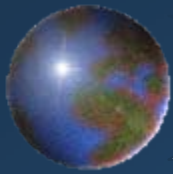


# *Mental Health Issues in Nursing Homes*

*I'm glad you asked....*



*I'm glad you asked...*

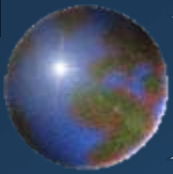
- **Susan Wehry, M.D.**

**Associate Professor of Psychiatry, College of  
Medicine, University of Vermont  
Consultant, State of Vermont's  
Mental Health and Aging Initiative**

*in conjunction with* **NYS Long Term Care Ombudsman  
Annual Training Conference, Saratoga Springs, N.Y**

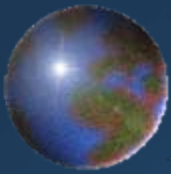
**October 31 – November 2, 2001**

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# *Topics*

- Communication skills
- Mental health evaluations
- Behavioral units
- Case review

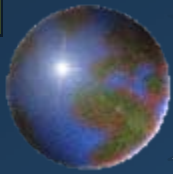


# *Topics*

## • Communication skills

### • talking to residents who have

- Mood Disorders
- Psychosis
- Dementia



# *Recognition Depression*

■ "I feel blue"

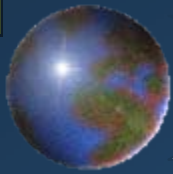
■ "I feel tired all the time"

■ "Nothing matters"

■ "I don't enjoy things anymore"

■ "I don't want to live anymore"

■ "I want to kill myself"



# *Depression*

- Low energy

- Poor appetite

- Poor sleep

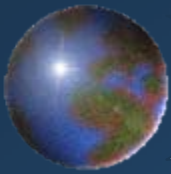
- Poor concentration

- Be irritable

- Be slow to answer questions

- Be forgetful

- Move slowly



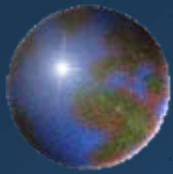
# *Depression:*

## ● The Young Old

- Sad mood
- Sleep
- Appetite
- Pessimism
- Hopelessness
- Thoughts of death or suicide

## ● The Old Old

- Irritability
- Sleep
- Somatic
  - headache, gastrointestinal disturbances
- ↓ interest in ADLs
- Fatigue
- Anxiety



# *Delusional Depression*

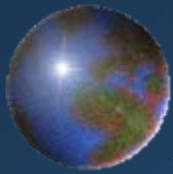
## ● Somatic delusion

- body odor
- misshapen or ugly body parts
- dysfunctional organs

## ● Persecutory delusion

- of being cheated, threatened, poisoned, followed, drugged
- often hostile
- may → violence





# *Communication Skills*

## *Depression: What helps*

- Active listening

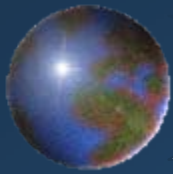
- Empathy/Hope

- “I know you feel this way now, but you won’t always”

- Notify the care team

- Try to engage

- “Come to \_\_\_\_\_ with me today”



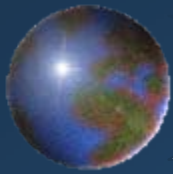
# *Depression: What doesn't help*

## ❏ False cheer

- "Its not so bad"
- "Cheer up"
- "Put on a happy face"

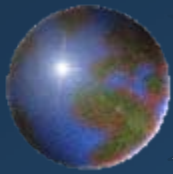
## ❏ Personal philosophy

- "There are people here worse off than you"
- "You should be glad your children visit"



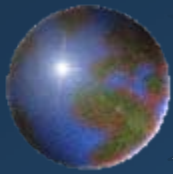
# *Depression*

- How to respond to delusions
  - Sympathize with the concern
  - Reassure
  - Don't rationalize or argue



# *Recognition Mania*

- Euphoria or irritability
- Mood lability or instability
- Rapid, pressured speech
- Sleeplessness
- Grandiosity
- Hypersexuality



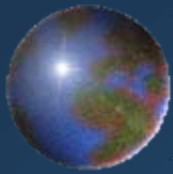
# *Communication skills*

## *Mania: What helps*

- Containment of behavior

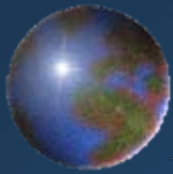
- Sleep

- Mental health referral



# *Recognition Psychotic Disorders*

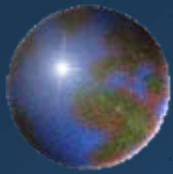
- schizophrenia, early and late onset
- delusional disorders (paranoid)



# *Recognition*

## *Schizophrenia*

- Disorganized thoughts
- Hallucinations
- Delusions
- Self-neglect
- Chronicity
- Movement disorders

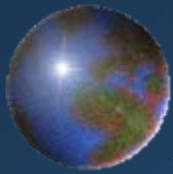


# *Communication skills*

## *Schizophrenia*

- Anxious around other people
- Difficulty organizing thoughts
- Trouble paying attention
- Movement disorders

