

VIVIR HEALTHCARE

MENTAL HEALTH IN AGED CARE

2021 REPORT



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MENTAL HEALTH IN AGED CARE

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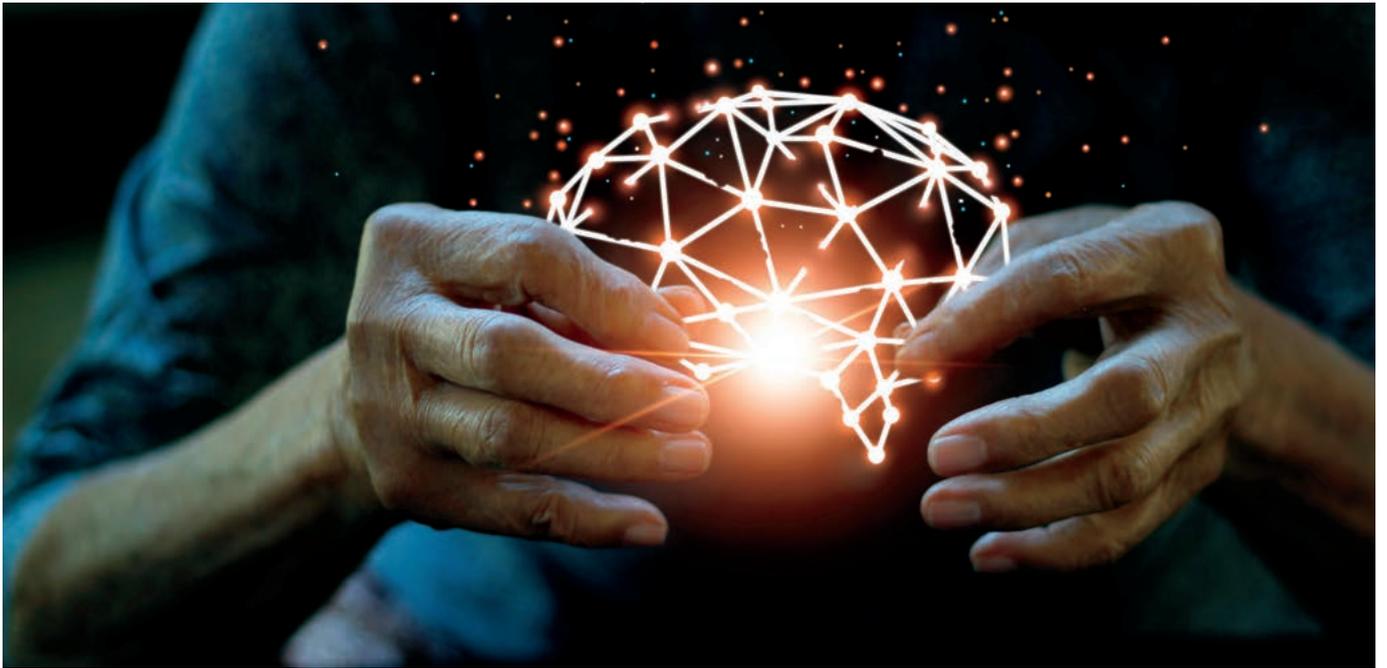
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Mental Health Presentations in Aged Care

Approximately 35% of residents in aged care experience mental health conditions, particularly depression (*Beyond Blue, 2020*).

Mental health conditions experienced by residents can include:

- Depression
- Anxiety
- Schizophrenia
- Bipolar Disorder

Reduced mental health can be experienced as a result of other conditions/diagnosis including:

- Dementia
- Stroke
- Parkinson's Disease

The following information will explore these areas further and contributing factors, how it may impact clinical work in aged care and strategies to better support symptoms when working with residents.

Depression and anxiety are not a “normal” part of ageing, and unfortunately often are under diagnosed, mis-diagnosed and under-treated in aged care (Gilbody, Whitty, Grimshaw and Thomas, 2003).



