

# Mental Health 101, Suicide Prevention & De-escalation Strategies



# Host



**Nikki Harris, MA, CBHC-BS**

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 Stephens 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.

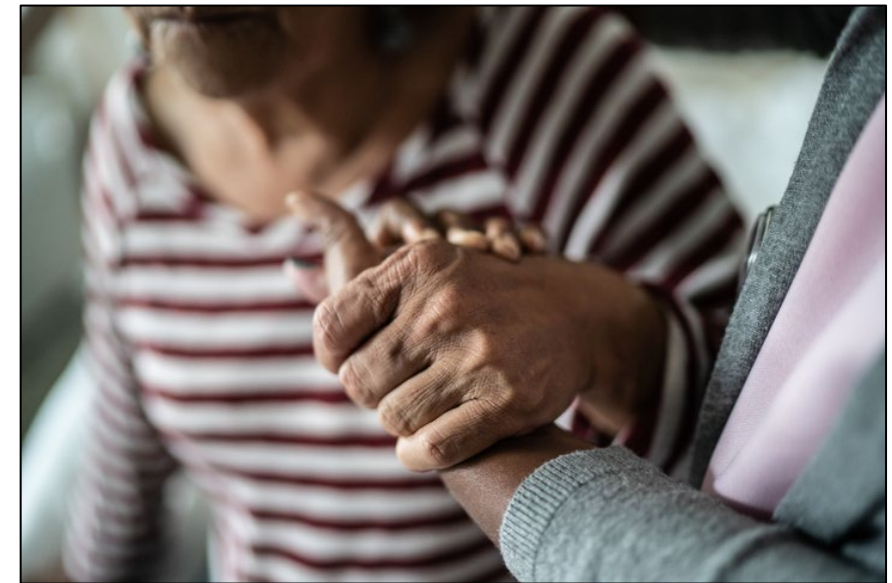
Bryan has an Executive MBA from Kennesaw State University and a master's and bachelor's degree in psychology.

# Mental Health 101 & Suicide Prevention

This session will help you identify, understand, and respond to signs of mental health disorders. We'll cover 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. You'll also gain helpful strategies for suicide prevention.

## Learning Objectives:

- Define and discuss common mental health disorders in nursing facilities.
- Discuss causes contributing to the onset or exacerbation of symptoms.
- Provide awareness of suicide prevention and helpful strategies to assist residents.
- Identify helpful de-escalation strategies nursing home staff can use to support residents with mental health conditions.



