

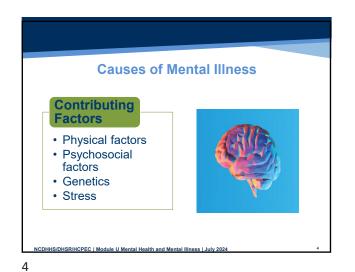
Objectives

- 1. Discuss the risk factors of social isolation and loneliness for the older adult
- 2. Describe the most common mental health illnesses for older adults
- 3. Identify symptoms of mental illness in the older adult
- 4. Explain the role of the nurse aide in the deescalation of the resident who is agitated

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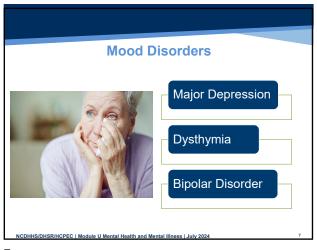
Mental Health and the Older Adult

- Older adults may experience
 - Life changes impacting their mental health
 - Feelings of grief
 - Social isolation or loneliness
- Persistent feelings related to loss may lead to a clinical diagnosis of mental illness











Mood Disorders and the Older Adult

- · Feelings of sadness, anxiety or emptiness
- A persistent sense of hopelessness, guilt, worthlessness, or helplessness
- · Loss of interest in previously enjoyable activities
- Decreased energy and increased fatigue
- Changes in eating and/or sleeping patterns
- Thoughts about death or suicide

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Anxiety Disorders and the Older Adult

- Generalized Anxiety Disorder
- Obsessive Compulsive Disorder
- Panic Disorder
- Post Traumatic Stress Disorder
- Social Anxiety Disorder

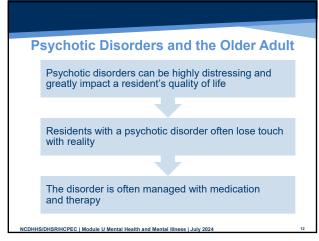


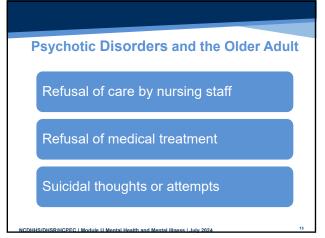
Anxiety and the Older Adult

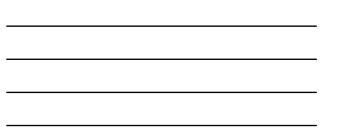
- Anxiety disorders are frequently related to:
 - Traumatic events such as a fall or acute illness
 - Multiple medical conditions
 - Concern for physical problems
 - Use of numerous prescription medications
- Symptoms of anxiety may include headaches, back pain, or a rapid heartbeat

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Psychotic DisordersSchizophreniaSchizoaffective DisorderDelusional DisorderSubstance/Medication Induced PsychoticDisorder
Schizoaffective Disorder Delusional Disorder Substance/Medication Induced Psychotic
Delusional Disorder Substance/Medication Induced Psychotic
Substance/Medication Induced Psychotic













De-escalation of an Agitated Resident

- Supportive day-to-day relationships are the heart of de-escalation
- · Know what is normal for the resident
- Be aware of specific triggers for the resident
- The primary objective in de-escalation is to reduce the level and intensity of the resident's behavior
- If de-escalation is not working, the nurse aide should STOP and calmly call for help
- Trust your instincts

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Nurse Aide's Role in De-escalation

- Control the environment
- · Look for meaning of the behavior
- Check for underlying causes
- · Respond in the resident's reality
- Engage in resident's story

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Nurse Aide's Awareness of Self Behaviors in De-escalation

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- Behavior
- Posture
- Position self for safety
- Body movement and language
 - Facial expression

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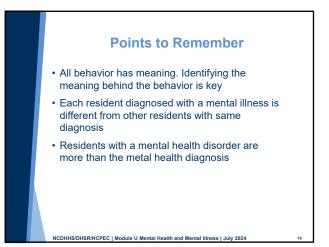
Attitude Tone

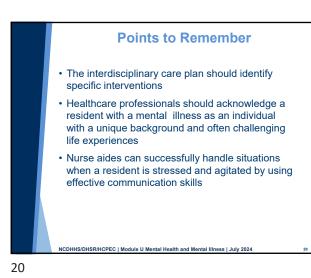
Eye contact

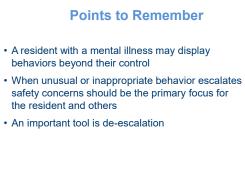
- Responses
- Reasoning

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