Depression

Depression is a mood disorder which significantly impacts an individual's mental and physical health (*Beyond Blue, 2012*).

It is characterised by feelings of hopelessness, sadness, self-blame, loss of interest and pleasure from engagement in most activities and suicidal ideation over a significant period of time (*Australian Institute of Health and Welfare, 2017*).

Signs and symptoms (*Beyond Blue, 2012*):

- Reduced social engagement with family and friends
- Increased dependence on medication and substances (e.g. alcohol)
- Reduced engagement in activities and outings previously enjoyed
- Reduced concentration and attention
- Irritability, increased frustration, reduced confidence, indecisiveness, feelings of being overwhelmed and unhappy
- Thoughts with themes centring around “helpless/hopelessness”
- Increased feelings of tiredness
- Churning gut
- Changes in eating, sleep and weight patterns

How this may present in aged care:

- Reduced engagement in group programs
- Increasingly self-isolating in room
- Reduced engagement in conversation
- Observable changes in personality and mood
- Decreased functional mobility and increased time in bed or sitting in room
- Complaints of “tummy aches”, nausea or general statements of “not feeling well”

Anxiety

Anxiety is the persistent experience of feelings of being worried and stressed for a sustained period of time (usually continuing even when stressful events or triggers has passed) and impact a person's ability to function in everyday life (*Black Dog Institute, 2020*).

Anxiety can present itself in the form of Generalised Anxiety Disorder (GAD) or manifest as other phobias such as Agoraphobia. Anxiety symptoms and conditions are prevalent throughout residential aged care (*Creighton, Davison & Kissane, 2018*).



Signs and symptoms (*Beyond Blue, 2020*):

- Avoidance of situations that are perceived as anxiety provoking i.e. socialising, going out, eating meals with others etc.
- Increased physiological responses (i.e. Increased heart rate, fast breathing, restlessness, tightening of chest, panic attacks, hot and cold flushes, and feeling tense and wound up etc.)
- Excessive fear, worrying, and overthinking

How this may present in aged care:

- Resident frequently appears distressed and concerned by factors not usually stressful
- Resident frequently changes mind about participation and engagement in activities
- Resident is unable to concentrate and frequently de-rails conversation
- Residents observed to breathe at a fast pace, constantly fidgeting, appear to get very hot or cold rapidly
- Resident declines to leave room and engage with others for meals or activities
- Resident appears to be “snappy” and frustrated

MENTAL HEALTH IN RELATION TO OTHER COMMON CONDITIONS



Often depression and anxiety can occur alongside many other conditions that a resident may be diagnosed with. This does not mean that a resident experiencing these conditions will experience depression and anxiety, however it may be likely.

Dementia

Approximately 20-30% of residents with dementia will experience depressive symptoms.

Depression as a result of dementia may result from:

- Residents feeling fearful being in “unknown” surroundings and not being able to remember important identifying information
- Changes to residents’ lifestyle and overall functioning
- Residents unable to cope with higher or lower levels of stimulation in the environment
- Residents’ medication being altered
- Increased fatigue
(*Dementia Australia, 2020*)

Stroke

Depression is described as the most common consequence of stroke (Post Stroke Depression) in the elderly (*Lokk & Delbari, 2010*). Research has shown that residents who develop depressive symptoms or the syndrome after 3 months of stroke incidence are likely to have the symptoms persisting for up to a year onwards (*Lokk & Delbari, 2010*).

Stroke may lead to Depression in residents due to:

- Increased social isolation
- Physical functional impairments as a result of stroke
- Poor participation in rehabilitation processes
- Limited social supports post stroke
(*Lokk & Delbari, 2010*)

Parkinson's Disease

Older adults with Parkinson's Disease may experience an array of mental and psychiatric symptomatology including:

