

Guideline of Mental Health Referrals

< Contents >

- I. Stigma and mental health services
- II. Steps to cope with stigma
- III. Referrals without the effect of stigma
 1. Warning signs
 2. How to communicate with candidates of MH service for the referral
 3. What do you must need to know about the residents?
 - A. Assessing Common Areas of Elderly Behavior Issues
 - B. Risk Factors for Mental Illness
 4. Acknowledging 10 Symptoms of Mental Illness
 5. How to identify potential service recipients
 - A. Adjustment Disorder
 - B. Major Depressive Disorder
 - C. Anxiety Disorder
 - D. General Anxiety Disorder
 - a) Phobia:
 - b) Panic Disorder
 - c) Social anxiety Disorder
 - d) Post-Traumatic Stress Disorder
 - e) Obsessive Compulsive Disorder
 - E. Bipolar Disorder
 6. How to distinguish Dementia or Mental Illness?
 - A. Common Signs of Dementia in Seniors
 - B. Leading Signs of Mental Illness in Seniors

Guideline for Tele Mental Health referrals for RC

There are many ongoing stressors that senior residents endure after diagnosis of an illness or an injury, unexpected life changes and facing the crisis such as the CORVID 19 pandemic. This guide focuses specifically on how resident coordinators could help emotional wellbeing of their residents and assisted them to overcome stress that older adults may experience and the responses that they may have.

Stigma and mental health services

Stigma is when someone views an individual in a negative way because the person has distinguishing characteristic or personal trait that's thought to be, or actually is, a disadvantage (a negative stereotype). Unfortunately, negative attitudes and beliefs toward people who have a mental health condition are common.

Stigma can lead to discrimination. Discrimination may be obvious and direct, such as someone making a negative remark about someone's mental illness or one's treatment. Or it may be unintentional or subtle, such as someone avoiding the person with mental illness because the person assumes the person with mental illness could be unstable, violent or dangerous due to your mental illness. The person with mental illness may even judge oneself.

Some of the harmful effects of stigma can include:

- Reluctance to seek help or treatment
- Lack of understanding by family, friends, or others
- Fewer opportunities for social activities or trouble finding housing
- Bullying, physical violence or harassment
- Health insurance that doesn't adequately cover your mental illness treatment
- The belief that the individual will never succeed at certain challenges or that the individual can't improve your situation

Steps to cope with stigma

Here are some ways you can deal with stigma:

- 1) **Get treatment.**
- 2) Don't let stigma create self-doubt and shame.
- 3) Don't isolate yourself.
- 4) Don't equate yourself with your illness.
- 5) Join a support group.
- 6) Speak out against stigma.

Referrals without the effect of stigma

1. Warning signs

In people with changes in personality or behavior, certain symptoms and characteristics are cause for concern. These warning signs include

- Changes of weight/ sleep patterns/ Hygiene or grooming
- Presence of flat affect on one's face such as no facial expression
- Complaints of loneliness/ feeling disconnected/ sad/ worried
- Current life changes: loss of loved family, friends and animals
- Current diagnosis of an illness or an injury
- Current changes on living places and community
- Family conflicts that residents may share with resident coordinators

2. How to communicate with candidates of MH service for the referral

- **Mention concerns you have identified.**
 - **Say** something like: "I'm concerned that (you are / your spouse is) having these difficulties, upsetting thoughts and feelings. It might be useful to talk with a specialist who can help you more."
- **Involve resident in making a plan.**
 - Ask for their ideas about what is needed now
 - **Say** something like: "What issues or difficulties are impacting you the most right now? What would help make things better?"
 - Ask for permission to offer advice. Present advice as range of possibilities; be sure to incorporate patient/family ideas
 - **Say** something like: "I have some suggestions that have helped other residents in the past in situations similar to yours. May I share them with you?"
 - Range of possibilities might include: patient education materials / websites; speaking with social worker, local clergy, seeking out support group, referral to therapist / community mental health center.
 - Ask about their readiness to act on this now or in the future.
 - **Say** something like: "Is this (suggested plan) something you would be willing to do today, or if you need it next week...month?"
 - Ask about barriers to potential plans / referrals, and strategies to overcome barriers.
 - **Say** something like: "What kinds of things would interfere with following-up on this plan we just discussed? How can we work through this so you end up getting the help you need?"

