

# LONG TERM CARE: MEETING THE CHALLENGE OF MENTAL HEALTH

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# Prevalence of Mental Health Disorders

- "Rovner in 1990 reported specific psychiatric disorders of 454 consecutive admissions to nursing homes. More than 2/3 of the residents had some form of dementia; 10% had mood disorders; and 2%-4% were diagnosed as having schizophrenia. In addition, 40% suffering from a dementia had psychiatric complications." (LeClair and Hamilton, 2008)
- "An increasing number of persons formerly in mental health beds are going to long term care homes—1732 in 2002-2003 and 1,983 in 2004-2005." (LeClair and Hamilton, 2008)

# How I met Mary...

- We had received Mary's application (RAI) for permanent placement but had some concerns about her behaviour and the effect it would have on our other residents and our ability to provide the care she required. We asked to meet with Mary and her family to obtain the information we required to make the best decision and prepare for Mary's admission if she was approved.
- The decision was made to admit Mary.

# Preparation

- From meeting with family: learn about Mary's past history, family dynamics, interests, coping strategies, strengths, spiritual/religious background, what upsets her or triggers
- Obtain consent to release information to access previous psychiatric consultation notes
- Arrange pre-admission conference for staff – include staff from Adult Day Program who can share their knowledge of Mary

# Communication

With long term care staff :

- Develop initial interdisciplinary care plan including strategies to avoid and/or manage disruptive high risk behavioural issues (e.g. physical aggression)
- Identify who will monitor mental health issues (e.g. pieces trained staff, social worker)
- Remind staff about the importance of documenting and communicating changes in Mary's behaviour as it occurs
- Determine what support husband John will require to reduce his anxiety about Mary's care

# Communication

With family:

- Discuss with family what they wish their involvement to be (review POA information)
- Discuss what the LTCH will be able to provide and what support is needed from family
- Include Mary in discussions that are geared to her level of dementia and understanding

# Support & Risk Management

- Identify what resources are available for support around the medication/psychotic episodes if necessary (e.g. geriatric outreach consultants, PRC's)
- High Intensity Needs Funds (HINF) if necessary for private room or one-to-one caregiver

# Partnerships

Establish and nurture relationships with:

- Geriatric Outreach Consultants
- Psychogeriatric Resource Consultants
- In-patient psychiatric units
- Compliance Advisors

# Resources

- LeClair, Ken; Hamilton, Pam. Looking Through Different Lenses: *Meeting the Mental Health Challenge in Long Term Care*. Long Term Care. Vol. 18, No. 1; March/April 2008
- Ontario Ministry of Health & Long Term Care. *Putting the PIECES Together: A Psychogeriatric Guide and Training Program for Professionals in Long Term Care Facilities in Ontario*. October 1997