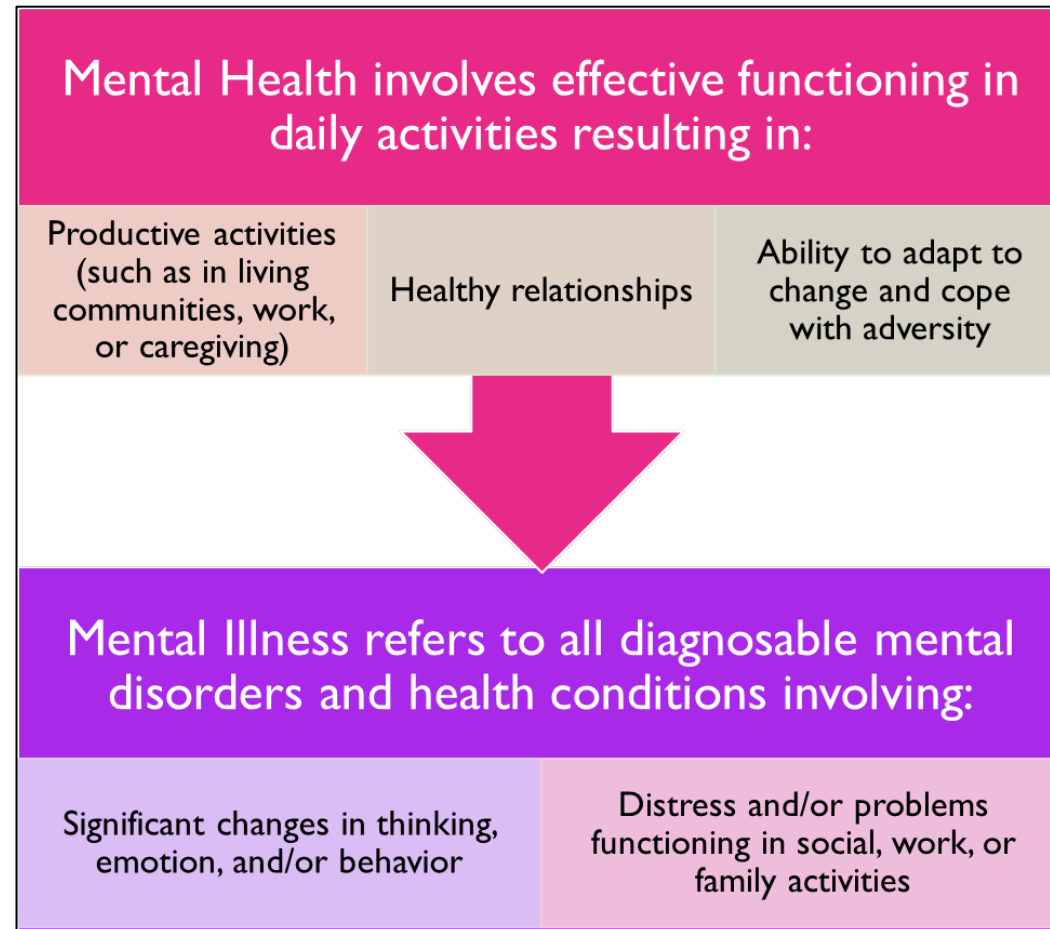


# What Is Mental Health and Why Is It Important?

- 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



# 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% to 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. The National Institute of Mental Health (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 fully participate in their communities.

Sources: [mentalhealth.org](https://www.mentalhealth.org), National Institute of Mental Health



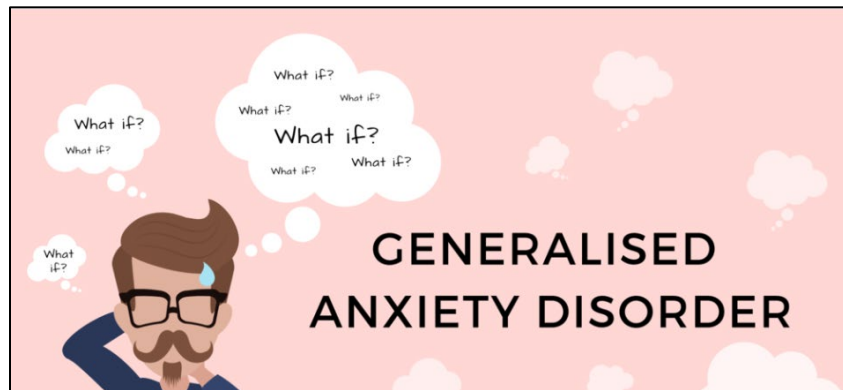
# Common Mental Health Disorders in America

- 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)

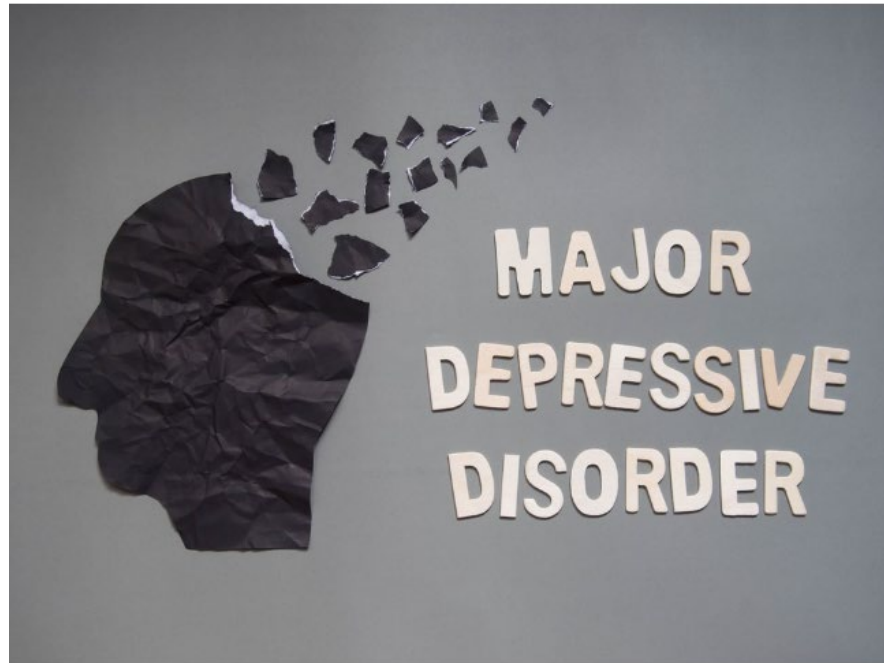
Sources:

