

The textual organization of placement into long-term care: issues for older adults with mental illness

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Accepted for publication 22 June 2009

LANE A, McCOYL and EWASHEN C. *Nursing Inquiry* 2010; 17: 2–13

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Arranging placement of older adults from hospital mental health units into nursing homes or assisted living facilities can be difficult and protracted. The difficulty in placing these individuals is often attributed to stigma; that is, personnel in nursing homes are reluctant to accept mentally ill older adults because of the fear of mental illness and violence. Using an institutional ethnographic approach, we argue the importance of exploring how nursing home access is organized, especially the institutional process of placement. Our study, examining the process of placing older adults from mental health units into nursing homes or assisted living facilities within a western Canadian city, reveals how three specific textual points within the institutional process of placement do not work well for older adults with mental illness. These textual points include: constructing the older adult as a 'placeable' person, the first-level match and the second-level match. After exploring why the three specific points in the process do not work well for mentally ill individuals, we reconsider the explanation of stigma, and then suggest implications for change.

Key words: aged care, institutional ethnography, long-term care, mental health.

When there are vacancies, very few of the facilities are willing to accept patients with a mental health diagnosis. Demented diagnosis is different. If there is someone who is quietly confused and pleasant, everyone wants to take her. But if there are behavioral issues, then it is classified as mental health, and so people are stigmatized. (Hospital administrator)

Arranging placement of older adults from hospital mental health units into nursing homes or assisted living facilities can be difficult. The process often takes time, sometimes months, while older adults wait on mental health units; these delays in placement are frustrating for older adults, their family members and healthcare professionals working on the units. One explanation that mental healthcare professionals commonly share about the protracted process of placement is stigma: specifically, that nursing home staff fear

mental illness and believe that mentally ill older adults, as a whole, are violent and unpredictable, and hence are reluctant to accept them.

Taking an institutional ethnographic approach, we argue the importance of exploring the way nursing home access is organized, especially the institutional process of placement, rather than relying too quickly on the theory of stigma. Placement difficulties are generated by more than the fears of nursing home administrators. Within the regional health authority in which our study was conducted, the process of placement involves a centralized system whereby patients are matched to beds by a computer program that utilizes standard categories, in addition to human assessment of patient profiles to determine match appropriateness. How people with diagnoses of mental illness are represented within this text-based system – what is made visible and what is not made visible – plays an important part in producing or exacerbating the difficulties in arranging places to live for these individuals. Therefore, changes in the way mental health and

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