



CENTER OF
EXCELLENCE
FOR BEHAVIORAL HEALTH
IN NURSING FACILITIES

Mental Health 101 & Suicide Prevention

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Host



Nikki Harris, MA, CBHC-BS

Center of Excellence for Behavioral Health
in Nursing Facilities (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.

Presenter



Bryan G. Stephens, MA, MBA, CPCS, LPC

CEO, TalkForward

Bryan is a licensed professional counselor and the founder and CEO of TalkForward, which provides psychotherapy and executive consulting services. Bryan has practiced in behavioral health for the past 30 years.

With 20 years of executive management experience, Bryan served as a chief executive officer in a public behavioral health agency, with over 450 employees and an annual budget of \$27 million.

A specialist in clinical supervision, Bryan began training therapists in small and large groups, while serving as Ethics Chair for the Board of the Licensed Professional Counselors Association of Georgia (LPCA). He recently served as the President of LPCA which has over 8000 members.

Bryan has an Executive MBA from Kennesaw State University and both a master's and bachelor's degree in psychology.

Mental Health 101 & Suicide Prevention

This session is an introductory training to help identify, understand, and respond to signs of mental health disorders. Join us as we address some of the common causes contributing to the onset or exacerbation of mental health symptoms among nursing home residents and share common warning signs and practical strategies on how staff can support improving resident mental wellness. Participants will also gain helpful strategies for suicide prevention.

Learning Objectives:

1. Define and discuss common mental health disorders in nursing facilities.
2. Discuss causes contributing to the onset or exacerbation of symptoms.
3. Provide awareness of suicide prevention and helpful strategies to assist residents.



What Is Mental Health and Why Is It Important?

- Mental health involves a person's psychological, emotional and social well-being. It shapes the way we think, feel, behave and socialize with others.
- It also determines how we handle stress, relate to others and make choices.
- Just like our physical health, mental health is important to all people and all age groups.



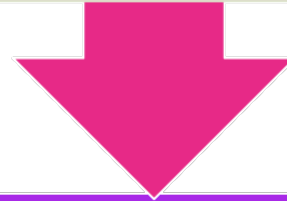
Mental Health vs. Mental Illness

Mental Health involves effective functioning in daily activities resulting in:

Productive activities
(such as in living
communities, work,
or caregiving)

Healthy relationships

Ability to adapt to
change and cope
with adversity



Mental Illness refers to all diagnosable mental disorders and health conditions involving:

Significant changes in thinking,
emotion, and/or behavior

Distress and/or problems
functioning in social, work, or
family activities

Common Myths and Misconceptions About Mental Health

- People with mental illnesses are crazy.
- Mental illnesses are extremely rare.
- People with mental illness cannot function in society.
- Mental illnesses make people violent.
- You can't get better if you have a mental illness.



Mental Health Facts

- Most people with mental illness are not violent. Only 3%-5% of violent acts can be attributed to individuals living with a serious mental illness.
- People with mental health conditions are just as productive as other employees.
- Mental Illness is not Rare: NIMH estimates that **1 in 5** U.S. adults live with a mental illness at some point in their lives.
- People with mental health conditions get better, and many recover completely. Recovery refers to the process in which people can live, work, learn and participate fully in their communities.

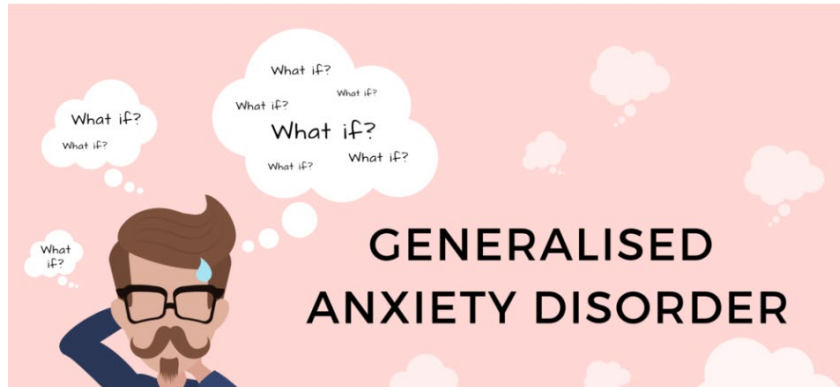
Sources: mentalhealth.org, National Institute for Mental health

Common Mental Health Disorders in America

- Generalized Anxiety Disorder
- Major Depressive Disorder
- Bipolar Disorder
- Substance Use Disorder
- Schizophrenia
- Neurocognitive Disorder

For a diagnosis, the symptoms need to cause distress or impairment in social, work, family, school, or other important areas of functioning as identified by the client.