<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, 5<sup>th</sup> Ed

# Major Depressive Disorder



## 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

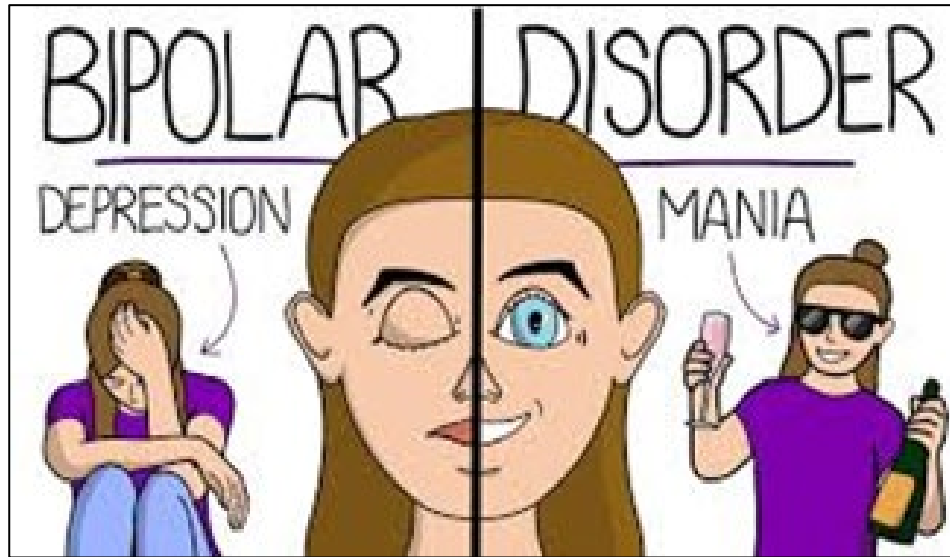
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Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Ed

# Bipolar 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

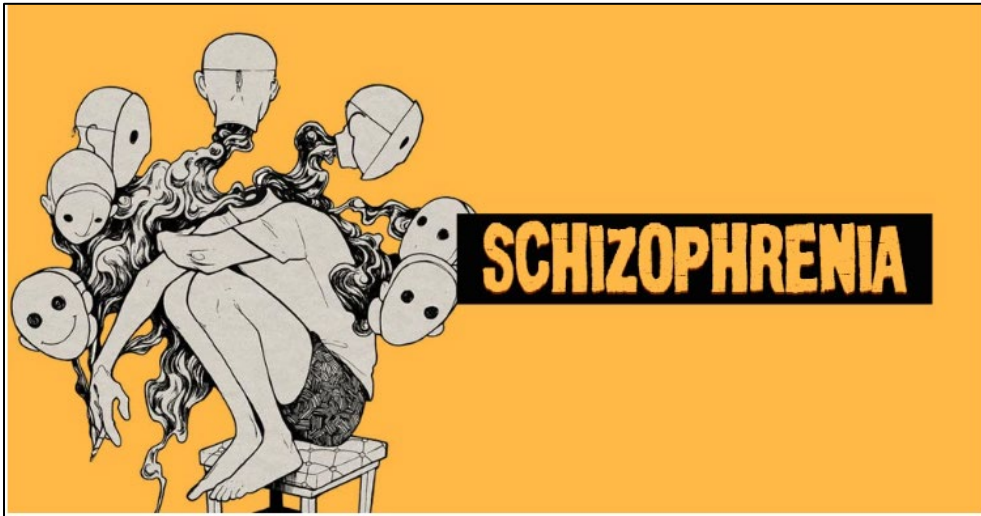
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<https://mind.help/topic/schizophrenia/>  
Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Ed

