

To: Illinois Task Force on Nursing Home Safety

From: Alice Virgil, MA, LCSW

Date: November 19, 2009

Re: Psychiatric Rehabilitation for People with Mental Illness and Nursing Home Safety

Thank you for taking the time to explore this important issue. I would like to share my thoughts, experiences and recommendations with you regarding the culture of nursing home care in Illinois and the resulting effects on safety for nursing home staff, for people with mental illnesses who reside in nursing homes, and for elderly individuals who reside in nursing homes. I have a unique perspective as a licensed clinical social worker and former trainer for the Center for Psychiatric Rehabilitation at the University of Chicago. As part of Illinois' attempt to begin providing psychiatric rehabilitation services to people with mental illness who reside in nursing homes, from 2003 – 2005, I was responsible, along with my colleagues at the University of Chicago, for developing and providing training to staff working in nursing homes throughout Illinois.

My hope is to provide the task force with a better understanding of how nursing home safety is intimately tied to the culture and goals of the nursing home business. The following information should help you better understand how the goals and culture of nursing homes runs counter to providing psychiatric rehabilitation to people with mental illnesses, creates an adversarial relationship between staff and residents and ultimately increases the likelihood of violence in nursing homes.

The goal of my work was for nursing home staff to learn the information and skills to make it possible for them to competently provide psychiatric rehabilitation for nursing home residents who have mental illnesses. The trainings always began by stressing the importance of nursing home staff gaining residents' trust by showing that they would be willing to work with residents on goals relevant and important to the residents, thereby making it more likely that residents would want to participate in services offered by the home. After two years of training and an overwhelming similarity in responses from staff at nursing homes, I realized that the information I had to offer on psychiatric rehabilitation was virtually useless to nursing home staff, as this trust between staff and residents with mental illness is unable to occur in the current culture of nursing home care.

I have highlighted key considerations for your task force in bulleted format and have made recommendations based on my experiences working with nursing home staff. I hope that you consider this information in future decisions about nursing home care. Based on the information I have discovered in my work, I offer several recommendations for your consideration.

Before addressing the problems of nursing home care and people with mental illnesses, it is important to understand the core values and goals of psychiatric rehabilitation and why nursing home care, as currently set up, is not an appropriate place for most people with mental illness. Recovery is the ultimate goal of psychiatric rehabilitation and interventions must therefore facilitate the process of recovery.

In my experiences providing training to nursing home staff, there are currently no indications that staff behaviors contribute in any way to an individuals' recovery, but rather, tend to do quite the opposite. This is *not* a problem with the staff in nursing homes. They were, in my experiences as a trainer, generally good-willed, hard-working individuals doing the best they could to do their jobs, which meant following the organizational model. They generally provide decent care, even though they have little or no training on mental illness. Employees often make minimum wage and work two or three jobs to make ends meet. It is the organizational culture of nursing homes that leads to problems, including high staff burnout and turnover, extreme mistrust between residents and staff and ultimately the safety of all involved in the care system—from the staff to the residents.

The following are the core values of psychiatric rehabilitation. These values guided the development of training curriculum used for nursing home staff and are the foundations for my observations and recommendations to your task force. Staff often stated that the number one goal of nursing home administrators and owners is to “keep census up.” Please consider these values in that context.

#### **Psychiatric Rehabilitation Core Values:**

- Psychiatric rehabilitation practices help people re-establish normal roles in the community and their reintegration into community life.
- Psychiatric rehabilitation practices facilitate the development of personal support networks.
- Psychiatric rehabilitation practices facilitate an enhanced quality of life for each person receiving services.
- All people have the capacity to learn and grow.
- People receiving services have the right to direct their own affairs, including those that are related to their psychiatric disability.
- All people are to be treated with respect and dignity.
- Psychiatric rehabilitation practitioners make conscious and consistent efforts to eliminate labeling and discrimination, particularly discrimination based upon a disabling condition.
- Culture and/or ethnicity play an important role in recovery. They are sources of strength and enrichment for the person and the services.
- Psychiatric rehabilitation interventions build on the strengths of each person.
- Psychiatric rehabilitation services are to be coordinated, accessible, and available as long as needed.

- All services are to be designed to address the unique needs of each individual, consistent with the individual's cultural values and norms.
- Psychiatric rehabilitation practices actively encourage and support the involvement of persons in normal community activities, such as school and work, throughout the rehabilitation process.
- The involvement and partnership of persons receiving services, and family members is an essential ingredient of the process of rehabilitation and recovery.
- Psychiatric rehabilitation practitioners should constantly strive to improve the services they provide.

