



Source:

<https://www.health.com/condition/schizophrenia-overview>  
<https://www.healthcareradius.in/clinical/28523-busting-myths-and-understanding-bipolar-disorder>

## Bipolar, Schizophrenia



<https://www.mindworkscounselling.com/control-your-anxiety>  
<https://health.usnews.com/health-care/patient-advice/slideshows/top-medications-for-depression>

# Factors That Impact the Mental Health of Nursing Home Residents

- Being disconnected from family or community
- Chronic pain
- Decline in mental capacity
- Grieving the loss of loved ones
- Lack of independence
- Lack of physical activity, functioning or mobility
- Social isolation
- Depression



# Suicide is Preventable

Suicide is a leading but preventable cause of death.

By knowing the warning signs of suicide, you can help to ensure the safety of all nursing home residents.

Although most residents with depression do not die by suicide, major depression increases suicide risk compared to people without depression. The risk of death by suicide may, in part, be related to the severity of the depression.



# Suicide Prevalence

- Older adults have among the highest risks for suicide
- Older adults account for 12% of population but 17% of deaths by suicide
- Older adults tend to plan carefully and use highly lethal means
- For all adults there are approximately 100 suicide attempts for every suicide, for older adults there are approximately 4 suicide attempts for every suicide.

A study published in the American Journal of Public Health comparing suicide rates age 50+ living in community versus those living in nursing homes/assisted living:

Community rate = 15.66

Long Term Care rate = 14.16

[Suicide Risk in Nursing Homes and Assisted Living Facilities: 2003–2011 - PMC \(nih.gov\)](#)

# Specific Suicide Risk Factors

- Having a mental health or substance use disorder
- Previous suicide attempt (no matter how long ago)
- Feelings of hopelessness
- Having a major physical illness
- Lack of social support
- Significant loss (financial, relationship, social, freedom, housing)
- Easy access to means (e.g. weapons, medications, other common items found in the environment.)

Example: When a resident is on suicide watch be cognitive of the call bell cords, silverware, chemicals, etc.

# Warning Signs to Watch for in Nursing Home Residents

- Expressing feelings of hopelessness, helplessness, loneliness, worthlessness
- Sudden interest or disinterest in religion
- Unexplained anger or irritability
- Expressing fear of becoming a burden
- Unexplained changes in appearance, eating, sleeping
- Giving away prized possessions
- Acquiring access to means (e.g. weapons, medications, other common items found in the environment.)
- Experienced a significant life event that was negative and/or not wanted (e.g. loss of loved one)

# Passive Suicidal Behaviors in Residents

Older people in NHs have less opportunity to actively kill themselves with so many staff around, but sometimes engage in slow passive suicide-equivalent behaviors.

- “Giving up” & wanting to be dead
- Staying in bed & keeping away from others
- Stopping eating & losing weight
- Not taking care of oneself
- Not taking medications and not adhering to rehabilitation regimen



# What Can You Do? TAKE ACTION

- Start a conversation with the individual.
- Tell them what you have noticed (e.g. changes in them).
- Express concern for their well being – let the resident know you care.
- Ask if they have thoughts about suicide.
- Give them hope (there are people who can help, resources).

# Activities To Promote Resident's Mental Health

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- Participate in group activities (games and puzzles)
- Stay physically active (use appropriate mobility device when needed)
- Visit with friends and family
- Socialize with nursing home residents when appropriate
- Listen to music and storytelling



# What Is De-escalation?

- Reduction of the intensity of a conflict or potentially violent situation.
- Maintain a level of calmness in a stressful or volatile situation to reduce the likelihood of harm or violence.
- De-escalation skills
  - Non-verbal
  - Para-verbal
  - Active listening
  - Building rapport (NAMI, 2018)

# Best Practice De-Escalation Strategies

- Know the resident.
- Learn five things about the resident that you work with.
- Knowing this information almost always helps de-escalate, distract and calm the patient.



# Best Practice De-Escalation Strategies

Ask about and listen to the concern(s).

Remain calm and speak in a monotone voice.

Answer questions the resident may have about the situation.

Politely tell the resident what you would like him/her to do.

Offer choices. Ask, "What can I do to make you feel better?"

Do not take the interaction personally.

If you are unfamiliar with the resident, consider involving a staff member who is familiar with the resident.

# Treatment

- Treatment depends on the type of mental illness and severity and may include:
- Individual Therapy
- Group Therapy
- Medications
- Psychosocial Interventions
- Peer Support
- Recovery Support Groups



# Federal Requirements to Maintain Mental Health Services

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- Create a training program to ensure staff at all levels of care understand mental illness.
- Conduct a comprehensive assessment of each resident's mental health needs.
- Provide person-centered care to address each resident's specific mental health needs.
- Ensure residents receive appropriate mental health services based on their assessment.
- Allow nursing home residents to maintain as much independence as possible.



