

Research Brief

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ABUSE AND NEGLECT IN NURSING HOMES: THE ROLE OF SERIOUS MENTAL ILLNESS

Keywords: Elder abuse, neglect, mental illness, long-term care, health inspections

Purpose of the Study: To better understand abuse and neglect health inspection citations in nursing homes with high populations of seriously mentally ill residents.

Key Findings:

- ✓ Overall, nursing homes with many seriously mentally ill residents were more likely to be cited for abuse, neglect, corporal punishment, involuntary seclusion, and policies related to these abuses during health inspections compared to all other nursing homes.
- ✓ In general, citations for abuse and neglect were more widespread among nursing homes with many seriously mentally ill residents.

Major Policy/Practice Implication: Policies and practices are needed to provide resources, and to train staff, to support residents with serious mental illness.

IMPORTANT BACKGROUND INFORMATION

The prevalence of nursing home residents with serious mental illness (SMI), such as schizophrenia and bipolar disorder, has increased by more than 75% since 2000. In general, nursing homes with high populations of SMI residents have lower quality of care and staffing ratings than other nursing homes, but researchers have not thoroughly studied the severity and scope of abuse and neglect throughout these nursing homes. Researchers hypothesize that high-SMI nursing home staff may be overwhelmed and undertrained to support residents with SMI, which may lead to more instances of severe and widespread abuse and neglect.

STUDY METHODS

Researchers analyzed health inspection data from 14,698 nursing homes across the US between 2014 and 2017. Nursing homes were categorized into four groups based on their prevalence of residents with SMI. The “high-SMI” group included nursing homes where more than 44.6% of residents had SMI. Researchers also collected information on nursing home characteristics, such as number of beds and reliance on Medicaid reimbursement. They evaluated health inspection citations with a focus on three abuse and neglect citations, and examined the severity and the scope of their impact. Researchers used several statistical methods to analyze the citations from multiple angles and control for facility characteristics.

KEY FINDINGS

- ✓ **Citation 1: Abuse, neglect, corporal punishment, and involuntary seclusion**
 - 5.5% of high-SMI nursing homes had at least one citation compared to 2.86% of low-SMI nursing homes.
 - Among nursing homes that received at least one of these citations, high-SMI homes were 20% more likely to receive more than one.
 - High-SMI nursing homes had 49% greater odds of receiving this citation.

- ✓ **Citation 2: Protecting residents from mistreatment, neglect, and misappropriation of property**
 - 4.54% of high-SMI nursing homes had at least one citation compared to 2.69% of low-SMI nursing homes.
 - Among nursing homes that received at least one of these citations, high-SMI homes were 19% more likely to receive multiple citations.

- ✓ **Citation 3: Policies and procedures to prevent residents from abuse/neglect**
 - 27.67% of high-SMI nursing homes had at least one citation compared to 22.96% of low-SMI nursing homes.
 - Among nursing homes that received at least one of these citations, high-SMI homes were 2% more likely to receive multiple citations.
 - High-SMI nursing homes had 18% greater odds of receiving this citation.

- ✓ **Overall, nursing homes with many seriously mentally ill residents were more likely to be cited for abuse, neglect, corporal punishment, involuntary seclusion, and abuse/neglect policies compared to all other nursing homes.**
 - The majority of high-SMI nursing homes that received citation one or two also received a policy citation.
 - Only 53 nursing homes received all three abuse/neglect citations.

PRACTICE AND POLICY IMPLICATIONS

For providers: Abuse and neglect may occur when staff are overwhelmed and undertrained to support residents with SMI. Some staffing solutions may include training staff, particularly CNAs, to manage SMI through trauma-informed care, ensuring the facility has adequate social services staff who are actively involved in care planning, and **providing supportive staffing measures, such as consistent shifts and resources to help manage job stress.**

Certified nursing assistants often have limited formal education and may receive little to no training on managing problematic behaviors. However, these crucial direct-care staff members are expected to operate with high-grade social skills and unwavering resilience when encountering potentially agitated or disinhibited residents.

For policy makers: Policy on SMI in nursing homes is minimal: 92% of states do not mention SMI in their regulations. States should review Medicaid requirements for mental health assessments of new nursing home residents, as well as federal requirements for behavioral health training among long-term care staff, to ensure state policies are in accordance with federal guidelines.

ORIGINAL ARTICLE

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