DEER OAKS

THE BEHAVIORAL HEALTH SOLUTION

Beyond the Blues: Championing Mental Health in Assisted Living & Long Term Care

PRESENTED BY: SARA CLEVELAND, MSW LSCSW, LCSW

REGIONAL VP OF CLINICAL SERVICES

DISCLAIMER

The information offered in this presentation is the opinion of the presenters and is for informational purposes only. Contents of the presentation should not be substituted for professional psychological or medical advice, diagnosis, or treatment.

How Does Your Facility Know When Support Is Needed?

At your facility, what typically signals that a resident may need additional mental health support?

Who most often identifies the concern first—staff, family, the resident, or a routine process?

What proactive practices help you notice concerns early, before they escalate?

What makes it easier—or harder—to identify needs early at your site?

Why this matters

SHIFTING IDENTIFICATION FROM OBSERVATION ALONE TO SHARED AWARENESS AND SELF-RECOGNITION

This…
is Jeopardy

THE CATEGORY IS: DEPRESSION – FACT OR FICTION

Understanding Depression in Older Adults

Identifying Symptoms and Managing Behaviors

Depression In Older adults

Research has found that **55%** of NH staff **could not identity depression** in residents. Many residents are **undiagnosed and untreated**, leading to severe health problems.

Older adults express depression through **physical/somatic complaints**, **insomnia**, **eating disturbances** and **digestive problems**.

Depression is more **prevalent among the older population** due to death of loved ones, health problems, loss of independence and other factors.

Levels of Severity of Depression in Older adults

Mild

- **Caused by situational /sudden factors** that can be resolved or reduced without professional help.

Moderate

- **Interferes with daily living functioning** and can result in social withdrawal and isolation.

Severe

- Could result in **psychotic-like symptoms** (**hallucinations**).
- Could **exacerbate health and other risk factors** that significantly impact a resident's life.

Differences Between Sadness and Depression

- **SADNESS IS AN APPROPRIATE HUMAN EMOTIONAL** REACTION TOWARDS CERTAIN LIFE SITUATIONS AND CONFLICTS.
- **DEPRESSION** IS A CONSTELLATION OF SYMPTOMS THAT INTERFERE WITH FUNCTIONING.

- DURATION/FREQUENCY OF SYMPTOMS ARE IMPORTANT.
- KEY SYMPTOMS THAT DIFFERENTIATE BETWEEN SADNESS AND DEPRESSION ARE:
  - **HOPELESSNESS**
  - **WORTHLESSNESS**
  - **ANHEDONIA**

Untreated Depression

- Many people falsely view depression as a natural part of aging.
- May cause severe physical, cognitive, and social impairment.
- Recovery from medical illnesses and surgery may be delayed.
- Increases healthcare utilization.
- Increases risk of suicide.

Depression and Risk Factors

- Depression is a risk factor for dementia and people with more symptoms of depression tend to suffer a more rapid decline in thinking and memory skills.

- Suicide is a significant risk factor for older adults who suffer from depression.

  Older adults make up 12% of the US population, but account for 22% of the suicide deaths

- Depression increases the risk of physical illness and disability.

Factors That Increase Depression

- **Psychological Stressors** – loss of role functioning, guilt / shame, loss of independence
- **Poor Health**
- **Spiritual / Religious Struggles**
- **Negative Attitudes and Perceptions Towards Aging**
- **Past Traumatic Experiences**
- **Poor or No Social Support**

Researchers found that the following relationship of factors predict depressive disorders:

Profile of Depression

The profile of residents that live in Long Term Care Settings with depression share the following characteristics:

Functional impairment

Poor health

Female gender

Perceived lack of social support

Hopelessness regarding the future

Symptoms of Depression

MOOD-RELATED SIGNS

ANXIETY (ANXIOUS EXPRESSION, RUMINATIONS, WORRYING)

SADNESS (SAD EXPRESSION, SAD VOICE, TEARFULNESS)

LACK OF REACTIVITY TO PLEASANT EVENTS

IRRITABILITY (EASILY ANNOYED, SHORT TEMPERED)

