



**Adult Advocacy
Centers**

White Paper

Maintaining Mental Health and Well-Being Among Seniors with Disabilities During the COVID-19 Pandemic

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The world-wide coronavirus crisis has transformed individuals' lives and the society at large. Our leaders and a range of professionals have been challenged to make rapid-fire decisions that affect all of us. The pressure is on to stem the progression and rapidity of the spread of the coronavirus, to develop a vaccine, and to find treatments. Major issues — related to health, personal well-being, economics, safety, and ethics — have come to light. We have been challenged to think about how best to protect the most vulnerable. Older adults are particularly at risk of becoming ill and dying after exposure to COVID-19. They have weaker immune systems, chronic diseases, and functional limitations or disabilities. During this pandemic, older adults with disabilities have also been placed at higher risk of being abused, neglected and scammed.

Mental health issues will need to be addressed to a greater extent. Risks to being able to maintain mental health have exacerbated during this pandemic. These include trauma, forced or self-imposed isolation, and inability to connect well with others due to this new way of life. Related barriers to engage in self-care and remain well emotionally have emerged. In some instances, what has been recommended in the past to stay well will need to be modified. It is important to provide seniors with practical tips to help them remain empowered and healthy.

In Ohio, county mental health boards as well as administration and staff at mental health agencies are working very hard to provide needed mental health services in a world that is in crisis. Trauma-informed care must remain a cornerstone to mental health service delivery efforts when working with seniors at all times, but even more so now. Using this approach will help older adults maintain hope as well as a sense of meaning and purpose. Rather than using in-person contact between mental health professionals and



clients, we will be relying on telehealth or preferably videoconferencing approaches. Some seniors with disabilities will need to be brought up to speed with technology. We'll need to be sensitive to the fact that some will not feel comfortable with receiving support at a distance, when they cannot see facial expressions (e.g., phone contacts), and when they cannot hear well.

If this crisis continues for a prolonged period, risks of suicide among community-dwelling seniors will escalate. The statistics are clear-cut: before the pandemic, seniors were at high risk of depression and of suicide. When older adults attempt suicide, their acts are more likely to be completed. Risk factors that are especially pertinent in this time of crisis include recent traumas, major transitions or losses, and a decreased sense of "belonging."

Perhaps most importantly, we need to emphasize how to forge and strengthen connections when social distancing guidelines must be followed. In actuality, we are dealing with physical distancing rather than social distancing. Keep in mind that one can continue to be connected socially even when apart physically. Isolation can adversely affect seniors' mental health, cognitive status and physical health. In the past, a primary buffer for becoming sad, despondent, or suicidal was social connectedness.

The next section will elaborate on the challenges faced in meeting the mental health needs of seniors who reside in the community and in nursing homes, and will provide preliminary ideas about options available to us. Some have expressed concerns that the next pandemic will be a widespread mental health emergency as a result of the coronavirus public health crisis. Steve Stone, Executive Director of the Mental Health and Recovery Board of Ashland County, Ohio, argues that the mental health system will need to work toward "flattening the curve," paralleling what was done when fighting against the surge of coronavirus cases. Multiple guidelines were developed and practices were recommended for preventing the spread of coronavirus (e.g., washing hands frequently, physical distancing). Likewise, there are multiple options for receiving help with mental health concerns and staying well emotionally. Stone notes that we should find ways to keep from relying only on professional, specialized mental health services. These alternative pathways to maintaining mental health include engaging in self-care, increasing resilience through healthy connectedness, and taking advantage of "natural" supports in your chosen support network.

Challenges for Providing Mental Health Services During this Pandemic

Due to safety precaution guidelines, one-on-one therapy sessions, where both parties are physically in the same room, will not be routinely possible for the time being. We'll be relying on telehealth by telephone or videoconferencing; use of crisis lines and support lines; and even efforts by nonprofessionals to connect, offer comfort and support, and to bring messages of hope to those who are struggling. To adequately meet the mental health needs of an escalating number of individuals, well-trained paraprofessionals and nonpro-

professionals will need to be called into action. The number of licensed mental health professionals is limited, and the number of psychiatrists with expertise in geriatrics is scarce.

Mental health providers and agencies are working hard to help meet the mental health needs of the increasing number of individuals who are seeking help. Relatively more streamlined efforts — to maximize efficiency and reach as many people as possible as quickly as possible — may still be able to provide quality therapeutic approaches. However, barriers exist and walls will need to be broken through. It's critical that the following issues remain prioritized for seniors: shared decision-making, the opportunity to ask questions and receive answers, and the ability to chart the direction of their lives and to make decisions about treatment options (including the use of psychotropic drugs).

