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*SRS in nursing homes*

**Testimony for Public Hearing with the Mental Health and Wellness Commission**  
**Thursday, September 12, 2013**  
**Pine Rest, Postma Center, Grand Rapids MI**

I am an elder law attorney in private practice in Grand Rapids, a member of the Network 180 Board, and immediate past chair of the Elder Law and Disability Rights section of the state bar.

The issue I would like to address is the difficulty of obtaining mental health for seniors in nursing homes.

At the federal level the Nursing Home Reform Law (OBRA '87) applies to all nursing home facilities accepting money from Medicare and/or Medicaid. 42 USC 1395i-3, 1396r and sets a high standard. It requires nursing facilities to ensure that residents have access to necessary counseling, and must take steps to facilitate resident's socialization.

A nursing facility must provide services necessary for a resident to attain or maintain the highest practicable level of functioning.

If a resident assessment does not reveal "a mental or psychosocial adjustment difficulty," the facility must ensure that he "does not display a pattern of decreased social interaction and/or increased withdrawn, angry, or depressive behaviors, unless the resident's clinical condition demonstrates that such a pattern is unavoidable."

If the assessment reveals difficulty with mental or psychosocial adjustment, the facility must ensure that he receives the treatment necessary to correct the assessed problem.

CMS Surveyors Guidelines defines mental adjustment difficulties as concerning internal thought processes while psychosocial adjustment difficulties concern external manifestations of the internal thought processes.

Interventions for mental adjustment difficulties include crisis intervention services, individual, group or family psychotherapy, drug therapy, and training in monitoring of drug therapy and other rehabilitative services.

To address psychosocial adjustment difficulties, facilities may set up arrangements that will keep residents in contact with families, communities, religious practices, and cultural heritages.

Unfortunately, many facilities only address mental health issues after a resident has become a "problem."

Primary caregivers in nursing homes (nurses aides and lpn's) don't have the expertise to deal with mental health problems and participation of psychiatrists is generally limited.

Michigan has specialized nursing homes established in response to OBRA 1987, to deal with persons who are mentally ill or developmentally disabled. These facilities have specially trained staff and have connections to community mental health services programs. This program serves around 5,000 persons.

The majority of seniors in nursing homes who need mental health treatment are there because of health problems or cognitive deficits and may never have had mental health issues in the past.

Mental health problems of elderly nursing home residents are often accepted as an unavoidable part of aging and not addressed, at least not until it becomes a behavioral problem.

The solution then is often to manage the behavior rather than assessing and treating the underlying symptoms.

A scenario my clients have dealt with is a nursing home resident with mental health issues whom the staff determines to be disruptive. The nursing home response is to send the resident to a psych med ward at a hospital or a gero psych ward. They are then discouraged from returning to the facility. Once this becomes part of the residents' record, they may not be welcomed back at the nursing home and a new placement may be very difficult. This is stressful for the resident and the resident's family. Many of these situations could have been avoided with proper intervention early on.