

Practical Strategies for Managing Behavioral Health Needs of Nursing Home Residents

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- Amber has her bachelor's and master's in psychology, along with a doctorate of education in organizational leadership/development.
- She brings over a decade of experience as a clinician in the mental health field, serving diverse populations across various healthcare settings. Her expertise spans from children in youth homes and those affected by parental incarceration to adults with developmental disabilities, severe mental illness, and substance use disorders.
- Originally from Michigan (Go Green!) and Indiana, Amber now resides in St. Louis, MO.
- She currently serves as the Regional Behavioral Specialist - Improvement Advisor for Region 7: MO, KS, IA, NE with Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF), providing technical assistance, training and resources to nursing facilities in her region.



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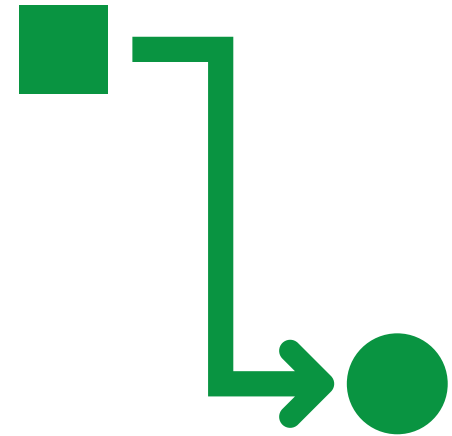
Objectives

- At the conclusion of this educational presentation, participants will be able to:
- Understand symptoms of common mental health diagnoses
- Establish strategies for management of behavioral health conditions.
- Identify available resources to assist with planning effective nonpharmacological interventions.



Behavioral Health Crises Can Lead To....

- Distress, physical, or psychosocial harm to that resident, other residents, and/or staff
- Negative behavioral health care/outcomes
- Dissatisfaction of staff
- Reportable incidents, hospitalizations
- Impact facility milieu & atmosphere



Crisis, Incidents, & Adverse Events

- “An ounce of prevention is worth a pound of cure.” –Benjamin Franklin

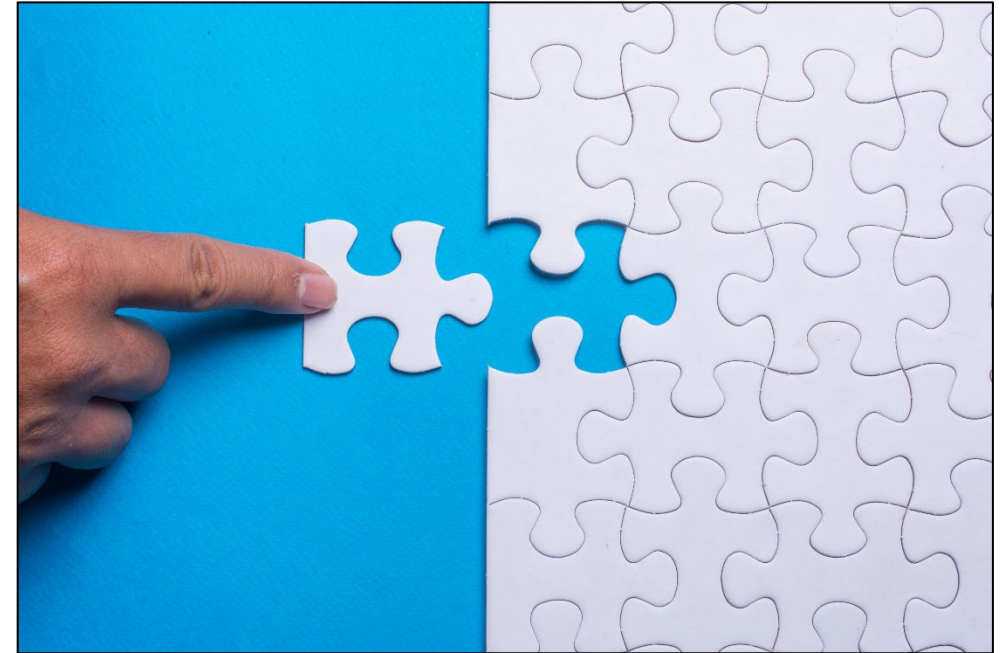
While not every situation is preventable.....

- There are things that facility staff can do proactively to minimize the volume of “escalated” situations.
- Those same strategies will also result in the facility providing higher quality behavioral health care.

