

Mental Health and Infection Control COVID-19 Impact

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1

Mental Health and Infection Control

COVID-19 Impact

100 Infection Control;
270 Direct Care Aggressive
Resident Training;
460 Personal Care And
Supervision;
510 Mental Health Services;
520 Activities;
550 Resident Rights; and
Article 2 Mixed Populations.

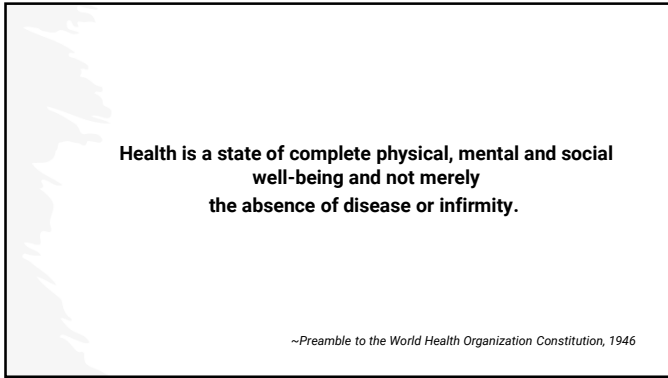


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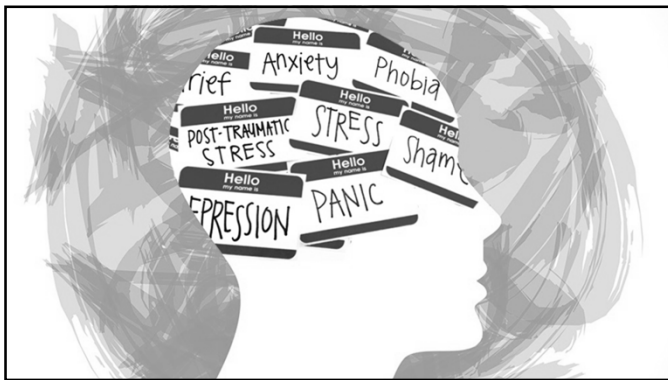
Objectives

Gain	Examine	Explore	Link
basic knowledge of mental illness in the aging focusing on depression, anxiety and grief.	mental health impact of COVID-19 restrictions on older adults.	Infection control strategies to prevent/reduce illness in residents	best practices for infection control and individuals with mental health issues and cognitive impairment

3



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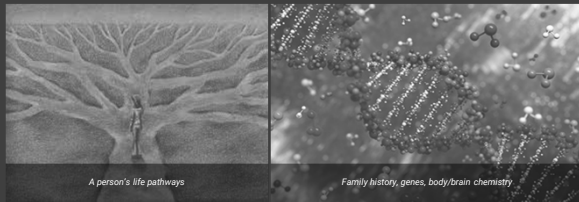


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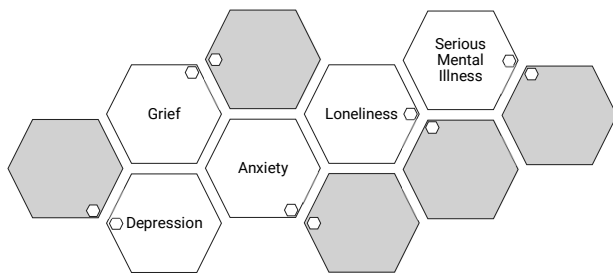
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Many factors impact mental health and wellbeing in aging.



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Being aware of common mental health problems in aging can help you identify them.



8

PERSONALITY DISORDERS

Cluster A

- Paranoid
- Schizoid
- Schizotypal

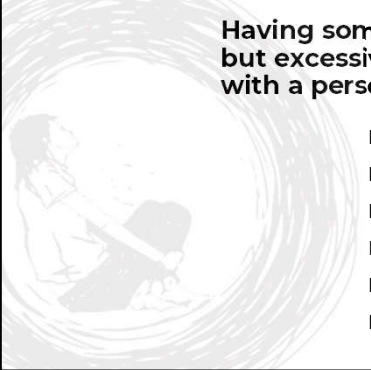
Cluster B

- Antisocial
- Borderline
- Histrionic, Narcissistic

Cluster C

- Avoidant
- Dependent
- Obsessive-Compulsive

9



Having some anxiety is normal, but excessive anxiety interferes with a person's functioning.