3. What do you must need to know about the residents?

- **Assessing Common Areas of Elderly Behavior Issues**

- 1) **Life Task:** Life tasks are fundamental self-care activities that need to be done, whether we do them for ourselves or have someone do them for us. Life tasks include two areas:

Activities of Daily Living (ADLs):	Instrumental Activities of Daily Living (IADLS):
<ul style="list-style-type: none"> ✓ Walking and getting around ✓ Dressing ✓ Bathing ✓ Using the toilet independently ✓ Grooming ✓ Feeding 	<ul style="list-style-type: none"> ✓ Finances ✓ Transportation ✓ House Cleaning and Chores ✓ Shopping ✓ Meal Preparation ✓ Using the Telephone

- 2) **Safety:** No one wants to see independence lost and the senior more than likely wants to remain autonomous. Here are the areas of safety to watch out for:

Finances

Are there problems paying bills? / Are you concerned about scams? / Memory and Thinking / Have there been problems with wandering or getting lost? / Have there been issues forgetting about the stove or other appliances / home equipment? / Is there concern about poor safety awareness or poor judgment?

Driving

Have there been any accidents or close calls? / Do passengers feel worried?

Elder Abuse

Have you heard of, or do you have any concerns about emotional, verbal or physical abuse? / Do you have any concerns that someone is financially taking advantage of your loved one?

Health

Has your resident had any falls? / Have there been repeated trips to the emergency room (ER) or hospital?

- 3) **Mood and brain health:** Does your resident suddenly seem different? Is there a hint of depression or anxiety that wasn't there before? Maybe memory problems are affecting their mood. Here are things to watch for in this important area:

- ✓ Does your resident have sudden or frequent sadness?

- ✓ Is there a loss of interest in activities they used to enjoy?
- ✓ Has there been a personality change?
- ✓ Does resident have hopelessness?
- ✓ Is resident experiencing excessive or unusual worrying?
- ✓ Are there memory problems?
- ✓ Have you noticed a difficulty in their learning new things?
- ✓ Is organization a problem?
- ✓ Are there new difficulties with mental tasks?
- ✓ Have you noticed problems in driving?
- ✓ Have there been mistakes with finances?
- ✓ Is there unusual spending of money?
- ✓ Is there a lack of social or purposeful activities?
- ✓ Does resident suddenly seem or feel lonely?

4) **Medication safety and management:** Medications can play a crucial role in older adults' life. They can be vital for keeping certain health conditions under control. So it's important to be aware and proactive when it comes to your residents' medication safety.

- ✓ Can your resident afford their prescriptions?
- ✓ Are they having trouble taking all the prescriptions as recommended?
- ✓ Are they refilling their medications regularly?
- ✓ Are they skipping medications?
- ✓ Are there side effects or worrisome symptoms related to medication?

B. Risk Factors for Mental Illness

One of the ongoing problems with diagnosis and treatment of mental illness in older adults is the fact that **older adults are more likely to report physical symptoms than psychiatric complaints.** However, even the normal emotional and physical stresses that go along with aging can be risk factors for mental illnesses, like anxiety and depression.

