



The National **Long-Term Care**
Ombudsman Resource Center



Ombudsman Program Response When A Resident Threatens Self-Harm

June 25, 2025

► Today's topic

We are only discussing suicidal ideations and not homicidal ideations in this training.

Before using the information and guidance, check your state's policy and procedures or contact your State Ombudsman.

While you may rarely encounter this issue, the guidance provided may be beneficial in other situations where having prompts can lead to a successful resolution.

- [illegible]

Disclosure of Ombudsman Program Information

- Older Americans Act:
- Ombudsman determines disclosure of Ombudsman program information
- But Ombudsman prohibited from disclosing complainant- or resident-identifying information unless:
 - Consent or Court order

Ombudsman Program Rule

- Disclosure is addressed in three areas:
 - 1324.11(e) Policies & Procedures
 - (3)(ii) Prohibition of disclosure of identifying information unless...consent of resident or their representative or court order
 - (3)(v) **Prohibition on requirements for mandatory reporting...**
 - 1324.13 State Ombudsman Functions & Responsibilities
 - (d) Files, records, and other information – property of the Office
 - (e) State Ombudsman has sole authority to make or delegate determinations
 - 1324.19 Duties of representatives
 - (b)(6) – circumstances for referral and disclosure when resident is unable to communicate informed consent

Files, Records, and Other Information

LTCOP Regulation Preamble

We (ACL) substituted the term “files” with “files, records and other information” in order to accommodate the increased use of digital information and incorporate information obtained verbally and by other means, as well as to clarify that the disclosure provisions of the Act at section 712(d) are not limited to information that is contained in case (i.e., complaint resolution) records. For example, information collected during individual consultation activities which are not part of case files also would be subject to this provision.

Guidance for the Long-Term Care Ombudsman Program Response When a Resident Talks About Self-Harm

INTRODUCTION

Following resident direction, to the fullest extent possible, is the foundation of Long-Term Care Ombudsman program (LTCOP, program) advocacy. There are strict federal laws and regulations regarding confidentiality and disclosure to ensure identifying information of residents and complainants is kept private, including that the LTCOP is prohibited from requirements for mandatory reporting of abuse.¹ Maintaining confidentiality is the best way for Ombudsman program representatives to earn, and keep, the trust of residents; guarantee actions are resident-directed; and preserve the integrity of the program.

The purpose of this resource is to describe how representatives can respond if a resident shares thoughts of suicide, to both support resident care and safety and stay within the role and requirements of the program.

[Guidance for response when
a resident talks about self-
harm](#)

NOTE: *This resource is intended to provide guidance and direction, not to be used as a final determinant. As an Ombudsman program representative, it is not your role to determine a resident's suicide risk or their capacity. If you are unsure whether a resident can provide informed consent, you need to follow your state's policies and procedures for disclosure of resident information.*

OMBUDSMAN PROGRAM ROLE AND RESPONSIBILITIES

It is not unusual for an individual to express frustration or disappointment by making statements such as, "I wish I were dead," while having no intention of taking their own life. However, someone making the same or similar statement, such as "I'd be better off dead," may be considering suicide.

How do you know when to take such statements seriously? The answer is simple: ALWAYS

While such expressions do not mean an individual may attempt to end their life, every statement is worthy of follow-up questions to understand:

- 1) is the person thinking of taking his or her life?
- 2) how likely is he or she to act on those thoughts?

As an Ombudsman program representative, you are **NOT RESPONSIBLE** for making the final determination of suicide risk.

You **ARE RESPONSIBLE** for asking questions about the resident's thoughts of self-harm, sharing information about options for help, and advocating for their access to support and interventions (after receiving consent or following your state policies and procedures if the resident cannot consent).

RESPONDING TO COMMENTS ABOUT SUICIDE

The situations and questions below were designed to help you determine appropriate action steps to support a resident, while following confidentiality and disclosure requirements within your role as a representative. You can adapt the prompts to your communication style while keeping the intent of the question.

A resident verbalizes thoughts of suicide

You ASK

Have you told your doctor or anyone about these thoughts?

The resident may answer yes or no. Regardless of the answer, YOU ASK:

Are these feelings and thoughts a problem for you, or something you might act on?



YOU SAY

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 talk about connecting you with help.

YOU ASK

Have you thought about how you would hurt yourself? In other words, is there a plan?

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.

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

How likely do you think you are to act on these thoughts?



YOU SAY

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 are concerning.

It is important that you have the support you need. Whom should we talk to on your care team?


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graph TD; A[ ] --> B[The resident's responses will give you a better idea of whether the resident is at low, moderate, or high risk of acting on their feelings so you can proceed according to the level of risk in the Potential Suicide Risk Levels chart below.]; B --> C[Let the resident know that you will discuss this situation with your supervisor and say, "I want to make sure I'm offering you the best help I can."]; C --> D[With permission of the resident (or following your program policies and procedures if the resident cannot provide consent) proceed with connecting the resident with facility staff.];
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The resident's responses will give you a better idea of whether the resident is at **low**, **moderate**, or **high** risk of acting on their feelings so you can proceed according to the level of risk in the **Potential Suicide Risk Levels** chart below.

Let the resident know that you will discuss this situation with your supervisor and say, *"I want to make sure I'm offering you the best help I can."*

With permission of the resident (or following your program policies and procedures if the resident cannot provide consent) proceed with connecting the resident with facility staff.

