

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 1:
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

Part 3 – Objectives

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



YOU
are an important
part of the
Mental Health Team

Self-Care



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.

Residents with mental illness report feeling stigmatized in care settings.



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."

Staff have impact

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

Staff have impact

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



A person is climbing a tall, golden ladder that is shaped like the word "BARRIER". The ladder is positioned diagonally across the frame, with the person at the top. The background is a light, warm color with a subtle pattern of small, colorful dots. The overall scene suggests overcoming obstacles and reaching a goal.

YOU can promote good mental health.

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

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



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

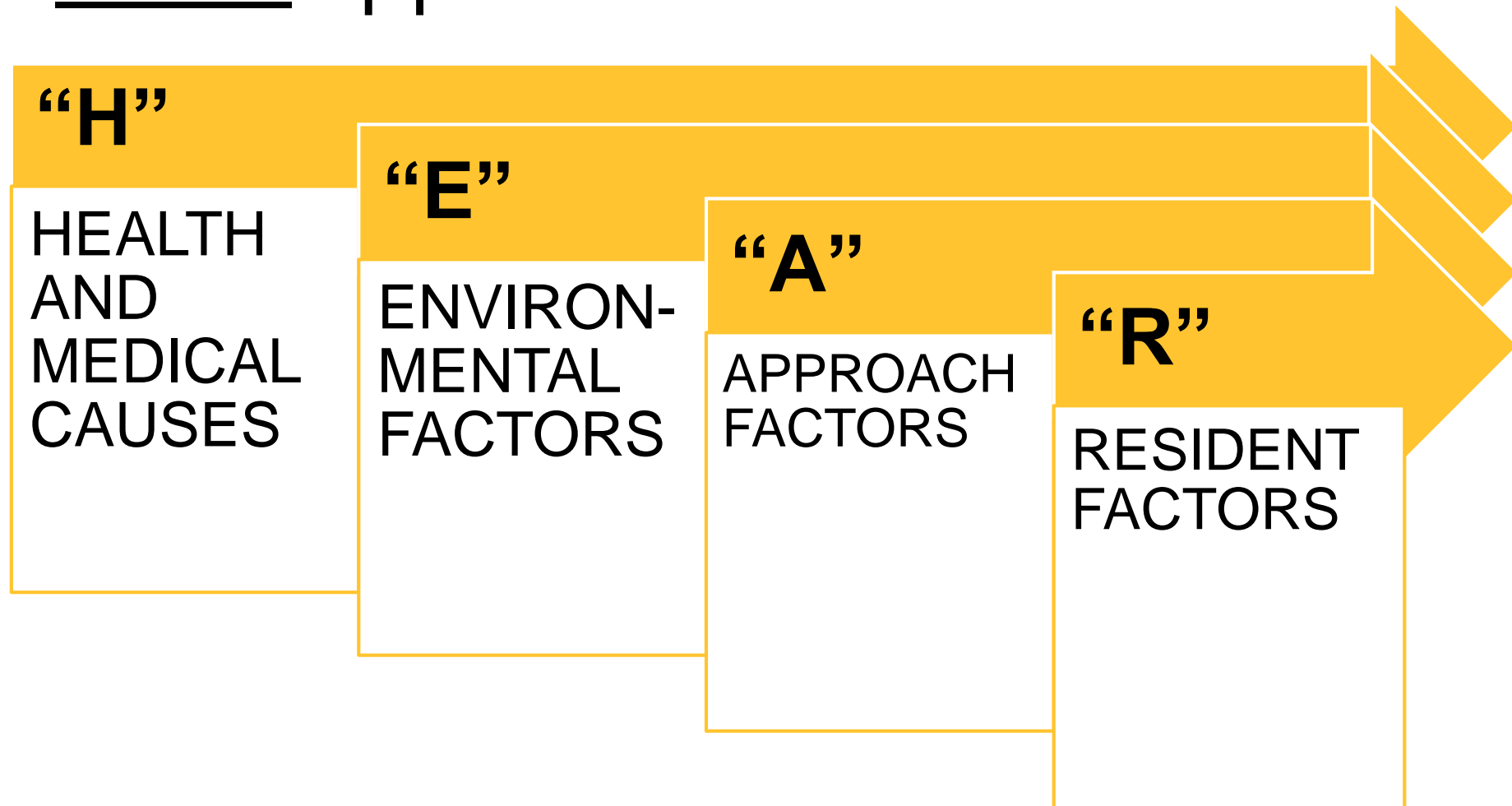
Person-Centered Care: Gathering Mental Health Information

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?

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)

The HEAR approach¹



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

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

SENSORY LOSS

PAIN/DISCOMFORT

CONSTIPATION AND/OR IMPACTION

DELIRIUM

Take action when you observe a sudden mental health change.

