Changing the Narrative on Suicide through Addressing Suicidal Behaviors in Nursing Facilities

September 10, 2024

CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

Today's Event Host

Nikki Harris, MA, CBHC-BS

COE-NF TRAINING AND EDUCATION LEAD

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a certified behavioral specialist.

Today's Presenter

Dr. Abhilash Desai

MEDICAL DIRECTOR, IDAHO MEMORY & AGING CENTER
ADJUNCT ASSOCIATE PROFESSOR, UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

Dr. Desai is a board-certified geriatric psychiatrist, medical director of Idaho Memory & Aging Center, P.L.L.C., and an adjunct associate professor in the Department of Psychiatry at University of Washington School of Medicine.

He is the co-author (along with his mentor Dr. George Grossberg, a national and international leader in Geriatric Psychiatry) of the book Psychiatric Consultation in Long-term Care: A guide for healthcare professionals, 2nd Edition published by Cambridge University Press in 2017.

His practice focuses on helping individuals with serious mental illness and their family members live the best life possible in all care settings – home, long-term care, hospital and hospice. He has been in practice for 24 years.

Today's Presenter

Adam Lesser, LCSW

DEPUTY DIRECTOR

COLUMBIA LIGHTHOUSE PROJECT AT THE NEW YORK STATE PSYCHIATRIC INSTITUTE

Adam is a licensed clinical social worker, an assistant professor of clinical psychiatric social work in the Division of Child and Adolescent Psychiatry at Columbia University Vagelos College of Physicians and Surgeons, a lecturer at the Columbia University School of Social Work and the deputy director of the Columbia Lighthouse Project at the New York State Psychiatric Institute where he assists with all suicide prevention activities related to public health including the international dissemination and implementation of the Columbia Suicide Severity Rating Scale (C-SSRS). He has published, presented internationally and consulted to state and local governments on best practices for suicide risk identification and prevention and trained over 100,000 individuals on these methods. His work has been featured in *Social Work Today* magazine and on Atlanta National Public Radio (NPR), CNN-espanol, Univision and other local media outlets.

Today's Presenter

Allison Villegas, PA-C

PHYSICIAN ASSISTANT, LONGEVITY HEALTH PLAN

Allison Villegas, PA-C, has been providing post-acute and long-term care in Denver nursing homes for the last 10 years.

She serves on the board for CMDA: Colorado's Society for Post-Acute and Long-Term Medicine.

She is also on the AMDA Board of Directors and is involved in multiple AMDA committees.

Today's Presenter

Megan Pesansky, MSW, LSW, LAC

SOCIAL WORKER/MENTAL HEALTH THERAPIST, WELLPOWER

Megan Pesansky is a licensed social worker and mental health therapist who works with older adults who reside in skilled nursing facilities. She is employed by Wellpower, a behavioral health non-profit in Denver Colorado.

She is currently working toward licensure for a licensed clinician social worker as well as a licensed addictions counselor. During her training, she was a graduate research assistant at the University of Denver Knoebel Institute for Healthy Aging (KIHA).

Financial Disclosures

- I receive royalties from Cambridge University Press for my book (co-author George Grossberg MD) titled *Psychiatric Consultation in Long-Term Care: A Guide for Healthcare Professionals*. 2nd Edition. 2017.
- I have no other relevant financial relationships to disclose.
- I do not intend to discuss any off-label, investigative use of commercial products or devices.

Suicide Prevention Strategies & Approaches

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Case Study: Suicide Prevention

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Panelist Discuss:
How Do We Change the Narrative

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How We Talk About Mental Health and Suicide Matters

Avoid:

- Anything that reinforces stereotypes, prejudice or discrimination.
- Anything that implies mental illness makes people fragile or violent.
- Anything that refers to or defines people by their diagnosis.

Do:

- Be direct.
- Be hopeful. People can and do get better.
- Be encouraging of help seeking.

Language Matters

INSTEAD OF THIS…	…SAY THIS	WHY
Commit/committed suicide	Died by suicide/Lost their life to suicide	"Commit" implies suicide is a crime or sin reinforcing stigma
Successful/unsuccessful suicide Completed/failed suicide	Died by suicide/survived a suicide attempt	Suicide is a tragic outcome and we don't want to view it as something positive
Epidemic/skyrocketing	Rising/increasing	Words like epidemic can cause panic and make suicide seem more common than it actually is
(S)he's suicidal/schizophrenic/mentally ill/ an addict	(S)He is facing suicide/thinking of suicide/has been having suicidal thoughts They have schizophrenia/a mental illness/an addiction	We don't want to define someone by their experience with suicide; they are more than just their suicidal thoughts or mental illness

COE-NF Suicide Prevention Resource

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Columbia Protocol

Suicide is preventable with early identification and treatment referral.

Use these six simple questions from the Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS), to identify whether a resident is at risk for suicide. The responses will help to assess the severity and immediacy of that risk and determine the level of support needed.