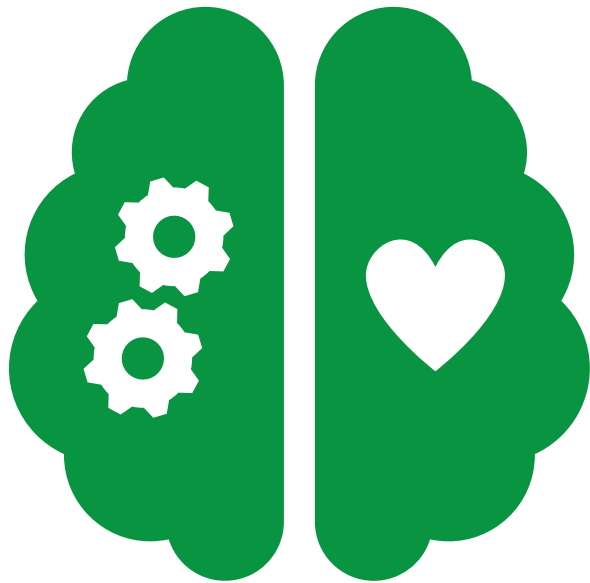


Strategy Areas

- Learning about mental illnesses
- Accurate diagnosis/medications
- Care planning & Interventions for “good days” and “bad days”
- Facility-Wide promising practices



#1 Knowledge is Power



- Educate staff about common behavioral health conditions.
 - What kind of symptoms usually present?
 - What does a good day typically look like for someone with this condition?
 - What does a bad day typically look like for someone with this condition?
 - What strategies are appropriate for each condition?

Schizophrenia Symptoms

Delusions:

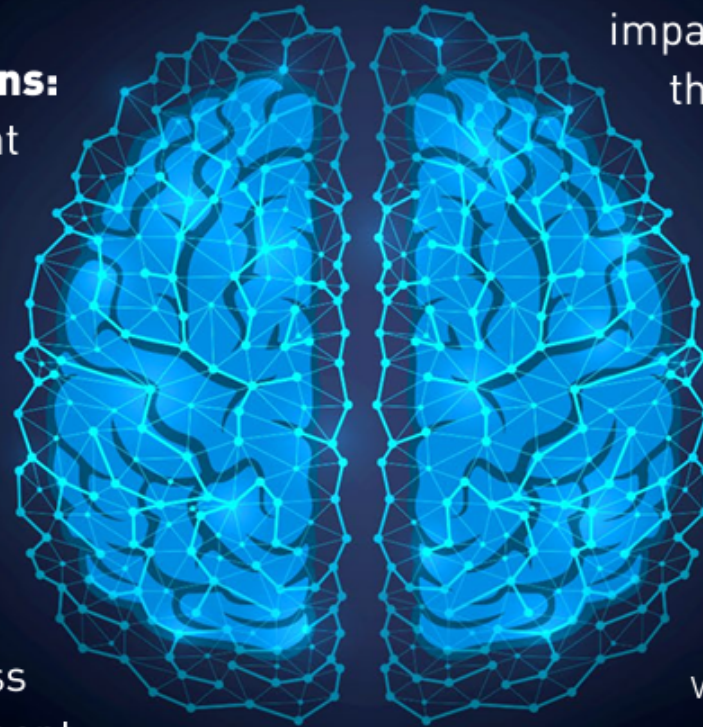
false beliefs that are not based in reality

Hallucinations:

seeing or hearing things that don't exist

Extremely disorganized or abnormal physical behavior:

resistance to instructions, inappropriate or bizarre posture, a complete lack of response, childlike silliness, unpredictable agitation, or useless and excessive movement



Disorganized thinking and speech:

impaired communication, such as answers that may be partially or completely unrelated to questions or a conversation

Negative symptoms:

reduced or lack of ability to function normally, such as not paying attention to personal hygiene

Suicidal thoughts and behavior

are common among people with schizophrenia.

Schizophrenia

- Phases of illness
 - May go through phases at regular intervals (e.g. every 3 months)
 - May be triggered: person, situation, holiday
 - What phase is the resident in right now?
- Identify individualized warning signs of decompensation
 - Isolation, poor hygiene, delusional thoughts/statements
- Learn effective interventions to address decompensation
 - From experience (trial/error)
 - Resident
 - Family/Friends



Bipolar Disorder Symptoms

Signs of a manic episode may include:

- Feeling euphoric, intensely excited, or happy
- Having more energy than usual
- Insomnia
- Speaking fast about several things at once
- Having jumbled thoughts
- Doing uncharacteristic/risky things



Signs of a depressive episode may include:

- Feeling hopeless
- Having little energy
- Sleeping too much or too little
- Eating too much or too little
- Thoughts of death and/or suicide

Bipolar Disorder

- Periods of mania and periods of depression
- Identify individualized usual behaviors when experiencing periods of mania or depression
 - Wide range of extreme emotions (laughing/crying)
 - Fixates on specific topic (discharge, politics), need (medication/ appointment)
- Learn effective interventions to address mania or depression
 - From experience (trial/error)
 - Resident
 - Family/Friends

Major Depressive Disorder Symptoms

Symptoms of MDD staff may observe in a resident are as follows:



Mood	Depressed, sad, or irritable, loss of interest, and pleasure in daily activities.
Physical	Visibly slowed down or agitated, extreme fatigue, and lack of energy.
Behavioral	Withdrawal and isolation, no desire to talk, interact, socialize, decreased motivation.
Thinking	Feelings of worthlessness or excessive guilt, inability to think, remember or concentrate.
Senses	Hypersensitive to noise, light, and stress.

