

# A GUIDE FOR WORKING WITH MENTAL HEALTH ISSUES

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The following is a guide for working with members with a mental health diagnoses, symptoms or behaviors. This guide is not all inclusive and does not guarantee a successful outcome with each situation. The key is to respect the member, assist the member, address risk, enlist available resources, and document your actions.

## 1. ANALYZE CHANGES AND NEEDS

Changes: What are the changes in behavior(s), mood(s), self care, interests, social, anxiety, or communication?

Needs: What are the immediate needs, the risks the services?

New: Are there any new physical signs, symptoms, or new medications (diabetes, stroke, etc.)

Risks: Is there a risk to the worker or member? Can worker go into the home safely?

Mental Health Emergency: Is the member suicidal, do they have a plan; do they have access to implement the plan?

Use/Abuse: Is member using drugs or alcohol? Is member abusing drugs or alcohol? Is it affecting the member's daily life?

Neglect or Abuse: Is the member neglecting themselves? Is the member subject to abuse/exploitation?

Diagnoses: Does member have diagnosed mental health issues or symptoms (use the PAS)?

## 2. ASSESS MEDICATIONS/SUBSTANCES

Compliance: Does the member take all their medications (right dose and right time)? Does member take medications that are not prescribed?

Prescription: Who prescribes medication- psychiatrist or primary care physician? Was there a recent change? When was the last medication change?

Compliance: Takes medication as prescribed (dose/time)? What was the last change?

Willingness: Is the member willing to resume medications (if not taking) or willing to receive assistance with medication administration (if needed)?

Use/Abuse: Does the member use or abuse alcohol or illegal substances? Is it affecting their daily activities, relationships, or care?

## 3. ASSESS MENTAL HEALTH TREATMENT/SUPPORT

Psychiatrist: Does the member see a psychiatrist for mental health treatment?

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Assistance: Is the member willing to talk to psychiatrist or make an appointment? Does member need assistance accessing a mental health professional (See list of behavioral health centers on the BoSS website)?

Awareness: Does the member have an understanding of their symptoms or behaviors in order to inform the physician? Is the member depressed, manic, hallucinating, delusional, etc.?

Informal Supports: Does the member need informal supports such as Peer Support Groups, Alcoholics Anonymous, or Narcotics Anonymous? Is the member willing to connect with informal supports, friends or family?

## 4. ASSESS PRIMARY CARE INVOLVEMENT- Areas to consider for primary care involvement:

Treatment: Is the primary care physician treating the mental health condition? Is the PCP aware of the change in condition? Does the Case Manager or RN need to contact the PCP regarding symptoms, behaviors, abuse of legal or illegal substances, or member safety concerns?

Compliance: Is member compliant with treatment and are they willing to seek treatment?

Assistance: Does the member need assistance with accessing an appointment or transportation to the appointment?

## 5. ASSESS EMERGENCY RISK

Immediate Needs: What are the member's immediate needs (getting food, helping out of bed, filling a prescription, etc.)? Can the Homemaker, RN or CM assist? Is the member willing to accept assistance with needs?

Emergency Action: Does member need immediate intervention (911 or emergency room visit)?

Safety: Is it safe to transport to ER or is emergency transport needed? Is the member willing to go? Can someone take member to ER? Does Adult Protective Services need to be informed of the safety concerns (abuse, neglect or exploitation)?

Coordination of Issues: Does member have a physical condition that could be evaluated at the same time as the mental health concern? (Sometimes people are more willing when it is physical) Is member willing to have evaluation?

## 6. ASSESS HEALTH AND SAFETY RISK

Responsibilities: Does the member know their responsibilities in the Aged and Disabled Waiver Program? Refer to the policy manual.

Risk: Is there a risk? Does the risk affect member or the worker? Can the risk be eliminated or addressed?

Plan: Is there a risk, back-up, crisis, or recovery plan?

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Behavior Contract: Is there a behavior contract to address the problem behavior or is one needed? See Unsafe Environment Took Kit on BoSS website for examples.

Incident: If an incident occurred, was it entered in the Incident Management System (IMS) within policy time frames and was the investigation conducted within policy time frames?

APS: If abuse, neglect or exploitation occurred to the member, was it reported to Adult Protective Services?

Illegal: Were illegal activities reported to the police? Was fraud reported to the Medicaid Fraud Unit?

Unsafe: Is it safe for the worker to go into the home and is the worker currently in the home? If not, are you planning to request a closure for an unsafe environment? Refer to Unsafe Environment Tool Kit on the BoSS website for further details.

## 7. ASSESS MENTAL HEALTH RISK

Immediate Risk: Do you need to call 911 for immediate threat?

Informal: Can you contact the informal support to step in to assist the member?

Notification: Do you need to notify authorities regarding illegal activities or Adult Protective Services for abuse, neglect or exploitation?

Contacts: Does the member need assistance contacting their local behavioral health center, psychiatrist or therapist? Does the member have the toll free crisis line for emergencies? Does the member need a mental hygiene petition filed? If so, did a family member or some other person witness the behavior?