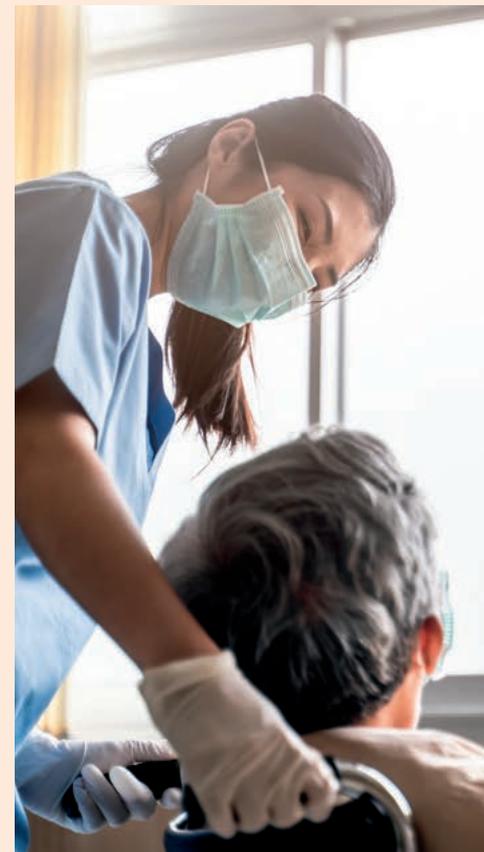
- Depression
- Anxiety
- Sleep Disturbances
- Psychosis
- Behaviour and cognitive changes
- Neuro-psychiatric disturbances



Again, just like many other comorbidities, depression disturbances in Parkinson's is often under-recognised and undertreated which can lead to a more progressive decline in functionality and faster cognitive and physical deterioration (*Marsh, 2013*).

Individuals with Parkinson's Disease can also present with mild-moderate psychosis, often referred to as "Parkinson's Disease Associated Psychosis". Some of the symptoms may include:

- **Delusions:** Where an individual holds strong beliefs about themselves, others and the world that are untrue
- **Hallucinations:** Where an individual can hear, see or taste stimuli that are not there
- **Disordered Thinking:** Severe confusion (*Parkinson's Foundation*)



Some individuals with Parkinson's may experience hallucinations as a result of medication change, particularly after instances of increasing dosage of a medication called Levodopa (*Parkinson's Association, 2018*).

CHRONIC MENTAL HEALTH CONDITIONS

Schizophrenia

Schizophrenia is a chronic mental health condition that affects an individual's sense and perception of relation and their behaviour. It is characterised by “positive psychotic symptoms” and “negative Psychotic symptoms” (O'Connor, 2006).

Positive symptoms include:

- Disordered Thinking
- Hallucinations
- Delusions

Negative symptoms are:

- Apathy
- Lack of expressive emotion
- Catatonia (decreased reactions to an individual's surroundings)
- A volitional and inertia



Bipolar Disorder

Bipolar disorder is another chronic mental health condition that is characterised by extremes in moods, at a heightened state “Mania” and lowered state of Depression. Low states are characterised by behaviours, moods and affects consistent with depression. Mania or manic state is where the individual’s thoughts, communication and movement are “sped up” (Beyond Blue, 2020).

Signs and symptoms of manic state:

- Increased energy
- Rapid speech
- Racing thoughts
- Decreased sleep
- Irritability
- Overactivity
- Grandiose ideas
- Hallucinations/delusions

WHAT FACTORS CAN INCREASE THE LIKELIHOOD OF ELDERLY EXPERIENCING ANXIETY AND DEPRESSION?

CHANGES IN PHYSICAL FUNCTIONING:

- Increased dependency on others for care needs
- Loss of independence and dignity
- Chronic pain
- Experience of abusive and uncaring relationships
- Chronic Health Conditions

CO-EXISTS OR RESULTS WITH OTHER CONDITIONS:

- Dementia
- Stroke
- Parkinson's
- Psychiatric Conditions (Schizophrenia, Bi-Polar Disorder, Borderline Personality Disorder).
- Family History

EMOTIONAL CIRCUMSTANCES:

- Increased feelings of loneliness
- Reduced social contact with family and friends
- Loss of relationships
- Challenging life circumstances
- Feelings of guilt about the past
- Anniversaries and dates that evoke strong memories and emotions

