

Episode: *Author Interview: “How Should We Address Warehousing Persons With Serious Mental Illness in Nursing Homes?”*

Guest: Ari Ne’eman

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[bright theme music]

[00:00:04] TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Ari Ne’eman, a PhD candidate in health policy at Harvard University in Cambridge, Massachusetts. He’s here to discuss his article, “*How Should We Address Warehousing Persons With Serious Mental Illness in Nursing Homes?*,” in the October 2023 issue of the Journal, [Geriatric Psychiatry](#). Ari, thank you so much for being back on the podcast. [music fades]

ARI NE’EMAN: Thank you for having me.

[00:00:44] HOFF: So, to begin with, what’s the main ethics point of your article?

NE’EMAN: So, there’s a longstanding conversation about the role of the criminal justice system as an unwitting, and often very poor, mental health provider in American society. But in this article, I argue that we should be having a very similar conversation about the American nursing home industry, that nursing homes have really, without any serious qualifications or capabilities in this regard, become a site in which persons with serious mental illness are all too often warehoused on a long-term basis. In 2019 one in five long-stay nursing home residents had a diagnosis of bipolar disorder, schizophrenia, or another psychotic disorder. And this should really concern us because long-stay nursing home placement is really inappropriate for persons with serious mental illness.

Nursing homes are generally not well equipped to provide mental health treatment. They are segregated institutional placements, and so people with serious mental illness do not have access to the broader community consistent with their rights under the Americans with Disabilities Act. And this is often taking place largely because nursing homes are serving as a provider of last resort to persons who, with community housing and Home and Community-Based Services, could very successfully be supported in the community with additional services and assistance.

[00:02:40] HOFF: So, what do you see as the most important thing for health professions students and trainees specifically to take from your article?

NE’EMAN: Well, first and foremost, I think it’s really important that physicians play a role in trying to divert persons with mental illness from nursing home placement. And that can be very difficult in part because people with SMI are often very challenging patients, particularly in the hospital setting. Hospitals are also really not generally places in which people are supposed to be receiving long-term mental health treatment. And so, there’s an understandable desire on the part of physicians to find a pathway to discharge for patients with serious mental illness who may require some degree of ongoing support above and beyond the acute care that’s typically provided in the hospital setting. However, the desire

to find someplace, often any place, in which someone can be discharged to from an acute care setting can lead to post-acute placements that really do not serve the best interests of persons with serious mental illness. And really, discharge to a nursing home is a very clear example of that. Oftentimes persons are being discharged largely for lack of an understanding of what other alternatives are.

So, I talk a little bit about some of those alternatives, about the need for hospitals to form partnerships with home health agencies willing to serve persons with serious mental illness. I talk about the need to form relationships with Medicaid, Home and Community-Based Services providers, HCBS for short. HCBS providers are often less familiar to physicians in hospital settings because they typically specialize in the provision of long-term ongoing services rather than the post-acute care that physicians and hospitals are more familiar with. [00:04:52] But very frequently, persons with serious mental illness end up in nursing home placements because of those long-term needs rather than post-acute care needs emerging out of an acute care episode. And so, forming relationships with Home and Community-Based providers that can support those long-term needs is, I think, a really important role for hospitals and physicians.

And then finally, I also argue that physicians and hospitals really have an obligation to be upfront with patients and their families about the serious risks to discharge to a nursing home setting. To a much greater degree than persons without serious mental illness, people with SMI are far more likely to convert into long-stay status into a nursing home. Nursing homes are frequently settings in which people enter with an expectation of a short post-acute stay. But for persons with serious mental illness end up becoming long-stay residents and are subject to a number of very serious concerns. There's a widespread problem of chemical restraint in nursing homes, it's also a widespread problem of physical restraint, certainly, lack of appropriate mental health treatment, and any number of other issues, including lack of access to the broader community.

And so, I think it's important that even where physicians are not able to identify an alternative placement in the near term, that they are open and honest with patients and their families about the very real risks entailed in nursing home placement in order to help them be prepared to come to the table and brainstorm other possible solutions in a fully informed fashion.

[00:07:02] HOFF: And finally, if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

NE'EMAN: So, I do touch on this in the article, but I think it's worth talking a little bit about it in the interview as well. There are a number of important policy reforms that we need to see in order to more effectively divert persons with serious mental illness from nursing home placement. The first, which I do talk about at some length in the article, is reforms to the pre-admissions screening and resident review or PASRR process. Congress created PASRR in 1987 to divert people with SMI and people with intellectual disability from nursing homes. And it essentially requires nursing facilities and hospital discharge planners to screen for serious mental illness and intellectual disability, and then refer those identified with these conditions to a state agency to assess the appropriateness of nursing home placement and potentially provide services for diversion.

Unfortunately, PASRR has really not been very successful in diverting people with serious mental illness. There are a variety of reasons for that. One is that there is an exemption under PASRR for post-acute stays that are anticipated to take less than 30 days. Unfortunately, that exemption really swallows the rule in many instances. It's created a

situation where, by the time it becomes clear that people are going to be staying longer than 30 days, they have often already converted to long-stay status, in effect, if not in name. They've lost access to their community housing. They have lost access to an infrastructure of interested providers, including the physicians that treated them, that could've played a role in connecting them with community services. And so, I argue for eliminating that that loophole, loophole, the PASRR loophole for post-acute admissions.

[00:09:15] I also talk about the need to make it easier for Medicaid to fund Home and Community-Based Services for people with serious mental illness. And then crucially, and this is somewhat of an unusual proposal, but I think very much a necessary one, I argue that for persons at risk of long-term institutionalization, Medicaid should be permitted to pay for rental assistance on an ongoing basis. It's very much a departure from current policy. Medicaid is generally prohibited from paying for room and board, but the federal government has the ability to waive some of those requirements through the Section 1115 waiver process. I argue that they should, that essentially, often long-stay institutionalization, particularly in nursing homes, really serves as a backdoor way for Medicaid to pay for housing in an unofficial fashion that's really just implicitly rolled into the rate provided to the nursing home provider. And since we're doing that really unofficially, we should consider for the subset of persons most at risk of institutionalization, patients with SMI certainly high among that list, doing so through a more official and formal process that can include community housing, rather than relying on what is frankly often an unnecessary, costly, and low-quality institutional placement.

So, this is overall the thrust of the article, and I think the thrust of where we need to be going as a country here is doing a better job of supporting persons with serious mental illness in the community, through community housing, through community services, and through identifying and diverting people from nursing home placement before they have been there for a period of weeks or months, at which point it becomes much more difficult to facilitate those transitions. [theme music returns]

[00:11:28] HOFF: Ari, thank you so much for your time on the podcast today and for sharing your expertise on this topic.

NE'EMAN: My pleasure. Thank you for having me.

HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site, [journalofethics.org](http://journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.