



*Helping  
Handbooks*

Mental health  
and Nursing  
Home Residents

Many new nursing home residents have difficulty adjusting. Often, they are grieving many other losses, such as loss of their home, health, belongings and usual activities, while trying to get used to being in the nursing home. Family and friends can help ease residents' adjustment by:



- Visiting
- Encouraging participation in favorite activities, such as reading or watching a favorite TV programs
- Allowing the resident to bring along personal items, such as favorite pictures.
- Giving the resident choices whenever possible.
- Encouraging the resident to interact with other residents
- Participating in activities with the resident.

If your loved one continues to have trouble adjusting to life in the nursing home after the first few weeks, speak with your loved one's doctor or the social worker at the nursing home. Aside from difficulties with adjustment, the most common mental health disorders nursing home residents suffer are:

- Delirium
- Depression
- Dementia

Because many nursing home residents have more than one of these disorders, it's important for family members to understand all of them, and how they affect one another.

## Depression

Depression can affect people of any age (including caregivers!). Clinical depression (severe depression that needs to be treated) is both similar to, and different from, the bad days we all sometimes have. Symptoms of clinical depression include:

- Feeling "down"
- Not enjoying activities you usually like
- Difficulty with attention and concentration
- Sleep difficulty
  - Trouble falling, and staying, asleep
  - Wanting to sleep all the time
- Change in appetite
  - Loss of appetite
  - Increased appetite

- Crying more frequently than usual
- Feeling irritable or angry
- Slowed movement or restlessness
- Intense feelings of guilt and/or worthlessness

If you or your loved one have these symptoms for more than a couple of weeks, talk to a doctor.

Depression is very treatable. Most people respond within a few weeks to medication, psychotherapy or both.

Though delirium and dementia are often thought of as medical problems, rather than mental illnesses, they are included here because, like depression, they affect a person's mind.

## Delirium

Delirium is the least-understood of these three disorders. It involves:

- 1) Acute onset: A sudden change in the resident's usual behavior
- 2) Inattention: Difficulty paying attention

With delirium, the resident's behavior and alertness often vary significantly minute by minute. For example, a delirious resident might be able to say where she is at the beginning of a conversation, but ask, "Where am I?" by the end of the conversation.

## A delirious resident's level of alertness may vary among four levels:

- 1) Hyperalert: Looking around anxiously, easily startled
- 2) Normal alertness
- 3) Lethargic: Drowsy but easily aroused
- 4) Stupor: Aroused only with difficulty

## Residents with delirium may also show

- Memory impairment
- Physical restlessness, very slowed movement or starting into space
- Daytime sleepiness/night time wakefulness
- Hallucinations (seeing things that aren't there)
- Delusions (false beliefs)

## Delirium may be caused by:

- A reaction to medication
- A reaction to being away from familiar surroundings, routines and people
- A result of changes in the brain, such as from a stroke.
- A general health problem such as

- A urinary tract infection
- A respiratory problem
- Uncontrolled diabetes

Often, the resident will recover from delirium once the problem causing it is treated. With or without treatment, people with delirium tend to recover to the state of health they had before the delirium began. But not all people get back to their previous level. People tend to recover more quickly by taking medication from a psychiatrist and/or talking to a trained therapist.

## **Dementia:**

People with dementia, like those with delirium, may:

- Have a loss of memory
- Experience nighttime wakefulness and/or daytime sleepiness
- Be confused about
  - Time: What the day of the week, month, season or year is
  - Place: Where they are or what kind of facility they are in
  - Person: They may not recognize close family members or even be able to say their own name.

- May have
  - Delusions (false beliefs)
  - Hallucinations (see things that aren't there)

### Unlike delirium:

- Dementia usually creeps up on a person gradually. Often, once a diagnosis of dementia is made, those close to the resident can look back and see that there has been something not quite right with the person for many months, or even years.
- The mind of a person with dementia tends to get worse over time. Many researchers and doctors divide dementia into three, four or five stages. But in fact the course of the illness is more like a downward slope.
- Many dementia patients are more confused in the evening (sundowner syndrome) but, overall, a resident with dementia's level of functioning will not change too much minute by minute, or hour by hour.

### Types of dementia:

- Alzheimer's disease – The most common type of dementia
- Vascular dementia – Cognitive loss and behavioral changes caused by lack of blood flow to the brain, often caused by small strokes (TIAs)
- Other (e.g. cognitive loss due to long term abuse of alcohol)

### Treatment and care:

It's important to have a person with dementia evaluated by a doctor to rule out any treatable cause of dementia, or any steps that can be taken to slow the progress of the disease. For Alzheimer's disease, the most common type of dementia, there is no effective treatment. However, some new medications may help a dementia patient's mind for a few months. And other medications can help with sleep or behavior problems. Talk to the doctor about symptoms or behaviors that bother you the most in your loved one, and see if anything can be done to help with them.

In addition, nursing home residents may have one or more of many other mental health disorders. Often, these disorders first appear in teen years or young adulthood. However, treatment may be complicated in older adults if age-related physical health problems require the resident to stop taking medications that have helped treat the disorder in the past. Sometimes, but not always, symptoms for these mental illness lessen as a person ages. Those who experience any of these clusters of symptoms, or any other mental disorder, should be treated by a psychiatrist.

*Bipolar disorder*

*Schizophrenia*

*Generalized anxiety disorder*

*Obsessive compulsive disorder*

*Bipolar disorder (also called manic depression) - Residents go through periods of depression, often sleeping a lot and overeating, and also go through periods of mania - periods of high energy and/or irritability, when they sleep or eat little or nothing, and may try to start projects they are incapable of completing.*

*Schizophrenia:* Residents may go through periods of hearing voices or seeing things that aren't there. At other times, they are likely to withdraw from others and not express emotion.

*Generalized anxiety disorder:* A high level of worrying, in which the worry focuses on one thing and then another.

*Obsessive compulsive disorder:* A person has a thought that he or she cannot get out of his or her mind, or feels an urgent need to repeatedly check or do other rituals, such as counting to a certain number in order to keep from being anxious.

### **With any mental illness, it is helpful for family members to:**

- Recognize that the resident is not his or her usual self, and arrange for appropriate medical care.
- Recognize the signs and symptoms of different mental illness for what they are, and do not take your loved one's behavior personally

- Talk to other people who understand the frustrations of caring for a loved one with a mental illness.
- Find the funny side of the resident's behaviors.

*Maria and Julia took turns taking their mom home for Sunday dinner. Both sisters knew their mom was getting forgetful, but Julia was angry to discover that her mom could remember how to load Maria's old dishwasher but not her own new one. She thought her mom just wouldn't help at her home because her sister was "the favorite child." She complained about this situation to a doctor friend who helped her to understand that her mom's dementia made it difficult for her to learn new information, such as how to load a new kind of dishwasher. But she was better at remembering things she learned long ago, such as how to load Maria's old dishwasher, which had once belonged to their mother.*

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