\*See F949, F742, F740 in the CMS State Operations Manual

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# Know What Resources are Available

- Crisis Line 988
- Crisis Text Line: Text “HOME” to 741741
- NAMI National Alliance on Mental Illness [www.nami.org](http://www.nami.org)
- Veterans Crisis Line 1-800-273-8255

## Question & Answer



# Please complete the post-knowledge survey to receive the training certificate of completion.

Visit [https://bit.ly/RegionalPost\\_MH101Suicide](https://bit.ly/RegionalPost_MH101Suicide)

or scan the QR code:

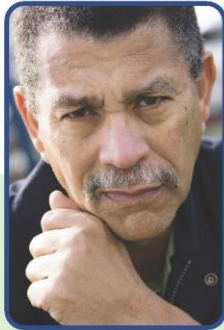


# De-Escalation Resources



## Tips to Manage Challenging Situations

When residents are experiencing a high level of fear and anxiety, staff may notice a wide range of emotions and behaviors, such as increased anxiety levels, crying spells, crying out, fear, aggression and agitation. Here are some tips that will help staff provide the best possible care and safety when intervening in these situations:



1. Ask about and listen to the concern(s).
2. Remain calm and speak in a monotone voice.
3. Answer questions the resident may have about the situation; be concise and honest.
4. Offer reassurance that everything that can be done, is being done.
5. Politely tell the resident what you would like him/her to do.
6. Offer choices. Ask, "What can I do to make you feel better?" Follow through if it is within your control. For requests outside of staff control, share the need with management.
7. Do not become involved in a power struggle or escalate the situation. Know when it is time to step away and allow a colleague to engage.
8. Be mindful of nonverbal body language: facial expressions, hand movement, posture and gestures.
9. Do not take the interaction personally.
10. If you are unfamiliar with the resident, consider involving a staff member who is familiar with the resident.
11. Staff should report any changes in behaviors to the charge nurse.



The Center of Excellence's **Comfort Menu** offers many helpful options to help residents reduce anxiety and discomfort.

Obtain a behavioral health consult if symptoms of agitation persist.

This document was adapted from Alliant Health Solutions and modified by the Center of Excellence for Behavioral Health in Nursing Facilities. This work is made possible by grant number 1H19SM007195 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration.




Scan the QR code or visit the link below to view this resource.



[https://nursinghomebehavioralhealth.org/wp-content/uploads/2023/02/COE-NF-Tips-to-Manage-Challenging-Situations\\_508.pdf](https://nursinghomebehavioralhealth.org/wp-content/uploads/2023/02/COE-NF-Tips-to-Manage-Challenging-Situations_508.pdf)

# De-Escalation Resources



## Comfort Menu

Use the comfort menu with residents to identify ways to reduce anxiety, discomfort and pain without using medications.

☑ Check items below that you are interested in trying...


Relaxation	Comfort	Entertainment
<input type="checkbox"/> Stress ball <input type="checkbox"/> Hand massage <input type="checkbox"/> Visit from chaplain <input type="checkbox"/> Reading visit <input type="checkbox"/> Talking visit <input type="checkbox"/> Relaxing music <input type="checkbox"/> Soft background sounds/sound machine <input type="checkbox"/> Guided Imagery Therapy: helping you imagine positive and relaxing things <input type="checkbox"/> Quiet/uninterrupted time <input type="checkbox"/> Pet therapy <input type="checkbox"/> Essential oils <input type="checkbox"/> Darkness <input type="checkbox"/> Walking/ Change of Scenery	<input type="checkbox"/> Warm pack <input type="checkbox"/> Cold pack <input type="checkbox"/> Ice <input type="checkbox"/> Warm blanket(s) <input type="checkbox"/> Warm washcloth <input type="checkbox"/> Cool washcloth <input type="checkbox"/> Extra pillow(s) - (neck, knees, ankles, lumbar) <input type="checkbox"/> Humidification for your oxygen source <input type="checkbox"/> Saline nose spray <input type="checkbox"/> Fan <input type="checkbox"/> Repositioning <input type="checkbox"/> Warm bath or shower <input type="checkbox"/> Gentle stretching <input type="checkbox"/> Food or beverage <input type="checkbox"/> Temperature adjustment	<input type="checkbox"/> Book (audio, large print) <input type="checkbox"/> Magazine <input type="checkbox"/> Movie <input type="checkbox"/> Wi-Fi for your personal laptop or tablet <input type="checkbox"/> Deck of cards <input type="checkbox"/> Puzzle book (crossword puzzles, word searches, Sudoku) <input type="checkbox"/> Notepad and pen <input type="checkbox"/> Coloring book <input type="checkbox"/> Board games <input type="checkbox"/> Arts & crafts <input type="checkbox"/> Favorite music <input type="checkbox"/> Television <input type="checkbox"/> Handheld electronic game <input type="checkbox"/> Activity apron/blanket

