Navigating the Mental Health Complexities of a Progressively Younger Long Term Care Population

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Examining the Progressive Demographic Change in Long Term Care

Statistics
- Over 1 million nursing home admissions a year across the United States
  - 14-22% of new admissions are 18-64 years old
  - Assisted Living – 37% are 64 or younger
  - 27.4% are diagnosed with a “Severe Mental Illness”
- Of those diagnosed with Schizophrenia and Bipolar Disorder – 54% were nonelderly
- Short Term Care/Rehab admissions with a “Severe Mental Illness” are 45.6% more likely to transition to Long Term Care
- Substance Abuse/Use diagnoses are not included
Sociological and Cultural Factors to an Increase in Younger Demographic in Long Term Care

- Progressive Closure of State Hospitals in the 1970’s and 1980’s
- Limited Resources
  - Funding
  - Excessive Caseloads
  - Poorly Managed Mental Health
  - APS, Medical Staff and Alternate Authority
- Younger Population with Medical Complexities
  - Nancy Miller with the University of Maryland – 10 year study

Patient Testimony

“Kathy”

- 57 y/o SWF residing in ALF. Working as a PA up until 6 months ago.
- Change in mental status first noted 12+ months ago (MoCA Score of 17/30). Neuropsych Assessment of post several Emergency Department presentations resulting in dx of Dementia. Patient has noted 20+ year of ETOH abuse/dependence.
- Later diagnosed with specificity-Wernicke Korsikoff Dementia and Major Depressive Disorder.
- “I’m too young. I don’t belong here”, “I try to develop relationships, but they’re too confused to understand me or we don’t have the same interests. It’s a different generation you know”. 
“Ricky”

- 21 y/o SHM with no children residing in SNF/SAR post MVA resulting in right sided paraplegia, multiple fractures and encephalopathy.
- Cognition intact and no history of mental illness.
- Disruptive behaviors: noncompliance with care and verbal outbursts. Staff reported isolation in room.
- “A lot of them (staff) are as old as my mom and treat me like I’m their kid. I’m not a kid and don’t need that. I don’t even use that light anymore unless I can’t figure it out or my girlfriend’s not here to help me”, “I don’t go out until 8 or something. That’s when they’re all in their rooms”.

Identifying Mental Health Diagnosis and Needs of a Younger Demographic in Both Assisted Living and Skilled Nursing Facilities

- Chronic Mental Illness Diagnosis
  - Schizophrenia
  - Schizoaffective Disorder
  - Psychosis Unspecified
  - Bipolar Disorder
  - Major Depressive Disorder
  - Anxiety – Generalized Anxiety Disorder
Schizophrenia

- Criterion A:
  - Delusions
  - Hallucinations
  - Disorganized Speech
  - Disorganized or Catatonic Behavior
  - Negative Symptoms — lack of feelings or behaviors that are usually present

- Criterion B: Social/Occupational Dysfunction

- Criterion C: Duration of 6+ months

- Criterion D: Schizoaffective and Alternate Mood disorders have been excluded

- Criterion E: Substance or general medical conditions excluded

- Criterion F: Is there a relationship to a pervasive developmental disability.

Schizoaffective and Unspecified Psychosis

- Schizoaffective Disorder
  - Schizoaffective Disorder Forms a link between psychosis and mood (depression or mania present throughout the majority of the illness)

- Psychosis Unspecified
  - Presentation that does not meet criteria for a more specific diagnosis and is not attributed to a developing delirium.

Mood Disorders

- Bipolar Disorder
  - Has one or more severe major depressive episodes with at least one hypomanic episode (we can see psychosis with hypomanic episodes and with major depressive disorder).

- Major Depressive Disorder
  - Mental disorder characterized by a pervasive and persistent low mood that is not accompanied by low self-esteem and by a loss of interest or pleasure in normally enjoyable activities.
Anxiety (Generalized Anxiety Disorder)

- Excessive, uncontrollable and often irrational worry, apprehensive expectation about events or activities (some will express physiological/somatic components ie. butterflies in stomach, racing heart, sweaty palms, chest pain or feeling sick).