The Geriatric Mental Health Foundation lists a number of potential triggers for mental illness in the elderly:

- Alcohol or substance abuse
- Change of environment, like moving into assisted living
- Dementia-causing illness (e.g. Alzheimer's disease)
- Illness or loss of a loved one
- Long-term illness (e.g., cancer or heart disease)
- Medication interactions
- Physical disability
- Physical illnesses that can affect emotion, memory and thought
- Poor diet or malnutrition

4. Acknowledging 10 Symptoms of Mental Illness

As your residents age, it's natural for some changes to occur. Regular forgetfulness is one thing, however; persistent cognitive or memory loss is another thing and potentially serious. The same goes for extreme anxiety or long-term depression. It should keep an eye out for the following warning signs, which could indicate a mental health concern:

- 1) Changes in appearance or dress, or problems maintaining the home
- 2) Confusion, disorientation, problems with concentration or decision-making.
- 3) Decrease or increase in appetite; changes in weight.
- 4) Depressed mood lasting longer than **two weeks**.
- 5) Feelings of worthlessness, inappropriate guilt, helplessness; thoughts of suicide.
- 6) Memory loss, especially recent or short-term memory problems.
- 7) Somatized complaints: physical problems that can't otherwise be explained: chronic aches, constipation, frequent boils etc.
- 8) Social withdrawal; loss of interest in things that used to be enjoyable.
- 9) Trouble handling finances or working with numbers.
- 10) Unexplained fatigue, energy loss or sleep changes.

Don't hesitate to seek help for them if your residents seem to experience any of the symptoms above. The important part is not to stand by and suffer alone. Make sure they are on the right track to healthy aging.

5. How to identify potential service recipients

; Diagnostic Criteria for the most common mental illness in older adult population.

Depression and cognitive changes can be common in older adults; especially if there has been a loss of a spouse or other traumatic event. These changes of life phase could not return some older adults to previous level of life phase. So, older adults need some social support and professional supports when going through any difficulties life phases has given to them. Here are a few diagnostic criteria for prevalent mental health condition among the older adult residents.

- A. **Adjustment Disorder**: Diagnosis of adjustment disorders is based on identification of major life stressors, these symptoms and how they impact your ability to function.

For diagnosis of adjustment disorders, these criteria are below:

- Having emotional or behavioral symptoms within three months of a specific stressor occurring in your life

- Experiencing more stress than would normally be expected in response to a stressful life event and/or having stress that causes significant problems in your relationships, at work or at school
- Symptoms are not the result of another mental health disorder or part of normal grieving

Different Types of adjustment disorders

- With depressed mood. Symptoms mainly include feeling sad, tearful and hopeless and experiencing a lack of pleasure in the things you used to enjoy.
- With anxiety. Symptoms mainly include nervousness, worry, difficulty concentrating or remembering things, and feeling overwhelmed.
- With mixed anxiety and depressed mood. Symptoms include a combination of depression and anxiety.
- With disturbance of conduct. Symptoms mainly involve behavioral problems, such as fighting, reckless driving or vandalizing property.
- With mixed disturbance of emotions and conduct. Symptoms include a mix of depression and anxiety as well as behavioral problems.
- Unspecified. Symptoms don't fit the other types of adjustment disorders, but often include physical problems, problems with family or friends, or apartment administration team.

- B. **Major Depressive Disorder:** Although depression may occur only once during the life time, people typically have multiple episodes. During these episodes, symptoms occur most of the day, nearly every day. If four or more symptoms present, it could be major depression. Less than that, residents could be pre-existing condition of major depression.

For diagnosis of major depressive disorder, these symptoms are below:

- Feelings of sadness, tearfulness, emptiness or hopelessness
- Angry outbursts, irritability or frustration, even over small matters
- Loss of interest or pleasure in most or all normal activities, such as sex, hobbies or sports
- Sleep disturbances, including insomnia or sleeping too much
- Tiredness and lack of energy, so even small tasks take extra effort
- Reduced appetite and weight loss or increased cravings for food and weight gain
- Anxiety, agitation or restlessness

- Slowed thinking, speaking or body movements
- Feelings of worthlessness or guilt, fixating on past failures or self-blame
- Trouble thinking, concentrating, making decisions and remembering things
- Frequent or recurrent thoughts of death, suicidal thoughts, suicide attempts or suicide
- Unexplained physical problems, such as back pain or headaches

Depression symptoms in older adults

Depression is not a normal part of growing older, and it should never be taken lightly. Unfortunately, depression often goes undiagnosed and untreated in older adults, and they may feel reluctant to seek help. If untreated, it can lead to physical and mental impairments and impede social functioning.