**Most serious problems with nursing home care of people with mental illness:**

- Attitudes and statements from most staff indicate that nursing homes follow a business model that shapes staff behaviors to meet goals of owners to make the highest profit possible.
- Behaviors of nursing home owners and staff indicate the presence of a business model where residents are perceived as the "product" to be kept in the home for profit.

*Note: There is nothing inherently wrong with profiting from a human being's need for mental health care and housing, but because nursing home owners' profit from public funds, the taxpayers should be assured they are getting the best possible value for their money. As others have noted and as the values of psychiatric rehabilitation indicate, community care is better, far less expensive and, most importantly, more humane and implies societal respect for the individual with mental illness. Nursing homes currently provide only minimal care with no opportunity for individuals with mental illness to receive services that provide opportunities for recovery. The choice for Illinois to not develop the better, less expensive community treatment begs the question as to what political motives are behind the current, most expensive and least effective, system of care for people with mental illness, where owners stand to profit millions by keeping the status quo.*

- Long-term care is set up as a business to care for people who will live in a home "long-term" or will likely die there, not for people who can be rehabilitated, therefore the treatment models do not fit with a recovery model
- Staff repeatedly reported in trainings that they could not work with residents who have mental illness on their personal goals because their goals were almost universally to get out of the nursing homes and live in the community and therefore in conflict with the goals of the nursing home.
- Staff stated their administrators did not allow residents to leave the homes, aside from going to the hospital for behaviors considered unmanageable by the home, and that their job was to keep census up by making sure residents could not leave.

- Residents with mental illness often develop a set of behaviors common to living in institutions (i.e., most freedoms/choices are taken away and attempts to express individual choice is met with resistance and can consequently lead to more aggressive behaviors)

**Typical comments from nursing home staff stated during psychiatric rehabilitation trainings:**

- *“If the owners and administrators want to keep census up and you’re telling us to work with residents on their goal of getting out of the nursing home and living in the community, how is that ever going to work? My administrator would never let me do what you’re telling me to do.”*
- *“My administrator told me that I would be fired if I let residents move to the community.”*
- *“My administrator asked me to put in extra codes during assessments to indicate a person had more problems than they really did so we could bill more.”*
- *“I let someone sneak out because I knew it was the right thing to do.”*
- *“The residents know we’re never going to let them leave, so they don’t want to participate in any services we offer.”*

**Recommendations for consideration:**

- Put systems of care in place to facilitate community living for people with mental illness and transition residents with mental illness from nursing homes to community care and housing
- Immediately find a way to change the payment structure for people with mental illness living in nursing homes to a performance-based contracting arrangement based on an average length of stay for people with mental illness receiving psychiatric rehabilitation services
  - Pay nursing homes only for success—i.e., only for those residents who are provided psychiatric rehabilitation services and are successfully transitioned to a community living arrangement
  - Use an independent, credible psychiatric rehabilitation expert to provide oversight of psychiatric rehabilitation services provided by nursing homes and to determine successful community living
  - Remove payment for residents who have not been successfully rehabilitated after an average length of stay, keeping in mind that a certain percentage of residents may not be successful living in the community, for a variety of reasons

*Note: If changes in the payment structure are made, psychiatric rehabilitation services and successful community living should NEVER be defined by the nursing home. It is critical to ensure that the residents are not “dumped” when the nursing home no longer profits from their stay.*

- Provide payment based on staff adherence to competencies, as determined by an expert in psychiatric rehabilitation services
- Include former and current nursing home residents in the planning and problem-solving process of the Illinois Nursing Home Safety Task Force
- Provide an independent and impartial assessment system evaluating the organizational culture and associated risk factors for violence and aggression (e.g., organizations where power structures are highly inequitable and opportunities for personal growth are severely limited are more likely to produce aggressive behaviors in any individual)

It is my belief that nursing homes can provide good psychiatric rehabilitation services, but will not provide quality care unless motivated by profit to do so. Good, quality psychiatric rehabilitation services in nursing homes will only occur if defined by a business model where profits are linked to the product—ideally, independent assessments of individuals with mental illness living successfully in the community. It is possible that if the business model were changed, and proper oversight provided, nursing homes might even be able to provide a service niche that is currently needed in the continuum of care. As the system of nursing home care currently stands, it is virtually useless, and possibly harmful, to people with mental illness who reside there. I hope you find this information useful as you work to create a safe and state-of-the-art system of care for both the elderly and mentally ill populations currently residing in nursing homes in Illinois.