ENVIRONMENT SETTING:

- Unfamiliar setting
- Altered daily routine from previous living routine
- Not knowing other residents

STRATEGIES AND INTERVENTIONS TO SUPPORT RESIDENTS EXPERIENCING MENTAL HEALTH CONCERNS

LIFESTYLE	DESCRIPTION	EXAMPLE	FURTHER INFORMATION
<p>WALKING OUTDOORS</p>	<p>Walking (particularly outdoors) is beneficial for both physical and emotional wellbeing of residents. Walks have been demonstrated to alleviate anxiety and release endorphins (<i>The Mindshift Foundation, 2019</i>).</p>	<p>Using pathways outside for a small walk if the resident is visibly anxious/distressed.</p>	<p>Increase the therapeutic benefit of walking by encouraging residents to observe nature, flowers and plants or utilizing a sensory garden available.</p>
<p>MUSIC, SINGING, SOCIAL ENGAGEMENT</p>	<p>Use of music as a therapeutic tool has been shown to improve social engagement, reduce anxiety and confusion, and improve wellbeing. (<i>RCN Publishing Company, 2014</i>)</p>	<p>Encourage resident to join music group in facility.</p> <p>Sing a familiar song with the resident.</p>	<p>Relaxing music can be played in residents' room in background whilst assessments are being undertaken. Familiar feel good music could be played whilst encouraging a resident to engage in exercise or intervention.</p>

LIFESTYLE	DESCRIPTION	EXAMPLE	FURTHER INFORMATION
REMINISCENCE THERAPY	<p>Particularly useful for working with residents with Dementia.</p> <p>Prompts such as photographs, objects and music can be utilised to facilitate resident's discussion of memories from earlier life. <i>(Lodha & De Sousa, 2019)</i></p>	<p>Find an object in the resident's room and give it to the resident.</p> <p>Ask questions prompting resident to discuss object and what it means to them.</p>	<p>RT is a positive exercise that can promote the wellbeing of residents, particularly when feeling overwhelmed, anxious and depressed.</p> <p>Elements from RT can be utilised to develop rapport with residents and help to ground residents that may be feeling disorientated.</p>
GROUNDING TECHNIQUE	<p>Techniques that can be applied for use with residents who are panicked, fearful or mildly disorientated.</p>	<p>Mental Grounding: Counting backwards from 20, describe a daily activity in detail, describe objects in immediate environment and in detail.</p>	<p>Grounding Techniques are simple and easy to apply when working with residents in aged care.</p>

LIFESTYLE	DESCRIPTION	EXAMPLE	FURTHER INFORMATION
<p style="text-align: center;">GROUNDING TECHNIQUE (CONT.)</p>	<p style="text-align: center;">Grounding Techniques help individuals to focus on environment surrounding them rather than focusing on internal dialogue or internal feelings causing distress.</p>	<p style="text-align: center;">Physical Grounding: Run cool or warm water over hands, touch objects around you as you recall their names and purpose, stretching, change to upright posture, savouring a food or drink.</p> <p style="text-align: center;">Soothing Grounding: Massaging hand cream with soothing scent into hands and encourage resident to take deep breaths to enjoy the aroma, reciting residents favourite quote, phrase or poem, repeating positive phrases “You can do this”, think of an activity or event residents can look forward to <i>(Comorbidity Guidelines, 2020).</i></p>	<p>They can be used prior, during and post commencement of session with residents and complement our therapeutic work.</p> <p>Whilst encouraging a resident with fear of falls to engage in rehab, grounding techniques could be used prior to session to reduce anxiety associated with practicing transfers.</p> <p>Residents could also benefit from use of these techniques for sessions that did not go to plan as residents presented as being particularly anxious or distressed.</p>