Late-Onset Depression Risk Factors to Watch Out For

- Physical Illness
- Widowhood
- Lack of education (below high school level)
- Diminished functional status
- Heavy drinking

Additionally, depression can interfere with the symptoms and treatment of other chronic health problems. Symptoms of depression may be different or less obvious in older adults, such as:

- Memory difficulties or personality changes
- Physical aches or pain
- Fatigue, loss of appetite, sleep problems or loss of interest in sex — not caused by a medical condition or medication
- Often wanting to stay at home, rather than going out to socialize or doing new things
- Suicidal thinking or feelings, especially in older men

** Older adults suffering from depression generally visit ERs and doctors more frequently, take more medications, and experience longer hospital stays than their same-age peers.

** On the bright side, depression can typically be successfully treated in older adults. If you suspect a loved one or client is showing signs of depression, seek help immediately.

- C. Anxiety disorder:** Like depression, anxiety is a very common mood disorder among the elderly. In fact, these two problems often appear in tandem. Anxiety in older adults is thought to be underdiagnosed because older adults tend to emphasize physical problems and downplay psychiatric symptoms.

Risk Factors for Anxiety Disorders in Old Age

Anxiety in the elderly is linked to a number of risk factors, including but not limited to:

- General feelings of poor health
- Sleeping problems
- COPD, certain cardiovascular diseases, diabetes, thyroid disease, and related chronic conditions
- Side effects caused by certain medications
- The abuse/misuse of alcohol, street drugs, or prescription drugs
- Physical impairments limiting daily functioning
- Stressful events like the death of a spouse, serious medical condition, or other life-altering event
- Traumatic or difficult childhood
- Perseveration on physical symptoms

There are several different types of anxiety disorders, with the most common being **generalized anxiety disorder** and **phobias**. Here is a list of anxiety disorders you may observe:

- a) **Generalized Anxiety Disorder:** The effects of generalized anxiety include persistent worry or fear, which can get progressively worse with time. These symptoms eventually interfere with socialization, job performance, and day-to-day activities. Older adults with anxiety tend to become more withdrawn and reclusive. Older adults with generalized anxiety may experience the symptoms below:
- Excessive, uncontrollable worry/anxiety
 - Edginess, nervousness, or restlessness
 - Chronic fatigue or tiring out easily
 - Become irritable or agitated
 - Poor quality of sleep or difficulty falling/staying asleep
 - Tense muscles

In addition to generalized anxiety disorder, older adults can be diagnosed with the following related disorders including:

- b) **Phobia:** An extreme, paralyzing fear of something that usually poses no threat, phobias can cause individuals to avoid certain things or situations due to irrational fears. Examples can include fear of social situations, flying, germs, driving, etc.

