

# WORKING WITH INDIVIDUALS WITH MENTAL HEALTH CONDITIONS

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*This quick reference guide provides an overview of the topic, foundation points for ombudsman practice, and key resources for more in-depth knowledge and to improve ombudsman skills. The focus of this guide is to compile a list of resources that focus on long-term care ombudsman practice related to working with individuals who have mental health conditions.*

*This guide does not contain 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 ombudsman practice to include appropriate medical professionals in problem-solving with the resident's consent.*

## OVERVIEW

Long-Term Care Ombudsmen investigate and resolve complaints on behalf of residents and provide other ombudsman services on a daily basis. Historically, ombudsmen have served individuals who are over the age of 60 and frail. Changes in public policy and in living options have resulted in changes in the resident population. In recent years ombudsmen 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 ombudsmen tackle are often complex. Working with a resident<sup>1</sup> who has a mental illness may seem to increase the difficulty of a case. Ombudsmen 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 ombudsman to report a problem with someone with a mental illness. A lack of knowledge and understanding may impede a satisfactory resolution.

There are a number of excellent resources to equip ombudsmen to better serve individuals with mental illness by:

- increasing their knowledge of mental health conditions,
- improving their communication skills with individuals with mental illness,
- improving their advocacy skills,
- identifying national, state and local resources, and
- introducing options for systemic advocacy.

The initial section of this guide provides some foundation points. To build upon the foundation, the key resources section describes educational tools for more in-depth knowledge and to increase ombudsman skills and effectiveness in advocacy.

<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>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://ltcombudsman.org/ombudsman-support/training#Curriculum>

## 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 ombudsmen and printed materials form the basis of the following points.

Principles for Working with Individuals with Mental Health Conditions:	Core Principles for Ombudsman Practice:
Identify your biases and reactions to mental illness. Be aware of how these may influence your work.	Ombudsmen 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? Ombudsmen 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 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. Ombudsmen have applied 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 practice is resident empowerment. Connecting individuals with resources is another hallmark of ombudsman practice.
Ombudsmen bring a focus on the individual and an outside perspective into a situation.	Ombudsmen bring a focus on the individual and an outside perspective into a situation.

## KEY RESOURCES

To learn more about mental illness and how ombudsmen can best serve individuals with mental illness, begin with the following resources specific to ombudsman knowledge and practice.

### **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 may be accessed via <http://ltombudsman.org/ombudsman-support/training#Webinars>

### **Mental Health Advocacy for Ombudsmen, a DVD and Self-Study Guide**

The goal of this self-study tool is to increase ombudsman confidence in effectively responding to residents who have multiple, chronic health problems (both mental and physical); and by doing so, to increase ombudsman ability to effectively advocate for residents with mental health needs. The DVD contains excerpts of Dr. Wehry's presentations to the New York LTCO in two parts. Worksheets and a resource guide are included to assist viewers in following the key points and principles presented. An answer sheet for each worksheet is also included as a tool for viewers to check their work. The DVD and self-study guide were distributed by the National Long-Term Care Ombudsman Resource Center to state and local ombudsmen in June 2006. Contact NORC for more information, (202)332-2275.

### **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.

### **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. All State Ombudsmen received a copy of this training manual on a CD-Rom. It has a blue label and is titled, "Mental Health Ombudsman: Training Video." The manual is available from the National Long-Term Care Ombudsman Resource Center, [www.ltombudsman.org](http://www.ltombudsman.org).

Additional presentations and information by Susan Wehry are available on her website:

<http://web.me.com/swehrymd/susanwehrymd.com/About.html>

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