Whose Problem Is It?
Mental Health & Illness in Long-term Care

Training Goals

- Improve . . .
  - Quality of life for residents
  - Quality of knowledge among staff
  - Staff’s feelings of competency and satisfaction with providing care to sometimes difficult-to-understand residents

Remember! Not all “problems” are the same!!
Mental Health & Illness

There are LOTS of different causes of behavioral and psychological symptoms!

- Mental ILLNESS
- THREATS to Mental HEALTH

Understanding DIFFERENCES is often key to providing needed care!
Stop and LOOK!

- Knowing the person "behind the illness' is critically important!
Think again!

- Who IS this person?? And as important, *who has this person been throughout his life?*
EXAMINE!

... the causes of behavioral and psychological symptoms AND how we manage our own feelings!

I think he is just really lonely... and needy today!

(Sigh!) I need to be patient!
The “Real Problem?”

Many behaviors “look the same . . .”

- Anxiety, fear, restlessness
- Verbal “assaults” or name-calling
- Apathy, indifference
- Resistiveness, refusal to participate
- Failure to cooperate or comply

*BUT often have DIFFERENT CAUSES that require different solutions!!!*
**Many Possible Causes**

<table>
<thead>
<tr>
<th>MENTAL HEALTH</th>
<th>MENTAL ILLNESS</th>
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</thead>
<tbody>
<tr>
<td>◆ Personality traits</td>
<td>◆ Dementia, such as Alzheimer’s disease</td>
</tr>
<tr>
<td>◆ Loss of self esteem</td>
<td>◆ Depression</td>
</tr>
<tr>
<td>◆ Loss of control</td>
<td>◆ Anxiety disorder</td>
</tr>
<tr>
<td>◆ Situational stress</td>
<td>◆ Paranoid ideation</td>
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</table>
Reminds Me Of . . .

- Think about residents that you know and provide care to...
- Does anyone “come to mind” as we describe symptoms and causes of problem behaviors?
- Make a note ➔ *It’s the beginning of a plan of care!*
Threats to Mental Health

- Problem not “manageable” with usual coping methods → failure to adapt → *behavioral symptoms*
- Supportive interventions are needed
  - Help RESIDENT cope, possibly using new methods
  - Change what STAFF do to reduce problems
Personality Traits

Long-standing personality traits and coping methods are often the root of the problem!
Coping, managing, ways of interacting with others were not effective earlier in life & are not effective NOW!

- BLAME
- CRITICIZE
- GOSSIP

*#!*&#@*!!!
What’s WRONG with you people!?!
Loss of Self Esteem

- Self worth or esteem is a HUGE influence on behavior
- Low self worth often has a negative effect on how a person relates to others!

I wonder why he is such a bully? Talk about “my way or the highway!”
Symptoms of Low Self Esteem

- Criticism of self
- Criticism of others
- Disturbed relationships
- Exaggerated sense of self importance
- Minimizing own abilities
Loss & Change

...associated with advanced age can affect coping

- Health
- Mobility
- Sensory input
- Activity
- Relocation
- Finances
- Loss of loved ones: death, divorce, separation

Wow. Tough situation. I wonder what that means to HER?
Loss of Control

My tea is NOT hot enough, AGAIN!!!

My medicine is to be taken at NOON, not at 1 pm!!!!

Residents…

Can’t you people ever get it straight?!

Get a life. I’ve got 10 people to think about besides YOU!!!
I’ve HAD IT with you people!! Why don’t you listen?!? I’ve lived a long life! I’m not stupid!! What on earth does it take to get you to do it MY way?!