Generalized Anxiety Disorder



Excessive anxiety and worry that is difficult for the person to control

Can see some or all of the following:

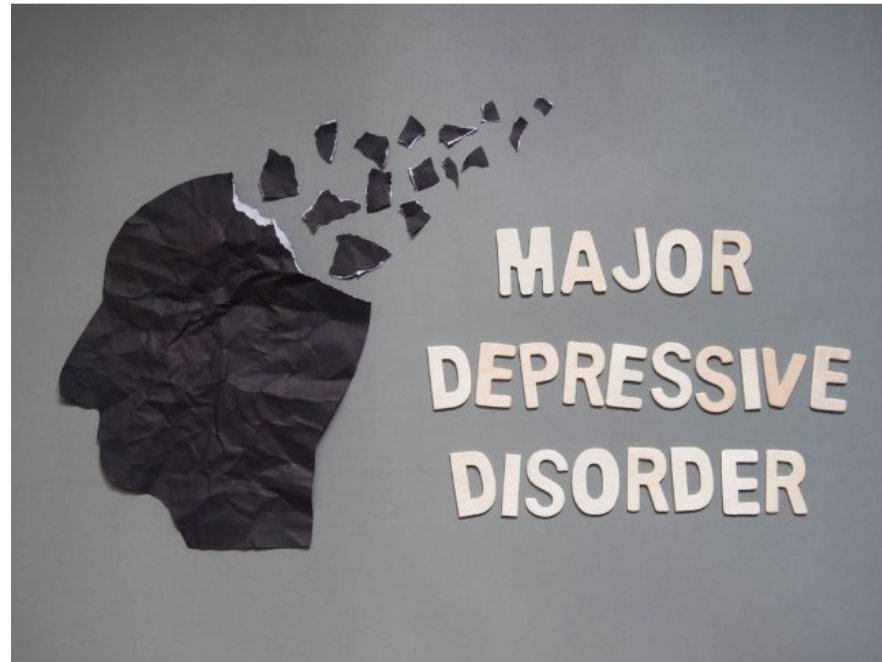
- Restlessness or feeling keyed up or on edge
- Being easily fatigued
- Difficulty concentrating or mind going blank.
- Irritability
- Muscle tension
- Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)

Sources:

<https://www.youtube.com/watch?v=7qir8-ncvBA>
<https://www.atoncenter.com/codeine-drugs/>

<https://theskillcollective.com/worry-or-gad>
<https://pulsetms.com/depression-and-genetics/>

<https://mind.help/topic/schizophrenia/>
[Diagnostic and Statistical Manual of Mental Disorders, 5th Ed](#)



Depressed Mood and Decreased Engagement

Can see some or all of the following:

- Loss of interest or pleasure in almost all activities
- Significant unintentional weight loss/gain or decrease/increase in appetite
- Increased or Decreased Sleep
- Agitation
- Low energy
- Feelings of worthlessness
- Difficulty concentrating
- Suicidal ideation, or suicide attempts

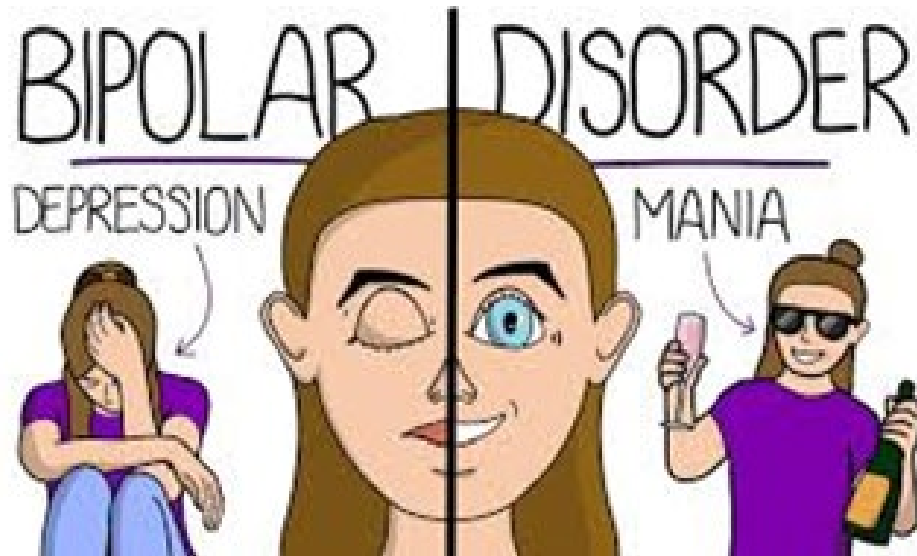
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[Diagnostic and Statistical Manual of Mental Disorders, 5th Ed](#)