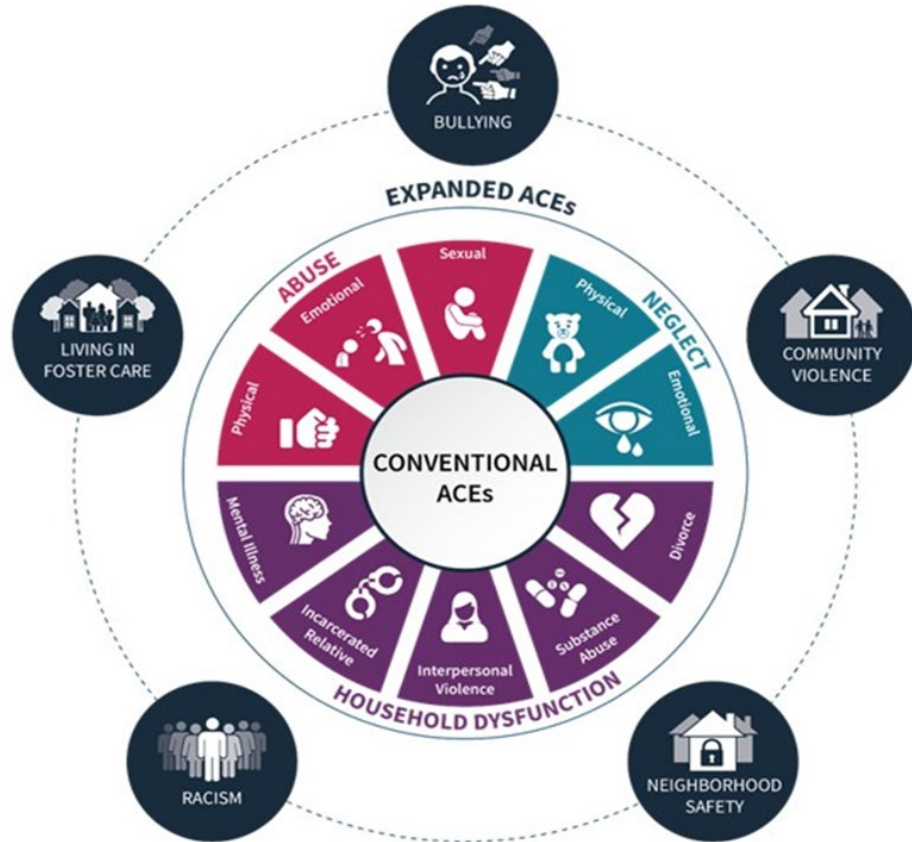
Depressive Disorders

- Disruptive mood dysregulation disorder
- Persistent depressive disorder (dysthymia)
- Premenstrual dysphoric disorder
- Depressive disorder
 - Major (including major depressive episodes)
 - Persistent (dysthymia)
 - Substance/Medication-induced
 - Due to another medical condition

Common Symptoms

- Diminished interest or pleasure
- Poor appetite or overeating
- Insomnia or excessive sleeping
- Agitation or slowed psychomotor
- Low energy
- Difficulty making decisions
- Hopelessness
- Recurrent thoughts of death

Trauma and Stressor-Related Disorders



Common Symptoms

- Nightmares or flashbacks
- Emotional distress and physical reactivity
- Irritability or aggression
- Risky or destructive behavior
- Hypervigilance or heightened startle reaction
- Difficulty concentrating or sleeping

Factors That Impact the Mental Health of Nursing Home Residents

- Being disconnected from family or community
- Chronic pain
- Lack of independence
- Lack of physical activity, functioning or mobility
- Social isolation
- Depression
- Decline in mental capacity
- Grieving the loss of loved ones



#2 Accurate Behavioral Health Diagnosis

- Accurate diagnosis leads to better treatment
 - Prescribing of medications that correspond to the diagnosis and resident needs (Antipsychotic vs. mood stabilizer vs. anti-depressant).
 - Interpret symptoms in context of overall condition – better understand phase of illness and what kind of support will be most effective.
- Considerations for accurate diagnosis:
 - Review medical record and hospital transfer record
 - Ask any prior behavioral health providers (community based)
 - Ask resident/family/friends about diagnosis and treatment history
 - Discuss with qualified behavioral health specialist



#3 Assessment & Care Planning Steps

- Ensure accurate diagnosis has been made
- Identify interventions that can help maintain the resident in a stable condition (“Good Days”).
- Identify interventions to be utilized when the resident is not stable and is exhibiting symptoms of their condition (“Bad Days”).
- Evaluate effectiveness of interventions and update as needed - during weekly rounds or other regular interval



When the resident is stable....