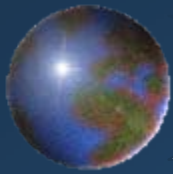




# *Communication skills*

## *Schizophrenia*

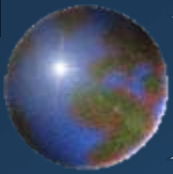
- Reach out
- Accept on own terms
  - Look past the symptoms
- Sympathize with concerns
- Don't argue or rationalize



# *Communication skills*

## *Schizophrenia*

- Reassure
- Stand where you can be seen
  - *Do not approach from behind*
- Avoid unsolicited touch
- Present only one idea at a time



# *Recognition*

## *Dementia*

- Amnesia

- Aphasia

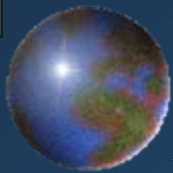
- Agnosia

- Apraxia

- Personality ↓

- Behavioral disturbances

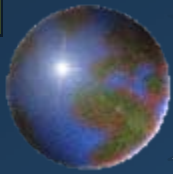
- Psychosis



# *Communication skills*

## *Dementia*

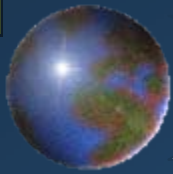
- Speak slowly and simply
  - *Do not expect a quick response*
- Clarify
- Stand where you can be seen
  - *Do not approach from behind*
- Sustain eye contact



# *Communication skills*

## *Dementia*

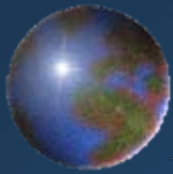
- Use gentle touch
- Use gestures and visual cues or aids
  - Do not use gestures which threaten
- Communicate often
  - Avoid a constant stream
- Use the same words



# *Communication skills*

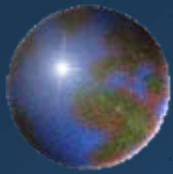
## *Dementia*

- Present only one idea at a time
- Cue the person
  - *Avoid questions whenever possible*
- Use short sentences, simple messages
- Discuss concrete actions and objects



# *The mental health evaluation*

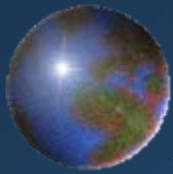
- PASRR
- MDS
- Screening for depression
- Screening for cognitive impairment
- Psychiatric Consultation



## *Aids to identification*

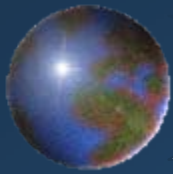
- OBRA-1987: Nursing Home Reform Act
  - Screening for mental illness → PASARR
    - Prior to placement
    - Changed mental status
  - Assessment → RAI





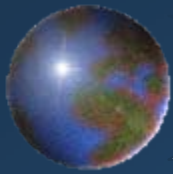
# *PASRR*

- Schizophrenia
- Mood disorders
- Paranoia
- Severe panic or other anxiety
- Somatoform disorders
- Personality
- Other psychotic
- Any mental disorders that would lead to chronic disability EXCEPT Alzheimer's Disease



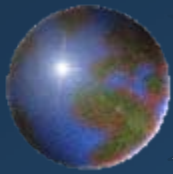
# *PASRR*

- Insure physical/medical need is present
- What mental health services needed
- Nursing home must
  - Carry out recommendations
  - Provided Specialized mental health services
- Not best database but worth reviewing



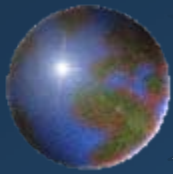
# *Resident Assessment Instrument*

- MDS + RAPS + Utilization Guidelines



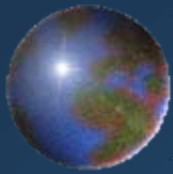
# *MDS/RAPS*

- Minimum Data Set > 500 items
  - Clinical focus
  - Records health status
    - Including neuropsychiatric diagnoses
  - Functional status
- RAPS (Resident Assessment Protocols)
  - Further assessment of clinical issues triggered (identified) by MDS



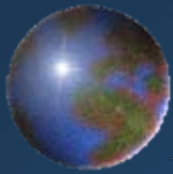
# *Quality Indicators*

- HCFA has identified 30 QIs
- 12 are of interest in mental health
  - Prevalence of problem behaviors
  - Prevalence of sx's of depression
  - Prevalence of untreated depression
  - Prevalence of various medications
  - Prevalence of daily restraints and
  - Prevalence of little or no activity



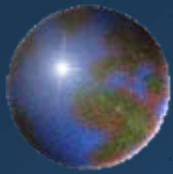
# *Mental health evaluation*

- Local mental health authority
- Consultation
  - Multidisciplinary team
    - RN, Psychiatrist, Social Worker
    - Expertise in aging AND mental health
    - Follow-up
- Primary Care M.D. implements



