

Policy and Prevention for Suicide in ICFs/ID

Policy Considerations

Federal regulations W127 and W149 require facilities to have policies and procedures to protect individuals from all forms of abuse, including self-abuse. This includes suicide attempts. Therefore, regardless of whether the facility has individuals with a history of suicidal ideation or not, a policy should be developed.

Policy Considerations

The policy needs to include directions to staff on responding to a threat, or attempt, of suicide and a definition of suicidal ideation (e.g. attempts, threats, gestures, etc.).

Refer to W191 & W193.

Policy Considerations

The policy must include training requirements for direct care staff and;

Requirements for specialized training intended to qualify key staff to assess suicide risk and whether an individual requires placement on suicide watch.

Policy Considerations

Training to assess suicidal ideation should be given by an individual who has professional training in mental health and suicide assessment.

Refer to W165 – W169.

Policy Considerations

The policy must include a list of facility approved interventions.

Refer to W274 – W277.

The following is a list of some examples that may be included:

Policy Considerations

- One-to-one staffing as it pertains to a suicide watch. This must also include a description of the levels of 1:1 (e.g. arm's length, line of sight not to exceed 5 feet, etc...).
- The frequency at which an individual will be assessed and reassessed after being placed on suicide watch.

Policy Considerations

- Room Searches. If room searches are included in the policy, the following should also be included:
 1. The conditions under which a room may be searched
 2. What items must be removed
 3. Documentation requirements related to the date, the time, the items removed and their location
 4. The conditions under which a room search is no longer required

Policy Considerations

- Pat searches. It may be necessary to do a pat search on some individuals if they attempt to conceal items that could be used to harm themselves.
- Policy considerations may include how a pat search will be accomplished, who is authorized to complete a pat search, and how the authorization is provided.

Policy Considerations

- Removal of personal possessions. If an individual's personal possessions are removed:
 1. Include a list of those items in their suicide prevention plan.
 2. Where the items will be stored.
 3. The conditions under which the items will be returned. Refer to W137.

Policy Considerations

All plan interventions that involve a risk to client protections and rights require Human Rights Committee and parent/guardian approval. Refer to W124, W125, W262, W263 & W264.

However, if the individual has had no previous history of suicidal ideation (i.e. threats or attempts), emergency measures, such as restraints may be implemented in order to keep the individual safe. Refer to W296.

Policy Considerations

Each individual with a history of suicidal ideation must have a treatment plan in place and the plan must be accessible to staff.

The plan must be individualized, based on the individual's assessment and staff must be trained on the plan.

Refer to W193, W212, W214, W227, W248 & W260.

Proactive Interventions

If an individual suffers the loss of a family member, friend, pet or any other significant loss, assess whether grief counseling would be of benefit. The assessment must be documented. Refer to W111, W254 & W259.

For individuals approaching the anniversary of a loss, watch for signs of depression.

Proactive Interventions

Some signs of depression may include:

- Withdrawal
- Changes in sleep patterns
- Agitation
- Change in personality
- Changes in eating habits
- Loss of interest in activities that were previously reinforcing or any other behavioral characteristics peculiar to the individual.

Proactive Interventions

REMEMBER!

Any sign of depression should be reported and assessed to ensure intervention strategies, including counseling, program methods, and medications, are sufficient to meet the needs of the individual.

Proactive Interventions

Some individuals may express statements regarding death. There are two types of statements made regarding suicide: direct statements and indirect statements.

Proactive Interventions

Examples of direct statements, which are easy to identify, may include:

- “I want to die.”
- “I am going to kill myself.”
- “I don’t want to live anymore.”
- “It will all be over soon.”

Proactive Interventions

Indirect statements may be more difficult to identify and occur in casual conversation:

- “I can’t keep this up.”
- “I wish I could go to sleep and never wake up.”
- “Why am I here.”
- “What’s the point of going on.”
- “Why bother with life.”

Proactive Interventions

Even though indirect statements may not be as explicit as direct statements, they should be taken just as seriously as direct statements.

Proactive Interventions

Any of these signs can have a gradual or sudden onset. Being alert to the direct or more subtle indicators can make a big difference in a life.

All threats must be taken seriously, even if the facility does not think the person has real intent.

References

¹ *State Operations Manual Appendix J - Guidance to Surveyors: Intermediate Care Facilities for Persons With Mental Retardation*. Retrieved from http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_j_intermcare.pdf

*Send your comments or questions to
fsb@dhw.idaho.gov*