Bi-Polar Disorder



- Manic State
- Hypomanic State
- Mixed State

Elevated Mood

Can see some or all of the following with Hypomania and Mania:

- Feelings of Euphoria
- High Energy, restless
- Pressured or Rapid Speech
- Racing Thoughts
- Overconfident
- Impulsive
- Risk Taking
- Drug use and gambling
- Reduced sleep or lack of sleep
- Easily Distracted

Alternating with Depressed Mood

- The symptoms of Depression as discussed above

Source:

<https://www.youtube.com/watch?v=7qjr8-ncvBA>
<https://www.atoncenter.com/codeine-drugs/>

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<https://mind.help/topic/schizophrenia/>
Diagnostic and Statistical Manual of Mental Disorders, 5th Ed

Psychosis and Difficulty Engaging



Psychosis is when people lose touch with reality

Can see some or all of the following:

- Hallucinations in any sense
- Delusions
- Disorganized thinking and speech
- Flat affect and difficulty reading the affect of others
- Significantly disorganized behavior
- Catatonia

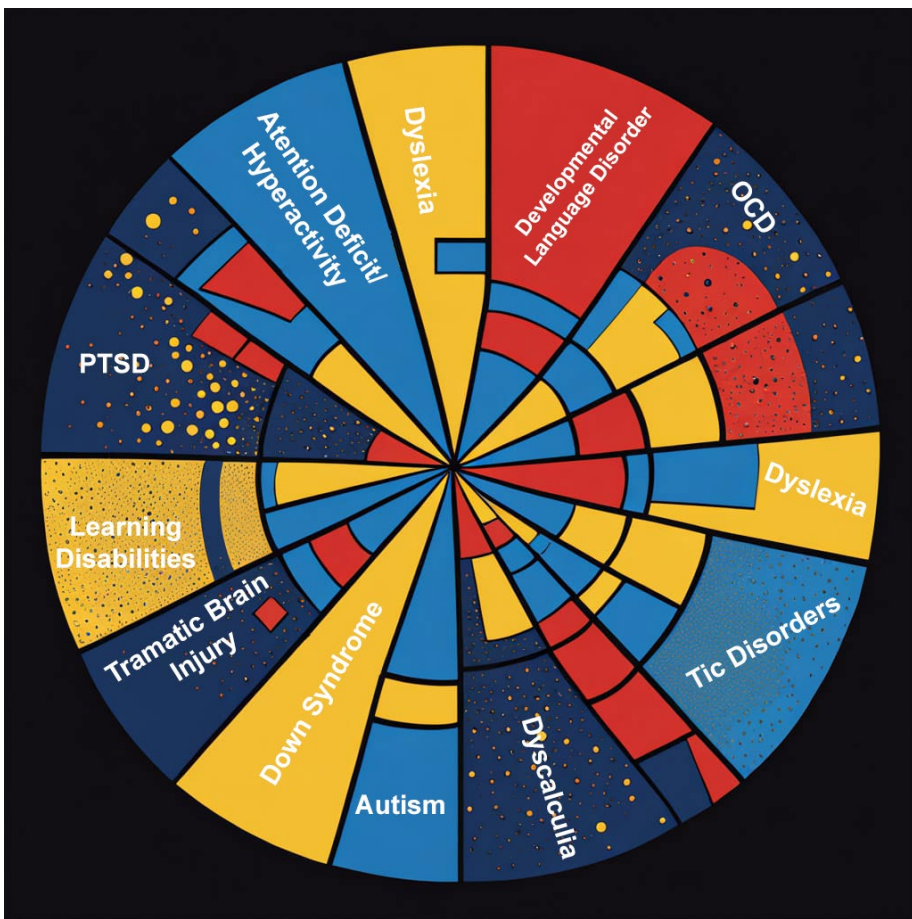
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<https://mind.help/topic/schizophrenia/>
[Diagnostic and Statistical Manual of Mental Disorders, 5th Ed](#)

Neurodivergent



The term “neurodivergent” describes people whose brain differences affect how their brain works. It may be linked to a diagnosis such as Autism or ADHD.

