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# Creating wellness and reducing costs by targeting the emotional health of residents, staff and families

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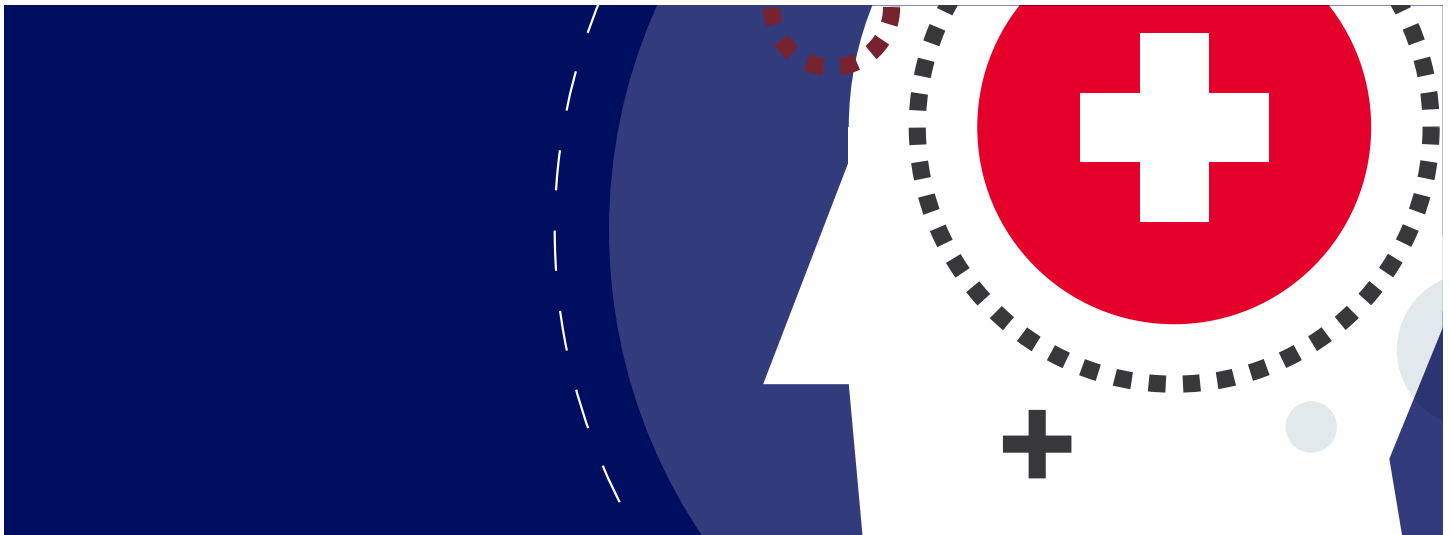


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The long-term care industry has breathed a collective exhale in recent months over some of the current clinical indicators of the more than two-year-long pandemic. Now the time has come to better deal with the damage inflicted on the mental health of the people both inside and outside of long-term care, experts agree.

Cases involving schizophrenia, bipolar disorder and other mental illnesses are piling up in nursing homes across the country. And it's not only residents who are among the afflicted.



In many nursing homes across the country, up to 80% of their resident population live with some form of mental illness. Some of our nation's nursing homes are essentially operating as psychiatric hospitals.

– ELEANOR FELDMAN BARBERA, PH.D.

“Emotional wellness can't just be waived off as an optional condition that may or may not deserve your full attention,” said geropsychologist Eleanor Feldman Barbera, Ph.D, who runs a successful practice and writes about the industry as a *McKnight's Long-Term Care* columnist. “In fact, your personal and professional lives may depend on it.”



Vital topics include trauma-induced care, the pandemic and its impact on caregivers and residents, and more potentially far-reaching topics, Barbera said.

“If you don't tend to your own emotional wellness, as well as that of those around you, it could affect everything else you're doing,” said Barbera, who recently led a special *McKnight's* webinar, “Creating wellness, reducing costs: Targeting the emotional health of residents, staff and families.”

The COVID-19 pandemic has revealed the enormous costs associated with a lack of attention to the mental health needs of residents, staff and families. From failure to thrive, to the exodus of employees, to the anger and lawsuits of family members, nursing homes are realizing that changes are needed in the long-term care environment in order to remain viable, thriving enterprises.

Barbera explained that her years as a clinical psychologist have given her the credibility to analyze the emotional wellness of people inside nursing homes.

“In my experience, the environment of a psychiatric hospital and a nursing home are very similar,” she said. “They're both residential settings and the only difference is those who are cared for in the psychiatric hospital are referred to as 'patients,' while they are 'residents' in the nursing home.