LIFESTYLE	DESCRIPTION	EXAMPLE	FURTHER INFORMATION
<p style="text-align: center;">DEEP BREATHING</p>	<p>Deep Breathing or Diaphragmatic breathing can support residents with enhanced state of relaxation, calming during panic attack, feeling heightened or anxious, and reduce experience of stress <i>(Life Supports, 2020)</i></p>	<p>Simply guide resident to take an extended inhale breath and then exhale.</p> <p>A brief guided breathing resource has been provided below as a script for a 2 -3-minute-deep breathing exercise</p>	<p>Again, this is an effective, efficient and easy to implement strategy that can be utilised with residents experiencing mental health symptoms.</p> <p>Particularly useful for residents who become fearful, stressed or anxious during intervention and rehabilitation sessions.</p>
<p style="text-align: center;">GUIDED RELAXATION</p>	<p>Clinician reads a script that guides the residents to a state of relaxation.</p> <p>Script involves mental cues that prompt a resident to focus on positive or calming scenes or feelings</p>	<p>Make sure the resident is sitting upright in a supported and safe seating position. Make sure they feel comfortable.</p> <p>Click here for an example of a guided relaxation script.</p>	<p>Can be used after intensive intervention/ rehabilitation sessions with residents or for use when residents appear particularly distressed and anxious or depressed and unable to engage in other therapy.</p>

LIFESTYLE	DESCRIPTION	EXAMPLE	FURTHER INFORMATION
<p style="text-align: center;">SENSORY TECHNIQUES</p>	<p>Commonly utilised by Occupational Therapists this technique involves using sensory modalities to enable residents to self-soothe and regulate their emotional state (<i>AOTA, 2017</i>).</p>	<p>Tactile: Items that require hand manipulation (stress balls, stretchy items, dough etc.).</p> <p>Olfactory: Smelling essential oils dabbed on cotton wool.</p>	<p>Ask your facility what sensory items they may have available for use.</p> <p>Not all items will help residents, and most will have a preference of what works best for them.</p>
	<p>These strategies can be implemented when a resident appears bored, restless, fidgety or anxious.</p> <p>They should not be offered if the resident is visibly frustrated and there are concerns of this escalating.</p>	<p>Vestibular: Rock in rocking chair.</p> <p>Gustatory: Chew a piece of candy, drink through a straw.</p>	

IMPORTANT CONSIDERATIONS AROUND MENTAL HEALTH IN AGED CARE



Medications

Medications used to treat mental health symptoms and psychiatric conditions can have a sedative effect. Therefore, time clinical engagement appropriately, when the resident is not experiencing side effects as this can be a significant falls risk.

Safety

Everyone has the right to feel safe at work. If at any time you experience an escalation of behaviour that makes you feel unsafe, it is best to remove yourself from that environment and seek assistance and support.

Mental Health and Confronting topics

It can be useful for clinicians with limited experience in this area to learn, practice and become more comfortable to talk about potential uncomfortable conversations. From time to time a resident may express during sessions; “I don’t want to be here anymore”. You could ensure the following to facilitate a supportive conversation with the resident:

- Ensure conversation with resident is in a comfortable, relaxing and safe environment
- If the resident prefers, take them on a walk to discuss their concerns
- Ideally conversation should be held at an appropriate time where resident is comfortable and alert
- Provide residents with reassurance
- If they are hesitant to talk, try to understand why and reassure them
- If they are visibly upset and distressed, listen to their concerns

(Beyond Blue, 2018)

Become familiar with simple de-escalation techniques. These are strategies that can be used when an individual is heightened, resistive or becoming increasingly frustrated:

