

Long-Term Care Survey Alert

Psychosocial Care: Follow These Best-Practice Strategies For Managing The Suicidal Resident

This medical emergency can and does happen in nursing homes -- are you prepared?

As part of a routine psychosocial assessment, a resident says he's thinking of taking his own life -- now what?

That type of scenario may occur more frequently when facilities begin using the MDS 3.0, which includes a question assessing suicidality. But facilities should already be screening residents for depression and suicidal thoughts, experts stress. **Key point:** Everyone on staff, from caregivers to housekeeping, should be aware that someone expressing suicidal intent or a specific plan for committing suicide is a medical emergency, says **Susan Scanland, MSN, GNP-BC**, president of **Geriscan Geriatric Consulting** in Clarks Summit, PA. "The person [expressing suicidality] needs immediate evaluation by his primary care provider or a psychiatrist or psychologist," says Scanland. The person should have one-on-one staff supervision until the SNF knows if the resident needs a geropsychiatric or general psychiatric hospitalization, Scanland advises.

Nursing homes have to get "super creative" about how to provide supervision of a suicidal resident, says clinical geropsychologist **Natalie Staats Reiss, PhD**, with **CenterSite** in Columbus, OH. She advises facilities develop a mechanism to handle that type of situation beforehand, such as a change in staffing or emergency call-ins.

Safety must-do: Make sure the suicidal resident isn't in an environment where he could hurt himself. "You don't want the person on a floor where they could jump out an unsecured window," says Chicago attorney **John Durso**, who's handled cases like that. And you don't want to leave the person alone in the bathroom with a razor for shaving, etc., he adds.

Check the meds: Reiss' research on suicide in nursing homes shows that some people in nursing homes attempt suicide by overdosing on medications that they hoard or get from family members. "Nursing homes should be on the lookout for that," she cautions.

Let Residents Know They Aren't Alone

Having a resident share her suicidal thoughts can open the door to helping the person. In conducting her research, Reiss heard repeatedly from residents that they felt like they were the only person who didn't want to live anymore. Thus, she says, it can be a relief for the person to tell someone about feeling that way and hear that person say: "I understand how you feel; you're not the only person who feels that way, and there are things we can do to help you."

Some older people may have a lot of shame about suicide and mental health issues, Reiss notes. "Some people in that group were taught to 'suck it up and get on with life,' particularly those who lived through the Depression."

As for therapeutic modalities for a suicidal resident who is capable of participating in therapy, research shows that cognitive, behavioral, and interpersonal forms of psychotherapy are successful, Reiss notes. If you can't do individual sessions, group sessions are another option, she says. "A group setting can help the person realize that other people feel as he does, and he can hear how others are coping with those feelings."

"Moderate to severe depressions always require either antidepressant treatment or electroconvulsive therapy," says Scanland. "Psychotherapy alone may be used in adjustment reactions to nursing home placement, or mild grief reactions," she says.

Beware: When a person starts an antidepressant and begins to feel better, he also has more energy to commit suicide. Six weeks or so is a danger period in that regard, depending on how depressed the person was at baseline, says Reiss.

Tip: To support residents, offer a standardized program to help residents and their families make the transition to the facility, Reiss suggests.

Resource: For a free copy of an article in MDS Alert on when and how to perform a suicide assessment, including suggested tools for the geriatric population, e-mail your request to the editor at KarenL@EliResearch.com.