Mental Health and Well-being in Aging

What you can do to help

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VIRGINIA DEPARTMENT OF SOCIAL SERVICES

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Part I: Understand that good mental health is a critical component of older adults' overall well-being.

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Part 2: Be familiar with mental illnesses that may occur in elder-hood; have tips for investigating an individual's mental wellness.

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Part 3: Have a toolkit for promoting good mental health for older adults in care communities.

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Part 4: Be able to link individuals and families to necessary and appropriate community mental health resources.

SERIES OBJECTIVES

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Part 3 – Objectives

Have a **toolkit** for promoting good mental health for older adults in care communities.

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YOU
are an important
part of the
Mental Health Team

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Self-Care

YOU WOULDN'T LET THIS
HAPPEN TO YOUR PHONE.
DON'T LET IT HAPPEN TO
YOU EITHER.

SELF CARE IS A PRIORITY,
NOT A LUXURY.

Physical
Health

Psychological
Health

Goal:
Complete
Well-Being

Spiritual
Health

Social
Health
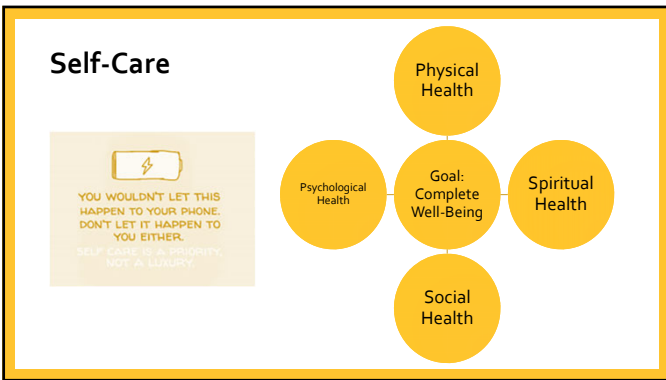
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ALFs/ADCs can promote older adults'
mental health!

Application of the 10 principles on
Handout 3 will provide a high quality of
care while maintaining dignity for older
persons whose independence is
compromised primarily by cognitive
impairment or other mental health
difficulties.

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Residents with mental illness report feeling stigmatized in care settings.

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Words matter!

Inappropriate terms:	• Retarded, disturbed, weird, abnormal, crazy, wacko, psycho, etc.
Equating a person with their disorder:	• She *is* schizophrenic (should be she has/lives with schizophrenia), my bipolar son (should be "my son", adding "who lives with bipolar disorder" only if necessary for a specific audience like a teacher or MD).
Using labels, not names	• the bipolar guy in 212; similar to saying "feeder" or "he is a wanderer"
Making light of conditions:	• saying that organized people have OCD or calling people who have typical mood changes "bipolar."

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Staff have impact

- Lack of knowledge and resources
- Conflating dementia and mental illness
- Added effort for:
  - supervising medical needs
  - responding to symptoms
  - medication management

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Staff have impact

- Working with 3rd parties: family, physicians, other residents
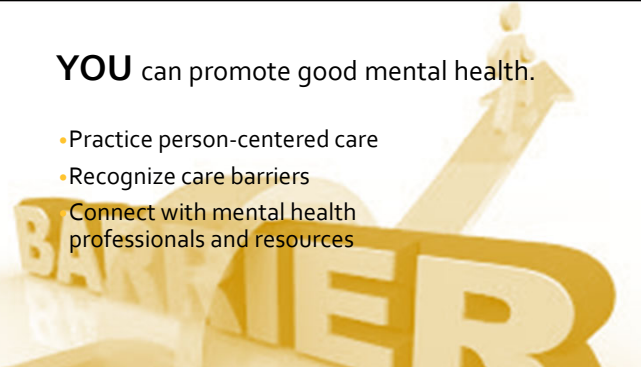- Maintaining safe, positive community image

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YOU can promote good mental health.

- Practice person-centered care
- Recognize care barriers
- Connect with mental health professionals and resources

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YOU can promote good mental health.

- Provide compassionate support
- Identify and build on strengths
- Treat mental illness like any other illness:
  - Recognize
  - Assess
  - Refer for treatment

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What can **YOUR** community do to promote mental wellness?

