

Handout 3. Principles of High Quality Care in Promoting Mental Health in Assisted Living

**Developed by the Committee on Aging of the
Group for the Advancement of Psychiatry**

Background: Assisted living facilities have the capacity to fill a gap in the long-term care system by providing care for older adults with cognitive impairment and other mental health problems. These individuals require the supportive environment provided by residential care, but do not have the medically severe conditions cared for in a skilled nursing facility. Application of the following 10 principles will provide a high quality of care while maintaining dignity for older persons whose independence is compromised primarily by cognitive impairment or other mental health difficulties.

Principles:

1. Principles of excellent mental health should be incorporated into facility policies to improve the quality of life and well-being of residents.
2. Staff should be aware of a resident's mental health strengths, needs, and limitations in order to personalize care and maximize independence.
3. Staff should be aware that mental health problems are common in residents admitted to long-term care facilities and may develop among individuals who have not previously manifested psychiatric disabilities.
4. Staff should be aware that mental health problems can be treated effectively. For example, psychosocial and pharmacologic interventions may decrease cognitive impairment and can reduce behavioral and emotional symptoms among persons with cognitive decline or dementia; such mental health interventions can also alleviate depression.
5. Ongoing attention should be given to the identification and management of mental health problems such as depression, cognitive impairment, transient confusional states, and substance abuse disorders in order to maximize functioning and quality of life.

6. The resident's physical environment should be adapted to minimize limitations to autonomy, relieve emotional distress, and prevent dysfunctional behavior caused by cognitive impairment.
7. Periodic staff training should be provided to improve the identification and management of mental health difficulties in residents; for example, signs of depression (e.g. withdrawal from activities and social interactions, irritability, and diminished food intake) should prompt a consultation with a mental health professional who could initiate effective treatment.
8. Mental health professionals should be identified as resources to provide consultation and treatment for mental health difficulties. (This includes access to a geriatric psychiatrist or a psychiatrist with experience in diagnosing and treating mental health problems in later life. The psychiatrist may provide direct services to residents, staff training, and consultation to mental health providers from non-medical disciplines.)
9. There should be collaboration and communication between the geriatric psychiatrist and the primary care provider.
10. Facility staff and family members should be included in a team approach that does not compromise the privacy or autonomy of residents. Assisted living facilities should develop advisory boards that include families, staff, and experts in law, medicine, psychiatry, and ethics.

Source: Cohen, Gene D, Blank, Karen, Cohen, Carl I, Gaitz, Charles, Liptzin, Benjamin, Maletta, Gabe, . . . Sakauye, Kenneth. (2003). Mental health problems in assisted living residents. The physician's role in treatment and staff education. *Geriatrics*, 58(2), 44, 54-55.