

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.

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?

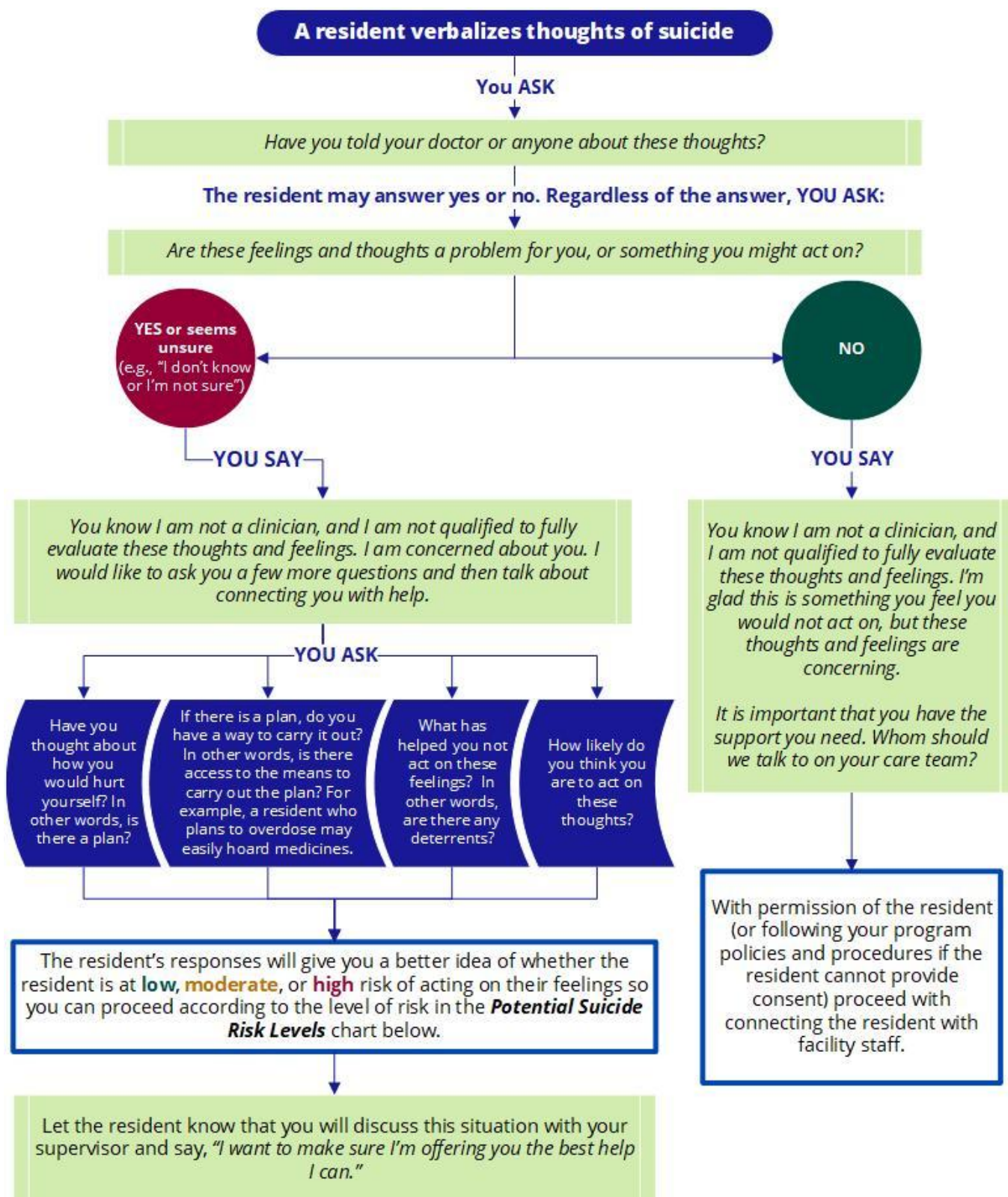
As an Ombudsman program representative, you are **NOT RESPONSIBLE** for making the final determination of suicide risk.

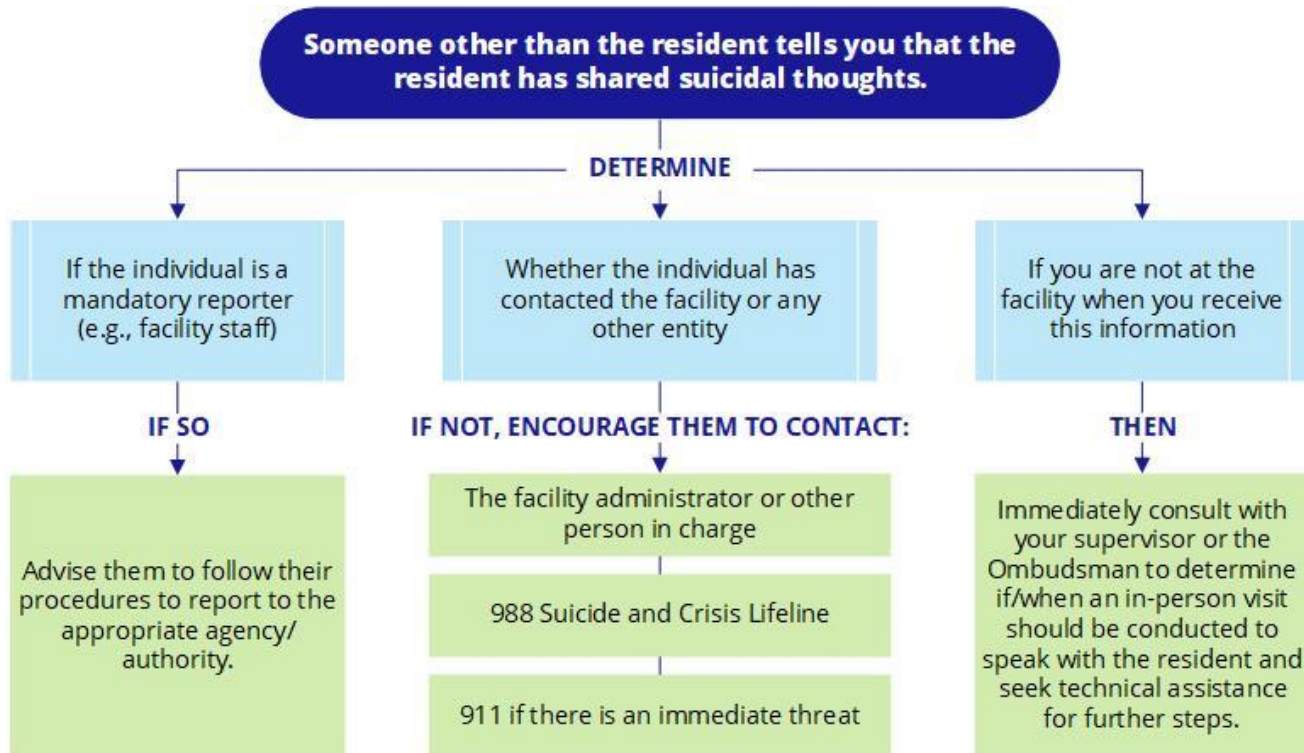
You **ARE RESPONSIBLE** for asking questions about the resident's thoughts of self-harm, sharing information about options for help, and advocating for their access to support and interventions (after receiving consent or following your state policies and procedures if the resident cannot consent).

¹ For more information about federal requirements visit the NORC library, Long-Term Care Ombudsman Program Final Rule resources, https://ltcombudsman.org/library/fed_laws/ltcop-final-rule.

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.





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/>

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.



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