… Like everyone else, residents will react to situations or events that are upsetting to them.
Threats to Mental Health: Key Principles

- Identify **SOURCE** of stress, unhappiness, “problem” behaviors
- Focus on **PAST COPING** methods with similar type of stress
- Identify and employ current **RESOURCES** and abilities
Dementia: Leading Cause of Behavioral Symptoms

- Progressive loss of ability to
  - Think, reason
  - Control impulses
  - Use judgment
  - Remember what to do & how
**Depression**

Loss of ability to experience pleasure
- Nothing is fun, not interested
- Lethargic, apathetic
- Nay saying, nothing is "right"
- Can’t be pleased

**OR**

Prominent Dysphoria (or other Mood disturbance)
- Sad, blue, depressed
- Anxious, irritable
- Suspicious, paranoid

Plus physical symptoms: sleep, appetite, activity, fatigue…
Anxiety

- A symptom of MANY disorders: Depression, dementia, delirium
- The primary symptom of anxiety disorders – usually generalized anxiety disorder in older people
- Emotional worry, apprehensive expectation
- Different from FEAR: Can’t identify WHAT is worrisome

Like depression, many physical symptoms!!!
Paranoia

- Delusions (false, fixed beliefs) that someone or something is “out to get them”
- Perhaps the most “troubling” of all symptoms!

- Symptom of many mental illnesses
  - Depression
  - Dementia
  - Anxiety disorders
  - Psychotic disorders

- Primary symptom of paranoid disorder
Mental Illness: Key principles

- Identify **CAUSE** of symptoms to determine treatments → Dementia? Depression? Anxiety disorder?
- Take ALL concerns **SERIOUSLY**
- Respond **PROMPTLY** to behaviors; don’t “wait to see what happens”
- **Try to understand problems from the resident’s point of view!!**

* I SAW what I SAW! Are you calling me a LIAR, you little #$&!!? *
What is really going on???

? Is the person suffering from a mental illness or disorder?

? Has the person been this way their “whole life long”?

? Have recent losses & stresses upset the balance of their coping?
Believe!

- Change is possible
  - In residents
  - In their families
  - In yourself and other staff caregivers

- Together, we can solve problems!
How we manage our OWN feelings

I CAN"T let her yelling upset me!
I have to stay calm and THINK!!!!

Don't let the behavior upset you! Then NOBODY wins!!
"Out sight, out of mind..." just never works with difficult residents!!!
Psychological Distance

Take a deep breath . . . Keep my brain working . . . Think! NOW speak!

Don’t let THEIR problems become YOUR problems!!
Okay. He called me a name. I can get mad, or be hurt. Or I can remember that he is unhappy and it has NOTHING to do with ME, really!!!

Our ability to understand, and “RELABEL” gives us “distance” from the problem!
Look for “Chain of Events”

Avoid looking at a behavior all by itself!

Underlying Cause

Behavioral Symptom
✔ Treat the REAL problem
✔ Minimize the risk of "PARTICIPATING" in problems
✔ Do things to PREVENT problems
✔ Avoid PERSONALIZING problems

Simple ideas that are HARD to achieve!!
Respond EMPATHETICALLY and INTERVENE in a way that is

- Helpful to the PERSON

AND

- Helpful to the CAREGIVERS!!!
Summary: Key principles

- STOP and reconsider...
- Collect information to understand the “real” problems!!
  
  Hateful, mean old ...
  
  What is really going on??
Summary: Key principles

- Adapt CARE PROCESSES (routines, approaches, & environment) to promote safety, security, sense of predictability
  - CONSISTENCY in staff approach is critical
  - Encourage a sense of CONTROL (e.g., encourage choice, involvement)
  - Ensure basic HEALTH needs (e.g., hydration, nutrition, pain management)
  - Compensate for SENSORY deficits
  - Compensate for COGNITIVE deficits
Summary: Key principles

- Team work to solve problems
  - Develop, maintain behavioral LOGS
  - Implement behavior management TEAMS; include all shifts, disciplines
  - EVALUATE if any or all of plan worked
  - Monitor successful changes, re-strategize, reprioritize, START AGAIN!
Requirement of time & energy

- MINIMIZE or PREVENT problems
  - Slow down
  - Think & observe
  - Talk to others
  - Read records
  - Try new approaches

- “Manage” problem AFTER it occurs
  - Feeling angry, upset
  - Avoiding resident (or family)
  - Keeping up with constant demands

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The End