# Schizophrenia



**Psychosis is when people lose touch with reality**

## Psychosis and Difficulty Engaging

Can see some or all of the following:

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

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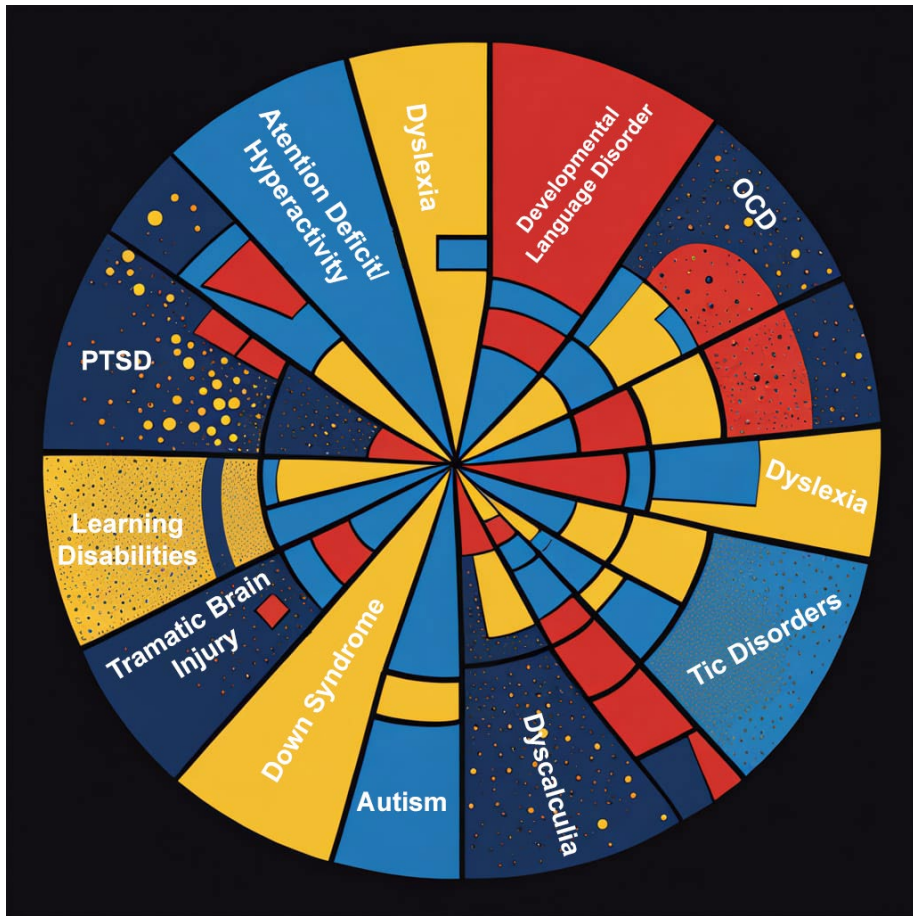
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Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Ed



# Neurodivergent



The term “neurodivergent” describes people whose brain differences affect how their brains work. 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
- Difficulty 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.**

**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 intended 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

Source:

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<https://www.atoncenter.com/codeine-drugs/>

<https://theskillcollective.com/worry-or-gad>  
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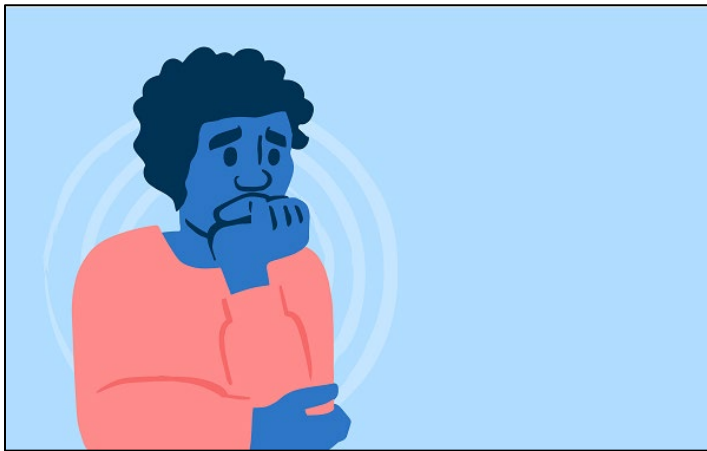
# Prevalence of Mental Health Disorders Nursing Homes