- Pain
- Reduced quality of life
- Poor problem-solving skills
- Increased use of medical services
- Difficulty with daily life
- Higher medical costs


10

Types of thought distortions


No.	Forms of Distortion	Description
1	All-or-nothing thinking	You think things in absolute, black-and-white categories.
2	Overgeneralization	You look at a negative event as a never-ending pattern of defeat.
3	Mental filter	You dwell on the negatives.
4	Discounting the positives	You insist that your accomplishments or positive qualities don't count.
5	Jumping to conclusions:	
	Mind-reading	You regard the others' response as negative to you but there is no exact evidence;
	Fortune-telling	You arbitrarily predict the things will turn out badly.
6	Magnification or minimization	You blow things way out of proportion or you shrink their importance.
7	Emotional reasoning	You reason from how you feel: "I feel like an idiot, so I really must be one."
8	Should statement	You criticize yourself (or other people) with "should," "ought," "must" and "have to."
9	Labeling	Instead of saying "I made a mistake," you tell yourself, "I'm a jerk," or "a fool," or "a loser."
10	Personalization and blame	You blame yourself for something you weren't entirely responsible for, or you blame other

11


Anxiety may be overlooked because symptoms resemble other ailments.



Psychological



Physical



Behavioral

Mental Health Association of Maryland, Missouri Department of Health, & National Council for Behavioral Health. (2013). *Mental Health First Aid USA, Revised First Edition*

12

Depression

According to the American Psychiatric Association:

"Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act."

Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed.

It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at work and at home.

13

Depression

Symptoms must last at least two weeks for a diagnosis of depression.

Feeling sad or having a depressed mood

Loss of interest or pleasure in activities once enjoyed

Changes in appetite — weight loss or gain unrelated to dieting

Trouble sleeping or sleeping too much

Loss of energy or increased fatigue

Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others)

Feeling worthless or guilty

Difficulty thinking, concentrating or making decisions

Thoughts of death or suicide

14

Depression has far-reaching impacts for adults (of any age)

Most prevalent mental health problem in aging

More than just a passing mood

Complicates treatment of other diseases

Not normal aging

Very treatable!

15



Older adults experience loss on several levels, which can lead to grief.

- Loss of loved ones: siblings, friends, spouses, children, pets
- Loss of roles. (professional roles and job identity; changing roles of grandparent as grandchildren grow up; social roles (parent, spouse, employee, volunteer)
- Other sources of loss/transition?

Keep in mind: Mourning processes may vary by culture

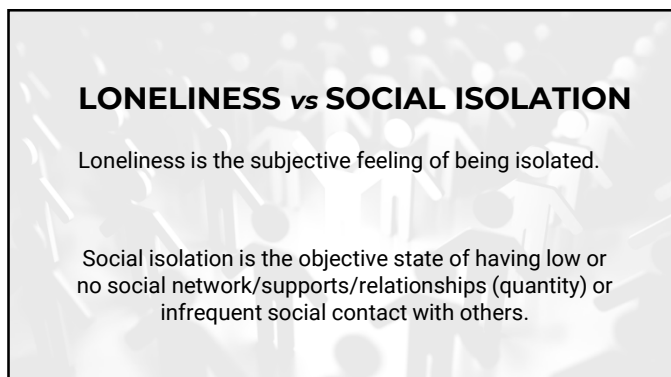
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Some residents may experience **complicated grief**.

TYPICAL GRIEF	COMPLICATED GRIEF
"Pangs of grief"	Yearnings and despair
Diminish over time	Low self-worth
Interspersed with happy memories and good thoughts	Guilt; self-criticism
	Avoiding people or being "clingy"
	Detachment

Shear (2005)

17



LONELINESS vs SOCIAL ISOLATION

Loneliness is the subjective feeling of being isolated.

Social isolation is the objective state of having low or no social network/supports/relationships (quantity) or infrequent social contact with others.

18

DIMENSIONS OF LONELINESS

Personal

1 person

Sympathy Group

15-50 people

Active Network Group

150-1500 people



19

HEALTH

From immunity to inflammation, cognitive impairment to stroke, our social connections play a role in disease: risk and preventive.

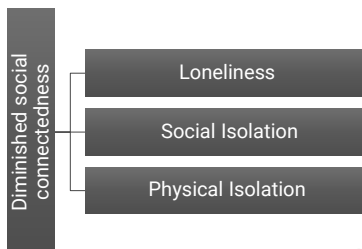
LONGEVITY

People with strong social connections live longer. And without strong relationships, life expectancy shrinks.

Why is
Connectedness
Important?

20

Feeling **socially connected** is vital to whole-person health.




21

Social connectedness contributes to positive mental and physical health outcomes.

<p>1</p> <p>1. Happiness 70% of our happiness comes from relationships</p> <p><small>(McGrady & PERCLOCK, 1996)</small></p>	<p>2</p> <p>2. Self-esteem Positive relationships help us thrive emotionally, increase our self-esteem and self-acceptance</p> <p><small>(Pinker, 2018)</small></p>	<p>3</p> <p>3. Affinity Singing in groups improves happiness and well-being and sparks rapid social bonding</p> <p><small>(Pearson, Luanney, & Dunbar)</small></p>
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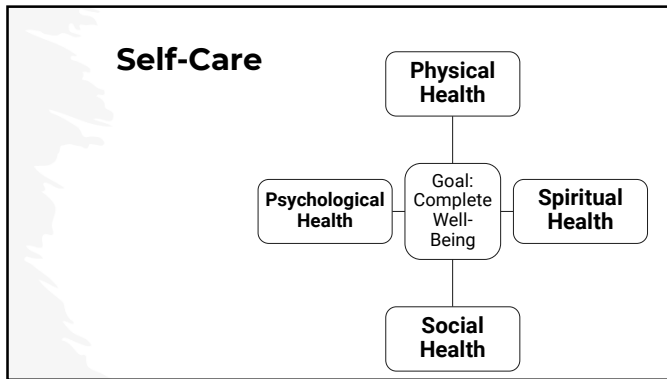


YOU
are an important part of the Mental Health Team

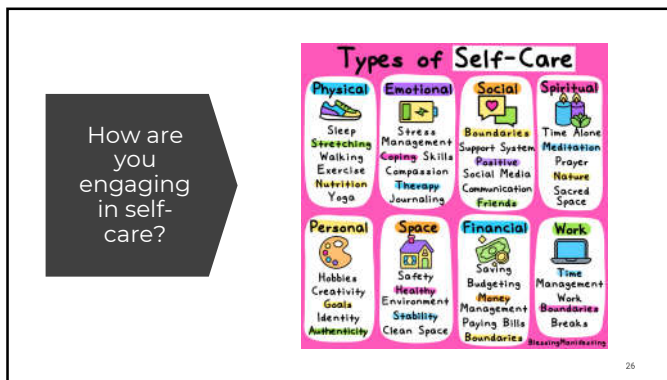
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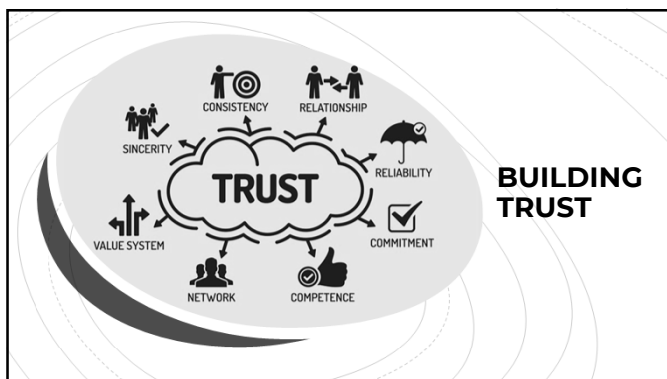
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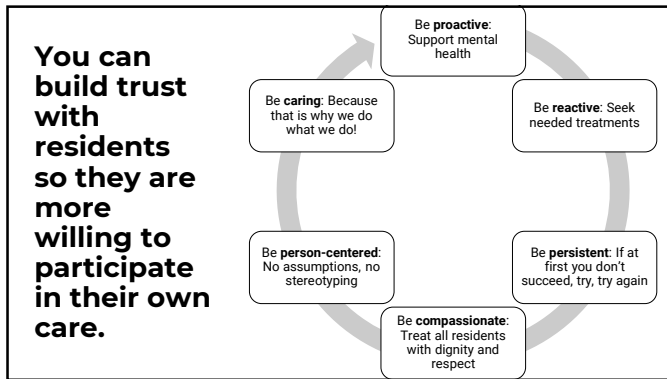
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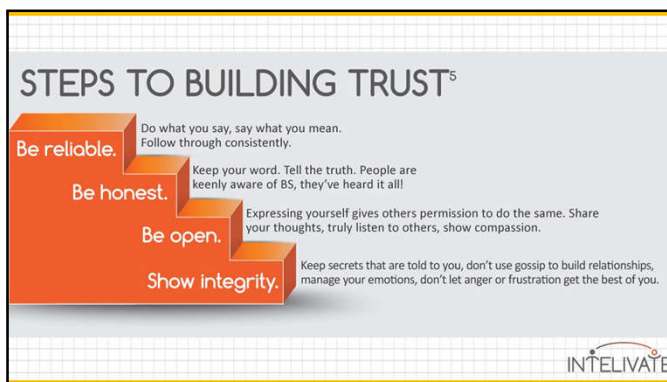
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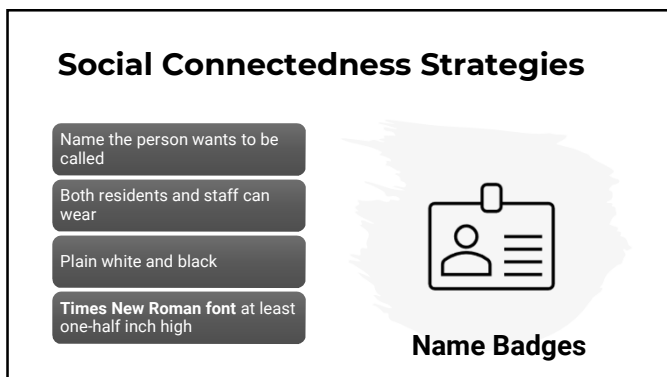
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28




29



30

Social Connectedness Strategies

- Sing
- Hold up signs/cards
- Ground floor visits for those not on first floor (*Activities or other staff can assist*)



Window Visits

31


Window Visit Challenges



Cognitive limitations



Accessibility



Weather Conditions

32

Social Connectedness Strategies


- Sing
- Hold up signs/cards
- Ground floor visits for those not on first floor (*Activities or other staff can assist*)



Artwork/Cards/Letters

33

Artwork/Cards/Letters Challenges



Lack of Family



Eyesight



Availability/Participation

34

Social Connectedness Strategies

Television

Resident's IPAD or computer for online services

Worship music

Family/ Volunteer virtual/phone Bible reading/study, inspirational messages, prayer

Involve resident's church/place of worship



Spiritual/Religious

35

Spiritual/Religious Challenges



Accessibility




Participation

36

Social Connectedness Strategies

Focus on residents


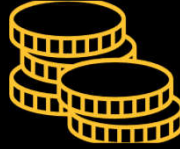

Re-define roles temporarily



Remote Staff

37

Remote Staff Challenges

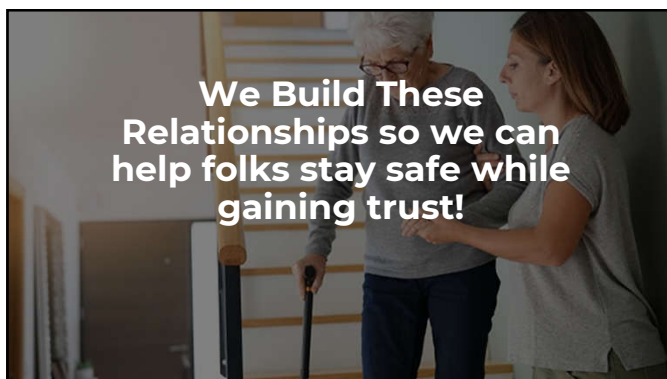




Lack of staff

Cost

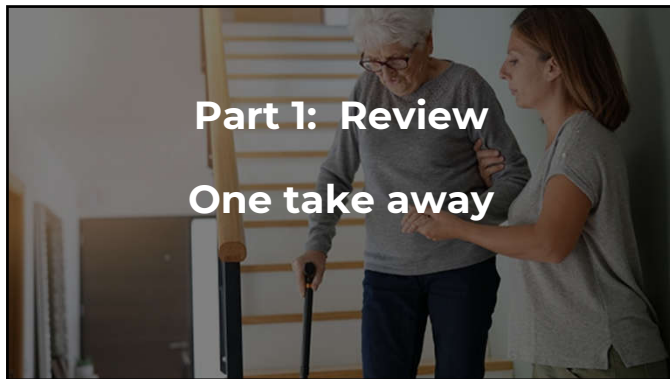
Participation

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We Build These Relationships so we can help folks stay safe while gaining trust!

39



40



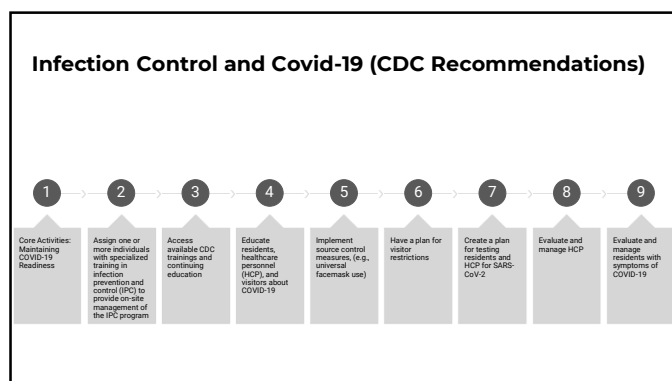
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Learning Objectives

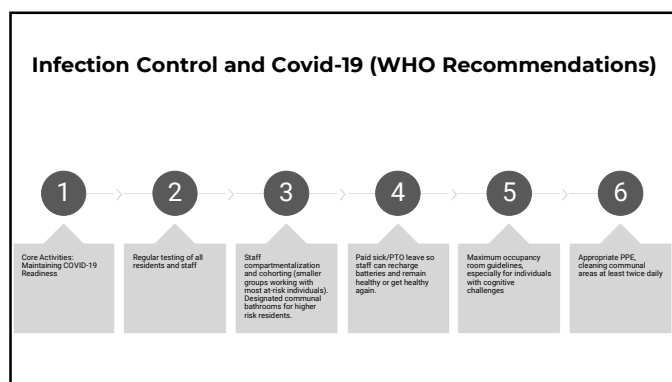
1. Becoming familiar with **Infection Best Practices**
2. Evaluating strategies involved with **Standard Precautions**
3. Understanding **basics** of the Immune System, especially in older adults
4. Identifying the **early signs** of infection
5. Applying knowledge to **Cases**



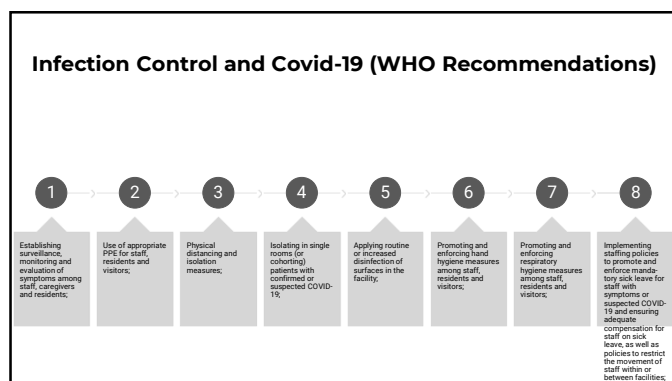
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43

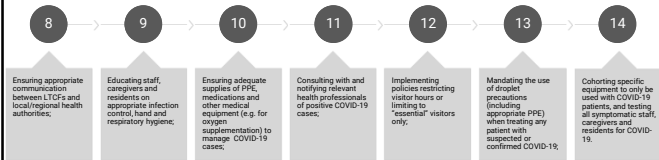


44



45

Infection Control and Covid-19 (WHO Recommendations) (cont.)



46

A GOAL WITHOUT A PLAN IS JUST A WISH

Antoine de Saint Exupéry

47

Precautionary Infection Control

Prioritize a separate area for COVID-19 Care
 Space designated for COVID-19 care only, physically separated from other rooms or units (e.g., separate entry/exit)
 Space for staff (e.g. charting, break area and restrooms)
 Clean areas for PPE donning
 Space for PPE doffing and decontamination
 Staffing
 Dedicate team to the COVID-19 care unit (at least direct care nursing staff)
 Bundling care tasks to conserve PPE and limit number of entries
 Provide supports for team (e.g., uniform laundering, meals, work incentives)

48

Why are Elders More of a Susceptible Host?

A susceptible host is a person who is at risk for developing an infection from the disease that has entered his body.

49

Risk Factors

1. Aging of the Immune System
2. Not receiving annual vaccines/boosters
3. Not receiving the Recommended Immunizations by Age and by Health Condition
4. Poor nutrition & hydration
5. Lack of mobility
6. Thinning of the skin, especially in older adults
7. Incontinence of urine and stool
8. Decrease in gastric acid secretions
9. Poor hygiene
10. Chronic diseases
11. MENTAL HEALTH/COGNITIVE IMPAIRMENT

50

Psychological Risk Factors

- Significant stress and fatigue
- The possible decreased ability to express to our care provider how we feel regarding symptoms
- Depression
- Dementia

51

Early Detection of Infection: Cognitive Impairment

- The inability to perform tasks that the resident could previously perform.
- Mood changes
- Sudden delirium – *this affects 50% of elders with infections*

52

Early Detection of Infection: Physical Changes: (Continued)

Physical changes caused by an infection in our seniors are subtle. As a result, they may have nonspecific complaints, which is your only clue that there may be an infection. Some of these nonspecific complaints are:

Discomfort
Lethargy
Decreased mobility
Restlessness
Confusion
Aggressiveness
Loss of appetite

53



**Standard
Precautions**

54

Standard Precautions

"Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents."

Lam, S.C. Universal to standard precautions in disease prevention: preliminary development of compliance scale for clinical nursing. *International Journal of Nursing Studies*, 48, 1533-1539.

55

The Magic of Handwashing



56

How do we make this an activity for folks with behavioral challenges?



57

Care of the Environment

An important strategy of infection prevention and control is cleaning the environment.

This consists of routine care, cleaning and disinfecting environmental surfaces, especially frequently touched areas where we live, eat, and relax.



58

Wearing a Mask

Why might a person with dementia or Alzheimer's struggle with the idea of wearing a mask?

Individuals with dementia may be uncomfortable with the mask's texture or feel. Experimenting with different materials, using a familiar scarf as a mask or engaging the person in choosing their own mask or in making one, could help.

Making this a fun activity can go a long way in helping them get over the discomfort.

Also, always putting the mask on at home, instead of in public, can lessen feelings of stress around mask-wearing.

59

What about if it's a matter of discomfort from fit?

If the way the mask fits is an issue, trying varied styles could work. And if the person with dementia is afraid, they may not be able to breathe, you can reassure them via demonstrating how it works best and trying to help them to remain calm.

60

What if they just resist the idea of wearing a mask?

Practice putting on your mask in front of the person with dementia and ask them to mirror your steps. This may reassure them. Also, you'll likely continually need to remind them to wear it, but try not to use unfamiliar words like pandemic, and instead say virus or infection—words that would already have been in their vocabulary. With dementia it can help to bring up the past, so you might reference a flu they have had.

Another idea is to put a sign by the door for when you leave. Then gently remind the person that the virus is ongoing and they need to protect themselves and others.

61

What if the masks remind them of past trauma?

In some cases, perhaps rarer in the United States, masks may remind the person with dementia of a traumatic incident, such as having been in a war in their youth.

Talking about what they're feeling, if possible, and trying to find ways to reassure them should help.

62

What if they feel they are the only people encountering this mask problem?

In this case it may work to validate their feelings, reassure them and help them to live as comfortably as possible during this "new normal."


63

How best to talk to someone with dementia while wearing a mask?

Communicating while wearing a mask is challenging for people without dementia, but for those talking to older adults with Alzheimer's or other dementias, it can be particularly challenging. Some tips for this include using short, simple phrases and hand gestures; remaining clear, calm and friendly; smiling big enough that it's evident in one's eyes; thinking about body language, possibly mirroring their gestures if that helps to connect; and being empathetic, trying to understand how they are feeling and support them as patiently as possible.

If, despite all methods, the person still does not want to wear a mask, there are cards to carry and hand out to concerned people indicating that the person has Alzheimer's or dementia. In this situation it's important to always stay more than 6 feet away from others. And this may mean no indoor shopping or visiting.

64



Smells Can Trigger Memories

Scents bypass the thalamus and go straight to the brain's smell center, known as the olfactory bulb.

The olfactory bulb is directly connected to the amygdala and hippocampus, which might explain why the smell of something can so immediately trigger a detailed memory or even intense emotion.

Thought: What about olfactory stimulation and a mask? A light dose of a scent on the mask that we find appealing?

65

Infection Control and COVID-19



66

For Discussion #1

- As a Resident of an Assisted Living Facility in Virginia, you have certain rights guaranteed to you by law. A person living in a long-term care facility maintains the same rights as an individual in the larger community.



67

67

For Discussion #2

Mrs. Brown is an 85 year old woman who is a new resident of your ALF community in rural Virginia. Mrs. Brown has lived independently following a series of mini-strokes (TIAs) until recently. She is mobile, but is experiencing a new onset of forgetfulness, anxiety and periods of profound depression. At the same time, you are managing two new COVID-19 cases in your community. Verbal reminders and cuing are not working.

How are we going to keep Mrs. Brown from getting an infection, especially COVID-19?

68

THANK YOU FOR ALL THAT YOU DO!

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69