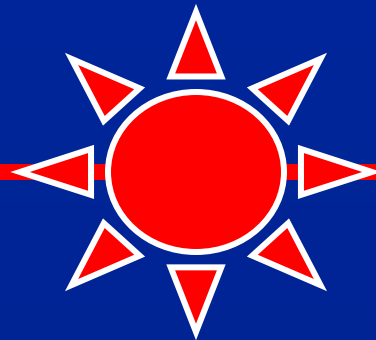





Whose Problem Is It?

Mental Health & Illness in Long-term Care



Revised by M. Smith (2005) from M. Smith & K.C. Buckwalter (1993), "Whose Problem Is It? Mental Health & Illness in Long-term Care," The Geriatric Mental Health Training Series, for the John A. Hartford Center of Geriatric Nursing Excellence, College of Nursing, University of Iowa



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!*



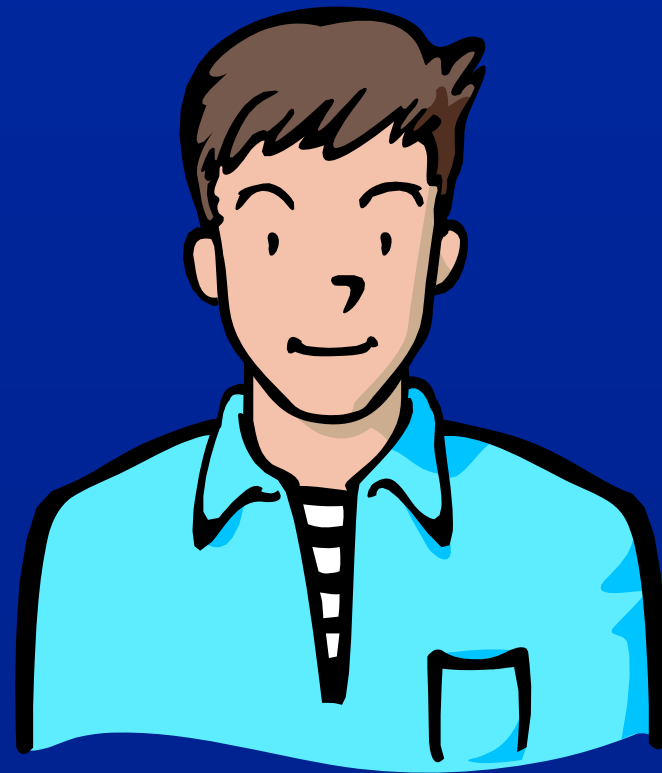
Stop and LOOK!

❖ Knowing the person “behind the illness” is critically important!



Think again!

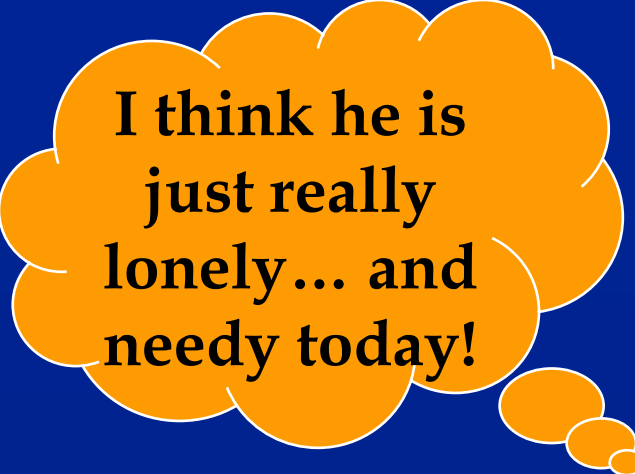
❖ Who IS this person?? And as important, *who has this person been throughout his life?*






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

MENTAL HEALTH

- ❖ Personality traits
- ❖ Loss of self esteem
- ❖ Loss of control
- ❖ Situational stress

MENTAL ILLNESS

- ❖ Dementia, such as Alzheimer's disease
- ❖ Depression
- ❖ Anxiety disorder
- ❖ Paranoid ideation



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!*

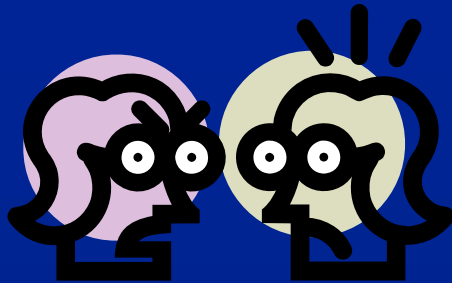
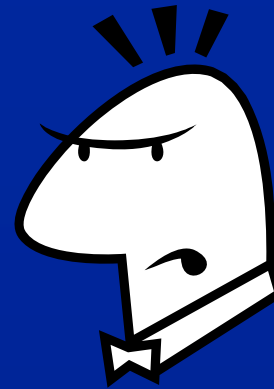


Threats to Mental Health

- ❖ 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!