- 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/>

# Most Common Mental Health Disorders in Nursing Homes

## 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
- Appears to be on edge
- Asking the same questions over and over
- Difficulty concentrating
- Increase in agitation, which can sometimes result in a need for verbal de-escalation
- Panic attacks

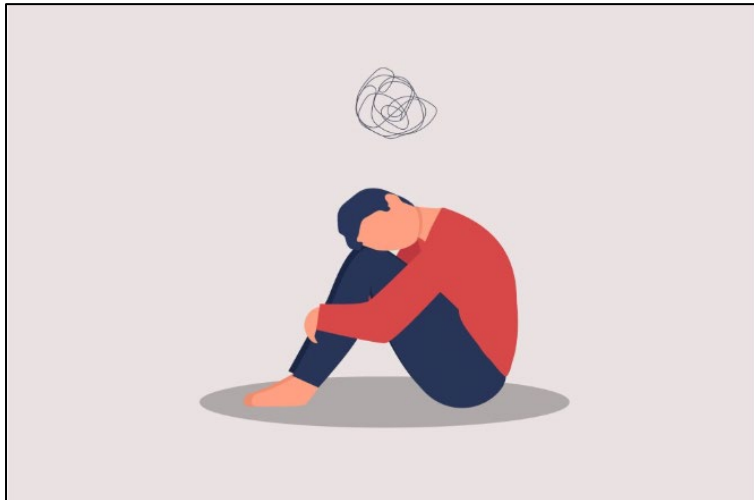
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<https://www.healthcareradius.in/clinical/28523-busting-myths-and-understanding-bipolar-disorder>

<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
- Refusal to get out of bed
- Report unexplained aches and pains
- Increase or decrease in appetite
- Increase in agitation, which sometimes results in a need for verbal de-escalation.

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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# Most Common Mental Health Disorders in Nursing Homes

## Bipolar Disorder



*Recognize that not all residents will have the same symptoms!*

### Residents with bipolar disorder may display:

- Highs and lows of moods
- Appear more upbeat at times and then have a very low mood at other times
- Racing thoughts
- Euphoria
- Tangential Speech
- Depression while in a 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

Sources:

<https://www.health.com/condition/schizophrenia-overview>

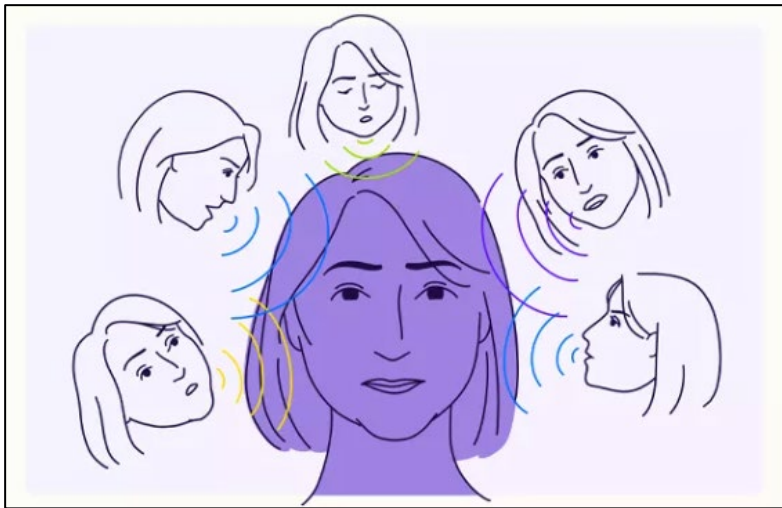
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# Most Common Mental Health Disorders in Nursing Homes

## Schizophrenia



*Recognize that not all residents will have the same symptoms!*

**A resident with schizophrenia may present with:**

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

Sources:

<https://www.health.com/condition/schizophrenia-overview>

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

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# 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.mindworks counselling.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 the 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 four suicide attempts for every suicide.
- A study published in the American Journal of Public Health comparing suicide rates among those aged 50+ living in the 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 cognizant of the call bell cords, silverware, chemicals, etc.