Symptoms of Depression

Continued

BEHAVIORAL DISTURBANCES

AGITATION (RESTLESSNESS, HANDWRINGING, HAIR PULLING)

RETARDATION (SLOW MOVEMENTS, SLOW SPEECH, SLOW REACTIONS)

MULTIPLE PHYSICAL COMPLAINTS

LOSS OF INTEREST, LESS INVOLVED IN USUAL ACTIVITIES

REFUSAL TO LEAVE THE ROOM/ ISOLATION

Symptoms of Depression

Continued

SLEEPING DISTURBANCES

DIFFICULTY FALLING ASLEEP

MULTIPLE AWAKENINGS DURING SLEEP

EARLY MORNING AWAKENING

INSOMNIA / HYPERSOMNIA

Symptoms of Depression

Continued

PHYSICAL SIGNS

APPETITE LOSS

WEIGHT LOSS

LACK OF ENERGY (FATIGUES EASILY, UNABLE TO SUSTAIN ACTIVITIES)

Symptoms of Depression

Continued

IDEATIONAL DISTURBANCES

SUICIDE -FEELS LIFE IS NOT WORTH LIVING, HAS SUICIDAL WISHES, OR MAKES SUICIDAL ATTEMPT

POOR SELF-ESTEEM - SELF-BLAME, SELF-DEPRECATION, FEELINGS OF FAILURE

PESSIMISM - ANTICIPATION OF THE WORST

MOOD-CONGRUENT DELUSIONS - DELUSIONS OF ILLNESS, OR LOSS

Pseudo Dementia

OLDER ADULTS WITH SEVERE DEPRESSION CAN PRESENT WITH IMPAIRMENT IN ATTENTION AND MEMORY. THIS CAN BE CONFUSED WITH DEMENTIA.

MISDIAGNOSED

Residents with severe depression could be misdiagnosed with dementia due to the temporary impairments of memory and inability for concentration.

This leads to over-medication and inadequate treatment interventions.

Pseudo Dementia

Continued

MEMORY PROBLEMS AND IMPAIRMENTS

Residents with Severe Depression report and complain about memory problems and impairments.

DEMENTIA RESIDENTS

Residents with Dementia deny the presence of memory problems and show a lack of awareness of cognitive deficits.

Pseudo Dementia

Continued

Depression can be present in residents with dementia and be successfully treated with medication and psychotherapy.

The depressive symptoms will decrease but memory problems will endure.

Residents with dementia do not recover cognitive functioning.

Strategies on Managing Depression

Use simple, direct questions and allow the resident time to respond to questions, since cognitive processes may be impaired

Encourage the resident to explore feelings, and try to identify sources of anger and healthy ways to deal with the anger.

Suggest appropriate way to get needs met.

Have awareness of the resident's indirect expression of feelings.

Strategies on Managing Depression

Continued

Listen for communication about *suicide.*

Encourage the resident to discuss life situations and relationships that are problematic.

Provide emotional support and verbal assistance in demanding social situations.

Acknowledge and respond to the expression of fears, anxiety and other emotions.

Strategies on Managing Depression

Continued

Encourage the resident to participate in social and recreational activities that are purposeful, meaningful and positive. Do not force participation.

Watch for situations that improve or worsen without any of the other symptoms of depression. Then try to avoid problem situations and encourage positive situations

Reassure the resident that they will be cared for as long as necessary.

FINAL REFLECTIONS

50-70% have long term care residents have psychiatric problems when all pathologies are combined.

In addition to dementia, depression and anxiety are the most common diagnosis affecting nursing home residents.

Referral of residents to mental health providers in proper timing is crucial for improving residents' prognosis, reducing behavioral disturbances and creating a positive environment for NH Home.

Mike Seitz:
Regional VP of Business Development
Kansas City and surrounding areas
417-321-2354
mseitz@deeroaks.com

Matt Wright:
VP of Regional Operations
Saint Louis and surrounding areas
314-504-9301
mwright@deeroaks.com

Sara Cleveland MSW, LSCSW
Regional VP of Clinical Services
913-206-5688
SClevelandLSCSW@deeroaks.com

SCAN ME

DEER OAKS
THE BEHAVIORAL HEALTH SOLUTION