Someone other than the resident tells you that the resident has shared suicidal thoughts.

DETERMINE

If the individual is a mandatory reporter (e.g., facility staff)

IF SO

Advise them to follow their procedures to report to the appropriate agency/authority.

Whether the individual has contacted the facility or any other entity

IF NOT, ENCOURAGE THEM TO CONTACT:

The facility administrator or other person in charge

988 Suicide and Crisis Lifeline

911 if there is an immediate threat

If you are not at the facility when you receive this information

THEN

Immediately consult with your supervisor or the Ombudsman to determine if/when an in-person visit should be conducted to speak with the resident and seek technical assistance for further steps.



ABOUT 988

The [988 Suicide & Crisis Lifeline](#) provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States and its territories. The 988 Lifeline is comprised of a national network of over 200 local crisis centers, combining local care and resources with national standards and best practices.

Potential Suicide Risk Levels *Check all that apply.*

Low Risk	Moderate Risk	High Risk
<input type="checkbox"/> No plan	<input type="checkbox"/> Has a plan but it is vague	<input type="checkbox"/> Has a clear plan (how, when, where)
<input type="checkbox"/> Has a vague plan but has no access or idea on how to carry it out OR has several deterrents* for not acting on suicidal thoughts	<input type="checkbox"/> Has a specific plan but no access to the means for carrying it out	<input type="checkbox"/> Plan involves use of a firearm
<input type="checkbox"/> States NO INTENTION of acting on suicidal thoughts or feelings	<input type="checkbox"/> Has some deterrents*	<input type="checkbox"/> Has no or few deterrents*
	<input type="checkbox"/> States LITTLE INTENTION of acting on suicidal thoughts or feelings but cannot say for sure	<input type="checkbox"/> States INTENTION of acting on suicidal feelings regardless of when or where

*In this situation deterrents are circumstances that protect against the risk of suicide. Deterrents could include not wanting to upset their family, other residents, staff; looking forward to an event in the future; and/or feeling connected to their community.

NEXT STEPS BASED ON POTENTIAL RISK LEVEL

Regardless of the perceived risk level, follow program policies and procedures regarding confidentiality and disclosure.

A. If resident responses align with LOW RISK

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. However, I think it would be helpful for you to talk to someone. Could we talk to someone on the staff about how you are feeling? May I let someone on the staff know how you are feeling?

2) Document your conversation.

3) Advise the resident to tell someone (friend, family, staff, religious or spiritual leader, doctor) if suicidal thoughts become more of a problem.

4) Ask the resident what additional support would be helpful.

5) Discuss with your supervisor within the week.

B. If resident responses align with MODERATE 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 for you. I think it would be helpful for you to see your doctor or a mental health professional. Let's ask the staff to schedule a follow-up with your doctor now.

2) Document your conversation.

3) Encourage the resident to speak with staff before you leave the facility. Offer to visit with staff together. If the resident does not want to speak with staff and does not give you consent to speak with the staff, ask about an alternate plan.

4) Discuss with your supervisor or State Ombudsman within 24-48 hours.

C. If resident responses align with HIGH RISK

1) Say something to the resident such as:

I am concerned about you. I believe you are at risk of hurting yourself and I want to get some additional assistance. Do you have a mental health professional or doctor we could contact, or should we ask facility staff to contact your doctor or a crisis line?

2) Document your conversation.

3) Advise the resident you want to talk with the facility staff immediately. If the resident does not provide consent, contact your supervisor before leaving the facility. Your supervisor may suggest contacting a crisis line to discuss the situation (without sharing identifying information) so mental health professionals can suggest potential next steps.

IN SUMMARY

When responding to a resident that verbalized thoughts of suicide or a wish to be dead:

- ask questions to understand the resident's intentions and potential risk for self-harm,
- take steps based on level of risk and resident consent,
- document your interaction,
- follow your state policies and procedures,
- do not disclose the resident's name without permission or following state policies and procedures, and
- discuss the situation with your supervisor or State Ombudsman

If a resident does not consent to sharing their information or want your assistance, it is important to try to understand why they refuse (e.g., don't feel it will make a difference, don't trust the facility staff) and offer support, ensure the resident is aware of available support services (e.g., facility social worker, counseling), and continue to check-in with the resident as they may want assistance in the future.



ADDITIONAL INFORMATION

- Center of Excellence for Behavioral Health in Nursing Facilities.
<https://nursinghomebehavioralhealth.org/>
- Suicide and Older Adults: What You Should Know. National Council on Aging.
<https://www.ncoa.org/article/suicide-and-older-adults-what-you-should-know/>
- Suicide Prevention. U.S. Centers for Disease Control and Prevention.
<https://www.cdc.gov/suicide/index.html>
- 988 Suicide & Crisis Lifeline. U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)
<https://988lifeline.org/get-help/>



ABOUT US ▾

TRAININGS ▾

RESOURCES ▾

ON-DEMAND ▾

REQUEST SUPPORT

BETTER MENTAL WELLBEING FOR NURSING HOME RESIDENTS STARTS HERE.





The necessity to enhance the care of nursing facility residents with mental health and substance use issues is becoming increasingly apparent.





**The National Long-Term Care
Ombudsman Resource Center**

Connect with us!

-  ltcombudsman.org
-  ombudcenter@theconsumervoice.org
-  The National LTC Ombudsman Resource Center
-  @LTCombudcenter