

## WORKING WITH INDIVIDUALS WITH MENTAL HEALTH CONDITIONS

### OVERVIEW

Long-Term Care Ombudsman Programs (LTCOPs) investigate and resolve complaints on behalf of residents<sup>1</sup> and provide other Ombudsman program services daily. Changes in public policy and in living options have resulted in changes in the resident population. In recent years LTCOPs are serving increasing numbers of individuals with mental illness who are living in long-term care facilities. These individuals are often younger and have different expectations about care and services than do older residents. Their needs and goals present new types of challenges for facility staff, other residents, and ombudsmen.

The issues that Ombudsman programs address are often complex. Working with a resident who has a mental illness may seem to increase the difficulty of a case. Ombudsman program representatives may feel that their knowledge is inadequate or may be uncertain about their approach and skills. Facility staff and other residents may be quick to call the LTCOP to report a problem with someone with a mental illness. A lack of knowledge and understanding may impede a satisfactory resolution.

This resource provides an overview of the topic, foundation points for ombudsman practice, and key resources for more in-depth knowledge and to improve communication and advocacy skills. However, this resource does not include in-depth information or resources related to specific medical conditions and their impact on an individual's functional ability. The training manual included in the Key Resources has an extensive list of references to learn more. It is good practice to include appropriate medical professionals in problem-solving with the resident's consent and be familiar with applicable federal and state long-term care regulations that apply to individuals with mental or behavioral health needs.<sup>2</sup>

<sup>1</sup> Residents refers to individuals living in long-term care facilities or other settings served by the long-term care ombudsman program.

<sup>2</sup> See the *CMS State Operations Manual Appendix PP – Guidance to Surveyors for Long-Term Care Facilities* for federal nursing home requirements and related guidance for surveyors, specifically pages 208 - 216, 449 ,455 -456, and 468 in the November 22, 2017 version. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

## FOUNDATION POINTS

The primary source for the information in this section is Dr. Susan Wehry, a geriatric psychiatrist and advocate. Notes from her numerous presentations to Ombudsman programs and printed materials form the basis of the following points.

Principles for Working with Individuals with Mental Health Conditions	Core Principles for Ombudsman Practice <sup>3</sup>
Identify your biases and reactions to mental illness. Be aware of how these may influence your work.	Ombudsman programs provide advocacy services unrestricted by his/her personal belief or opinion.
Begin with the individual. See the person, not the diagnosis. Individuals with mental illness have a history and a life apart from their medical condition. Ask the individual for her perspective on the situation, side effects of medication, desired outcome, preferences in daily life.	Begin with the resident. What does the resident want? Ombudsman programs work to achieve outcomes desired by residents.
Approach care planning and options for resolution by identifying and building on strengths, not deficits.	Building on a resident's strengths is a basic premise of Ombudsman program work, especially in care planning discussions.
Behavior is communication. An individual's actions may be indicating an unmet need such as pain, the need for space or assistance, or something else. The behavior needs to be understood, not controlled without determining the message or the reason.	Behavior is communication. Ombudsman programs apply this principle in many situations, particularly regarding decisions about restraints or residents' rights.
Understand empowerment and recovery in the mental health field. Connect individuals with mental illness and care providers with these resources.	The first approach in Ombudsman program practice is resident empowerment. Connecting individuals with resources is another hallmark of Ombudsman program practice.
Ombudsman programs bring a focus on the individual and an outside perspective into a situation.	Ombudsman programs bring a focus on the individual and an outside perspective into a situation.

<sup>3</sup> The information in the Core Principles is based on the *Code of Ethics for Long Term Care Ombudsmen and Equipping Long-Term Care Ombudsmen for Effective Advocacy: A Basic Curriculum*. <http://nasop.org/ethics.htm>, [http://lombudsman.org/omb\\_support/training/norc-curriculum](http://lombudsman.org/omb_support/training/norc-curriculum)

## KEY RESOURCES

To learn more about mental illness and how Ombudsman programs can best serve individuals with mental illness, begin with the following resources specific to Ombudsman program knowledge and practice. Additional information is available on the NORC website <http://ltcombudsman.org/issues/mental-health-mental-illness>.

### **Bad Reps and Bum Raps: Advocating for Residents with Mental Health Conditions**

A NORC webinar conducted by Susan Wehry, M.D., September 2009. The audio from the webinar and the PowerPoint presentation, *Advocating for Residents with Mental Health Conditions*, may be accessed via <http://ltcombudsman.org/issues/mental-health-mental-illness>.

### **Advocating for Individuals with Mental Health Needs: Engaging and Changing the System**

Session summary and resource guide prepared by Sara Hunt, NORC Consultant, based on a presentation by Susan Wehry, M.D., at the 2008 State Ombudsman Annual Training Conference. The content focuses on systems advocacy including identifying potential partners and resources. Some examples of ombudsman initiatives in a few states are described. An extensive annotated list of resources relevant to ombudsman work and training tools is included. [http://ltcombudsman.org/uploads/files/issues/Advocating-for-Residents-with-Mental-Health-Needs\\_2.pdf](http://ltcombudsman.org/uploads/files/issues/Advocating-for-Residents-with-Mental-Health-Needs_2.pdf).

### **Mental Health Ombudsman Training Manual, developed by Susan Wehry, M.D., for the New York State Long-Term Care Ombudsman Program**

The six-hour training program consists of five modules designed for the adult learner. Each module includes a well-defined set of objectives, suggested strategies for presenting the material; a PowerPoint presentation; exercises; homework and supplemental reading. [http://ltcombudsman.org/omb\\_support/training/materials-created-by-ombudsman-programs#mental](http://ltcombudsman.org/omb_support/training/materials-created-by-ombudsman-programs#mental).

*The National Long-Term Care Ombudsman Resource Center (NORC) is a program of the National Consumer Voice for Quality Long-Term Care (the "Consumer Voice"). This project was supported, in part, by grant number 900MRC0001-01-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.*