Trauma-informed care will need to remain a cornerstone of all mental health approaches for seniors. We will need to look at certain behaviors and beliefs as “normal” in light of what has happened to them and what may have traumatized them. This pandemic is a trauma, but not all seniors may perceive it to be traumatizing. However, many seniors have been aware of and understood the ramifications of the coronavirus public health crisis. Some have known that their age group is most at risk of being exposed to COVID-19, of becoming ill, and of dying. They may have questioned their worth and not received emotional support to help them know that they were still important and life was still worth living. Through trauma-informed care, it is possible for seniors to express their thoughts and feelings and regain a sense of meaning and purpose. Perhaps most significantly, trauma-informed care helps individuals realize that they ARE survivors rather than labeling themselves or being labeled as “victims,” “traumatized” or “broken.”

Challenges for Promoting and Maintaining Mental Health among Nursing Home Residents

When addressing challenges with regard to meeting mental health needs of this vulnerable population, it is critical to place this discussion in the context of statistics. There had been an incredible lack of transparency and concrete information about the number of nursing home residents and staff who had tested positive for COVID-19 and how many had died due to coronavirus. Likewise, we really didn't know how many Ohio facilities were involved.

However, on April 21, a database published by the Ohio Department of Health revealed that there were 223 employees and 558 residents living with COVID-19. Sixty-one Ohio facilities had reported cases. It is important to be aware that these statistics are reported as “long-term care facilities,” which includes nursing homes, assisted living facilities, and intermediate care facilities. Data are updated routinely, though they can be difficult to access.

The coronavirus public health emergency continues to affect long-term care facilities disproportionately, in terms of deaths and number of new cases. Based on data between April 15 and May 19, a report from ODH indicated that there have been 1,031 deaths in

long-term care facilities, representing 60% of all deaths from COVID-19 in Ohio. The ODH database showed that there were almost 1,900 active resident cases and almost 800 active staff cases in these settings. For the three-week period up to May 19, 50% of “new” confirmed coronavirus cases were from long-term care facilities, including nursing homes.

Ohio’s emerging approach to fighting COVID-19 in long-term care facilities will be to deploy “strike teams” and increase testing of residents and staff at sites where there has been a confirmed positive case or related concern. The strike teams will help nursing homes organize treatment and prevention measures. Healthcare isolation centers are being set up in nursing homes state-wide; these sites have agreed to quarantine and treat patients with COVID-19.

At Governor Mike DeWine’s briefing on May 26, it was reported that 878 of Ohio’s 2,002 confirmed and probable COVID-19 deaths occurred in long-term care facilities. Of the state’s 960 nursing homes, approximately 200 have had cases of coronavirus. Governor DeWine reported that Ohio will launch an initiative to have the National Guard involved in testing. The objective is to have all long-term care facility staff members tested for COVID-19 and residents tested on an as-needed basis. The first goal, however, is to have all staff and residents tested at facilities that have had confirmed cases.

As of June 17, based on ODH data, nursing home residents still made up the majority of COVID-19 fatalities in Ohio. Approximately 70% of deaths from COVID-19 involved residents of long-term care facilities.

Within this context, consider the following challenges to maintaining mental health among residents in nursing homes:

- Isolation places nursing home residents at increased risk of elder abuse and neglect.
- Isolation jeopardizes the mental health and well-being of nursing home residents. They may become despondent or extremely stressed, feel worthless, increase self-isolation and decrease connectedness even more, and come to believe that there is no reason for living.
- Society should recognize that seniors with disabilities are highest risk of being exposed to, contracting, becoming ill from and dying from coronavirus, and this can be traumatizing.
- Even individuals with dementia who may not be able to fully understand what is going on and may not be able to have discussions about ramifications still may be able to pick up on changes to routines, may be abused and neglected, and may have outbursts due to fear. We want to avoid or prevent an immediate response to observed behaviors and verbal reactions that leads to prescribing psychotropic medications. There are other options that are safer and more appropriate. This recommendation also holds for stressed out seniors who do not live with dementia.
- Nursing home residents are facing trauma and may feel traumatized by the pandemic in general. However, the potential for transfer trauma will need to be addressed to a

greater extent. Nursing homes were starting to push for plans to relocate residents. Already, some nursing homes have been forced to close. What is not being discussed is where residents are going and the ramifications for relocating, particularly when residents may not have any choice or power to make decisions about what they want to do and what is possible.

- Family members may not be able or willing to step up and bring residents to live with them and care for them. Older adults may have been placed in nursing homes due to caregiver stress and not receiving support and respite; due to major needs for care that were beyond the skills of family members, even if home health care services were provided; or due to being abused — verbally and physically — by older adults.
- Social media and the news address what can only be seen as horrific incidents of the spread of coronavirus and residents dying. For example, state and national media focused on an anonymous tip leading investigators to find a “morgue” in a large nursing home in New Jersey with about 17 residents who had died from coronavirus. This morgue was designed for only four people. However, local media may not focus on issues like nursing homes that have been impacted and struggling with lack of resources and inadequate staffing to ensure safety. Local citizens may not even be aware that cases have been confirmed in nearby nursing homes.

