Suicide Prevention
In long term care settings

Introduction
• Kenneth J. Wagman, RN
• Long Term Care DON since 2000
• Purpose for today:
  • Give you ideas on how to prevent suicide in long term care settings and develop your own suicide prevention program.

Background
• Lack of resources for residents of long term care
• Too few inpatient geriatric psychiatric facilities
• Too few psychiatrists who specialize in geriatrics
• Too few specialized trained mental health experts
• Too much to do for social workers in facilities
Suicide risk in long term settings

• What is the risk of a resident suicide in your setting?
• How do you determine the risk?
• Are you taking the 
  “It won’t happen here approach.”
  or.....
  “We’ll get help if we need it approach.”
  or.....
  “This really is someone else’s issue.”

Suicide risk in long term settings

• An honest facility self assessment
  • Is my staff empowered to identify residents who may be at risk for suicide?
  • Is my staff empowered to report and properly get treatment for at risk residents?
  • Do we have a network of other mental health providers that we actively collaborate with?
  • Do we have a robust training program that involves all staff
  • Do we have a no fault reporting system

Mental Health and Aging

• Depression is not a normal part of aging
• But it is becoming a normal part of what we see in our aging population:

• Medicare.gov nursing home compare Aug 2018
• Wisconsin average long term residents:
  • 5.0% have symptoms of depression
  • 12.5% receive anti-psychotic medication
  • 17.5% receive anti-anxiety or hypnotic medication
Mental Health and Aging

• Social Stigma and social expectations

• We can see residents from several distinct generations living in our homes and each different generation has different socially accepted way they view mental health.

Suicide demographics

• 2014-2017
• 8 CBRFs
• 6 NFs

• Our goal must be zero.

Suicide Demographics

• 2014-2016 Wisconsin Suicide rate (both sexes)

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<th>Age Group</th>
<th>Number of Deaths</th>
<th>Death Rate</th>
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<td>2,491</td>
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<td>80 - 84</td>
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<tr>
<td>85+</td>
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Suicide Demographics

- 2014-2016 Wisconsin Suicide rate (Males only)

<table>
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<th>Age Range</th>
<th>Number of Deaths</th>
<th>Death Rate</th>
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<tr>
<td>85+</td>
<td>53</td>
<td>40.4</td>
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</tbody>
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Suicide demographics

- What do demographics tell us?
- Men are more likely to complete suicide.
- Men are more likely to choose a more lethal method
- Elderly people are more likely to have co-morbid conditions that decrease the likelihood of surviving a suicide attempt.

Evidence based depression screenings

- Before you begin communicating
  - Make sure you have a therapeutic environment
  - Establish trust and rapport
  - Be honest and kind
Evidence based depression screenings

• The best depression screen for your facility is:
  • The evidenced based tool that you and your staff are most comfortable using that is used regularly and consistently
  • If regulation makes you use a tool, make sure that the tool is being used consistently and in the proper manner.

Evidence based depression screenings

• PHQ-9
• Section D of MDS 3.0

• Nine questions
  • “Over the last 2 weeks, how often have you been bothered by any of the following problems?”

Evidence based depression screenings

• PHQ-2
• Two questions
  • “Over the last 2 weeks, how often have you been bothered by any of the following problems?”
  • Little interest or pleasure in doing things?
  • Feeling down, depressed, or hopeless?
Evidence based depression screenings

- How do you differentiate from positive depression screens to positive suicide screens?
- When your depression screen is positive don’t stop!
- Get all the information
- Ask the question
  - “Do you have thoughts that you would be better off dead, or thoughts of hurting yourself in some way?”

Identification of at risk residents

- What are risk factors for our population?
  - Depression
  - Mental illness-mood disorder, schizophrenia, anxiety, and certain personality disorders
  - Alcohol and other substance abuse
  - Hopelessness
  - Impulsive and/or aggressive tendencies
  - History of trauma or abuse
  - Major physical illnesses and debility

- Previous suicide attempt
- Family history of suicide
- Financial loss, Relational loss, or social loss
- Easy access to lethal means
- Knowing someone who has committed suicide
- Lack of social support/isolation
- Stigma associated with help seeking behavior
Identification of at risk residents

• What are risk factors for our population?
  • Barriers to accessing health care especially mental health and addictions
  • Certain cultural and religious beliefs (i.e. noble act)
  • Exposure to someone dying from suicide (media)
  • Perceives self as a burden on family or others

• Life circumstances
  • Social isolation
  • Major transitions, such as moving
  • Family conflict or loss
  • Lack of safety
  • Loss of autonomy or personal space

• Everything that we may think as being what we provide in our daily routines for our residents, may put our residents at risk.
Identification of at risk residents

• What do you do to identify risk?