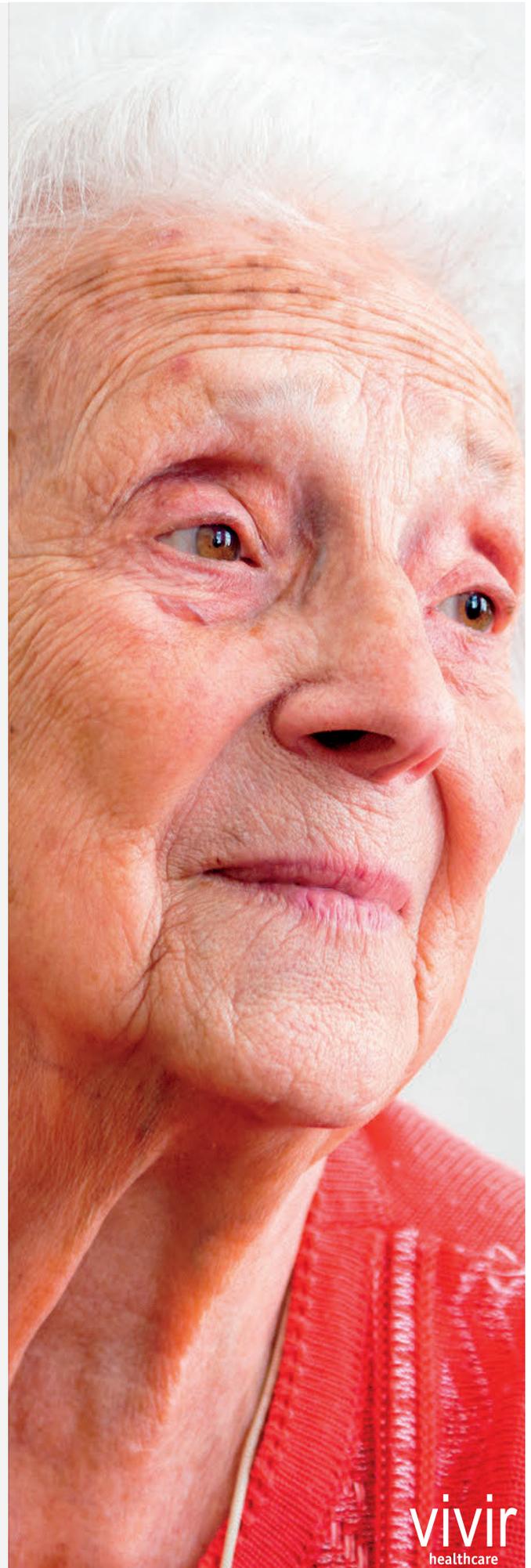
- Always talk in a calm and neutral tone
- Do not argue and do not use negative or derogatory remarks
- Do not lose your patience (be mindful of your body language as heightened residents may pick up and react to this)
- Use simple, slow and clear language and sentences
- Give one instruction at a time
- Always present two choices to the resident, if requesting something i.e. “Would you like a cup of tea or to go for a walk?”

What to look out for and notify staff of immediately

Resident is not taking medication consistently, resident may be triggered by past meaningful event (death anniversary of spouse or Christmas), increasingly aggressive behaviour or verbal threats.

Hospital treatment

Residents with severe mental health concerns may require hospital treatment if they are at risk of harm to self, others or observable deterioration of mental state is noted. If any of these factors are observed discuss immediately with nursing staff.





2 MINUTE DEEP BREATHING GUIDE

Make sure the resident is sitting upright in a supported and safe seating position. Make sure they feel comfortable and remind them that they can keep their eyes open or closed whatever feels most comfortable for them. Ensure the temperature is also comfortable for them.

“ I'd like you to pause, take a deep breath and place your feet flat on the floor. Really *FEEL* your feet in contact with the ground underneath you.

Now place your hands on your stomach and take 2-3 deep breaths, noticing your stomach rising and falling with each in and out breath. And when you feel comfortable, close your eyes.

Now, as you keep breathing deeply into your stomach, I'd like you to breathe in for a count of 5, then hold your breath for a count of 5, and breathe out slowly for a count of 5. And keep breathing, in for 5, hold for 5, out for 5. *[Pause for about 1 minute]*

[Softly] Great. I'd like you to now slowly bring your attention back to the room, noticing the sounds around you and begin to open your eyes *[pause]*.

So, how are you feeling?

”

Retrieved and adapted from:

<https://www.thecoachingtoolscompany.com/de-stress-series-relax-clients-in-under-5-mins-guided-meditation-scripts/>