Welcome!

Please use the Q&A for questions for the speakers

Use Chat for comments and conversing with other participants

NOTE: The information in this webinar is guidance from NORC. Before using the information and guidance, check your state's policy and procedures or contact your State Ombudsman.

The National Long-Term Care Ombudsman Resource Center

Ombudsman Program Response When A Resident Threatens Self-Harm

June 24, 2025

Speakers

- **Beverley Laubert**, National Ombudsman Program Coordinator, Administration for Community Living
- **Kelly D. Richards**, Illinois State Long-Term Ombudsman
- **Leah McMahon**, Colorado State Long-Term Care Ombudsman
- **Carol Scott**, Manager, Long-Term Care Ombudsman Program & Policy, NORC

Today's topic

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

This webinar is to introduce you to what Illinois and Colorado have implemented to respond to residents who threaten suicide, and to introduce you to a new NORC resource.

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.

- Effective communication and a resident-directed approach are the most critical skills for Long-Term Care Ombudsmen (LTCO) advocacy.

Disclosure – Ombudsman statute and rule

Beverley Laubert
National Ombudsman Program Coordinator
Administration for Community Living

June 24, 2025

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 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.

Illinois Ombudsman Program Suicide Protocol

KELLY RICHARDS
ILLINOIS STATE LONG-TERM CARE OMBUDSMAN

Illinois Long-Term Care
OMBUDSMAN PROGRAM

Background

Research

- National Ombudsman Resource Center
- Dr. Susan Wehry's Risk Assessment
- National and State Resources
- Dr. Arbore, founder of the Institute on Aging, Center for Elderly Suicide Prevention

Purpose

Equip the 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?

The questions lead to determining risk level.

For each risk level, corresponding action steps are provided.

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.

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Colorado Long-Term Care Ombudsman Program

Leah McMahon, Colorado State Long-Term Care Ombudsman

When a Resident Threatens Suicide

Overview

1) Decision to implement a protocol
2) What resources were used
3) How we train ombudsmen
4) Best practices
5) What we have learned

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Decision to implement a protocol

- Prevalence
- Residents vocalizing thoughts of suicide to ombudsmen
- Expand advocacy tools and knowledge
- Increase understanding of how to recognize and respond

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Resources

- State Policies from Illinois
- National Ombudsman Resource Center
- Dr. Susan Wehry's Risk Assessment
- National and State Resources
- Dr. Arbore, founder of the Institute on Aging, Center for Elderly Suicide Prevention

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Ombudsman Training

- Developed LTCOP Policies and Procedures
- Created guidance to accompany policies and procedures
- Training on the internal protocol pamphlet
- Initial certification training

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Best Practices

- Quarterly review of
  - the LTCOP Policies and Procedures
  - guidance that accompany policies and procedures
  - internal protocol pamphlet
  - conduct a debrief with the ombudsman

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Case Example 1

During a visit with a resident, the resident shares they are feeling hopeless. The ombudsman asked a few questions about the statement and the resident reported wanting to “end it all” and “leave forever.” This prompted the ombudsman to utilize the internal protocol. The resident revealed a plan to run out in front of moving cars. The ombudsman asked questions about who the resident could confide in. The ombudsman informed the resident that they are not a trained clinician and discussed the role of the ombudsman. The ombudsman was able to build rapport with the resident and was able to obtain consent to speak with the administrator. Ultimately the social worker visited the resident promptly and the resident informed the ombudsman they were appreciative the ombudsman advocated and listened to their concerns. The ombudsman followed up with their ombudsman supervisor to debrief.

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Case Example 2

The ombudsman receives a call from a resident they have spoken with previously. The resident has reported thoughts of suicide to the ombudsman during a prior call. The ombudsman has previously spoken with the nursing home and received information from them in the past that the resident has not attempted to harm or kill themselves. The nursing home has also mentioned the resident has a lot of clutter in their room and has had arguments with their roommate. The resident informs the ombudsman they had thoughts of suicide on the day of the call. The ombudsman tells the resident "you have said this before and I am not sure what else I can do to help you."

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Ombudsman Responsibility

NOT RESPONSIBLE for making the final determination of suicide risk OR for single-handedly protecting a person from his or her suicidal thoughts.

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

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What We Have Learned

1) We can ask questions about suicide and maintain our ombudsman role

2) Asking the question about suicide does not give people the idea of suicide

3) Providing resources such as 988 can give residents a lifeline

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GUIDANCE

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

Guidance for 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.