Issues can Include:

- Trouble with social communication and social interaction
- Restricted, repetitive patterns of behavior, interests, or activities
- Struggle to understand nonverbal communications
- Struggle in developing, maintaining, and understanding relationships
- Struggle with high sensory input environments
- Difficultly processing information quickly
- Easily Overwhelmed

Sources:

<https://my.clevelandclinic.org/health/symptoms/23154-neurodivergent>
[Diagnostic and Statistical Manual of Mental Disorders, 5th Ed](#)

Substance Use Disorder



Substance Use Disorder is about the Relationship with the substance.

Physical addiction is not required for a diagnosis

It can be a Co-Occurring Disorder

Source:

<https://www.youtube.com/watch?v=7qir8-ncvBA>
<https://www.atoncenter.com/codeine-drugs/>

Substance Use Disorder is about the Relationship with the substance. The more symptoms included the worse the issue.

Can see some or all of the following:

- Taking the substance in larger amounts or for longer than the person meant to
- Wanting to cut down or stop using the substance but not managing to
- Cravings and urges to use the substance
- Impact on relationships at work, home, or school
- Needing more of the substance to get the effect you want (tolerance)
- Development of withdrawal symptoms, which can be relieved by taking more of the substance

<https://theskillcollective.com/worry-or-gad>
<https://pulsetms.com/depression-and-genetics/>

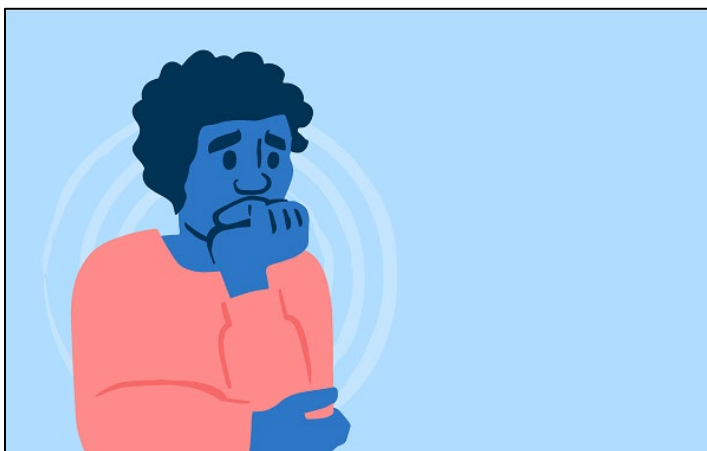
<https://mind.help/topic/schizophrenia/>
Diagnostic and Statistical Manual of Mental Disorders, 5th Ed

Prevalence of Mental Health Disorders Nursing Homes

According to a study published by the National Institutes of Health (NIH), between **65% and 90%** of nursing home residents have a mental disorder, ranging from common mental health problems such as anxiety and depression to serious mental illnesses like schizophrenia and bipolar disorder.

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2981653/>

Anxiety



Recognize that not all residents will have the same symptoms!

When a resident has anxiety some of the things you may see are:

- Pacing back and forth
- Increased restlessness
- Appear to be on edge
- Asking the same questions over and over
- Difficulty concentrating
- Increase in agitation which can sometime result in a need for verbal de-escalation
- Panic Attacks