Personality Traits

❖ 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

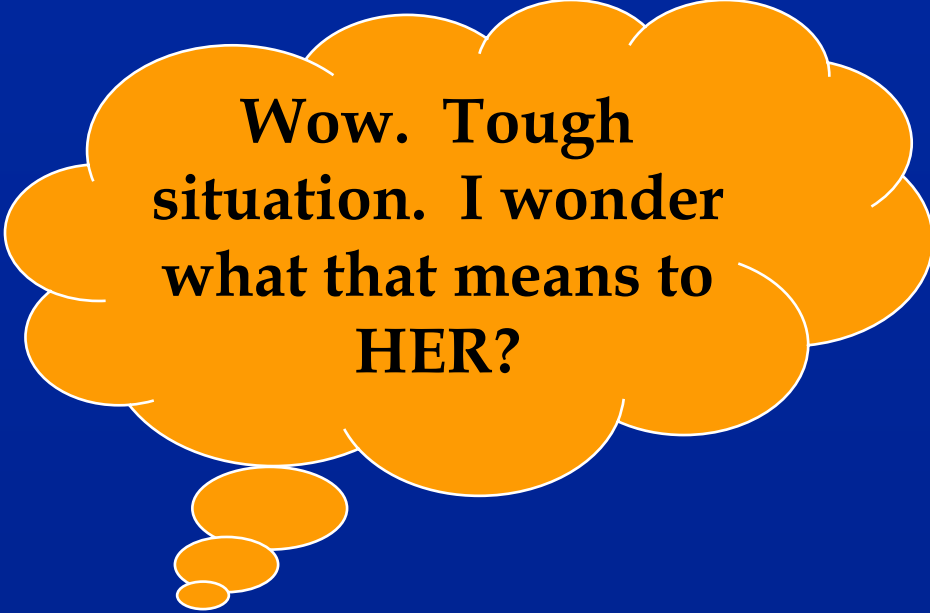
- ❖ Criticism of self
- ❖ Criticism of others
- ❖ Disturbed relationships
- ❖ Exaggerated sense of self importance
- ❖ Minimizing own abilities



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!!!*

STAFF



Situational Stress


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)

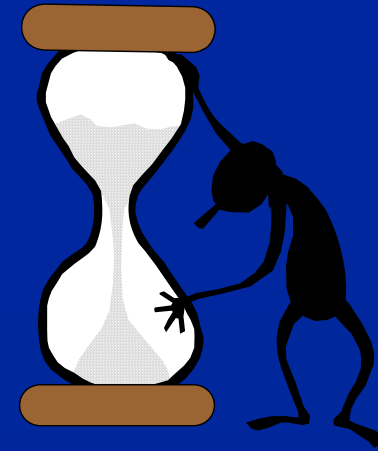
- ❖ Sad, blue, depressed
- ❖ Anxious, irritable
- ❖ Suspicious, paranoid

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???

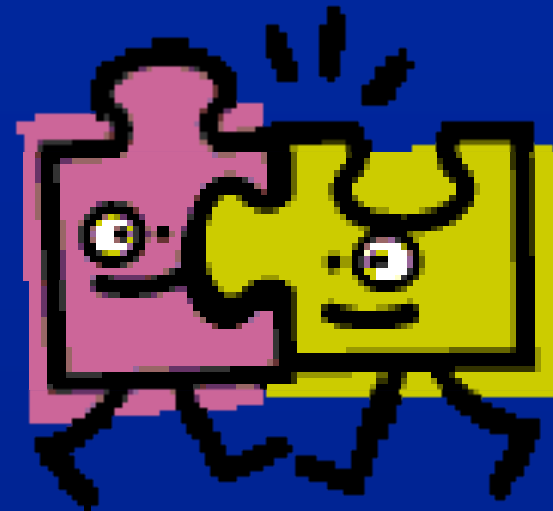
- ? Is the person suffering from a mental illness or disorder?
- ? Has the person been this way their “whole life long”?
- ? Have recent losses & stresses upset the balance of their coping?



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!!*

Physical Distance



“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!!



Cognitive Control

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!





!!!!WARNING!!!!

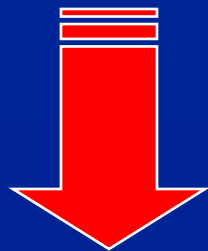
*Focus on CAUSES, not
“COOKBOOK” Cures!!!*



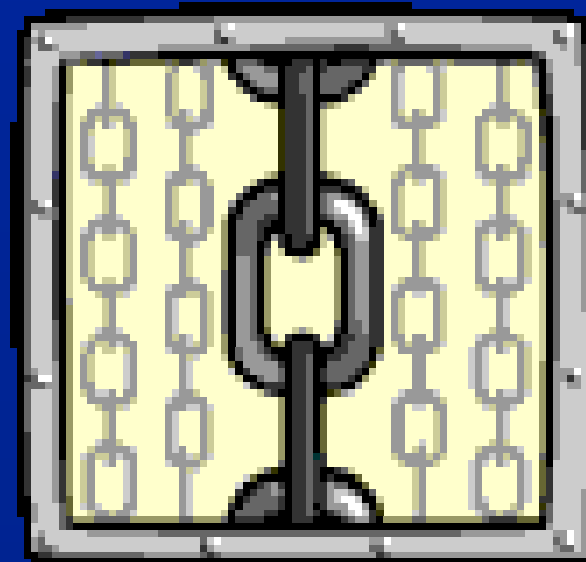
Look for "Chain of Events"


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 . . .




Hateful,
mean old . . .



What is really
going on??

- ❖ Collect information to understand the
“real” problems!!
- 

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, restrategize,
reprioritize, **START AGAIN!**



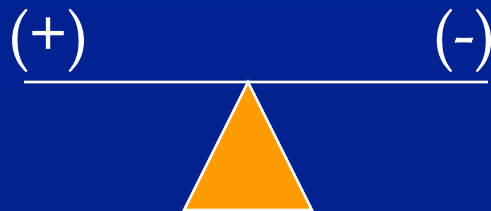
Requirement of time & energy

❖ 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





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

The End

