

Long Term Care and Mental Illness Overview

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Long-Term Care and Mental Illness: Overview

According to the American Psychiatric Association (APA, 2020a), *mental illnesses* are “health conditions involving changes in emotion, thinking, or behavior.” Nearly one out of five adults in the United States experiences some form of mental illness, implicating the importance of psychiatric care. It is important to remember that, like heart disease or diabetes, mental illnesses are treatable medical conditions.

Today, mental illness is common among residents of nursing homes. Since the deinstitutionalization of mental health facilities and hospitals in the 1980s (Rahman et al., 2013), residents of long-term care facilities have increasingly included individuals with mental illnesses. Over the past 30 years, one fourth of residents in long-term care facilities have been diagnosed with mental illnesses such as schizophrenia, bipolar disorder, depression, and anxiety. The number of individuals aging with mental illness will continue to grow; it is estimated that in the next 40 years, the number of individuals living with mental illness over the age of 65 will almost double (Substance Abuse and Mental Health Services Administration, 2019). As the population ages and the need for long-term care increases, settings where both medical and psychiatric conditions can be managed will be essential. Individuals with mental health conditions do not fare as well as others, and in nursing homes they tend to need more assistance to maintain activities of daily living and adhere to medication regimens. To keep their mental health conditions balanced and to optimize their health outcomes, structured mental health care within

long-term care settings is critical. Addressing this growing need of the mental health population is therefore a priority.

Appropriate Mental Health Treatment in Long-Term Care

Often the mentally ill have psychological and behavioral symptoms that can contribute to their poorer well-being within the long-term care environment, but appropriate treatment can help to improve those symptoms (Smith, 2005; van der Wolf, 2017). It can also reduce their psychiatric hospitalizations (Grabowski et al., 2020). If the main goal of mental health care is to improve people's quality of life and well-being, that goal is especially important for residents in long-term care. The most effective care consists of a multi-disciplinary approach, with treatment discussed and provided by many different providers (Grabowski et al., 2020). Access to such mental health care for residents is imperative for the success of long-term care facilities, especially those that admit high numbers of mental health clients.

Suggestions for Effective Multi-disciplinary Care in Long-term Care

The care of patients with mental illnesses in nursing homes brings with it challenges, because these patients may be younger in age, with fewer physical limitations. Most long-term care facilities house patients who are medically fragile and who may have cognitive impairments or other mental conditions, but the combination of those patients with younger, less fragile patients creates a challenge for providing adequate therapeutic activities to such a mixed population. Maintenance of a structure with a set routine is vital within long-term care communities, because it provides a sense of safety and security among patients, but facilities must be sensitive in providing good care and activities not only for older residents but for the growing population of younger residents. Holistic activities such as art, gardening, and exercise can help residents overcome boredom and behavioral problems (Buettner, 2001). Good

recreational activity schedules are also effective. Such meaningful activities provide a structured routine and improve overall outcomes for residents with mental health conditions. Hourly activities enable continued engagement and decrease idle time.

Nursing homes can therefore be proactive in seeking multi-disciplinary input to both create and implement activities that fit both older and younger nursing home residents (Figlerski, 2018). Routinely scheduled appropriate activities are one of the best nonpharmacological interventions that can minimize problematic behavioral events. Teaching staff to provide appropriate interventions and activities for patients with mental health diagnoses improves the nursing home environment. Maintaining control of behavioral issues that can arise within the long-term care setting through this training is crucial for keeping patients with mental illness out of the hospital system (Figlerski, 2018).

Educational Needs for Staff and Caregivers within Long-Term Care Settings

Most long-term care facilities offer training in how to care for patients with dementia and medical fragility. Residents with mental illnesses often have a history of special needs, requiring specialized training for their care (Kaldy, 2018). Educating staff about how to handle behavioral complications associated with mental illness among residents in long-term care settings can help to decrease caregiver burnout and can improve the quality of care. Staff must know how to recognize behavioral warning signs and how to intervene before issues arise. Educating staff in how to properly handle patients with noncompliance issues and in how to talk to these patients to identify triggers and fears can be extremely helpful in maintaining homeostasis, and training in crisis intervention can also improve staff satisfaction (Kaldy, 2018). Such training can create a positive work environment for addressing mental health within the long-term care setting. Maintaining stability within the long-term care environment and among patients with mental

conditions must be the core model to provide safe and effective care. Educating caregivers within long-term care facilities may instill confidence in them in providing appropriate care to their patients (Lingum et al., 2020).

Access to Behavioral Health Services in Long-Term Care

Providing mental health care for patients that need it in long-term care facilities assists them in keeping their symptoms under control and can enable them to live with less restriction. Offering psychiatric and psychological services to residents can enhance their behavioral treatment. Maintaining mental stability with an appropriate medication regimen *along with* a routine and structure provides order in their living environment and improves overall outcomes. These measures can reduce admission rates to the hospital system (Spanko, 2019), as well as reduce recidivism, which remains high for patients with mental illness even in controlled environments such as long-term care facilities. Access to mental health services *plus* medication regimens is therefore important within the long-term care environment and can enable facilities to admit and care for more patients.