Always ask questions 1 and 2.	Past Month	
1. Have you wished you were dead or wished you could go to sleep and not wake up?		
2. Have you had any thoughts about killing yourself?		
If **YES** to 2, ask questions 3, 4, 5 and 6. If **NO** to 2, skip to question 6.		
3. Have you been thinking about how you might do this?		
4. Have you had these thoughts and had some intention of acting on them?	High Risk	
5. Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	**Lifetime**	**Past 3 Months**
6. Have you done anything, started to do anything, or prepared to do anything to end your life? *Examples*: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc. **If yes, was this within the past three months?**		High Risk

988 SUICIDE & CRISIS LIFELINE

If YES to 2 or 3, seek behavioral health care for further evaluation.
If the answer to 4, 5 or 6 is YES, get immediate help:
Call or text 988, call 911 or go to the emergency room.
STAY WITH THEM until they can be evaluated.

Resource: The Columbia Protocol Suicide Risk Assessment Tool

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nursinghomebehavioralhealth.org

SCAN ME

https://nursinghomebehavioralhealth.org/wp-content/uploads/2023/09/COE-NF-Columbia-Protocol-FINAL_508.pdf

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Language when talking about suicide

- Use **“died by suicide”** not **“committed/successful suicide.”**
- Use **“survived a suicide attempt”** not “**unsuccessful suicide/failed suicide.”**
- Use person first language - **“NAME is experiencing suicidal thoughts”** not **“NAME is suicidal.”**
- Be aware of your own stigmas and biases as it can impact not only your verbal language but your body language as well.

Plan: To send or not to send?

Lethality assessment:

Low	• Safety plan in facility • Increase monitoring (q15min) • Regularly assess risk • Identify coping techniques
Medium	• Remove access to means • 1:1 companion • Regularly assess risk • Attempt safety plan in facility • Work on coping techniques
High	• Remove access to means • 1:1 companion • Attempt safety plan in facility • Consider M1

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Does the resident require involuntary hospitalization for mental health evaluation/72hr hold?

Start by asking:

1. Do they have SI?
2. Do they have a plan?
3. Is their plan feasible?
4. Do they have access to their means?
5. Do they have intent?
6. Have you tried numerous options for a safety plan?

If the answer is YES to every question then ask:

Is the person willing to go to the hospital for an evaluation voluntarily?

If the answer is NO the resident need to be placed on a hold

If the answer is YES then send resident voluntarily to hospital

Safety Measures in Long Term Care

In a long-term care facility, there are some different options we can implement, some examples include:

- Plastic utensils
- Limited access to cords
- **15-minute checks -** *most common and always used after SI*
- 1:1 companion
- Informing overnight staff of concerns to keep and eye out
- Room checks to make sure there is no suicide means available Wanderguard
- Supervised smoking
- Always involve mental health professionals if they are available at the facility

Safety Planning

Main point is "*What can we do to keep you safe **today**?*"

What are my strengths and reasons to live and thrive?

- Ex. things that are meaningful to me and make my life worth living

What things happen in my life that negatively affect my well-being?

- Ex. triggers that cue unhealthy or ineffective behaviors

What are things I can do to keep my environment safe?

- Ex. reducing access to lethal means and increasing protective factors

What can I do to promote my wellbeing?

- Ex. skills, techniques, activities, work, relationships, community engagement

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Staff buy-in.

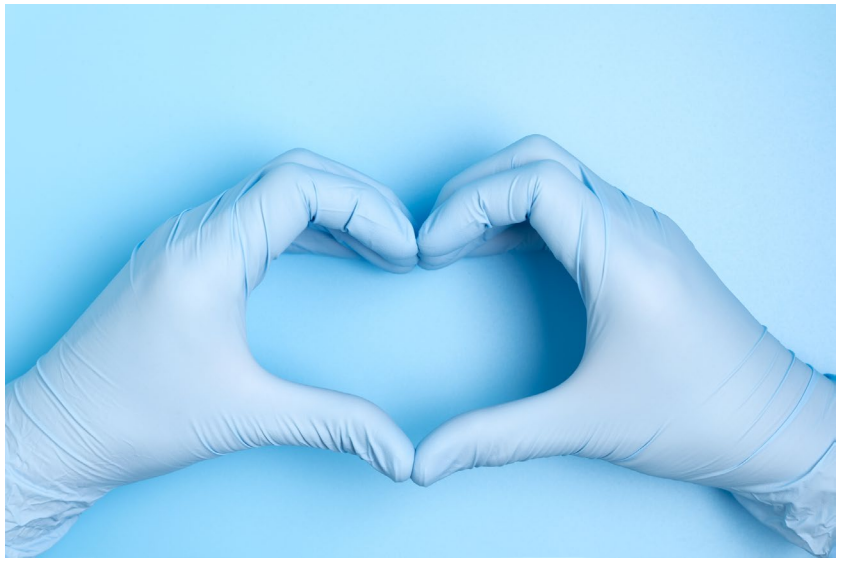
This is crucial.

Remember, nothing that we do is in a bubble.

Consider staff trauma and triggers.

Be aware of their limits.

Offer support!



Know What Resources are Available

- Crisis Line 988
- Crisis Text Line: Text "HOME" to 741741
- Suicide Prevention Facts and Resources
- World Health Organization: WHO LIVE LIFE: Preventing Suicide
- NAMI National Alliance on Mental Illness www.nami.org
- Veterans Crisis Line 1-800-273-8255

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Questions?

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Thank You!

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