- What does the resident need to maintain the stability of their condition?
 - What does their ideal daily routine look like?
 - What are triggers for them?
 - What are early warning signs of decompensation?
- Sources:
 - Ask resident/family/friends
 - Behavioral health professionals (psychiatrist/psychologist/other)
 - Trial & Error



When displaying symptoms of the condition

- What are typically risk areas for this resident?
 - Neglecting selfcare (hygiene, food, medication)
 - Engaging in risky behavior (physical activity, excessive shopping, substances)
 - Becoming aggressive toward self or others
- What helps the resident when they have decompensated?
 - What has worked in the past? Remember to ask the resident.
 - Identify strategies in advance, don't wait for the crisis.



COE-NF Resources

- [Comfort Menu](#)
- Flyer: [Tips for managing challenging situations](#)
- Education on specific behavioral health conditions
 - [On-Demand Videos](#)
- Verbal De-Escalation Certification (Crisis Prevention Institute)



Comfort Menu

Use the comfort menu with residents to identify ways to reduce anxiety, discomfort and pain without using medications.

☒ Check items below that you are interested in trying...

Relaxation	Comfort	Entertainment
<input type="checkbox"/> Stress ball <input type="checkbox"/> Hand massage <input type="checkbox"/> Visit from chaplain <input type="checkbox"/> Reading visit <input type="checkbox"/> Talking visit <input type="checkbox"/> Relaxing music <input type="checkbox"/> Soft background sounds/sound machine <input type="checkbox"/> Guided Imagery Therapy: helping you imagine positive and relaxing things <input type="checkbox"/> Quiet/uninterrupted time <input type="checkbox"/> Pet therapy <input type="checkbox"/> Essential oils <input type="checkbox"/> Darkness <input type="checkbox"/> Walking/ Change of Scenery	<input type="checkbox"/> Warm pack <input type="checkbox"/> Cold pack <input type="checkbox"/> Ice <input type="checkbox"/> Warm blanket(s) <input type="checkbox"/> Warm washcloth <input type="checkbox"/> Cool washcloth <input type="checkbox"/> Extra pillow(s) - (neck, knees, ankles, lumbar) <input type="checkbox"/> Humidification for your oxygen source <input type="checkbox"/> Saline nose spray <input type="checkbox"/> Fan <input type="checkbox"/> Repositioning <input type="checkbox"/> Warm bath or shower <input type="checkbox"/> Gentle stretching <input type="checkbox"/> Food or beverage <input type="checkbox"/> Temperature adjustment	<input type="checkbox"/> Book (audio, large print) <input type="checkbox"/> Magazine <input type="checkbox"/> Movie <input type="checkbox"/> Wi-Fi for your personal laptop or tablet <input type="checkbox"/> Deck of cards <input type="checkbox"/> Puzzle book (crossword puzzles, word searches, Sudoku) <input type="checkbox"/> Notepad and pen <input type="checkbox"/> Coloring book <input type="checkbox"/> Board games <input type="checkbox"/> Arts & crafts <input type="checkbox"/> Favorite music <input type="checkbox"/> Television <input type="checkbox"/> Handheld electronic game <input type="checkbox"/> Activity apron/blanket

Feel Better	Sleep
<input type="checkbox"/> Lip balm <input type="checkbox"/> Wash face/brush teeth <input type="checkbox"/> Comb or brush hair <input type="checkbox"/> Shampoo/ conditioner <input type="checkbox"/> Scalp massage <input type="checkbox"/> Robe <input type="checkbox"/> Hair band <input type="checkbox"/> Mouth swab/ mouth wash <input type="checkbox"/> Lotion	<input type="checkbox"/> Ear plugs <input type="checkbox"/> Night light <input type="checkbox"/> Quiet <input type="checkbox"/> Eye shield/mask <input type="checkbox"/> Television/Music/ Sound machine <input type="checkbox"/> Weighted blanket <input type="checkbox"/> Uninterrupted sleep time

Use this space to list other ideas

#4 Facility-Wide Promising Practices

- Identify Behavioral Health Champion
 - Social Worker, Nurse Manager, Activities, others
- Integrate behavioral health into interdisciplinary team
- Routine behavioral health resident rounds
 - Similar to wound rounds
- Cohort residents on dedicated unit
- Collaborate with local behavioral health providers/support groups



Key Takeaways

- Learn Mental Illness Basics
- Ensure accurate diagnosis/medications
- Care planning for good days and bad days



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Thank You!