# Warning Signs to Watch for in Nursing Home Residents

- Expressing feelings of hopelessness, helplessness, loneliness, and worthlessness
- Sudden interest or disinterest in religion
- Unexplained anger or irritability
- Expressing fear of becoming a burden
- Unexplained changes in appearance, eating, and 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 nursing homes have fewer opportunities to actively kill themselves with so many staff around, but sometimes engage in slow, passive suicide-equivalent behaviors.

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

# Suicide Prevention: TAKE ACTION

- Start a conversation with the individual.
- Tell them what you have noticed (e.g., changes in their behavior).
- 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





# What Is De-escalation?

- Reduction of the intensity of a conflict or potentially violent situation.
- Maintain a level of calmness in a stressful or volatile situation to reduce the likelihood of harm or violence.
- De-escalation skills
  - Non-verbal
  - Para-verbal
  - Active listening
  - Building rapport (NAMI, 2018)

# De-Escalation Strategies

- Know the resident.
- Learn five things about the resident that you work with.
- Knowing this information almost always helps de-escalate, distract, and calm the patient.

# De-Escalation Strategies

Ask about and listen to the concern(s).

Remain calm and speak in a monotone voice.

Answer questions the resident may have about the situation.

Politely tell the resident what you would like him/her to do.

Offer choices. Ask, "What can I do to make you feel better?"

Do not take the interaction personally.

If you are unfamiliar with the resident, consider involving a staff member who is familiar with the resident.

# 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](http://www.nami.org)
- Veterans Crisis Line 1-800-273-8255

## Scenario 1

David is a 65-year-old resident at Living Well Nursing Facility. Over the past week, David has started to isolate himself in his room during the day. Yesterday, he did not leave his 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.

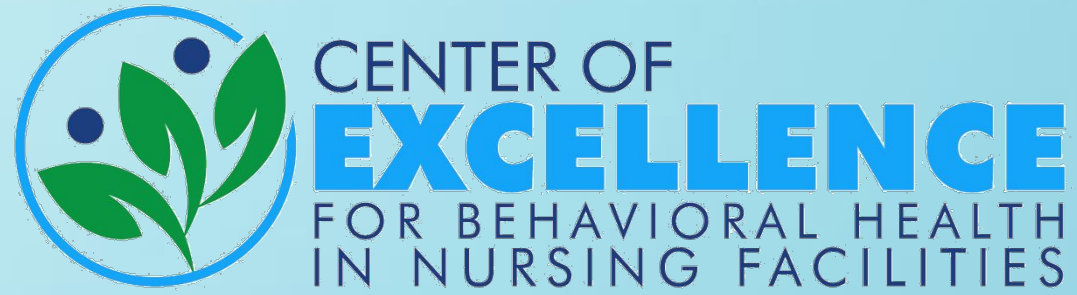
- What might be going on with Kathy?
- How would you support Kathy in this situation?

# 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?

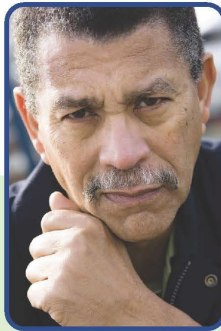


# De-Escalation Resources



## Tips to Manage Challenging Situations

**When residents are experiencing a high level of fear and anxiety, staff may notice a wide range of emotions and behaviors, such as increased anxiety levels, crying spells, crying out, fear, aggression and agitation. Here are some tips that will help staff provide the best possible care and safety when intervening in these situations:**



1. Ask about and listen to the concern(s).
2. Remain calm and speak in a monotone voice.
3. Answer questions the resident may have about the situation; be concise and honest.
4. Offer reassurance that everything that can be done, is being done.
5. Politely tell the resident what you would like him/her to do.
6. Offer choices. Ask, "What can I do to make you feel better?" Follow through if it is within your control. For requests outside of staff control, share the need with management.
7. Do not become involved in a power struggle or escalate the situation. Know when it is time to step away and allow a colleague to engage.
8. Be mindful of nonverbal body language: facial expressions, hand movement, posture and gestures.
9. Do not take the interaction personally.
10. If you are unfamiliar with the resident, consider involving a staff member who is familiar with the resident.
11. Staff should report any changes in behaviors to the charge nurse.



