**Tenacious, Compassionate, and Creative – A Conversation with Heather Hughes**

By Arin Jayes

On the BIAMD Helpline, we receive countless calls from individuals living with brain injuries and their families who are struggling to navigate complicated social service systems. They call our helpline to locate resources and to vent their frustrations. Connecting with a social worker is an enormous relief for families who feel as though they have run out of options. Social workers not only address social ills and help others; they operate from a strong code of ethics and values that guide everything that they do. Oftentimes, social workers are the professional intervening when an individual is being denied the right to make decisions about their care. A social worker’s drive to investigate, ask questions, and advocate enables them to be one of the fiercest allies to the brain injury community.

This week I am highlighting Heather Hughes, the Older Adult Behavioral Health PASRR Specialist for the Anne Arundel County Mental Health Agency Inc. Ms. Hughes has a master’s degree in Social Work from Our Lady of the Lake University and has many years of experience serving individuals of diverse ages and backgrounds. I recently had the opportunity to speak with her about her work and to learn more about programs available for older adults in Maryland.

PASRR stands for Preadmission Screening and Resident Review, which is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long-term care. Ms. Hughes conducts case consultation for individuals with PASRR certification who have been admitted to nursing facilities. She also assists with coordination of specialized behavioral health services and discharge planning efforts. Ms. Hughes also serves as a behavioral health consultant and liaison to professionals, raising awareness and training providers about older adults with behavioral health disorders.

Her interest in working with older adults began as a young person volunteering at a nursing facility. In undergraduate and graduate school, she expanded her experience to hospitals and days programs. She initially began working with families and children, but after working for a senior center in Anne Arundel County, she witnessed the barriers and challenges that older adults face in accessing services. In her current role, she found a unique opportunity to influence both people and the systems that serve them. “This is the perfect fit for me. My job has the perfect balance between micro social work - working one-on-one with the individuals to try to help them with resource linkage… and macro social work, in the sense of I’m working with providers, agencies, and programs within the state to influence program changes and service delivery.”

Ms. Hughes tells me that 30 to 40 percent of the older adults she works with have either had a confirmed traumatic brain injury or suspected brain injury. She sees it manifest in two different ways: 1) older adults who sustained a brain injury early on in life and are just now being diagnosed, and 2) older adults who sustained a recent brain injury from a fall or other head trauma. In addition to encouraging these individuals to call the Brain Injury Association of Maryland (BIAMD) for resources, she stresses the importance of screening. “Just because you fell but didn’t hit your head hard does not mean that you could not be diagnosed with a traumatic brain injury.” She adds that brain injury symptoms don’t always manifest immediately and that that they can be hard to distinguish from symptoms of a behavioral health disorder.

I asked Ms. Hughes to name some of the most common misperceptions that people have about older adults. One is the assumption that older adults are supposed to be depressed. “They’re not,” Hughes tells me. “Depression is not a normal part of aging.” She also encounters the misperception that older adults cannot make decisions for themselves. “That’s completely inaccurate. Just because you’re living with a behavioral health disorder does not mean that you’re not capable of making your own decisions.” She explains that with the right supports – whether it’s going to therapy or taking medication - they’re able to have full, productive lives. The other misperception she sees is that older adults are unable to take care of themselves. “I used to work in senior centers and I had never met older adults who were so active - they played pickle ball, they went to belly dancing class, they worked, they volunteered… the misperception that they are just waiting around is completely false.”

In her provider trainings, she works hard to break down misperceptions and stigmas, because too often older adults with behavioral health conditions are disenfranchised or decisions are made without their input. “When I’m meeting with individuals and providers, I always ask, “what does the individual want?” Because at the end of the day, we can have the best treatment plan in the world but if that individual does not participate, all of that planning can go out of the window. It has to meet their own goals. It has to be what they want, not just what we want.”

Ms. Hughes spends much of her time helping families understand the older adult system, breaking it down in layman’s terms. “The system is incredibly confusing and not user friendly. A lot of times (the family) has already explained their story 30 times to however many people. They don’t want to tell their story anymore. They want solutions. They want answers.” Other times, she explains systemic barriers. “I help providers understand that some things cannot happen because of the systems in place. We just don’t have that program available, or there is a requirement of that program that makes that person unable to get into that program.” This is why approaching the family and provider from an informed systems perspective is so essential.

In order to navigate these system, social workers often have to be relentlessly persistent in finding the right place for people. Family members and providers are often tenacious in advocating for their clients and loved ones. “The most challenging cases are when we don’t have placements for individuals,” she explains. “When they have been in and out of the hospital so many times, when they have been inpatient so many times, when they no longer meet criteria for a Residential Rehabilitation Program (RRP), but again they can’t afford the assisted living, and there are very few assisted living facilities that are going to accept someone for $800. Those are the most challenging and frustrating cases that I encounter. When you try and try and you just keep hitting that metaphorical brick wall. At the end of the day, I literally will exhaust all other options until there is no option left. And then I have to come up with a new plan… because I don’t want them discharged to homelessness or a shelter. Does it happen? Unfortunately yes. But if at all possible, I don’t want that to be the outcome. So it gets extremely frustrating. But the persistence I have can pay off. I’ll find a program that I was unaware of and I’ll share it.”

When asked what qualities a social worker needs to work with older adults, she lists compassion, adaptability tenacity, and creativity. “There are not enough programs for older adults. Sometimes you have to scour the internet or scour the system to figure out where that hidden gem is. You may have to look out of state. You have to learn how to become creative within the system.”

[By 2030, 15 million American adults will be diagnosed with a psychiatric disorder.](https://www.johnahartford.org/ar2011/) In response to an aging population, Ms. Hughes asserts that we have a lot of work to do and we don’t have a lot of time. In public policy meetings around the state, she sees county after county trying to meet the demand of the rapidly growing older adult population and those individuals living with behavioral health disorders. In future state policy, she hopes to see changes in placements – including a hybrid between an RRP and an assisted living in order to bridge these two programs and address both somatic and behavioral health concerns. She also hopes to see changes in affordability so that older adults are able to be in the least restrictive environment possible.

For young people considering the field of social work for a career, she recommends volunteering at a senior center, nursing home, or hospital. “You would be surprised even if it’s a five minute interaction, how much you can really make their day.” She would also encourage them to get connected with the NASW Maryland Aging Committee and Mental Health Association of Maryland, which has a coalition on aging and mental health. “My biggest advice to anyone who is interested in working with older adults is to realize that even though it is a very complex and at times very frustrating and challenging system, there are such great positive benefits. I may have had a completely crummy day, and have hit brick wall after brick wall, but I still come to work every day excited that I can make a change or that I can figure out where I can place someone.”

She also encourages young social workers to pursue a relentless understanding of the system. “Know the system. Understand the system. When you see something, question it. Why is it like this? Should it be like this? Be the change agent. Be persistent. Be tenacious. Just because I’m told something doesn’t exist doesn’t mean it doesn’t.”