Mental Health Services: Provision or Referral
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Objectives
› Gain knowledge of mental health concerns for residents in long term care
› Gain insight into the challenges and barriers in the provision or referral of mental health care
› Understand the role and tasks of social workers in addressing mental health needs
› Gain knowledge of resources available to assist in the assessment and provision of mental health care

Mental Health Defined
Mental health is
“a reflection of one’s psychological well-being and ability to contribute intellectually to functions of daily living regardless of her or his physical health or disability.”

Prevalence of Mental Illness
› Over 500,000 persons with mental illness (excluding dementia) reside in US nursing homes daily
› Mental illness as primary diagnosis in 70–80%
› Large cross–state variation in rates of mental illness

Mental illness in a long–term care facility is the proverbial elephant in the living room
› It is present, but not formally diagnosed or treated
› Bias toward use of medication
› Psychological treatment is not openly embraced or available
Mental illness: depression, anxiety, loss, substance use, schizophrenia, personality disorders
Potential negative influence on course of physical illness, and opportunity for discharge
Poor mental health can slow down recovery, make pain intolerable, increase suicide risk, and cause stress on caregivers

Challenges to Provision of Care
- Not enough time to address all the needs assessed
- Lack of skill or experience
- Individual is reluctant to seek help, or does not know to seek help
- Not enough trained professionals who understand the aging process and can deliver services to the unique nursing home population
- Limited resources

Key Player: Social Worker
- Identify individuals with poor mental health
- Develop a plan of action:
  - Provide mental health care directly
  - Involve other staff e.g. activity professional, nursing
  - Refer to mental health professionals in the community

Social Worker Competencies
- Conduct a comprehensive evaluation of psychosocial factors that affect older persons’ physical and mental well being
- Identify issues related to grief and loss, transitions, and adaptations to changes over the life cycle
- Assess cognitive functioning and mental health needs of older adults (e.g., depression, dementia)

Social Worker Competencies
- Adapt psycho-educational approaches to enhance older persons’ coping capacities and mental health
- Utilize group interventions with older adults and their families (e.g., bereavement groups, reminiscence groups)
- Support individuals and families dealing with end of life issues related to dying, death, other losses, and grief

Case Study
- Rural community, 60 bed nursing facility
- 82 year old, widowed 6 months prior
- Per staff report: dementia, behavior problems, not participating in therapy, withdrawn
- Physician had her on Haldol – he told nursing staff it was an antidepressant (!)
- BIMS: 13, PHQ-9: 17, noted sad affect and crying, no signs or symptoms of delirium, no suicide ideation
- Reassurance, grief counseling, recommendation to start an antidepressant, family and staff involvement
Assessment

- Face-to-Face psychosocial assessment, “lay eyes on the resident”, look at mood, behaviors, cognitive capabilities
- Assessment Tools embedded in the MDS 3.0
  - BIMS: Brief Interview for Mental Status, Section C, 0100 Cognitive Patterns
  - PHQ-9: Patient Health Questionnaire, Section D, D0100 Mood
  - CAM: Confusion Assessment Method, Section C, C1300 Signs and Symptoms of Delirium

Plan: Approaches to Care

- Provide Services
  - Goal: Prevent development and worsening of poor mental health
  - Address milder conditions, e.g. adjustment, loss, mild depression
  - Social worker provides or coordinates care: screening, referral, and works with nursing staff to evaluate target symptoms and assess outcomes (if pharmacotherapy is sought as option)

Plan: Approaches to Care

- Refer
  - Referral is made to outside mental health professional
  - Focus on more severe mental disorders
  - Social worker is the “bridge” between the nursing home and the outside professional, and is familiar with the action plan of the professional

Care Plans

- Work with MDS nurse if Mood is triggered
  - Ensure that the computer generated software care plans are accurate, realistic, and measurable
- Concern
  - Are you looking at the care plan that is generated?
  - Does the care plan reflect what you, the social worker, is doing or capable of doing?
  - If NOT, can you make a change: correction or amendment?

Implement & Evaluate

- Document implementation of the plan, e.g. 1/19/13 Met with resident, discussed loss associated with sister’s death, offered reassurance and support, brighter affect noted this visit. Jane Doe, LBSW
- Evaluate if the plan is effective, e.g. is the resident resuming previous activities, does she care about her personal hygiene, is he talking about his wife’s death?
- Work with nursing staff to assess effectiveness of pharmacotherapy, if utilized

Resources

- NCOA, Center for Healthy Aging, Behavioral Health Resources http://www.ncoa.org/improve-aging/center-for-healthy-aging/behavioral-health/tools-and-resources.html
Resources

- SAMHSA, www.samhsa.gov/prevention
  - Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities, (SMA10-4515)

- MacArthur Foundation Initiative on Depression and Primary Care, Toolkit
  - http://www.depression-primarycare.org/clinicians/toolkits/

Resources

- What Practitioners Should Know About Working With Older Adults

- APA Caregiver Briefcase