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



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



Investigating the Environment

Carefully inspect physical environment

Propose individual, targeted changes

Observe mental health changes

If it works-great!

Otherwise, try something else

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?

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

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

Common Resident-Specific Factors

Loss	Genetic predisposition
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Trauma history	Lack of autonomy/intimacy
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Too much socialization	Distress/feeling abandoned
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Emotional unease	Fear
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Lack of socialization	Others?
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HEAR Approach: Action plan

Recognize

- Define and track symptoms

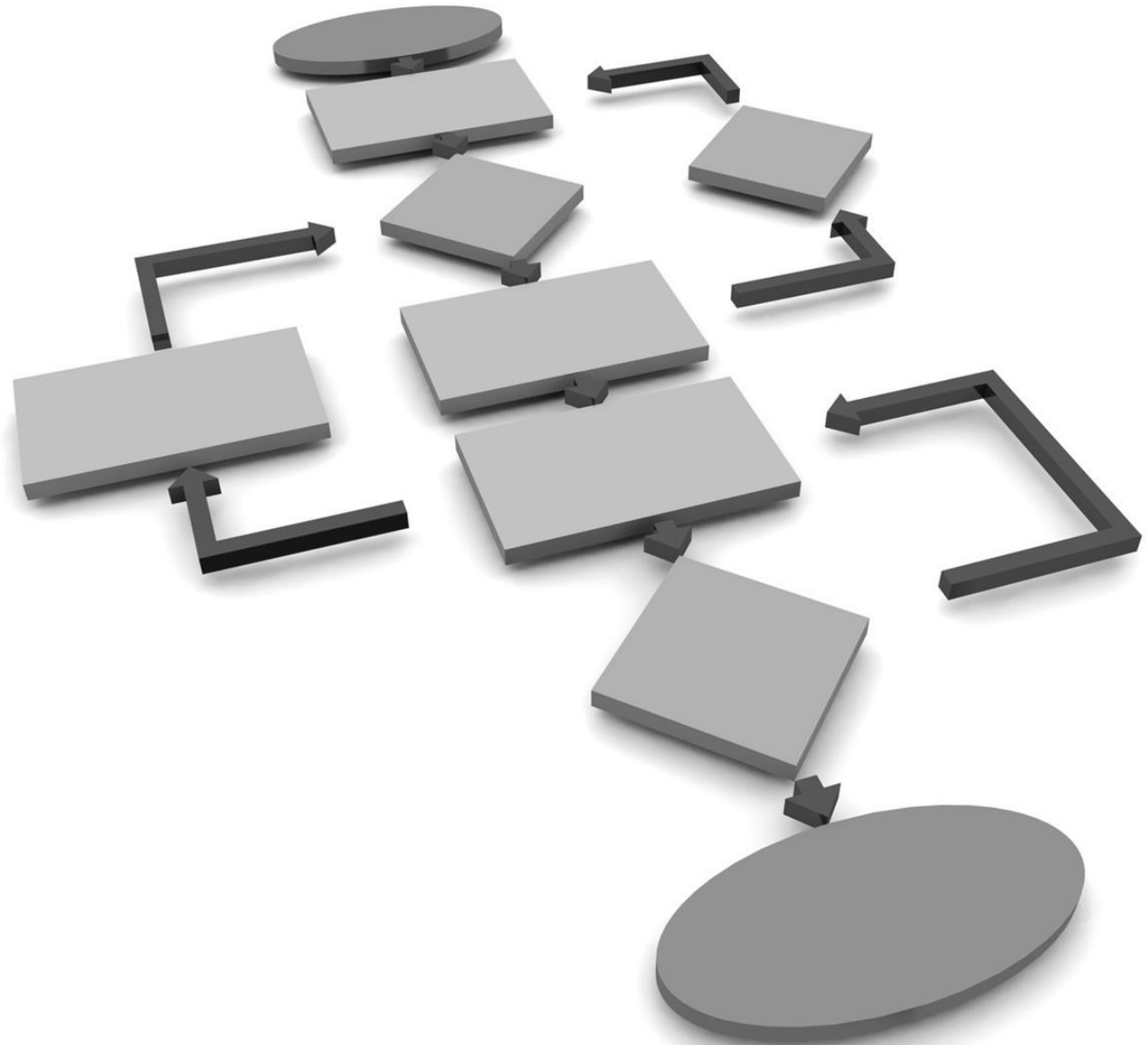
Assess

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

Refer to
treatment

- Connect to mental health professionals
- Follow up

The HEAR Approach: Summary



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

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

Be proactive: Support mental health

Be reactive: Seek needed treatments

Be person-centered: No assumptions, no stereotyping

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

Be compassionate: Treat all residents with dignity and respect

THANK YOU FOR ALL THAT YOU DO!

Questions/Comments/Concerns?

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