**The Center of Excellence's [Comfort Menu](#) offers many helpful options to help residents reduce anxiety and discomfort.**

**Obtain a behavioral health consult if symptoms of agitation persist.**

This document was adapted from Alliant Health Solutions and modified by the Center of Excellence for Behavioral Health in Nursing Facilities. This work is made possible by grant number 1H19SM007155 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration.




Scan the QR code or visit the link below to view this resource.



[https://nursinghomebehavioralhealth.org/wp-content/uploads/2023/02/COE-NF-Tips-to-Manage-Challenging-Situations\\_508.pdf](https://nursinghomebehavioralhealth.org/wp-content/uploads/2023/02/COE-NF-Tips-to-Manage-Challenging-Situations_508.pdf)

# De-Escalation Resources



## Comfort Menu

Use the comfort menu with residents to identify ways to reduce anxiety, discomfort and pain without using medications.

☒ Check items below that you are interested in trying...

Relaxation	Comfort	Entertainment
<input type="checkbox"/> Stress ball <input type="checkbox"/> Hand massage <input type="checkbox"/> Visit from chaplain <input type="checkbox"/> Reading visit <input type="checkbox"/> Talking visit <input type="checkbox"/> Relaxing music <input type="checkbox"/> Soft background sounds/sound machine <input type="checkbox"/> Guided Imagery Therapy: helping you imagine positive and relaxing things <input type="checkbox"/> Quiet/uninterrupted time <input type="checkbox"/> Pet therapy <input type="checkbox"/> Essential oils <input type="checkbox"/> Darkness <input type="checkbox"/> Walking/ Change of Scenery	<input type="checkbox"/> Warm pack <input type="checkbox"/> Cold pack <input type="checkbox"/> Ice <input type="checkbox"/> Warm blanket(s) <input type="checkbox"/> Warm washcloth <input type="checkbox"/> Cool washcloth <input type="checkbox"/> Extra pillow(s) - (neck, knees, ankles, lumbar) <input type="checkbox"/> Humidification for your oxygen source <input type="checkbox"/> Saline nose spray <input type="checkbox"/> Fan <input type="checkbox"/> Repositioning <input type="checkbox"/> Warm bath or shower <input type="checkbox"/> Gentle stretching <input type="checkbox"/> Food or beverage <input type="checkbox"/> Temperature adjustment	<input type="checkbox"/> Book (audio, large print) <input type="checkbox"/> Magazine <input type="checkbox"/> Movie <input type="checkbox"/> Wi-Fi for your personal laptop or tablet <input type="checkbox"/> Deck of cards <input type="checkbox"/> Puzzle book (crossword puzzles, word searches, Sudoku) <input type="checkbox"/> Notepad and pen <input type="checkbox"/> Coloring book <input type="checkbox"/> Board games <input type="checkbox"/> Arts & crafts <input type="checkbox"/> Favorite music <input type="checkbox"/> Television <input type="checkbox"/> Handheld electronic game <input type="checkbox"/> Activity apron/blanket

Feel Better	Sleep
<input type="checkbox"/> Lip balm <input type="checkbox"/> Wash face/brush teeth <input type="checkbox"/> Comb or brush hair <input type="checkbox"/> Shampoo/conditioner <input type="checkbox"/> Scalp massage <input type="checkbox"/> Robe <input type="checkbox"/> Hair band <input type="checkbox"/> Mouth swab/ mouth wash <input type="checkbox"/> Lotion	<input type="checkbox"/> Ear plugs <input type="checkbox"/> Night light <input type="checkbox"/> Quiet <input type="checkbox"/> Eye shield/mask <input type="checkbox"/> Television/Music/ Sound machine <input type="checkbox"/> Weighted blanket <input type="checkbox"/> Uninterrupted sleep time

### Use this space to list other ideas

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- Ask staff about safety procedures for items brought into the facility. -

This document was adapted from Alliant Health Solutions and modified by the Center of Excellence for Behavioral Health in Nursing Facilities. This work is made possible by grant number 1H795M087155 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration.