Feel Better	Sleep
<input type="checkbox"/> Lip balm <input type="checkbox"/> Wash face/brush teeth <input type="checkbox"/> Comb or brush hair <input type="checkbox"/> Shampoo/conditioner <input type="checkbox"/> Scalp massage <input type="checkbox"/> Robe <input type="checkbox"/> Hair band <input type="checkbox"/> Mouth swab/mouth wash <input type="checkbox"/> Lotion	<input type="checkbox"/> Lollipop/Lozenges <input type="checkbox"/> Chocolates <input type="checkbox"/> Sunshine <input type="checkbox"/> Prayer <input type="checkbox"/> Pet visit <input type="checkbox"/> Put on favorite clothes <input type="checkbox"/> Pedicure/Manicure

**Use this space to list other ideas**

- Ask staff about safety procedures for items brought into the facility. -

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coeinfo@allianthealth.org

Scan the QR code or visit the link below to view this resource.



[https://nursinghomebehavioralhealth.org/wp-content/uploads/2023/02/COE-NF-Comfort-Menu-FINAL\\_508.pdf](https://nursinghomebehavioralhealth.org/wp-content/uploads/2023/02/COE-NF-Comfort-Menu-FINAL_508.pdf)

# References and Resources

- National Institute of Health - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2981653/>
- National Institute of Health - <https://pubmed.ncbi.nlm.nih.gov/24854089/>
- National Institute of Mental Health - <https://www.nimh.nih.gov/health/statistics/mental-illness>
- National Institute of Mental Health - [https://www.nimh.nih.gov/health/statistics/mental-illness#part\\_2539](https://www.nimh.nih.gov/health/statistics/mental-illness#part_2539)
- National Alliance on Mental Illness - <https://www.nami.org/mhstats>, <https://www.nami.org/Support-Education/Publications>
- Nursing Home Abuse - <https://nursinghomesabuse.org/mental-health/>
- Prevalence of Mental Health Disorders Nursing Homes - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2981653/>
- CMS State Operations Manual - [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf)

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# Thank You!



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# What Does This Mean for LTCOPs?

Principles for Working with Individuals with Mental Health Disorders	Core Principles for LTCOP Practice
Identify your biases and reactions to mental illness. Be aware of how these may influence your work.	Ombudsman programs provide advocacy services unrestricted by his/her personal belief or opinion.
Begin with the individual. See the person, not the diagnosis. Individuals with mental illness have a history and a life apart from their medical condition. Ask the individual for her perspective on the situation, side effects of medication, desired outcome, preferences in daily life.	Begin with the resident. What does the resident want? Ombudsman programs work to achieve outcomes desired by residents.
Approach care planning and options for resolution by identifying and building on strengths, not deficits	Building on a resident's strengths is a basic premise of Ombudsman program work, especially in care planning discussions.

# What Does This Mean for LTCOPs?

<b>Principles for Working with Individuals with Mental Health Disorders</b>	<b>Core Principles for LTCOP Practice</b>
<p>Behavior is communication. An individual's actions may be indicating an unmet need such as pain, the need for space or assistance, or something else. The behavior needs to be understood, not controlled without determining the message or the reason.</p>	<p>Behavior is communication. Ombudsman programs apply this principle in many situations, particularly regarding decisions about restraints or residents' rights</p>
<p>Understand empowerment and recovery in the mental health field. Connect individuals with mental illness and care providers with these resources.</p>	<p>The first approach in Ombudsman program practice is resident empowerment. Connecting individuals with resources is another hallmark of Ombudsman program practice</p>

<https://ltcombudsman.org/issues/mental-health-mental-illness>

# Key Takeaways

- ▶ Sign up to receive COE-NF resources and share those resources
- ▶ Be proactive – encourage providers to connect with COE-NF (e.g., webinars and individual facility support)
- ▶ Share best practices with your program representatives and facility staff
- ▶ Maintain your role
  - ▶ Support residents by providing information
  - ▶ Encouraging them to seek additional support
  - ▶ Follow resident direction
  - ▶ Follow your state program policies and procedures

# More Support

- ▶ Assist LTCOPs in understanding suicide prevention
- ▶ Resource regarding responding to residents that express suicidal ideation
- ▶ Collecting policies, practices, and experiences from State Ombudsmen and representatives to inform the resource
- ▶ Share your questions and examples [ombudcenter@theconsumervoice.org](mailto:ombudcenter@theconsumervoice.org)



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# Discussion

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