Recognizing Personality and Character Disorders/Traits Being Identified in this Younger Population

- Difficult Resident or Personality Disorder?
- General Description – A personality disorder is a type of mental disorder in which you have a rigid and unhealthy pattern of thinking, functioning, and behaving.
  - Cluster A – Odd or Eccentric
  - Cluster B – Dramatic or Erratic
  - Cluster C – Anxious or Fearful

Utilizing Staff Input

Differentiating Between Substance Use, Abuse, and Dependence

- Substance Use – someone consumes alcohol or drugs, primarily social, but can appear abusive or develop into a pattern resulting in a dependence.
- Substance Abuse – a person using drugs or alcohol despite negative consequences in their lives.
  - Failure to fulfill obligations at work, home or school
  - Regular use in situations that are hazardous
  - Adverse side effects or problems
  - Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the substance
- Substance Dependency – someone dependent on drugs or alcohol.
  - Develops a tolerance
  - Experiences withdrawal
  - Takes larger amounts and for longer duration than intended
  - Social, occupational, or recreational activities suffer or are given up
  - Substance use continues despite the exacerbation of physical or mental health conditions
Identifying Approaches and Interventions to Best Address Quality of Life and Transitioning Cultures in Long Term Care

Analyzing Cultural Changes within Long Term Care environments that promote Quality of Life; Increase Sense of Belonging in Current Long Term Care Environments

- Adopting an Intergenerational Mindset
- Differences in interests and needs
- Intergenerational conflicts present in the “real-world” also exists in Long Term Care settings
- Varied activities
- Environment that encourages residents to grow together
- Role Designation

- Being Mindful of Varied Schedules for Residents
- Meals
- Activities
- Volunteers

Community Resources

- Community-Based Day Programs
  - Complex Care Sacks
  - Offering job placement and transition
  - Identifying and linking with education
  - Mental health treatment
  - Recreational engagement beyond the skilled facilities in a broader setting.

- Support Groups
  - Internal or External
  - Alcoholics Anonymous
  - Narcotics Anonymous
  - Al-Anon
  - Medically related Support Groups

- Community Transition Programs
  - NFT (Nifty) Nursing Facility Transition Program ( waiver)
Identifying Psychiatric and Psychological Interventions via Utilization of Consulting Entities

- Having appropriate mental health resources available to meet the needs of this change in population.
- Psychology and Psychiatry services
- Psych staff with knowledge and experience in treating substance disorders, personality disorders, and the complexities of life transitions
- AA/NA groups

Verbal Communication

- Use the name of the resident and make sure you have their attention.
- When referencing an alternate staff member, use that staff member's name and title.
- Be mindful of rate, tone, and volume.
- Rule of 5
  - Use statements & questions with 5 words or less, using words with 5 letters or less.
  - Reasoning: "Magical Number Seven +/- two" – Studies have found that people are able to process up to 7 (+/- two) different types of stimuli within an environment or interaction.

Communication and Residents that Present with Traits of Personality Disorders

Working Through
Counter Projection
Time Out
Limit Setting
Nonverbal Communication

- Approach in a slow and calm manner.
- Keep your hands visible.
- If at all possible, do not approach from the back or the side.
- Be mindful of posture – open and relaxed.
- 10-5-3 Rule

Assessment Tools

- Substance Use/Abuse
  - Clinical Institute Withdrawal Assessment for Alcohol Scale – CIWA-Ar
  - Drug Abuse Screening Test – DAST-20
  - Brief Fear Of Negative Evaluation Scale – BFNE
  - Depression Anxiety Stress Scales – DASS-21
  - Generalized Anxiety Disorder Questionnaire-IV – GAD-IV
  - Generalized Anxiety Disorder 7 – GAD-7
  - Hamilton Anxiety Rating Scale – HARS
  - Patient Health Questionnaire – PHQ-9
  - Alcohol Use Disorders Identification Test – AUDIT

- Anxiety
  - Brief Fear Of Negative Evaluation Scale – BFNE
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  - Generalized Anxiety Disorder Questionnaire-IV – GAD-IV
  - Generalized Anxiety Disorder 7 – GAD-7
  - Hamilton Anxiety Rating Scale – HARS
  - Patient Health Questionnaire – PHQ-9

- Mood Disorders
  - Patient Health Questionnaire-9 (PHQ-9)
  - Columbia-Suicide Severity Rating Scale
  - Suicide Assessment Five-step Evaluation and Triage (SAFE-T)
  - The Suicide Behaviors Questionnaire-Revised (SBQ-R)

- Psychotic Symptoms – Medication Adherence
  - Count missed doses
  - Drug Attitude Inventory
  - Medication Possession Ratio (MPR)
  - Gap measure

- Psychotic Symptoms – Symptom Severity
  - Revised Behavior and Symptom Identification Scale (BASIS-R)
  - Symptom Checklist-90-Revised (SCL-90-R)
  - Brief Symptom Inventory (BSI)
References