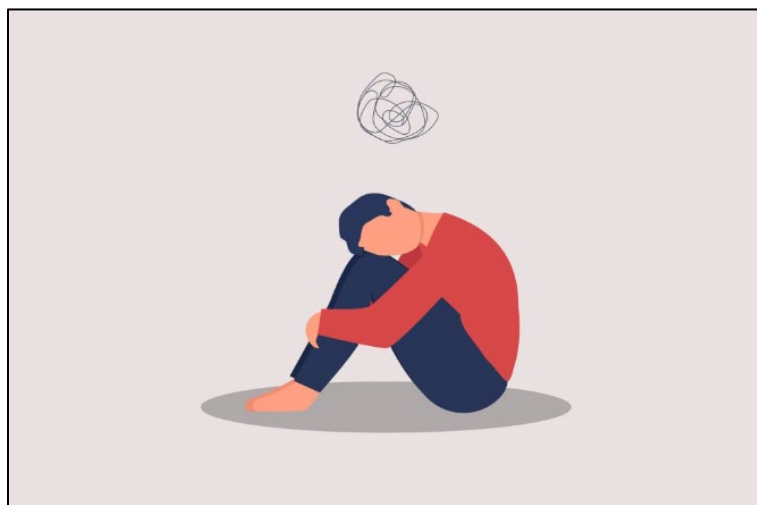
Sources:

<https://www.health.com/condition/schizophrenia-overview>
<https://www.healthcareradius.in/clinical/28523-busting-myths-and-understanding-bipolar-disorder>

<https://www.mindworkscounselling.com/control-your-anxiety>
<https://health.usnews.com/health-care/patient-advice/slideshows/top-medications-for-depression>

Most Common Mental Health Disorders in Nursing Homes

Depression



Recognize that not all residents will have the same symptoms!

When a resident is depressed some of the things you may see are:

- Unwillingness to attend social activities and isolation
- Choose to not get out of bed
- Report unexplained aches and pains
- Increase or decrease in appetite
- Increase in agitation which sometime results in a need for verbal de-escalation.

Recognize that not all residents with depression will have the same symptoms!

Sources:

<https://www.health.com/condition/schizophrenia-overview>
<https://www.healthcareradius.in/clinical/28523-busting-myths-and-understanding-bipolar-disorder>

<https://www.mindworkscounselling.com/control-your-anxiety>
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Bi-Polar Disorder



Recognize that not all residents will have the same symptoms!

Sources:

<https://www.health.com/condition/schizophrenia-overview>
<https://www.healthcareradius.in/clinical/28523-busting-myths-and-understanding-bipolar-disorder>

Residents with a bipolar disorder may display:

- Highs and lows of moods
- See them more upbeat at times and then very low in emotional mood at other times
- Racing thoughts
- Euphoria
- Tangential Speech
- Depression while in Low Mood
- These moods can last from days to months and in some cases, you may see a cycle of these behaviors within the resident

<https://www.mindworkscounselling.com/control-your-anxiety>
<https://health.usnews.com/health-care/patient-advice/slideshows/top-medications-for-depression>

Schizophrenia



Recognize that not all residents will have the same symptoms!

Sources:

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<https://www.healthcareradius.in/clinical/28523-busting-myths-and-understanding-bipolar-disorder>

A resident with schizophrenia may present with:

- A flat affect
- Little expression on their face
- Slow to react to directions
- Hallucinations in any senses
- Delusions
- Paranoia
- Tangential Speech
- Having a conversation with themselves.

<https://www.mindworkscounselling.com/control-your-anxiety>
<https://health.usnews.com/health-care/patient-advice/slideshows/top-medications-for-depression>

Mental Health Disorders are not the Person

When nursing facility staff recognize the signs and symptoms of these mental health disorders, it is important to separate the person from the illness and provide compassionate support and treatment to the resident.

Mental Health Disorders are **medical conditions just like diabetes and hypertension**. They are all treatable!

Sources:

<https://www.health.com/condition/schizophrenia-overview>
<https://www.healthcareradius.in/clinical/28523-busting-myths-and-understanding-bipolar-disorder>

<https://www.mindworkscounselling.com/control-your-anxiety>
<https://health.usnews.com/health-care/patient-advice/slideshows/top-medications-for-depression>

Factors That Impact the Mental Health of Nursing Home Residents

- Being disconnected from family or community
- Chronic pain
- Decline in mental capacity
- Grieving the loss of loved ones
- Lack of independence
- Lack of physical activity, functioning or mobility
- Social isolation
- Mental Illness



Suicide is Preventable

Suicide is a leading but preventable cause of death.

By knowing the warning signs of suicide, you can help to ensure the safety of all nursing home residents.

Although most residents with a mental illness do not die by suicide, any severe mental illness increases suicide risk compared to people without such an illness. The risk of death by suicide may, in part, be related to the severity of the mental illness.

