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The Mental Status Questionnaire in Cases of Elder Neglect and Abuse

I was called upon to evaluate the possibility of elder abuse and neglect in a nursing home. Two different patients were involved.

CASE I

The attending physician had given orders that a patient receive a special shampoo treatment every Monday, Wednesday and Friday. The treatments were very important for the patient's comfort. The 77 year-old white female patient complained of *not* receiving her scalp treatments as ordered by the attending physician. The treatment nurse stated that the shampoos were given as ordered. These statements were made orally and in the medical chart. The nurse claimed that the patient was confused and was unable to remember that the treatments had been completed.

The patient was admitted to the facility on 6-17-91 with the following diagnoses:

Small Bowel Obstruction
Arteriosclerotic Heart Disease

On 8-29-90, she was diagnosed as "Manic Depression." However, the facility social worker indicated that the patient had never manifested any such symptoms. The patient's husband is deceased and she has three living children—two daughters and one son. The social worker stated that the patient has a "positive relationship" with a daughter who commonly visits on a weekly basis.

At the time I entered the facility, there was suspicion that the nurse was not telling the truth. It was suspected that the nurse was charting the treatment *without* actually completing the treatment. However, the nurse insisted that she completed all her treatments and that the patient was merely "senile" and "extremely confused." At that point, I decided to use the *International Version of Mental Status Questionnaire* (Brink, 1979; Brink et al., 1986). The patient scored a 9 which falls into the "lucid and alert" range. After further investigation, it was discovered that the nurse had charted treatments for other patients *after* they had been discharged. She also charted treatments for patients *after* they had expired. The nurse was discharged from the facility and is presently facing adjudication by the state nursing board.

CASE II

An 82 year-old African-American male patient reported that a male nursing assistant "threatened to put my penis in his mouth." The accused nursing assistant was open about his homosexuality and was known to be gay when he was hired. However, the nursing assistant strongly denied the patient's charges. As a practicing gay person, he stated that he found the patient physically unattractive and limited his sexual activity to physically attractive men who were easy to locate. The nursing assistant did *not* claim that the patient was confused.

The patient was admitted to the facility on 10-4-91 with the following diagnoses:

Cerebrovascular accident
Left Hemiparesis
Dehydration
Organic brain syndrome

The patient's family which included a niece and sister were openly outraged by the alleged comments. However, when the patient was asked to recall the incident, he was unable. That is, he could not recall the alleged incident nor could he recall making the charges. At that point, I administered the *International Version of Mental Status Questionnaire*. The patient scored 0 which falls within the "severe confusion" range. The facility's social worker showed the results to the family. They began to doubt the accuracy of the patient's charges. The State Department of Adult Protective Services were contacted, but according to the facility's social worker, "they could not get the patient to make any sense." However, Adult Protective Services are still investigating the charges. Several weeks after the charges were made, the facility's social worker recalled that the patient had visitors on the evening of the incident. Apparently, the patient's friends were drinking alcoholic beverages. The patient may have participated in the drinking.

According to the facility's social worker, the nursing assistant felt he could no longer work at the facility. He insisted that he could never sexually involve himself with an unattractive sex partner, but resigned his position because he felt embarrassed.

SUMMARY OF THE TWO CASES

In both cases, elder neglect or abuse charges were made. Charges of abuse and neglect are serious for the state, the patient, and the staff. The state has an interest in the protection of its citizens, while professionals have an ethical responsibility to their patients. Patients have the right to be secure in their living arrangements. On the other hand, staff and professionals have the right to be protected from false accusations. In both of the cases presented, the primary factor that confounded the charges was the patient's level of confusion. That is, although the level of confusion could not confirm or deny neglect and abuse charges, the *International Version of Mental Status Questionnaire* provided a solid baseline from which to assess credibility.

In the first case, the Mental Status Questionnaire led me to question the veracity of the nurse's statements and instigated an evaluation of her charting practices. The investigation supported the pa-

tient's original claim. In the future, the entire configuration of evidence will prove quite damaging to the nurse. In the second case, the Mental Status Questionnaire combined with the patient's diagnosis questioned the accuracy of the patient's claims. After making the charges, the patient was unable to recall doing so. Unlike the first case, the evidence of misconduct is less clear. That is, the evidence in the first case demonstrates that the patient was "lucid and alert" and strongly supports the claim that the nurse was involved in misconduct. The evidence in the second case was helpful but less clear-cut. The Mental Status Questionnaire (and the OBS diagnosis) suggests that the patient's comments are not always an accurate reflection of reality. Unfortunately, these results leave a shadow of suspicion on both the staff member and patient. Yet, regardless of the outcome of the two cases, the *International Version of Mental Status Questionnaire* proved to be a valuable instrument in determining the right questions to ask regarding neglect and abuse.

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