Grass-roots geriatric mental health collaborative improving care delivery of elderly patients with dementia and behavior disorders

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America's biggest generation – the Baby Boomers – is aging. The U.S. Census reports that by 2030, 70 million Americans will be age 65 or older. Demand for senior health care services will increase across the board, including geriatric mental and behavioral health services.

The American Psychological Association (APA) reported that in 2012, an estimated one-fifth (20 percent) of adults aged 65 and older met criteria for a mental disorder, including dementia. For years, mental health services have not kept pace with a senior population that is living longer and placing increasing demands on America’s health care system. The availability of professionals trained in geriatric mental health to care for these patients in assisted living and long term care facilities has lagged.

More than half of all nursing home residents have some form of cognitive or behavioral impairment; often medical professionals turn to antipsychotic medications in an attempt to manage impaired behaviors, without fully understanding the true causes of the patient’s condition. Antipsychotics are not FDA-approved for managing behavior changes in people with dementia, and the lack of adequate care often can leave dementia patients with increased disability, reduced independence, a higher risk of escalated mortality and suicide and intensified stress on their caregivers.

In 2007, a group of public and private healthcare providers across Virginia convened to explore ways to improve the access to and effectiveness of geriatric mental health care services in Virginia. The Geriatric Mental Health Partnership (GMHP), a grassroots, volunteer-led organization hosted by the Virginia Health Care Association (VHCA), includes representatives from state agencies across mental health, medical assistance, adult protective services, aging and corrections, as well as representatives from academia, private consultants, long-term care providers, community service boards, nursing homes, assisted living facilities, the Virginia Hospital and Healthcare Association (VHHA), Virginia Association of Non-profit Homes for the Aging (VANHA) and others. All share a common goal of helping older adults with challenging behaviors to receive the appropriate care and services.

“The partnership formed out of a need by mental health stakeholders across Virginia to address caring for aging adults with challenging behaviors,” says Beverly Morgan, MSG, a PASRR consultant and gerontologist for the Virginia Department of Behavioral Health & Developmental Services’ Office of Mental Health Services, who is among the founding members of GMHP. “Elderly residents were being admitted and re-admitted to hospitals from long term care facilities. We identified a need to support staff in long-term care facilities so they could better care for these individuals within their own facility, rather than in hospitals.”

GMHP meets several times a year and engages a cross section of geriatric, mental and behavioral health professionals and long-term care providers. Through the years, the group has promoted collaboration, communication and sharing of resources. It has enabled advancement of Centers of Excellence (COE’s) of both public and private entities. The group developed an older adult support website – www.vaseniors.org – for ongoing online professional consultation. The website combines resources and best practices gathered by the group’s members to encourage regional collaboration and improvement in nursing homes, assisted living facilities, hospitals and service providers who treat aging adults struggling with mental health and behavioral issues.

“We know there are resources out there that can help providers to better understand the issues and risks associated with antipsychotic medications, as well as understanding behaviors in geriatric adults,” says Sheila McLean, LNHA, CPHQ, area manager,
VHQC, who represents VHQC in the Geriatric Mental Health Partnership. “The Partnership is enabling providers to collaboratively harness these resources, whereby we will create a library of best practices and data analysis, which providers can easily access, in one place.”

As the Quality Improvement Organization (QIO) for Virginia, VHQC has supported nursing homes in solving a wide range of improvement challenges, including reduction in use of antipsychotic medications to treat geriatric residents with dementia. As a GMHP member, McLean is participating in a work group to pool resources and best practices aimed at helping professionals better understand mental health behaviors related to dementia – and how to care for these patients – to reduce the use of unnecessary antipsychotic medications for individuals with dementia. While antipsychotic medications are often considered as treatment for dementia patients with behavioral disorders, there often are non-pharmacological alternatives.

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**Collaborating to improve geriatric mental health care**

Dementia affects a person’s cognitive, physical and social abilities. These symptoms include changes in memory, communication, concentration, judgment and orientation. This might cause someone to act differently, and they might need help with daily activities. While antipsychotic medications might be considered as treatment, providers and caregivers must understand what antipsychotics are, why they are used for people with dementia, their risks, and alternatives to their use.