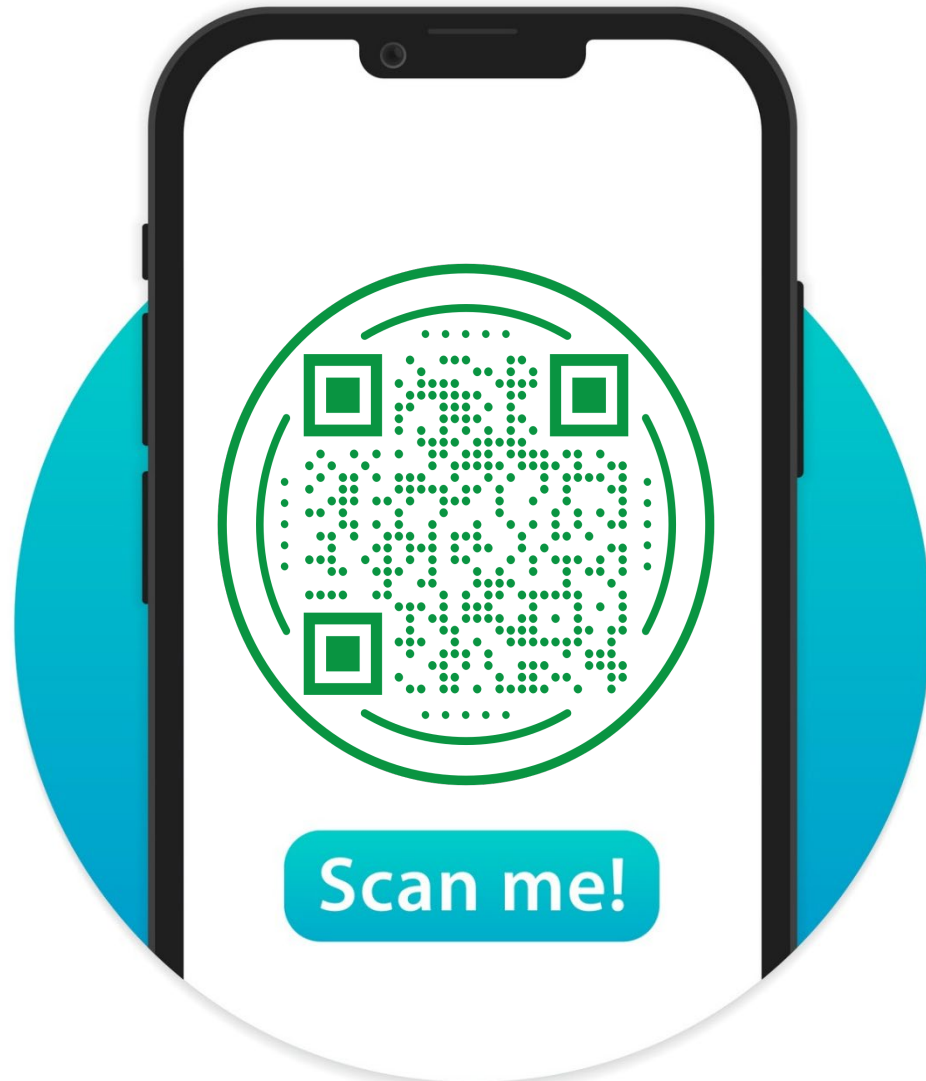
coeinfo@allianthealth.org

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[https://nursinghomebehavioralhealth.org/wp-content/uploads/2023/02/COE-NF-Comfort-Menu-FINAL\\_508.pdf](https://nursinghomebehavioralhealth.org/wp-content/uploads/2023/02/COE-NF-Comfort-Menu-FINAL_508.pdf)

# Request Assistance



To submit a request for assistance,  
or 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](mailto:coeinfo@allianthealth.org).

**Visit the website:**

[nursinghomebehavioralhealth.org](http://nursinghomebehavioralhealth.org)



## Connect with Us!

SCAN ME



### **Subscribe to receive text messages from COE-NF!**

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

### **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](mailto:coeinfo@allianthealth.org).

### **Visit the website:**

[nursinghomebehavioralhealth.org](http://nursinghomebehavioralhealth.org)

# 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](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](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf)

# Thank You!



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