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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:

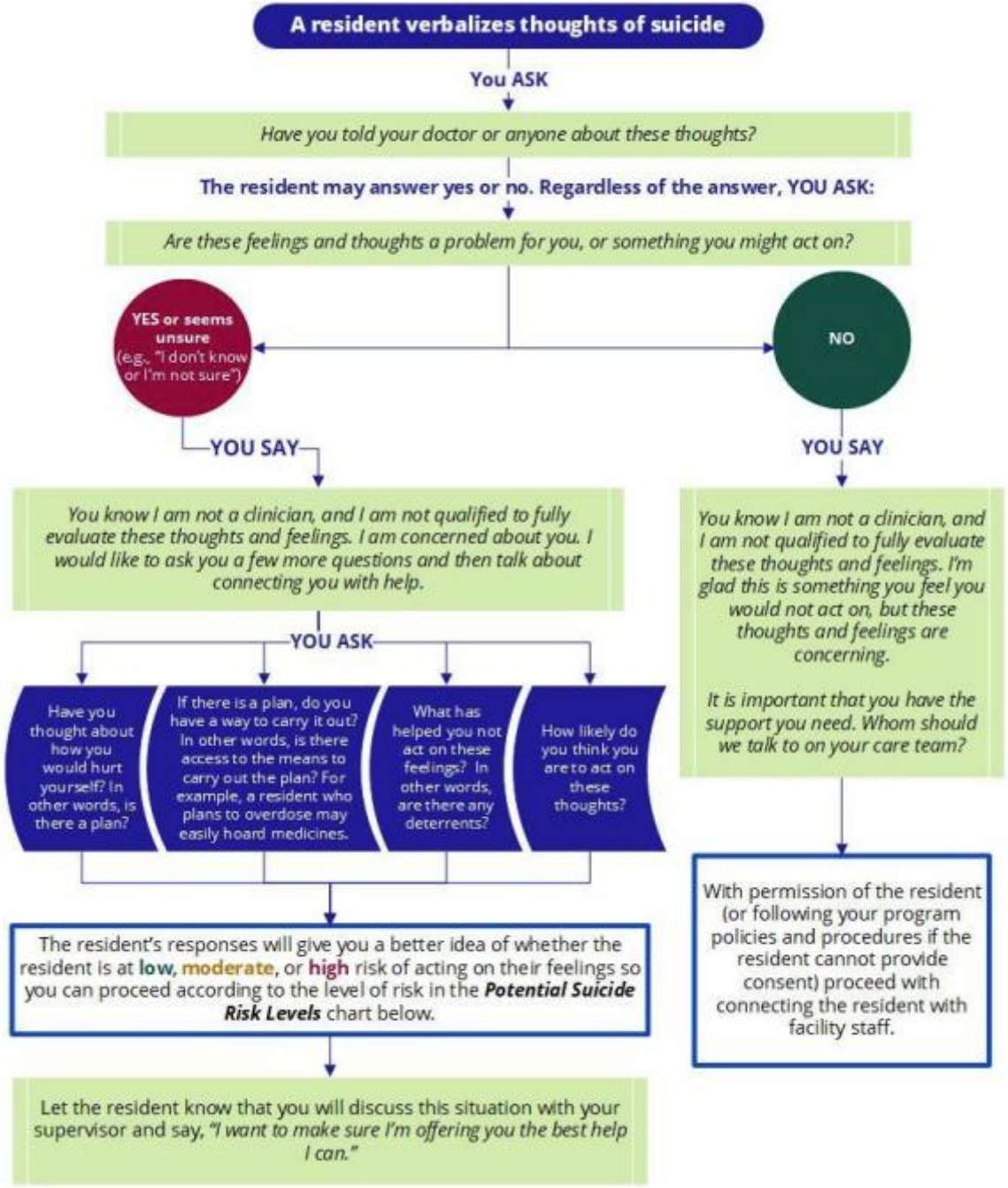
1) is the person thinking of taking his or her life?
2) how likely is he or she to act on those thoughts?

