



## Suggested Protocol for Responding to Expressed Lethal Ideation or Intent in Residents of Long term care Facilities

Recent changes in the assessment of mood via the MDS 3.0 tool utilized in long term care facilities in Michigan have resulted in the identification of more residents in need of further assessment to rule out the presence of clinically significant symptoms of a mood disorder. While this is desirable as it is commonly recognized that mood disorders are often under diagnosed and undertreated in long term care settings, assessment questions related to a resident's lethal ideation or intent (i.e., thoughts that the resident would be better off dead or has thoughts of hurting self in some way) are causing staff concern. In some cases, facilities are opting to place residents on one-to-one supervision until a SWGM clinician is available to make an onsite visit and conduct a thorough assessment. Although this may be appropriate in some cases, it has been our experience that many situations do not warrant this increased level of supervision and monitoring. The purpose of this memo is to suggest a protocol for conducting a preliminary assessment of the resident thought to be at risk for lethal ideation or intent.

It is important to recognize that a wish to die is not the same as suicidal ideation. In the elderly, a natural and healthy person may accept that death is imminent and will feel at peace with dying and accordingly may talk about this in terms of a wish, desire or "prayer to God" to die or not to wake up from sleep. Many people will express a desire for an end to their suffering but have no plan for suicide and would also tell you that they would never attempt suicide or self harm. For residents who endorse having had thoughts that s/he would be better off dead or have acknowledged thoughts of hurting him/herself, additional follow up questions may be helpful in determining the next appropriate course of action.

In order to further assess suicidal risk, the individual's responses to the following questions may be helpful:

Are you thinking about killing yourself?

Have you ever taken steps to end your life or to cause yourself harm in the past?

Do you have a plan?

What is your plan?

What is keeping you from acting on your thoughts?

Are you willing to have me help you stay safe?

For residents who have acknowledged having a plan, staff should further determine whether the resident has the means and ability to carry out or complete the identified plan.

In all clinical matters, SWGM's triage service is available for telephone support and consultation. **In instances where it has been determined that a resident is "thinking about killing oneself," has a suicidal plan, thinks that "one would be better off dead," or that "life has lost its meaning and there is nothing left to live for," SWGM triage service should be contacted for prompt assistance.**

Please contact the office during normal business hours or utilize the afterhours line (248-217-0544) for assistance.