Suicidal Ideation and Regulatory Requirements in ICFs/IID
Introduction

Suicide is a major public health concern. According to the National Institute of Mental Health (2019), over 47,000 people died by suicide in the United States in 2017; it is the 10th leading cause of death overall.

“Suicide is complicated and tragic, but it is often preventable. Knowing the warning signs for suicide and how to get help can help save lives.”¹
Signs and Symptoms

The list below may be signs that someone is thinking about suicide.

• Talking about wanting to die or wanting to kill themselves
• Talking about feeling hopeless or having no reason to live
• Making a plan or looking for a way to kill themselves
• Talking about feeling trapped or that there are no solutions
• Feeling unbearable pain (emotional pain or physical pain)
• Talking about being a burden to others
• Acting anxious or agitated
Signs and Symptoms

• Withdrawing from family and friends
• Changing eating and/or sleeping habits
• Showing rage or talking about seeking revenge
• Taking risks that could lead to death
• Talking or thinking about death often
• Suddenly changing from very sad to very calm or happy
• Giving away important possessions
• Saying goodbye to friends and family
Risk Factors

Suicidal behavior is complex, and there is no single cause. Many different factors contribute to someone making a suicide attempt.

People most at risk tend to share specific characteristics. The main risk factors for suicide are:
Risk Factors

• Depression, other mental disorders, or substance abuse disorder
• Certain medical conditions
• Chronic pain
• A prior suicide attempt
• Family history of a mental disorder or substance abuse
• Family history of suicide
• Family violence, including physical or sexual abuse
• Having recently been released from prison or jail
• Being exposed to others' suicidal behavior, such as that of family members or peers
So what does all this mean for individuals residing in an ICF/IID?
Regulatory Requirements

All facilities should have a policy on suicidal ideation regardless of whether the facility has individuals with a history of suicidal ideation. Refer to W149.$^2$
Policy Considerations

The policy should include a definition of suicidal ideation and directions to staff on how to respond to a suicide threat or attempt. Refer to W191 and W193.
Policy Considerations

The policy should include:

• Training requirements for direct care staff to ensure individuals are kept safe; and

• Training requirements for key staff to ensure they are qualified to assess suicide risk and the need for increased supervision (i.e., suicide watch).
Assessing suicidal ideation should be conducted by an individual who has professional training in mental health and suicide prevention and intervention. 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 examples that might be included:
Policy Considerations

• One-to-one supervision as it pertains to a suicide watch. This should 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 a suicide watch.
Policy Considerations

Room Searches: Room searches should be included in the policy and include the following:

1. The conditions under which a room may be searched and what items must be removed. A list of preferred items should be identified in the person’s suicide prevention plan.

2. Documentation related to the date, the time, the items removed, and where the items are secured.

3. The conditions under which the items will be returned to the person. Refer to W137.

4. Instructions related to roommates and securing their possessions. Refer to W124, W125, W137, and W264.
Policy Considerations

• Pat searches: It may be necessary to do a pat search on an individual if they attempt to conceal items that could be used to harm themselves.

The policy should include how a pat search will be conducted, who is authorized to complete a pat search, and how authorization is obtained.
Regulatory Requirements

Because the interventions are considered restrictive, they require parent/guardian consent and Human Rights Committee approval (unless the individual had no previous history of suicidal ideation). Refer to W124, W125, W262, W263 and W264.
Regulatory Requirements

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

The plan must be individualized, based on assessment, and staff must be trained on the plan. Refer to W193, W212, W214, W227, W248 and W260.
Regulatory Requirements

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 and W259.
Additional Considerations

Individuals may express two types of statements:

1. Direct statements that are easy to identify (i.e., I want to die, I am going to kill myself, etc.).

2. Indirect statements made in casual conversation (i.e., I can’t keep this up, What’s the point of going on, etc.).
Additional Considerations

Watch for signs of depression in individuals approaching the anniversary of a loss. These may include:

• Withdrawal or isolation
• Changes in eating or sleeping habits
• Agitation or a change in their personality
• Loss of interest in activities that were previously enjoyable
• Behavioral characteristics peculiar to the individual.
Remember

Many people have some of these risk factors but do not attempt suicide. Suicide is not a normal response to stress.

Suicidal thoughts or actions are a sign of extreme distress, not a harmless bid for attention, and should never be ignored.
References


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