Mental Health Issues in Nursing Homes

I’m glad you asked…
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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
- “It’s 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
- Grandiositis
- 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 symptoms 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

Something is wrong with you
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