Suicide Prevalence

- Older adults have among the highest risks for suicide
- Older adults account for 12% of population but 17% of deaths by suicide
- Older adults tend to plan carefully and use highly lethal means
- For all adults there are approximately 100 suicide attempts for every suicide, for older adults there are approximately 4 suicide attempts for every suicide.

A study published in the American Journal of Public Health comparing suicide rates age 50+ living in community versus those living in nursing homes/assisted living:

Community rate = 15.66

Long Term Care rate = 14.16

[Suicide Risk in Nursing Homes and Assisted Living Facilities: 2003–2011 - PMC \(nih.gov\)](#)

Specific Suicide Risk Factors

- Having a mental health or substance use disorder
- Previous suicide attempt (no matter how long ago)
- Feelings of hopelessness
- Having a major physical illness
- Lack of social support
- Significant loss (financial, relationship, social, freedom, housing)
- Easy access to means (e.g. weapons, medications, other common items found in the environment.)

Example: When a resident is on suicide watch be cognitive of the call bell cords, silverware, chemicals, etc.

Warning Signs to Watch for in Nursing Home Residents

- Expressing feelings of hopelessness, helplessness, loneliness, worthlessness
- Sudden interest or disinterest in religion
- Unexplained anger or irritability
- Expressing fear of becoming a burden
- Unexplained changes in appearance, eating, sleeping
- Giving away prized possessions
- Acquiring access to means (e.g. weapons, medications, other common items found in the environment.)
- Experienced a significant life event that was negative and/or not wanted (e.g. loss of loved one)

Passive Suicidal Behaviors in Residents

Older people in NHs have less opportunity to actively kill themselves with so many staff around but sometimes engage in slow passive suicide-equivalent behaviors.

- “Giving up” & wanting to be dead
- Staying in bed & keeping away from others
- Stopping eating & losing weight
- Not taking care of oneself
- Not taking medications and not adhering to rehabilitation regimen

Suicide Prevention: TAKE ACTION

- Start a conversation with the individual.
- Tell them what you have noticed (e.g. changes in them).
- Express concern for their well being – let the resident know you care.
- Ask if they have thoughts about suicide.
- Give them hope (there are people who can help, resources).

A resident showing some or all warning signs should be immediately reported with an emergent message to the medical provider (attending physician) to alert them that an assessment may need to be conducted by a mental health professional. The resident may require continuous supervision, sharp object removal, or other safety measures until a professional evaluation and recommendations are made.

Activities To Promote Resident's Mental Health

- Participate in group activities (games and puzzles)
- Stay physically active (use appropriate mobility device when needed)
- Visit with friends and family
- Socialize with nursing home residents when appropriate
- Listen to music and storytelling



Treatment

- Treatment depends on the type of mental illness and severity and may include:
- Individual Therapy
- Group Therapy
- Medications
- Psychosocial Interventions
- Peer Support
- Recovery Support Groups



Know What Resources are Available

- Crisis Line 988
- Crisis Text Line: Text “HOME” to 741741
- NAMI National Alliance on Mental Illness www.nami.org
- Veterans Crisis Line 1-800-273-8255

Scenario 1

David is a 65-year-old resident at Living Well Nursing Facility. David has started to isolate in his room during the day over the past week. Yesterday, he did not leave bed. David has not been eating as much as usual.

What might be going on with David?

How would you support David in this situation?

Scenario 2

Kathy is a 55-year-old resident at Living Well Nursing Facility. She has a known diagnosis of Schizophrenia. Kathy has started standing in the corner away from other residents. Today, she appeared to be having a conversation with herself. When another resident approached her, she became agitated yelling and shouting to be left alone.

What might be going on with Kathy?

How would you support Kathy in this situation?

Scenario 3

Samantha is a 52-year-old resident at Living Well Nursing Facility. Samantha has been pacing back and forth during the day. She has been up every night for the past three nights. Samantha is talking quickly, and it seems to you that her thoughts are racing.

What might be going on with Samantha?

How would you approach this situation?

Sustainment of Learning

- Create a training program to ensure staff at all levels of care understand mental illness.
- Conduct a comprehensive assessment of each resident's mental health needs.
- Provide person-centered care to address each resident's specific mental health needs.
- Ensure residents receive appropriate mental health services based on their assessment.
- Allow nursing home residents to maintain as much independence as possible.