- Columbia Suicide Severity Rating Scale
  • Person who wishes to be dead
  • Person relays suicidal thoughts

Someone is at risk, what now?

• Interventions for those who are at risk
• What not to do:
  • Call crisis and wait for them to assess
  • Fax the physician and wait for a response
  • Other types of waiting to intervene
Evidence Based Interventions

- Interventions for those who are at risk.
- This is the plan for safety:
  - Reducing access to lethal means
  - Teaching brief problem-solving skills
  - Enhancing social support
  - Motivational enhancement to increase likelihood of engagement in further treatment

Reducing access to lethal means

- Lethal means may be different for each situation
  - Does your resident have a plan they verbalized?
- Environmental assessment
  - Remember that motivating factors can overcome reduced physical function.

Reducing access to lethal means

- Interventions for those who are at risk
- Environmental assessment
  - What to think about before you start...
Reducing access to lethal means
• Interventions for those who are at risk
• Environmental assessment
  • Hidden items, guns, knives and medicine
  • Poisons in the room
  • Poisons in areas of easy access

Reducing access to lethal means
• Interventions for those who are at risk
• Environmental assessment
• Ligature points
  • Anything which could be used to attach a cord, rope, etc.
  • Include shower rails, coat hooks, pipes and radiators, etc.

Reducing access to lethal means
• Interventions for those who are at risk.
• Constant supervision...
  • 15 minute checks...
  • 30 minute checks...
Teaching brief problem-solving skills

• Teaching brief problem solving and coping skills.

• Watch for:
  • Impulsive or careless problem solving style
  • Passive or avoidance problem solving style

Teaching brief problem-solving skills

• Problem solving
  • Identify the problem
  • Generate alternatives
  • Make a decision

Teaching brief problem-solving skills

• Teaching brief problem solving and coping skills.
• Follow through will be crucial
Enhancing social support

• Enhancing social support
• Identification of key emergency contact
• This idea starts with assessment of the resident and their social support.
  • Friends
  • Family
  • Residents
  • Staff

Enhancing social support

• Empower the right staff to do the right things.
  • If your CNA is the right person, then empower them
  • If your Social Worker is not the right person….

Enhancing social support

• Assess for things that may decrease social support
  • Staff members
  • Family
  • Resident bullying behavior
Motivational enhancement
• Using motivational enhancement to increase likelihood of engagement in further treatment
• This presents the challenging question how to get treatment for patients in your facility

Evidence Based Interventions
• Developing a safety plan (or safety care plan)
  • Is separate from a depression, mood or behavior plan
  • More frequently evaluated
  • Includes all four components
    • Means reduction
    • Social support
    • Problem solving skills
    • Enhancing further treatment

Identify further resources
• When do you seek out additional resources?
• The best time is before there is a need
  • Police department
  • Local country crisis intervention
  • Emergency department
  • Counseling clinic
  • Geropsych inpatient unit
Identify further resources

• Who do you have as resources now..
• Who do you need to have as resources
• These items can go into a facility self assessment of needed resources and a timeline to achieve these goals.

Developing and engaging training program

• How do you engage your entire staff in prevention?
• Encourage to view
  • Promoting Emotional Health and Preventing Suicide SAMHSA
  • Free resource and toolkit for developing a training program
  • Links are in resources

Developing and engaging training program

• Elements of a successful program in a facility
  • Promotes mental health of the population
  • Enhances social networks within the facility
  • Overall access to lethal means is reduced
Developing and engaging training program
• Education of:
  • Warning signs
  • Risk factors
  • Signs and symptoms of depression
  • Substance abuse

Developing and engaging training program
• Crisis response
  • Development of response protocol
  • Protocol is tested

Developing and engaging training program
• SAMHSA toolkit contains tools
  • Resources, draft policies, draft protocols
Conclusion and Q&A

• It takes an entire team of dedicated workers who understand and have been empowered to take action when necessary to create a culture of safety within the facility to reduce the risk of suicide.

• Thank you for your dedication!