A report from the Independent Drug Information Service estimates that for every 100 people with dementia who take antipsychotics, only nine to 25 might benefit, and one person will die. An alternative to antipsychotics is to try to understand what behaviors tell us. Antipsychotics do not address the underlying reason why people with dementia are behaving in a certain way.

GMHP is encouraging collaboration among participants to identify and resolve concerns related to geriatric mental health issues in long term care. This has included:

- Building bridges by managing and demonstrating proactive processes and organizational policies to implement change.
- Presenting to the Behavior Subcommittee of the General Assembly’s Joint Commission on Health Care to apprise them of GMHP’s efforts to resolve issues regarding admission and care of elderly individuals with mental health.
- Serving on a work group to develop a four-year plan for the Department for Aging and Rehabilitative Services, entitled “Assuring Optimal Aging – Across the Commonwealth / Across the Continuum.”
- Reviewing the multi-faceted issues related to release of geriatric inmates from the Department of Corrections’ long term care facilities and identifying challenges to placement in other long term care facilities.
- Promoting the use of telemedicine to ensure access to geriatric psychiatric mental health services.

“The partnership was not a mandated effort, rather it was the result of what happens when collaborative partners share a common vision,” notes Morgan.
Through grants awarded by Virginia Commonwealth University’s Department of Gerontology and the Center for Excellence in Aging and Geriatric Health, GMHP since 2012 has offered a series of webinars on key topics in geriatric mental health, designed to reach health care professionals in geriatrics and in geriatric workforce development. Topics have included:

- Best Practices in Understanding and Managing Personality Disorders in Aging Adults
- Behavioral Disturbances of Dementia: Interventions to Reduce the Use of Psychotropic Medications
- Best Practices in Geriatric Psychiatry and Long Term Care
- The Temporary Detention Order (TDO) Process: What Staff Need to Know
- The Role of Medications in both Causing and Curing Behavior and Cognitive Problems
- Personality Disorders and Aging

“The Geriatric Mental Health Planning Partnership has been a real bonus in providing our facility the opportunity to share in best practices and resources,” says Joan Thomas, LCSW, director of community relations and administrator for District Home Assisted Living at Birmingham Green, an assisted living facility in Manassas, Virginia, and a GMHP member. “The more we know, the better care we can provide to our residents. The partnership has provided us the opportunity to reach out to our peers, share information and take advantage of successful practices that others are implementing.”

For more information on the Geriatric Mental Health Planning Partnership, please visit www.vaseniors.org. For more information on the Virginia Nursing Home Quality Care Learning Network, please contact Sheila McLean, VHQC area manager, at 804.289.5345 or sheila.mclean@hcqis.org, or Amy Lenz, Learning & Action Network manager, at 804.287.0286 or amy.lenz@hcqis.org.

Improving Quality of Care in Virginia’s Nursing Homes

Efforts to improve geriatric mental health service delivery continue at both the national and state levels. VHQC’s Nursing Home Quality Care Learning Network is engaging 101 nursing homes statewide to collaborate and share information, including resources and best practices on improving care delivery and services for aging adults with dementia.

Participating nursing homes benefit from free access to evidence-based resources that can help their staff to improve care by:

- Understanding the basics of quality improvement
- Improving staff stability
- Preventing the use of unnecessary antipsychotic medications in residents with dementia

Additionally, the Learning Network aligns national nursing home quality initiatives and partnerships, such as the CMS Partnership to Improve Dementia Care, the National Nursing Home Quality Care Collaborative, Partnership for Patients, Advancing Excellence in America’s Nursing Homes Campaign, and the Quality Assurance Performance Improvement (QAPI).

The Learning Network is taking particular interest in reducing the unnecessary use of antipsychotic medications, through programs and approaches to address underlying behavioral issues in elderly patients.

“We all know, unfortunately, there’s no magic bullet to all the real and perceived challenges in long-term care,” notes McLean, who also leads VHQC’s Nursing Home Quality Care Learning Network. “However, through the Learning Network, we will have access to best practices, lessons learned, and even evidence-based practices. Working collaboratively in an ‘all teach, all learn’ approach, we’ll be able to provide better care, better health and better outcomes to our long-term care residents in Virginia.”