How do nursing homes promote mental health among residents and staff and use trauma-informed care routinely and effectively when resources are limited and when staffing levels are inadequate? Traditional mental health services may not be possible or implemented well. The focus may need to be on helping residents remain socially connected, receive emotional support, deal with grief, and receive trauma-informed care in every contact. Provision of trauma-informed care required education and training in the past.

Key Points

Mental health service provision efforts must prioritize the following to maintain seniors’ mental health and overall wellbeing. First, seniors should be encouraged to engage in self-care to remain well, and to focus on what they can control when living with stressors associated with the pandemic. For example, empowered individuals cannot control what happens to them, but they can control their attitudes and their reactions to challenges faced. Second, professionals should discuss how seniors can forge and strengthen supportive connections (using tech and non-tech mechanisms), and use trauma-informed care in all interactions. Third, seniors should be encouraged to take advantage of traditional, specialized mental health services when needed, but not as a first-stop destination or as part of a prolonged journey. Rather, foci must be on promoting self-care, strengthening connections and relying on natural supports, facilitating peer support, and expanding the roles of well-trained paraprofessionals and nonprofessionals.

Resources and Assistance Options

Ohio Coronavirus Information

Website: coronavirus.ohio.gov

The state coronavirus website is the central hub for information about the state government's virus response. COVID-19 case statistics are updated at 2 p.m. daily. You can also find information from specific state departments, executive orders, testing availability, unemployment and much more.

Ohio Department of Health (ODH)

Phone: 833-427-5634

The ODH Call Center is staffed by licensed nurses and infectious disease experts, who can answer your questions about COVID-19, testing and other state initiatives. It is open from 9 a.m. to 8 p.m. daily.

Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Phone: 877-275-6364

Coronavirus Website: mha.ohio.gov/coronavirus

The OhioMHAS toll-free number can answer questions and help connect you to services. The department's coronavirus website includes contact information, information for health and housing providers, information for adults and families, and information about telehealth.

COVID CareLine

Phone: 800-720-9616

The COVID CareLine is a toll-free emotional support line staffed by behavioral health professionals at the Ohio Department of Mental Health and Addiction Services. It is staffed from 8 a.m. to 8 p.m. daily, though calls after hours are forwarded to the National Suicide Prevention Helpline.

Ohio Association of County Behavioral Health Authorities (OACBHA)

Phone: 614-224-1111

County Directory Website: oacbha.org/mappage.php

To find your county's mental health board website, select your location on the map or use the drop-down menu on the left. County mental health boards can be counted on to provide information about services available and to help guide seniors in reaching out to different agencies and considering a range of options.

Crisis Text Line

Text "4hope" TO 741 741, and a trained counselor will respond within five minutes.

Website: mha.ohio.gov/Families-Children-and-Adults/Get-Help/Crisis-Text-Line

The Adult Advocacy Centers' Model

The Adult Advocacy Centers' Model emphasizes the need for collaboration between agencies. At this time, it will be essential for aging experts, aging organizations, healthcare providers, mental health professionals, and advocates to work together and share their expertise, rather than acting in "silos," duplicating services, or demonstrating territorialism. There is an urgent need for multidisciplinary teams to work together and build bridges — a priority in the Adult Advocacy Centers' Model. Seniors themselves need to be part of the team, too, bringing their personal experiences to the conversations. The urgency for partnerships to be formed is not going to go away when the dust starts to settle in the coronavirus pandemic.

The coronavirus public health emergency can be defined as a "trauma." Some older adults may not feel traumatized by what they have faced; for example, they may have only found the pandemic to be stressful, disconcerting and disruptive to their lives. However, others may feel traumatized due to forced isolation, loss of loved ones from the coronavirus, and struggling with feelings of worthlessness and lack of control. Seniors with disabilities may have experienced abuse, neglect, and scams. They may have sustained multiple losses.

The AACs serve as a hub for promoting awareness of safety issues; for educating those at risk of abuse and exploitation, as well as all stakeholders; for providing training at the regional and state levels; and for prioritizing the need for trauma-informed care. Their model will serve us well in identifying and promoting solutions. We can't afford to delay on having critical discussions, outlining plans of action, collaborating, and advocating for those who are most vulnerable. Risks of elder abuse and neglect are escalating, especially in nursing homes. Also, we need to ensure that former nursing home residents know who they can reach out to and who can investigate acts of abuse and neglect that have occurred during this pandemic. We can't afford to wait.

Author's note: Spore acknowledges the valuable input and feedback provided by Steve Stone, Executive Director of the Mental Health and Recovery Board of Ashland County, Ohio.