“But in the psychiatric hospital, we are completely focused on their emotional well-being – their mental health – while in the nursing home, we have been focused on their physical health,” she added. “As this pandemic experience has shown, however, we can and should be focusing much more on their emotional and mental wellness – and ours, too.”

Barbera framed her story around the community of the



deeply affected – what she called “the long-term care triad of residents, staff and families.”

Her presentation was designed to help identify the underlying needs of the community that help to shift mindsets away from reactive toward proactive problem-solving.

While family and staff fully embrace caring for the physical part of their residents, Barbera explained, many are either ignorant of or afraid to broach the behavioral, or mental, health aspect of their care.

Doing nothing, however, can carry great risks. Many of them are financial.

“There are certain risks when we take a population in and we do not attend to their needs,” she noted. Left neglected or untreated, behavioral health issues can lead to adverse media attention, regulatory risk, and professional and facility licensure issues.

Additional risks include physical injury to staff, residents and family members by aggressive residents, some of whom may be traumatized or frightened before or after transfer. Staffing issues like shortages also can lead to reduced quality of care and empty beds, which often carry the risk of lower star ratings and F-tag citations, she added.

Barbera explained she is on a mission to convince the long-term care industry “to break out of its denial about residents with severe mental illness.” She shared the



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Residents with severe mental illness may need many services and conditions, including sufficiently trained staff.



Some of these residents are suffering from a catastrophic level of stress by the time they arrive in the facility. Many may require some form of psychoeducation about illness and issues like financial challenges.

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LTCFocus website with the audience to demonstrate how rates of schizophrenia, bipolar disorder and other mental illnesses have been rapidly increasing in many areas.

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LTCFocus.org allows any user to create a custom report or map showing the percentage of people diagnosed with schizophrenia or bipolar disease in any designated community, region or state. LTCFocus is a product of the Shaping Long-Term Care in America Project being conducted at the Brown University Center for Gerontology and Healthcare Research and supported, in part, by the National Institute on Aging.

In a discussion on understanding the behavioral health needs of nursing home residents, Barbera showed the importance of dealing with residents who have severe mental illness such as dementia, complex physical care needs and minimal community supports, yet are unable or unwilling to return to a home setting.

The behavioral health needs of residents with severe mental illness, which refers to psychotic disorders, bipolar disorders and either major depression with psychotic symptoms or treatment-resistant depression, require a number of things such as stable, sufficient staffing trained on mental illness; sufficient mental health support from professionals including psychiatrists, psychologists, social workers and nurses with psychiatric experience; and safe and tested discharge options.

Short-term residents with behavioral issues, meanwhile, can be trying, according to Barbera. Many may come to a nursing home after having suffered a crisis of some kind that, left unresolved, could manifest itself in unpredictable and sometimes violent ways, she added.

“Some of these residents actually are suffering from a catastrophic level of stress by the time they arrive in



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Caregivers should be mindful of additional and new kinds of stressors that residents' loved ones may face.

the facility," she added. "Many may require some form of psychoeducation about illness, and issues like financial challenges.

"Many times people get diagnosed with things like Parkinson's in the hospital without much follow through and then they come to us needing to be cared for," she added.

### FAMILIES AND STAFF MATTER TOO

Keeping families and staff whole during a nursing home stay comes with its own unique set of challenges, according to Barbera.

Caregivers should be mindful of the additional or new kinds of stressors loved ones have to manage when a spouse, sibling or loved one enters a facility.

There's a lot on their plates, such as bills that have to be paid and documentation that needs to be completed, she reminded.

Tending to family wellness requires a number of things. They need to be oriented to the facility, understand their roles as team members in caregiving, and be engaged in regular meetings with staff, and even with other families. Barbera recommends, among other things, establishing a "family council" to coordinate things such as communications and expectations.

Encourage a mission-driven work culture that shows the importance of having a higher calling while encour-

aging staff to "stick" with the jobs they signed up for. Create or modify job descriptions that include improved onboarding, team-building, career ladders and flexible scheduling. Make accommodations for things such as dealing with end-of-life issues. Consider employee assistance programs and using behavioral rounds.

"If your facility has a preponderance of residents with specific mental illnesses, find ways to provide training specific to those conditions," she urged. "Doing so will ultimately frustrate your caregivers less and give them the satisfaction of providing more targeted and meaningful care."

### RAISING YOUR IMPORTANCE

In closing, Barbera reminded participants about the importance of continuum of care and community.

"We can become an even more important part of the continuum of care with an understanding of what is needed within our continuing care and by finding or creating services that can benefit our community and bringing that community into our facility before they need us," Barbera said.

"If we can attend to these three core groups – their emotional and mental wellness of these core groups – we can improve the units and the teams which will affect the facility, and the facility is part of the continuum of care." ■



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