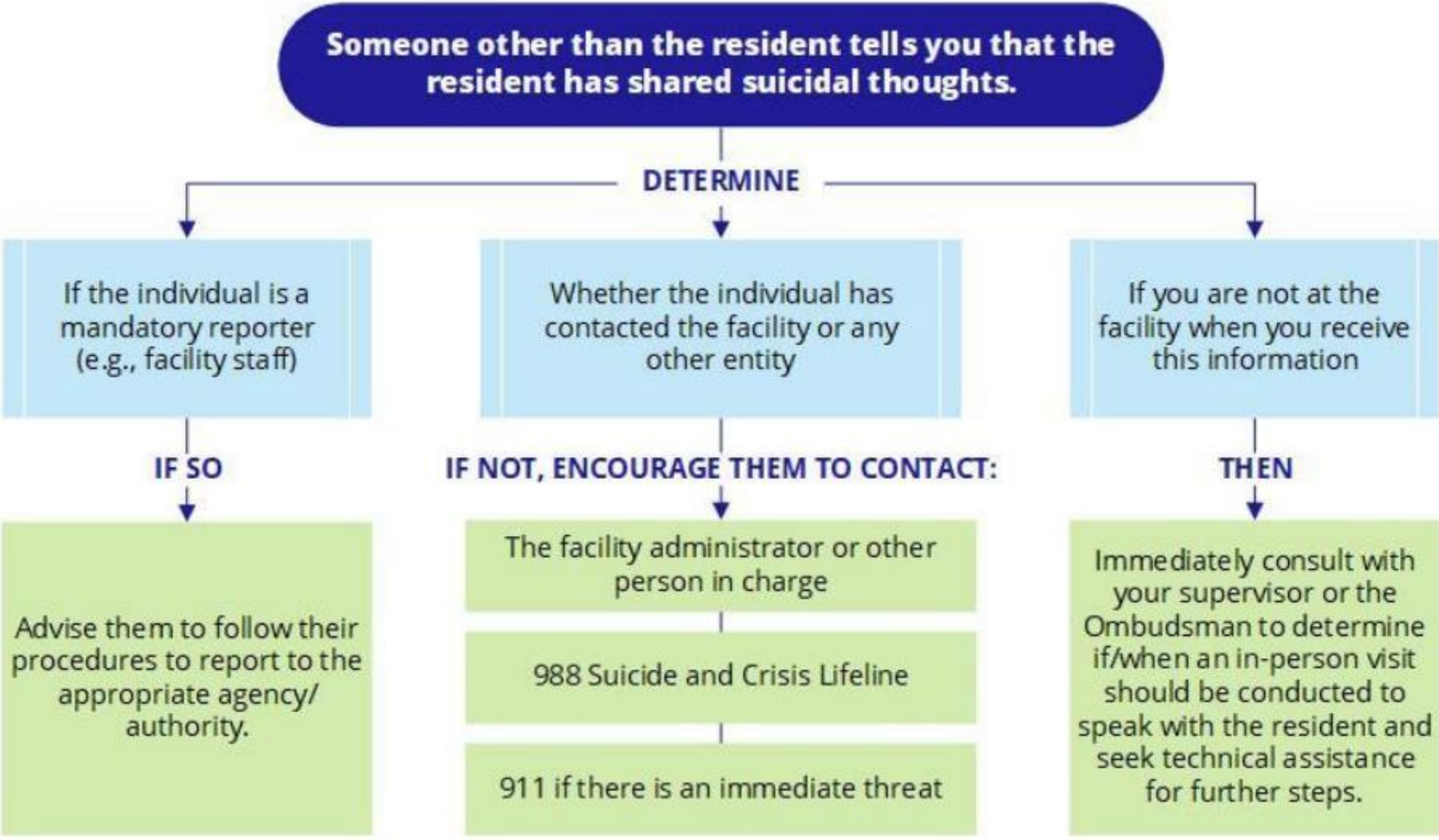
As an Ombudsman program representative, you are **NOT RESPONSIBLE** for making the final determination of suicide risk.

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?
YES or seems unsure (e.g., "I don't know or I'm not sure")
NO
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?
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."
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?
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)
Whether the individual has contacted the facility or any other entity
If you are not at the facility when you receive this information
IF SO
IF NOT, ENCOURAGE THEM TO CONTACT:
THEN
Advise them to follow their procedures to report to the appropriate agency/ authority.
The facility administrator or other person in charge
988 Suicide and Crisis Lifeline
911 if there is an immediate threat
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
☐ No plan	☐ Has a plan but it is vague	☐ Has a clear plan (how, when, where)
☐ 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	☐ Has a specific plan but no access to the means for carrying it out	☐ Plan involves use of a firearm
☐ States NO INTENTION of acting on suicidal thoughts or feelings	☐ Has some deterrents*	☐ Has no or few deterrents*
	☐ States LITTLE INTENTION of acting on suicidal thoughts or feelings but cannot say for sure	☐ 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/

nursinghomebehavioralhealth.org

English

What can we help you find?

CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

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.

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IN GRATITUDE

This resource was adapted from Long-Term Care Ombudsman program resources and policies and procedures from Illinois and Colorado, as well as the Preliminary Suicide Risk Assessment developed by Dr. Susan Wehry.

The National Long-Term Care Ombudsman Resource Center

ltcombudsman.org | ombudcenter@theconsumervoice.org

This project was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $516,407 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS or the U.S. Government.

Thank you and questions?

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Virtual Office Hour
Wednesday, June 25, 2025 | 2:00 - 3:00pm ET
Register

The National Ombudsman Resource Center (NORC) hosts a virtual office hour the last Wednesday of each month at 2:00 pm ET. This is an opportunity to ask questions, share information, and have open conversations with your peers and NORC staff.

This month we will continue the conversation from the *A Resident Threatens Self-Harm: How Does the Ombudsman Program Respond?* webinar (Tuesday, June 24). Carol Scott, Manager Long-Term Care Ombudsman Program & Policy, NORC, will provide a brief presentation then open the floor to hear your experiences and take questions.

These calls are recorded and posted on the NORC website. We will also send out certificates of participation to individuals who register and attend for at least 30 minutes. These calls are open to all State Ombudsmen and their program representatives.

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Connect with us!

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

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