

# Concerns about Depression and Possible Suicide Risk

## **Depression is an Illness**

- Home visitors can read “Stories of Depression” (NIMH, 2003; See Appendix) to become familiar with symptoms of depression.

## **How may depression affect parents?**

Effects of severe depression on parents can be devastating, seriously interfering with a parent’s ability to carry out basic daily tasks. Severe depression can result in parents who:

- May be dressed in pajamas when you arrive for a home visit late in the day
- May be on the couch or in bed during the home visit and interact very little with you or their child/children
- May be especially difficult to engage in home visiting sessions and instead may turn their eyes away, speak very little, or show very little interest or involvement with their child/children.
- May be especially forgetful and have difficulty remembering appointments and/or information discussed previously
- May appear paralyzed in terms of decision-making, unable to make even simple decisions about daily routines or plans for themselves and/or their child/children.
- May talk about having “no energy” when they are at home all day and their house is extremely dirty

## **How may home visitors be affected when working with depressed parents?**

Home visitors, who are working with severely depressed parents, may find themselves feeling frustrated, angry, and/or resentful toward parents when they fail to remember appointments, fail to answer the door for home visits, and are difficult to engage during home visits. Failure to recognize and manage feelings of hopelessness, anger, and resentment on the part of home visitors can seriously interfere with rapport- and relationship-building with a parent.

## **How can home visitors inoculate themselves against and manage feelings and attitudes that can interfere with rapport- and relationship-building with parents affected by depression?**

- Read personal stories about experiences of people suffering from depression (see Books on Depression in the Appendix) to build empathy and to enhance your understanding of factors that exacerbate and perpetuate depression.
- When you notice such feelings in yourself, talk about them in supervisory meetings to find ways of letting them go and managing them.

## **What is the difference between depression and possible suicide risk?**

- While not everyone who is depressed has thoughts about suicide, individuals who attempt suicide, almost invariably have a history of depression.
- Familiarize yourself with suicide warning signs by reading “In Harm’s Way” (NIMH, 2002; see Appendix).

## **What are the boundaries and responsibilities of home visitors who are concerned about possible suicide risk?**

- As members of our research staff, we are NOT able to determine if a person is at-risk for suicide. It is the job of an admitting clinician of an emergency psychiatric facility to make this determination. However, it is the responsibility of home visitors to be aware of signs that a person may possibly be at risk for suicide and to bring these to the immediate attention of a supervisor.
- If you have any concern at all about possible suicide risk, call your supervisor immediately to discuss the situation and any action steps needed. If you can not contact your supervisor, continue calling research advisors until you contact support.
- When you see symptoms of severe depression in the families with whom you are working, discuss these concerns in research meetings. It is especially important for your supervisor/s to be aware of concerns that you are observing, and which may be evolving, so that they can be in the best position to support you should a crisis emerge.
- Possible follow-up actions with supervisory consultation may include:
  - (a) For individuals who are severely depressed but who are not currently displaying possible-at-risk behaviors, information-sharing and specific referrals may be appropriate.
  - (b) For individuals who may currently be at possible suicide risk and who can identify another person whom they trust to help get them to an emergency room if needed, types of intervention may include information-sharing with both individuals, provision of a specific referral to both parties, and requesting that the identified “helping adult” immediately transport the person, for whom there is a concern, to an emergency behavioral health center for evaluation.
  - (c) In rare and extreme situations in which there are no identifiable person to serve as a support for person who may be at possible risk of suicide, you will need to be prepared to place a call to 911 and stay with the person until emergency medical services arrive.
  - (d) Any and all concerns regarding self-harm as well as any actions taken should be documented on the Documentation of Concern Regarding Possible Risk of Self-Harm form.
- If you are concerned about possible risk of suicide, do not leave the person alone unless you are in danger. If you must leave the home due to concerns about your own safety, be prepared to go to the nearest safe location, call 911 stating your exact concerns, and contact your supervisor immediately.
- See “Responding to Possible Suicide Risk” for guidelines around what to do in response to situations involving depression and/or possible suicide risk. The content of the decision-making tree in “Responding to Possible Suicide Risk” is educational in nature and is no substitute for clinical supervision. Rather, it is meant to provide a conceptual overview of the intensity of interventions that may be appropriate in light of the severity of particular indicators and to point out where clinical supervision should be sought. These situations serve as examples only and can not cover the full range of possible situations that a home visitor may encounter. Special attention is given to differentially appropriate responses depending upon whether a home visitor is serving as an assessor or as an interventionist.
- **Three questions that are commonly used to guide decision-making around possible risk for suicide include the following: (1) Does the person have a plan to commit suicide/self-harm (i.e., can the individual answer questions about what, when, where, and how), (2) Does the person have means available for carrying out the plan, and (3) Are there any factors that are keeping the person from carrying out their plan?**

## **What NOT to do if concerned about depression and/or possible suicide risk**

- Don't dismiss concerns about depression and fail to mention them to your supervisor and in research meetings. While many people who suffer from depression do not have thoughts of killing themselves, individuals who commit suicide almost invariably have a history of depression.
- Don't assume that someone who is depressed is automatically at possible risk for suicide.
- Do not fail to contact your supervisor immediately should concerns about severe depression and/or possible suicide risk arise.
- Unless you are in a true emergency situation, don't intervene until you have first discussed all concerns with a supervisor and are operating under your supervisor's direction
- If someone tells you that they are thinking about killing themselves, do not attempt to convince them that "things aren't really so bad".
- Do not attempt to engage someone at possible risk in a verbal or written contract that they "won't attempt self-harm". Such contracts are not considered current best-practice and have not been demonstrated to decrease risk of suicide (Remley, 2003). They provide a misleading sense that someone may be "okay" when in fact they may be at imminent risk. Consistent with several recent litigation rulings, they also open the intervener up to being identified by the court as a person who was capable of recognizing someone to be at-risk of suicide. On the contrary, only specially trained mental health professionals are competent to make a functional determination of suicide risk, and this is best left to individuals deemed competent to do so, such as an admitting clinician of an emergency psychiatric facility.
- Unless your immediate safety is threatened, do not leave someone alone if they tell you that they are thinking about killing themselves and that they would carry through with such plans.