Rural Area Challenges Related to Behavioral Health in Long-term Care

In rural areas, where mental health care within long-term care environments is sparse and some facilities do not provide access to mental health services at all, telemedicine is becoming a popular way to link urban care clinics with rural facilities to provide mental health services where they would otherwise be lacking (Smith, 2005). Interactive telemedicine is increasingly facilitating rural nursing homes' access to mental health treatment within the communities that they serve. Some of the services that interactive telemedicine can offer to long-term care environments include family, group, and individual therapies, as well as psychiatric evaluations, guidance about medications, and patient teaching (APA, 2020b).

CMS Regulations on Use of Psychotropic Medications in Long-Term Care

The Centers for Medicare and Medicaid Services (CMS) provide regulations for long-term care settings, including guidelines for the treatment of patients with mental health conditions. In 2012, there was a push to reduce the use of antipsychotic medications in dementia patients, and in 2016 with the adoption of the CMS Mega Rule, regulations were applied to all patients with mental health disorders who are on psychotropic medications (Borntrager & Figlerski, 2019). The CMS does approve antipsychotics for chronic mental conditions such as schizophrenia, but not for bipolar disorder or major depression. All psychotropic medications are subject to a gradual dose reduction review if patients have been started on them in the last year, unless contraindicated by documentation.

Although the FDA has approved several antipsychotic medications for bipolar and major depressive disorder, in nursing homes these diagnoses are not accepted by the CMS as reasons for use (Borntrager & Figlerski, 2019). This limits providers' ability to prescribe certain medications in long-term care, even when other options have failed. In severe cases of mental illness, such medications may yet be necessary, which creates a problem when they are prescribed, owing to rules for long-term care centers' reimbursement. Long-term care centers with a large population of residents with mental health conditions can be affected by this CMS rule (Borntrager & Figlerski, 2019).

CMS monitors psychiatric providers' prescription of psychotropic medications in long-term care settings. Appropriate psychiatric diagnoses with FDA-approved treatment options are a key to providing proper care, and the CMS Nursing Home Compare Five-Star Quality Rating System includes the use of psychotropic medications (Psych360, 2020). Appropriate diagnoses

and proper use of psychotropic medications contribute to an assurance that a facility is following guidelines with best practices, providing the best care for residents.

Texas CMS Regulations on Antipsychotic Usage in Long-Term Care

In 2014, Texas entered the CMS National Partnership to Improve Dementia Care in Nursing Homes, one of the purposes of which was to address the use of antipsychotics in long-term care settings. Among U.S. states, Texas had the highest percentage of antipsychotic use in nursing homes; in 2011, 28.8% of Texas nursing home residents were receiving antipsychotic medications (Texas Health and Human Services, 2018). It was determined that high staffing turnover and a lack of knowledge, skills, and abilities among staff providing care were the main contributors to this situation (Texas Health and Human Services, 2018). Policies and procedures to address these problems were initiated at the administrative level. The Texas Quality Incentive Payment Program (QIPP) was introduced to help long-term care facilities meet benchmarks on lowering antipsychotic rates as well as work on other issues within nursing facilities (Texas Health and Human Services, 2020). Over a 3-year period, facilities were offered monetary incentives to participate in improving the quality of care for residents, with a major goal of providing nonpharmacological interventions and reducing the use of antipsychotic medications. Since 2011, the number of residents receiving antipsychotic medications antipsychotics in nursing homes has been reduced to 14%. With 18 consecutive quarters of reduction, Texas has the best record in comparison with other states. Collaboration among healthcare providers, long-term care staff, and regulatory agencies has helped to improve residents' care (Texas Health Care Association, 2018). This is a great example of how working together to improve care for residents can continue to improve overall outcomes in the long-term care setting.

Conclusion

Mental illness is common in the long-term care environment, and this prevalence will continue to grow over the next 40 years. As individuals with mental conditions age, the need for placement in long-term care facilities will continue to be a priority. Providing appropriate mental health care and applicable treatment regimens for residents with mental health conditions is imperative to keep the milieu in the long-term care environment balanced. Empowering staff to be in tune with mental health residents decreases the risks for mood dysregulation and problems within the long-term care environment.

Working within the CMS regulations and providing appropriate treatment for patients with mental illness is imperative to operate within the guidelines of the nursing home while still maintaining a medication regimen that benefits the patient (Borotrager & Figlerski, 2019). Mental health services within long-term care settings help maintain appropriate regimens for the residents and provide therapy to best manage their symptoms and keep them out of the hospital system. Providing appropriate training for staff on how to deal with mental health clients and handle crisis interventions in the long-term environment can enable staff to care for these individuals appropriately and defuse situations that can cause behavioral conflict within the nursing home (Kaldy, 2018). Support for mental health residents within long-term care offers an opportunity to accommodate many types of clients within the long-term care setting.

Mental health care is crucial within long-term care centers as progressively more individuals with psychiatric diagnoses are being admitted and maintained in these environments. Providing oversight of mental health diagnoses and treatment regimens is important, because most of these individuals need close attention to prevent relapse or worsening of their conditions (Kaldy, 2018). As the dynamics of the nursing home population shift, the need for trained,

skilled caregivers is vital. Our goal, both now and in the future, is to provide the best care to patients of all ages and conditions within the long-term care environment.

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