- Lunch and learn for staff
- Mental health education in-service events
- Mini-health fairs
- Mental health screenings (at individual or facility level)
- Educational classes for clients/families
- Having literature available

- Invite professionals to speak about mental health
- Encourage social interaction (we know that loneliness increases risk of depression)
- Encourage family participation as appropriate
- Embrace the principles of person centered care; educate staff on PCC
- Promote positive mental health for both clients **AND staff members**

- Connect residents/participants with appropriate community MH resources
- Connect residents with community activities and people; help residents feel engaged with community
- Yoga/relaxation/meditation events or classes

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Person-Centered Care:
Gathering Mental Health Information

1. How can we gain information about a person's mental health?
2. What if the person is cognitively impaired?
3. Are there professional ethics or regulations in your field that would impact how you gather information?

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Potential Information Sources
- ISPs
- Medical records
- Interviews
- Observations
- Clues from family members or other residents
- Asking the resident direct questions
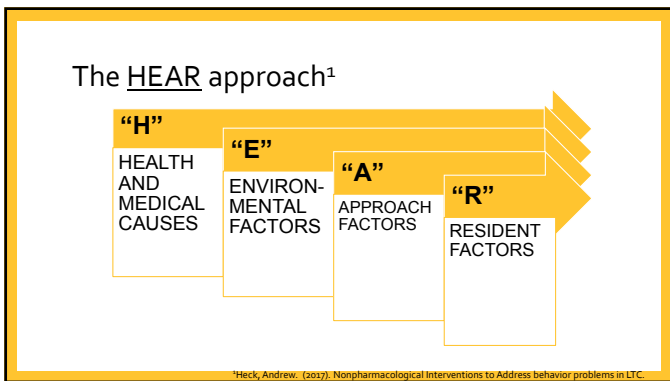- Other support staff (dietary, housekeeping)

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The <u>HEAR</u> approach[1]

"H"
HEALTH AND MEDICAL CAUSES

"E"
ENVIRON-MENTAL FACTORS

"A"
APPROACH FACTORS

"R"
RESIDENT FACTORS

[1]Heck, Andrew. (2017). Nonpharmacological Interventions to Address behavior problems in LTC.

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Health factors are medical or other physical factors that can impact mental health.

SENSORY LOSS

PAIN/DISCOMFORT

CONSTIPATION AND/OR IMPACTION

DELIRIUM

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Take action when you observe a sudden mental health change.

1. Medical evaluation, including labs
2. Pharmacy medication review
3. Assess common health factors

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Environmental factors are are aspects of the surroundings that can impact mental health.

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Investigating the Environment

- Carefully inspect physical environment
- Propose individual, targeted changes
- Observe mental health changes
- If it works-great!
- Otherwise, try something else

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Approach factors are the methods we use to address people.

Approach factors that might impact mental/emotional health:	
Using positive language	Unpredictable daily structure
Caregiver attitudes	Stance and body positioning
Others?	

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Resident factors are personal characteristics—a person's needs, wants, desires, or habits.

- Wide range of factors
- Requires person-centered investigational approach

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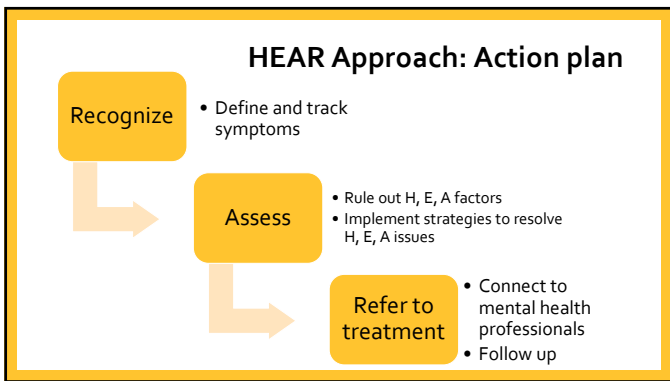| Common **R**esident-Specific Factors	
Loss	Genetic predisposition
Trauma history	Lack of autonomy/intimacy
Too much socialization	Distress/feeling abandoned
Emotional unease	Fear
Lack of socialization	Others?

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HEAR Approach: Action plan

Recognize
- Define and track symptoms

Assess
- Rule out H, E, A factors
- Implement strategies to resolve H, E, A issues

Refer to treatment
- Connect to mental health professionals
- Follow up

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The HEAR Approach:

Summary

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You can make a difference in your residents' mental wellness.

Be **proactive**: Support mental health

Be **reactive**: Seek needed treatments

Be **persistent**: If at first you don't succeed, try, try again

Be **compassionate**: Treat all residents with dignity and respect

Be **person-centered**: No assumptions, no stereotyping

Be **caring**: Because that is why we do what we do!

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THANK YOU FOR ALL THAT YOU DO!

Questions/Comments/Concerns?

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