

Position Statement on the Role of the Psychiatrist in Nursing Facilities

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Issue:

Psychiatric disorders are highly prevalent among persons residing in nursing homes, particularly among patients suffering from major neurocognitive disorders. Among these patients, 82% are estimated to suffer from neuropsychiatric symptoms and/or behaviors. This includes an estimated 28% with depressive disorders, 32% with agitation, 22% with psychosis, and 36% with apathy (Selbaek 2013). Depression and anxiety are among the most common primary psychiatric disorders. Older adults with other major mental illnesses such as schizophrenia are also increasingly likely to reside in long-term care (Seitz 2010). Delirium is common and often unrecognized, particularly when it is superimposed upon an underlying dementia. (Fick, 2013)

Historically there has been significant diversity with respect to race, ethnicity, gender identity, and sexual orientation in the long-term care workforce, particularly in nursing homes. The demographic of the nursing home patient population, on the other hand, tends to be substantially less diverse. This may result in significant language, culture, and class differences between individuals working in nursing homes compared to those who reside there. These differences can lead to misunderstandings and misinterpretation of both behaviors and language, and have been shown to increase job strain among non-white direct care workers (Hurtado 2012).

Nursing home patients with psychiatric disorders typically have multiple medical comorbidities that complicate treatment. Consequently, these patients are likely to have better outcomes when receiving care by specialized clinicians who have the appropriate psychiatric expertise. Psychiatrists, especially geriatric psychiatrists, have the training to provide such expert diagnosis and treatment; however the supply of geriatric psychiatrists is profoundly insufficient to meet the demand for services.

The magnitude of the workforce deficit in geriatric psychiatry is daunting in view of the aging demographic; a recent report by the Institute of Medicine (2012) notes that between 5.6 and 8 million older adults in America have one or more mental health conditions. The report concludes that “The breadth and magnitude of inadequate workforce training and personnel shortages have grown to such proportions, that no single approach, nor a few isolated changes in disparate federal agencies or programs, can adequately address the issue. Overcoming these challenges will require focused and coordinated action by all.

APA Position:

- 1. Patients with psychiatric disorders residing in nursing home settings are more likely to have better outcomes if they have access to expert psychiatric assessment and treatment.**
- 2. Psychiatrists, especially geriatric psychiatrists, have the training to provide expert diagnosis and treatment; however the supply of psychiatrists is insufficient to meet the demand.**
- 3. The complex interplay of physical disability, mental illness, and behavioral difficulties often encountered in the nursing home patient calls for a comprehensive treatment plan. Psychiatrists with geriatric expertise are ideally suited to work with interprofessional teams and provide consultative, collaborative, and/or supervisory services that permit service delivery to a greater number of patients.**
- 4. Mental health problems in nursing homes include a wide range of conditions for which pharmacologic treatment may be indicated, including mood disorders, psychotic disorders such as schizophrenia and schizoaffective disorder, delirium, dementia, and severe behavioral dysregulation. Consequently, pharmacologic management that includes appropriate use of psychotropic medications, informed by knowledge of relevant pharmacologic interactions, is an essential part of quality nursing home services.**
- 5. The complexity of medical comorbidities in nursing homes requires that psychotropic medication prescribing be managed carefully, ideally involving a psychiatrist with training or continuing education in geriatric-specific conditions.**
- 6. Interprofessional collaboration in nursing home care, including systematic involvement of the medical director and primary care providers, enhances the ability of a facility to deliver high quality patient-centered care. Particularly important is the educational role that the psychiatrist can play in teaching non-psychiatric clinical personnel about early recognition, differential diagnosis and treatment options related to common psychiatric conditions in nursing home settings.**
- 7. Medication management as part of a patient-centered approach to behavioral symptoms can be effective; however the use of psychotropic medications in nursing homes has been controversial. The following considerations are important:**
 - a. Despite incomplete evidence about their safety and effectiveness, there are circumstances in which it is appropriate to use medications to treat behavioral disturbances in persons with delirium and dementia. These include, but are not limited to, circumstances in which:**
 - i. Agitation and/or aggression endanger the patient or others and the behavioral disturbance is not responsive to other treatments, including psychosocial interventions;**
 - ii. Delusions and/or hallucinations cause persistent distress and do not respond to other treatments.**
 - iii. Patients have psychiatric conditions (e.g., schizophrenia, schizoaffective disorder, bipolar disorder, major depression) for which these medications are indicated.**

- b. Good medical practice includes the following:**
 - i. Discussing and documenting in the medical record the purposes and potential side effects of behavioral and pharmacological interventions with the patients themselves and/or the appropriate surrogate decision-makers in order to obtain and fully demonstrate consent;**
 - ii. Using the lowest effective doses when medications are employed;**
 - iii. Considering tapering and/or discontinuing these medications when the target symptoms remit;**
 - iv. Educating the treatment team about signs of potential relapse of neuropsychiatric symptoms and, if relapse occurs, giving strong consideration to restarting medications.**
- 8. All decisions regarding treatment should occur after a review of the risks, benefits and alternatives to treatment (including no treatment) with the patient and/or their legal decision maker.**
- 9. Nursing home residents are a protected class of vulnerable people. Psychiatrists should always conduct themselves in an ethical manner in accordance with the APA Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry.**

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