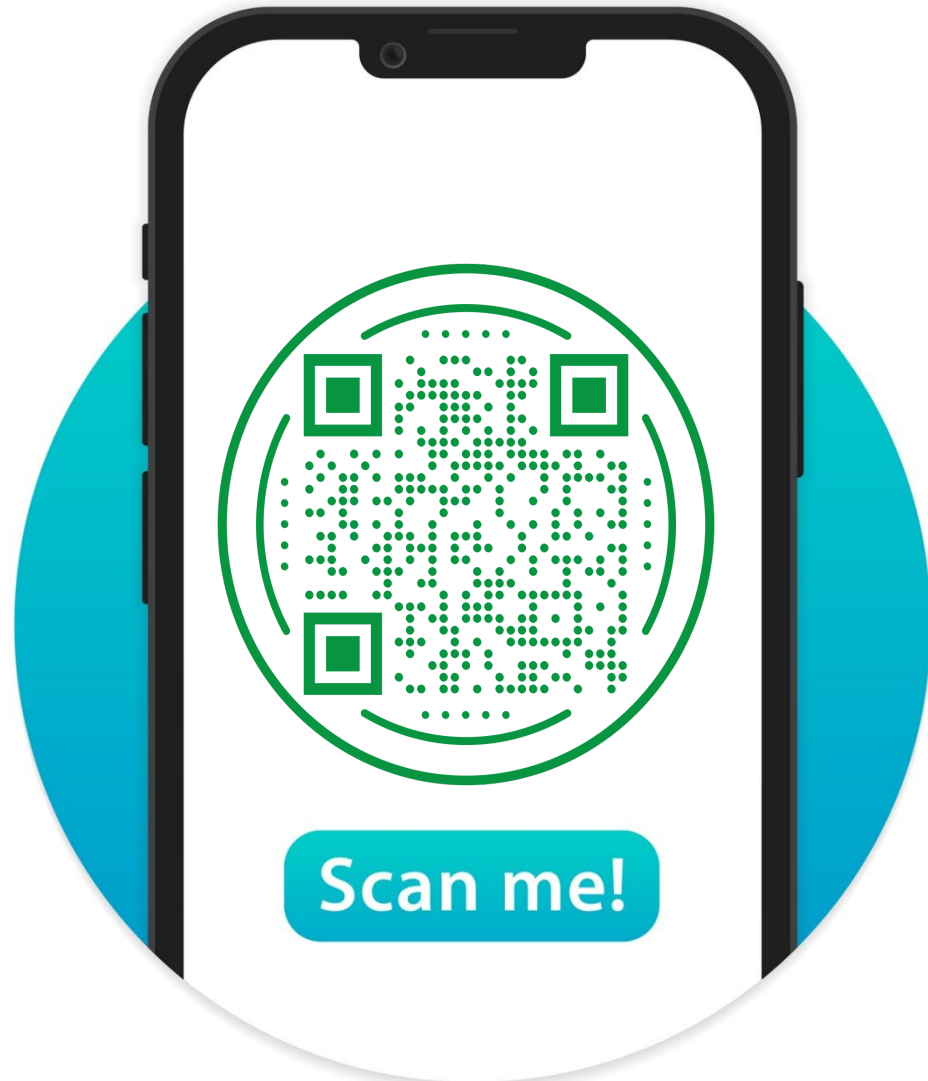


*See F949, F742, F740 in the CMS State Operations Manual

Questions?



Request Assistance



To submit a request for assistance,
scan the QR code.

We look forward to assisting you!

Contact us:

For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

Visit the website:

nursinghomebehavioralhealth.org

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Scan the QR code or visit <https://bit.ly/COETextList> to stay up-to-date on COE-NF services and news.

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Thank You!



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References and Resources

- National Institute of Health - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2981653/>
- National Institute of Health - <https://pubmed.ncbi.nlm.nih.gov/24854089/>
- National Institute of Mental Health - <https://www.nimh.nih.gov/health/statistics/mental-illness>
- National Institute of Mental Health - https://www.nimh.nih.gov/health/statistics/mental-illness#part_2539
- National Alliance on Mental Illness - <https://www.nami.org/mhstats>, <https://www.nami.org/Support-Education/Publications>
- Nursing Home Abuse - <https://nursinghomesabuse.org/mental-health/>
- Prevalence of Mental Health Disorders Nursing Homes - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2981653/>
- CMS State Operations Manual - https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf