



Tips & Techniques for Supporting Residents with Mental Illness in Senior Housing

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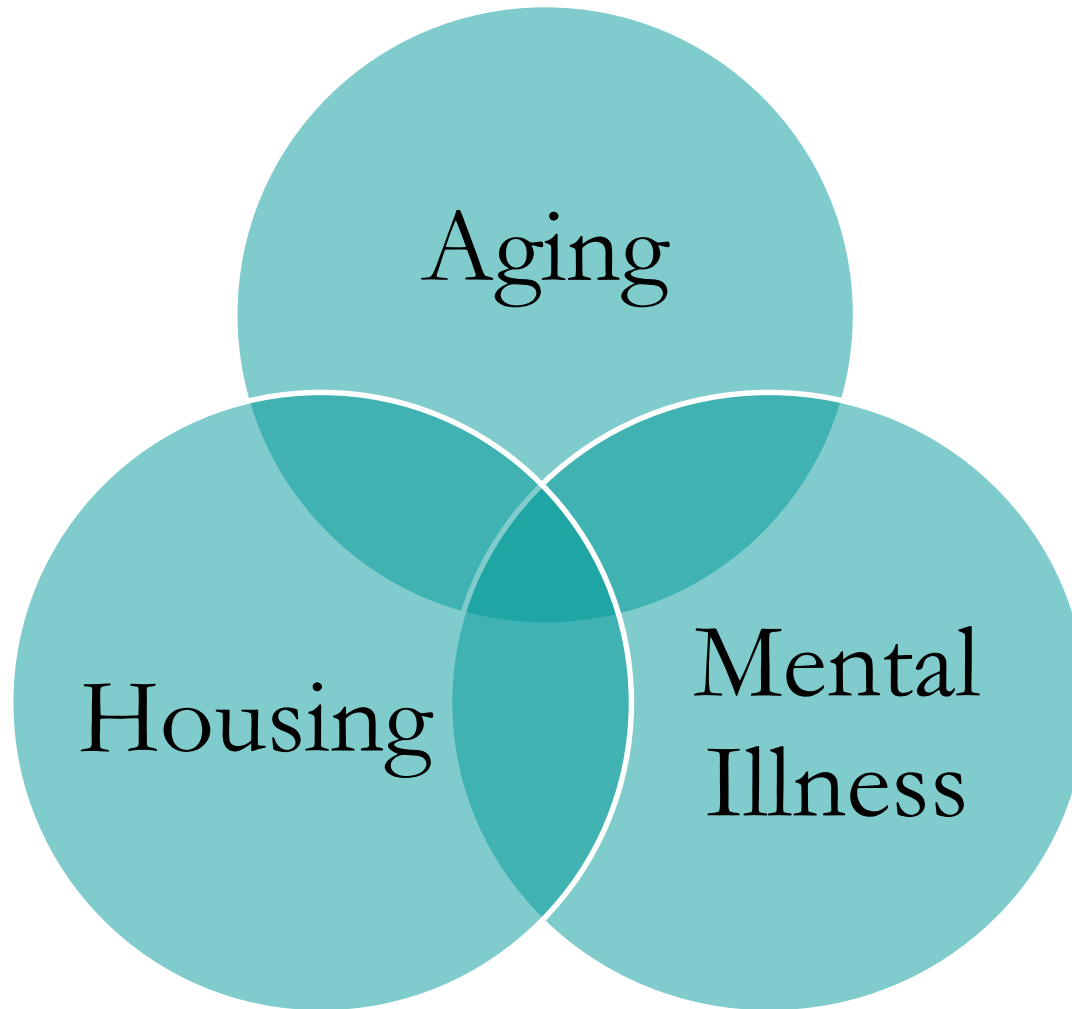


Objectives

- **Be able to identify three behavioral symptoms of mental illness in older adults**
- **Know the components of developing a plan to address behavioral concerns**
- **Identify new tools for working with challenging residents**



The Challenge

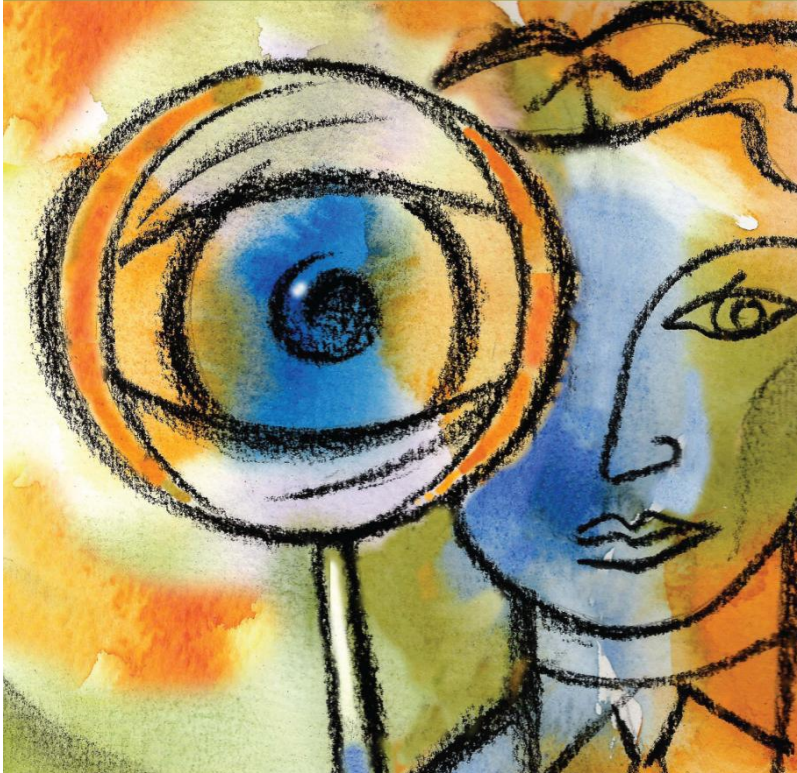




Mental Illness in Senior Housing

- Community dwelling elders have a 10-16% depression rate; assisted livings and nursing homes have 40%
- 50% of seniors diagnosed with depression also have significant anxiety
- Older adults (especially men) in the US have one of the highest suicide rate of any age group
- Approximately 20% of older adults are substance abusers and the number is growing

Tips and Techniques for Supporting Residents
with Mental Illness:
A Guide for Staff in Housing for Older Adults



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Caring for Generations
JF&CS
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HOUSING FOR THE ELDERLY

- **Tips and Techniques for Supporting Residents with Mental Illness: A Guide for Staff in Housing for Older Adults**
- **Download at no cost: jche.org/guide**

“The ART Team”

At Risk Tenants

- Resident Services Administrator
- Compliance
- Assistant manager
- Resident Service Coordinator
- Maintenance
- Receptionist





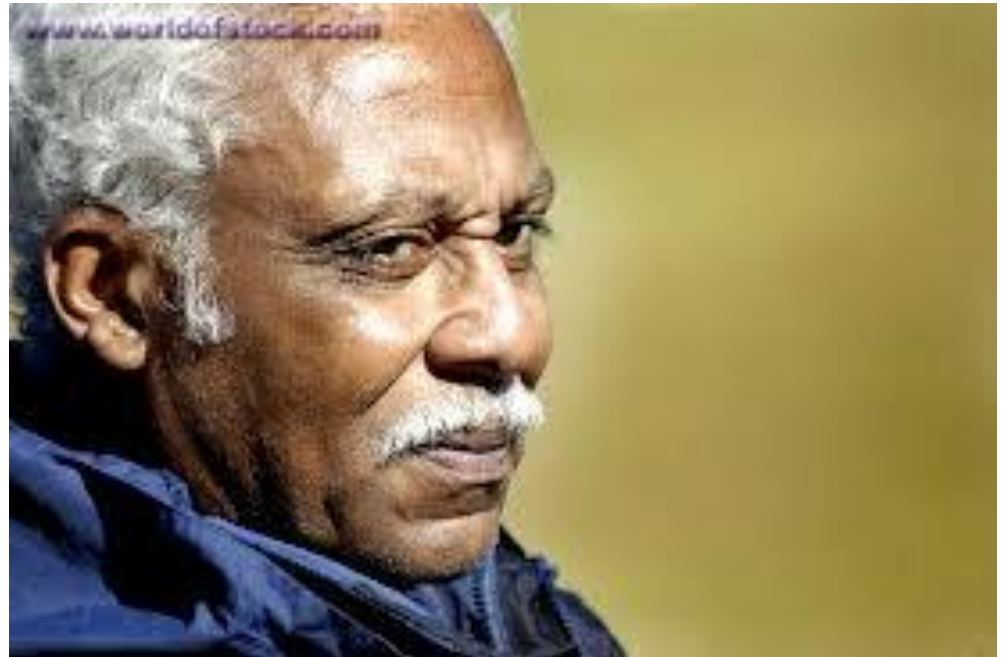
Planning

- Identify problem behavior (be specific)- ABC approach: Antecedent-Behavior-Consequences
- What's been tried? What's worked? What hasn't?
- Sources of support
- Who-what-when of intervention
- Monitor progress. Adjust the plan

The End is in the Beginning

Assessment

- Appearance
- Speech
- Physical
- Eye Contact
- Mood
- Cognition





Two Women





Dementia





Dementia Plus

- Approximately __% experience depression 40%
- Up to __% show signs of anxiety 70%
- Approximately __% of people with advanced dementias have psychotic symptoms 25%
- More than __% of those with Alzheimer's disease display psychotic symptoms at some point 50%



Dilemmas

Safety vs. Autonomy

Impact on the
community

Family dynamics

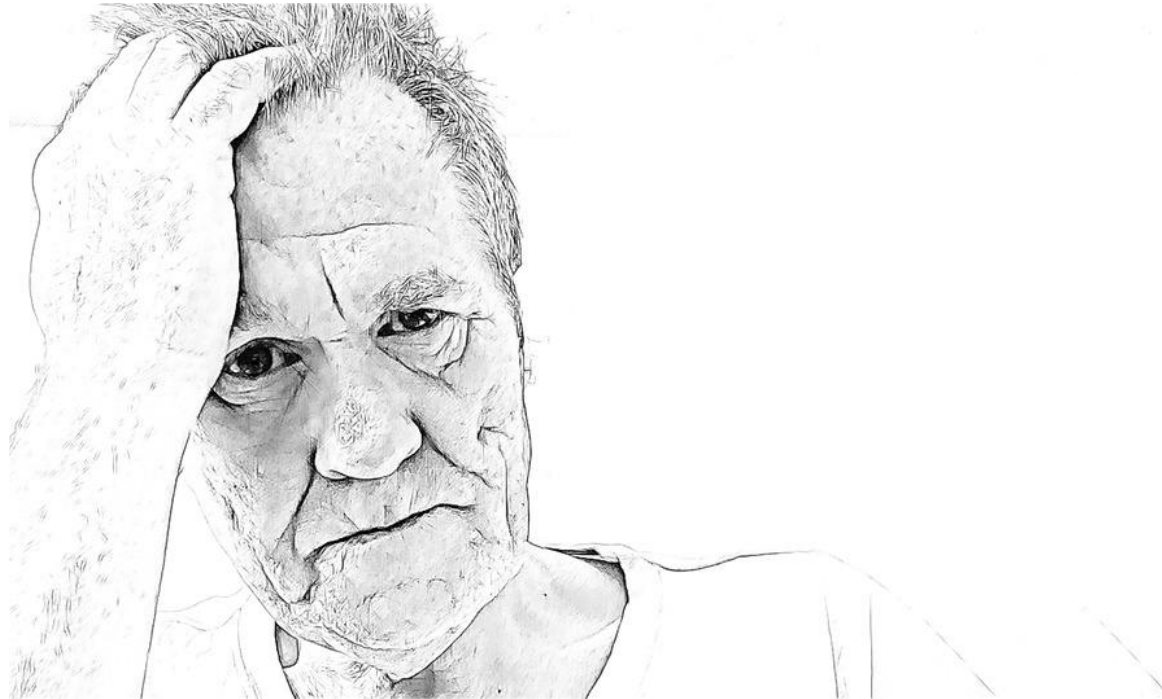
No family

When is it time for an
alternative setting?

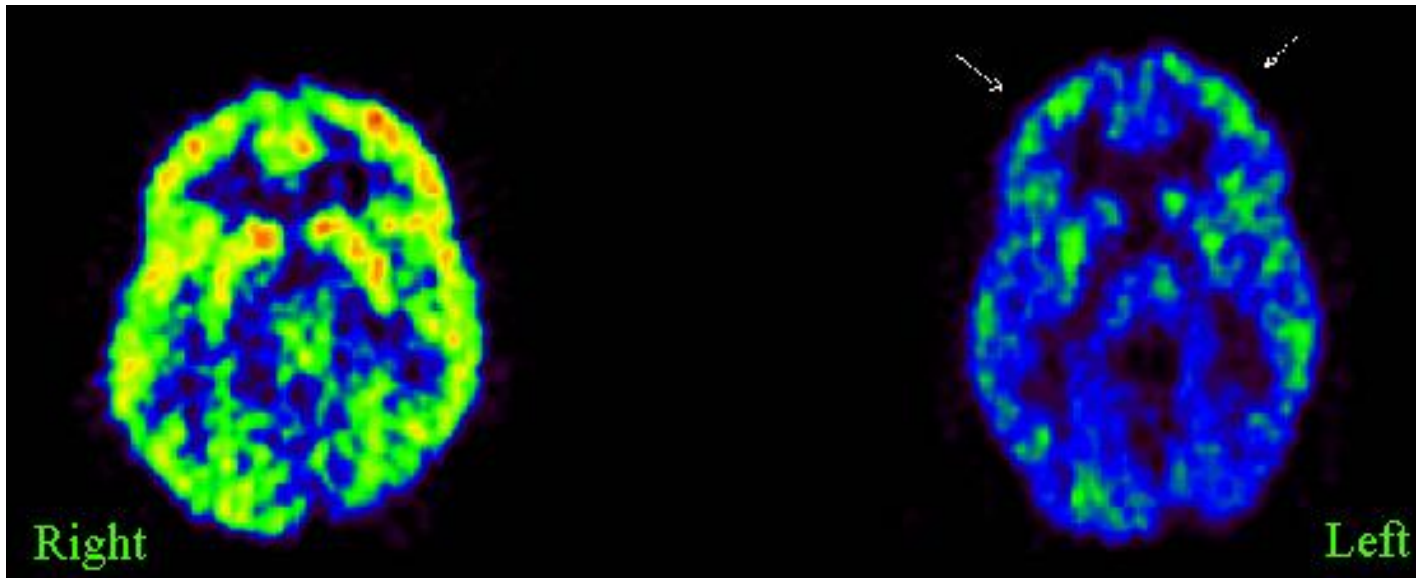


Depression

Joe



Depression is a Biological Illness



Non-Depressed Brain

Depressed Brain

Reprinted from Mark George, MD

Biological Psychiatry Branch, Division of Intramural Research Programs, NIMH,
1993



**Adherence
to medical
treatment**

**Recovery
from
medical
illness**

**Quality of
life**

**Function
and self-
care**

**Social
relationships**



Isolation

**Use of health
services**

**Risk of suicide
and overall
mortality**

Increased

Guidelines for Screening

- **Start where the resident is: use his/her words and style of communication.**
- **Express concern, caring, and a belief that no one should suffer needlessly.**
- **Ask direct questions.**





Guidelines for Screening

- **Acknowledge how hard it is to admit depression and to seek help.**
- **Hold out hope! Express your belief that the situation can improve.**
- **Remind them that depression is a medical illness and not a character flaw; educate.**

Suicide in Older Adults



Depression is the # 1 risk factor for people who die by suicide

High rates of death by suicide occur in older adults



Suicide among older adults may be under reported by as much as 40%



Personality Disorders



Anxiety Disorders



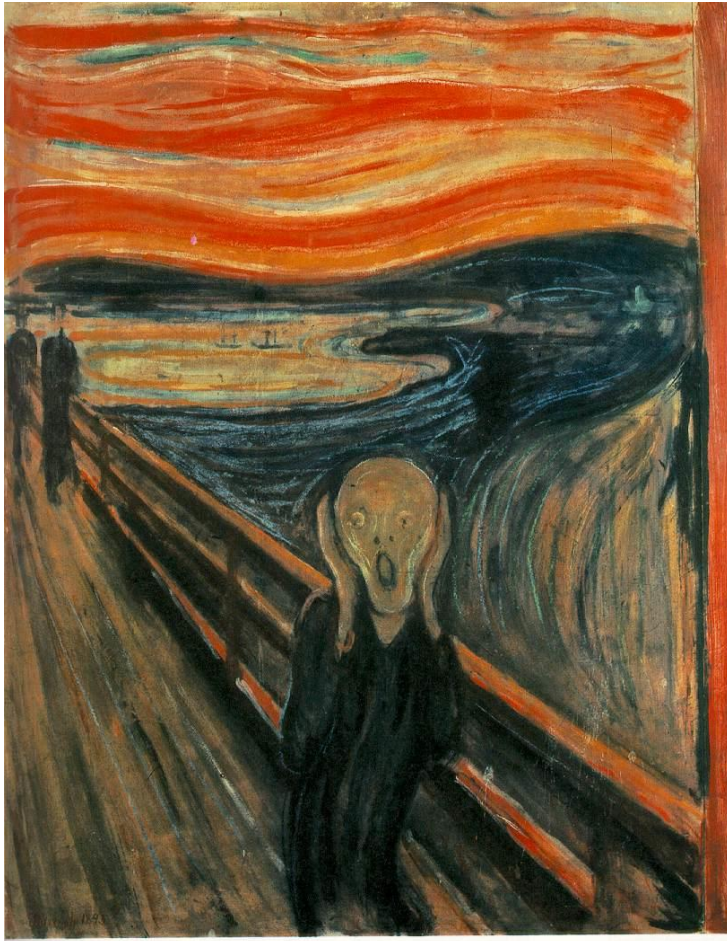
Hoarding

- **DSM 5: “Persistent difficulty discarding or parting with possessions, regardless of their actual value.”**
- **Can you bathe in the bathroom?**
- **Can you cook in the kitchen?**
- **Can you sleep on the bed?**



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Psychosis



- Up to 23% of all older adults will experience psychotic symptoms
- Dementia is the main cause in elders
- Visual and auditory deficits play a role

Identifying Potential Psychosis

Look for changes in:

- Social functioning
- Cognition
- Mood
- Thought content
- Alcohol/drug use





Identifying Potential Psychosis

Look for evidence of:

- **Poor personal hygiene**
- **Delusional or bewildered mood**
- **Abstract or vague speech**
- **Sudden outbursts of anger or irritation**

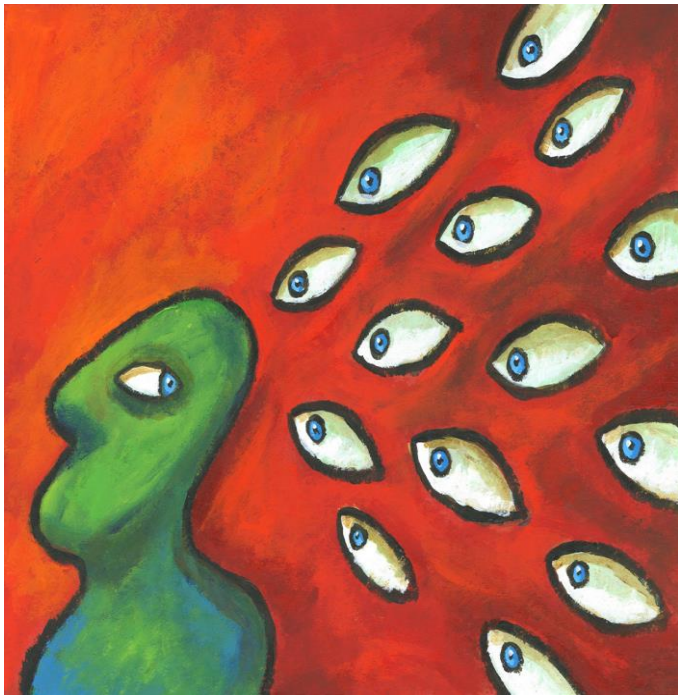


Paranoia

- More than 12% of people with dementia experience paranoid symptoms
- Causes distress for elder and caregivers
- Can be an acute mental status change
- Ranges from increased suspiciousness to persecutory delusions

Paranoia

- Paranoia – a form of psychosis characterized by organized delusions of persecution (e.g. thinking people are against them).



- People who suffer from paranoia are often isolated and feel that they can not depend on anyone.
- Can represent a sudden change in the way a resident is behaving.



**Just because you're paranoid,
doesn't mean they aren't after
you!**

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Speaking with Someone with Paranoia

- Use simple sentences
- Be as clear as possible
- Have the resident restate what you have said
- State what your perceptions are while acknowledging the resident may feel differently



Speaking with Someone with Paranoia

- Anticipate triggers
- Try to have positive interactions not based on her/his symptoms
- Acknowledge her/his strengths and the positives she/he offers

Delusion



- A false belief firmly held to despite evidence to the contrary.
- Must be a belief **NOT** ordinarily accepted by other members of the person's culture.

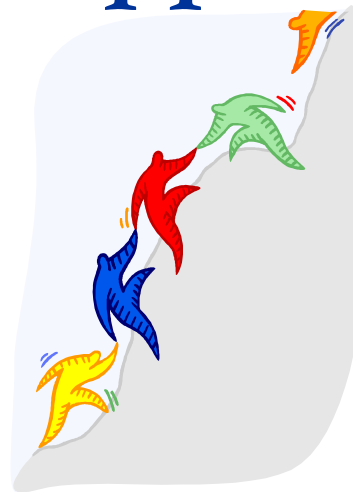


Delusions: Questions to Consider

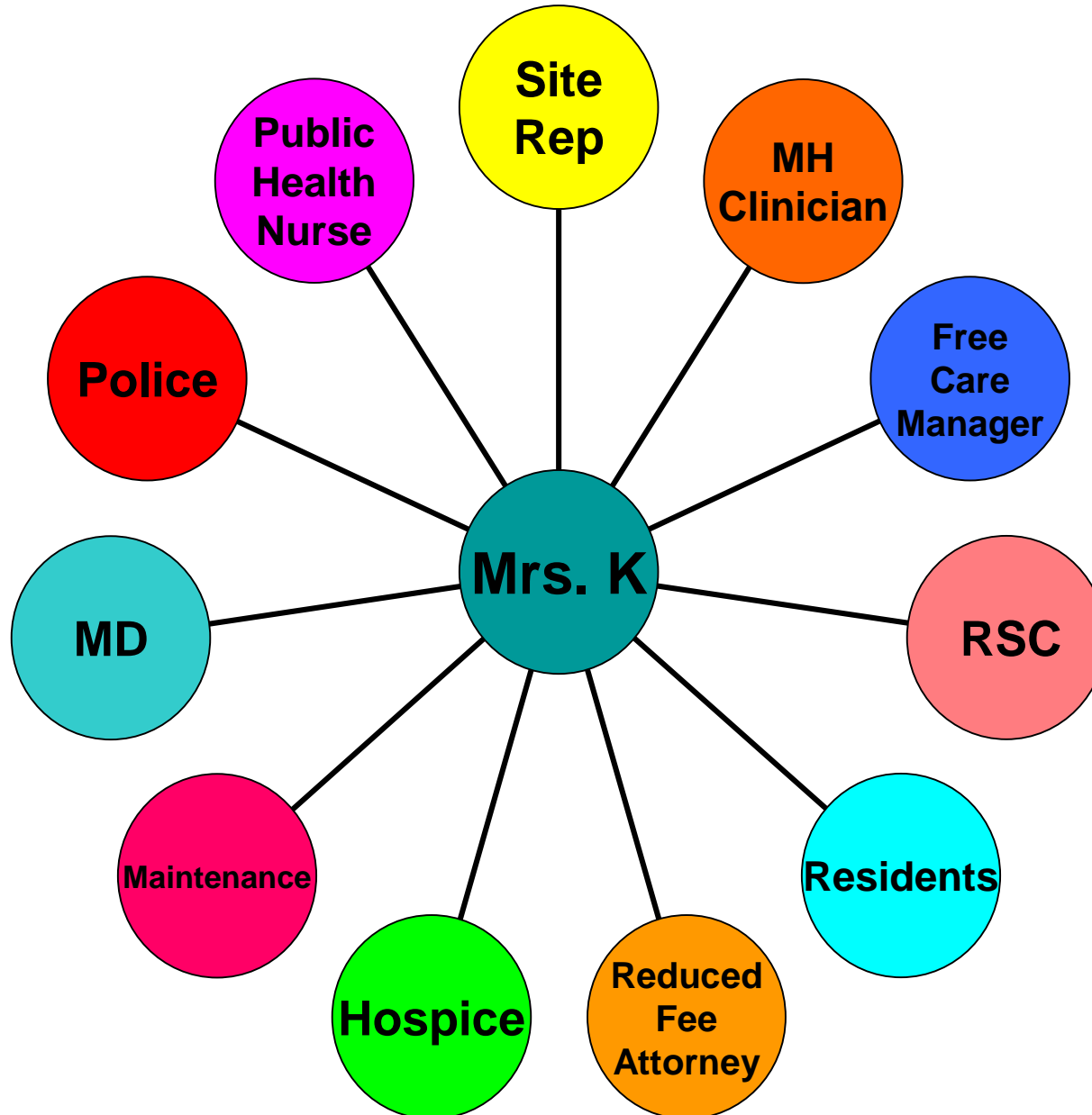
- Is the resident at risk because of the delusion?
 - Does it disturb the resident or others?
 - How severe are the symptoms? Can she/he be redirected?
 - Has she/he acted on them? Level of impulsivity?
 - Impact on ADL's? Socialization? Reality testing?
- Mood?



Tough cases require a team approach



Joan



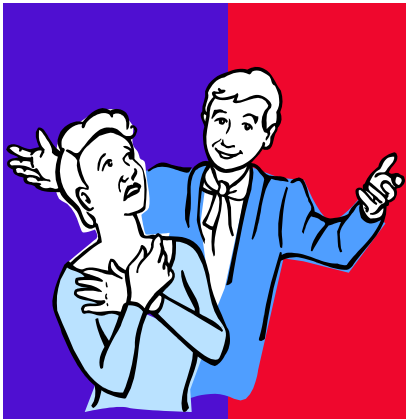
Conclusion

- It Takes a Village
- Collaboration: identifying internal and community partners
- Seek support





Questions



Role Playing