# *The mental health evaluation*

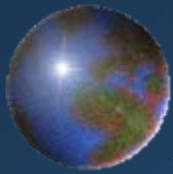
- Take a complete history
- Complete a physical and mental exam
- Rule out medical causes



# *The mental health evaluation*







- ⊗ Rule out adverse drug reactions
- ⊗ Identify co-occurring problems
- ⊗ Recommend treatment
  - ▣ Non-pharmacologic
    - Environmental
    - Behavior modification
  - ▣ Medication

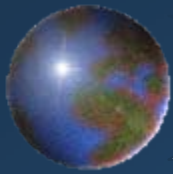




# ***Non-pharmacologic Interventions***

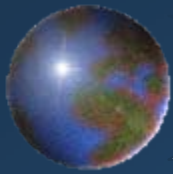
## Common behaviors

-  Wandering
-  Rummaging, Pillaging, Hoarding
-  Agitation
-  Aggression
-  Isolation
-  Unwanted sexual expression



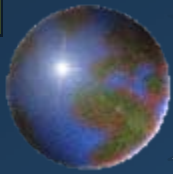
# *Behavioral disturbances*

- Agitation
- Aggression
- Wandering



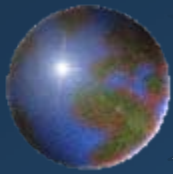
# *Behavioral disturbances*

- any diagnosis
- most common consult
- “make it stop”



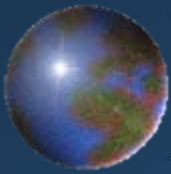
# *A word about behavior...*

- *All behavior has meaning*
- *Attempt to communicate*
  - Express a need or a feeling:
- *Effect a change*
  - Start or Stop!
- *Easier to change ours than others*
- *Whose problem is it?*



# *First steps*

- Is there a pattern?
- What is being communicated?
- Is it a problem? Whose?
- What needs to change?



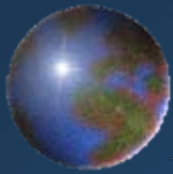
# *Wandering*

## 📍 Non-purposeful

- 📍 Boredom
- 📍 Restlessness
- 📍 Feeling lost
- 📍 Releasing energy
- 📍 Medication side effect (akithesia)

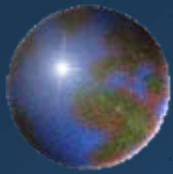
## 📍 Purposeful

- 📍 "I want out"
- 📍 Searching



# *What helps*

- ⊕ Adjust medication
- ⊕ A good pair of shoes
- ⊕ Walking with the person
- ⊕ Keeping halls free of clutter
- ⊕ Nightlights
- ⊕ Frequent reassurance
- ⊕ Distraction



# *Agitation*

- Slapping thighs

- Clapping

- Yelling

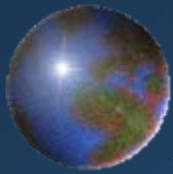
- Screaming

- Self-referred

- Something is  
wrong with me






- Do something!

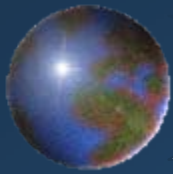




# *Agitation*

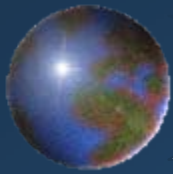
## Common causes

-  Pain
-  Constipation
-  Discomfort
-  Infection
-  Drugs
-  Hearing loss



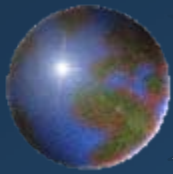
# *What helps?*

- Making sense of the communication
- Address the underlying problem
- Medication
  - Antipsychotics
  - Antidepressants
  - Mood stabilizers
  - Avoid benzodiazepines










# *Aggression*

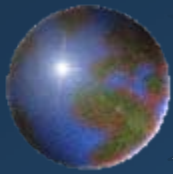
- Hitting out
- Kicking
- Pinching
- Biting
- Threatening
- Swearing
- Other referred
- **Something is wrong with *you***
- **STOP! Leave me alone**



# *Aggression*

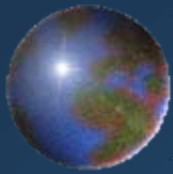
## Common causes

-  Fear
-  Anxiety
-  Frustration
-  Medications
-  Sensory loss
-  Crowded or noisy environments
-  Abrupt, tense or impatient staff



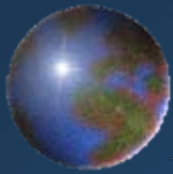
# *What helps?*

- Making sense of the communication
- Address the underlying problem
- Stop doing what you're doing
- Back away
- Stay calm
- Distract
- Communicate in soft, low voice
- Give directions slowly, one at a time



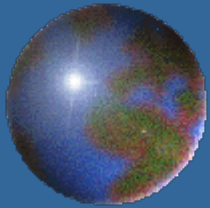
# *What doesn't help*

- Operant conditioning with negative reinforcement
- Inconsistency
- Scolding
- "Behavioral units?"



*Remember*

*The only behavior we can  
really ever change is our own*



*Putting it all together...*

Case review