- c) **Panic disorder:** This disorder is characterized by periods of sudden, intense fear that can be accompanied by heart palpitations or pounding, rapid heartbeat, shaking, sweating, difficulty breathing, or experiencing feelings of doom. Older adults suffered from panic disorder may experience the symptoms below;
- Sudden, repeated bouts of intense fear
 - Feeling powerless or out of control
 - Persistent worry about the “next” attack
 - Avoiding situations where past panic attacks have occurred
- d) **Social Anxiety Disorder:** This social phobia causes individuals to fear being in certain social situations where they feel they might be judged, embarrassed, offensive to others, or rejected. Older adults suffered from Social Phobia may experience the symptoms below;
- Extreme anxiousness about being with others
 - Difficulty talking to others in social situations
 - Self-consciousness in social settings
 - Fear of being judged, humiliated, or rejected
 - Fear of offending others
 - Worrying about attending social events long before they take place
 - Avoiding social situations
 - Difficulty with friendships
 - Feeling queasy around other people
 - Sweating, blushing or shaking around others
- e) **Post-Traumatic Stress Disorder:** PTSD is a disorder that usually manifests following a traumatic event that threatens a person’s safety or survival, greatly impacting his or her quality of life. Older adults suffered from PTSD may experience the symptoms below;
- Emotional numbness
 - Flashbacks to the event
 - Nightmares
 - Depression
 - Irritability
 - Easily distracted or startled
 - Anger
- f) **Obsessive-Compulsive Disorder:** Those who suffer from OCD experience uncontrollable recurring thoughts (obsessions) or rituals (compulsions). Examples of rituals include washing hands, checking if appliances are on or off, counting, or other behaviors typically done to quell obsessive thoughts (e.g. washing hands repeatedly to remove germs and avoid getting sick).

- D. **Bipolar disorder:** Bipolar disorders, or manic-depressive illnesses, are often marked by unusual mood shifts and are frequently misdiagnosed in senior citizens because the symptoms presented are typical with the aging process, especially related to dementia and Alzheimer's. Bipolar disorder occurs equally among women and men in this age group.

While younger people in the manic phase of bipolar disorder will show classic signs like elation and risky behavior, older adults are likely to become more agitated or irritable. Other common symptoms in 60-plus adults include distractibility, confusion, hyperactivity, and psychosis.

Often, it's the rapid-cycling form of the disorder, characterized by frequent episodes of depression and mania or having symptoms of both at the same time. As a result, bipolar seniors may appear to be in a state of irritable depression. Additionally, seniors with bipolar disorder show significant changes in cognitive functioning, including difficulties with memory, perception, judgment, perception, and problem-solving.

Late-Onset Bipolar Disorder Symptoms

- Confusion
- Agitation
- Irritability
- Hyperactivity
- Psychosis
- Cognitive issues including memory problems, trouble problem solving, loss of judgment, and loss of perception

Bipolar I is the classic type, what used to be called manic depression. Patients typically alternate between full-blown mania and depression, which causes severe behavioral shifts. In some, those symptoms occur concurrently. Occasionally, the mania or depression is so severe that it becomes psychosis — a break with reality characterized by delusions or hallucinations.

Bipolar II is the less extreme, more common version of the disorder. Depressive episodes alternate with hypomania, a milder version of mania. People with hypomania are sometimes highly productive and function well. But hypomania inevitably leads to depression. And if left untreated, symptoms may grow more extreme, evolving into bipolar I.

Acknowledging mania and depression signs of bipolar disorder is the first step for helps. Here's what to look for:

6 Warning Signs of Mania

1. Unusually upbeat, outgoing or irritable mood: During a manic phase, some people feel euphoric, others talk nonstop and some develop a hair-trigger temper. The key is that their mood is a radical departure from the norm.
2. Racing thoughts and speed-talking: Besides speaking quickly and jumping between ideas, a person in a manic phase may also be easily distracted.
3. Boundless energy : The extremely energetic behavior common in the manic phase often leads to rushing around and taking on new projects, however ill-advised. If the sufferer is also easily distracted, he'll jump to new tasks before completion.
4. Impulsive and self-destructive behavior: Spending sprees, flagrant affairs or risky investments can all signal bipolar disorder if they're out of character and part of a larger pattern of symptoms.
5. Decreased need for sleep: Sleeping only a few hours a night could be a sign of bipolar disorder – as well as depression or anxiety. How do you know the difference?
6. Inflated sense of self-worth: An exaggerated sense of your power, knowledge or importance is common in the manic stage, such as believing you have a special relationship with God.

6. How to distinguish Dementia or Mental Illness?

It's important to understand the distinctions between dementia and mental illness because they seem to share many features in common. When it comes to the aging population, it can be difficult to differentiate between the effects of mental illness versus dementia. Dementia is defined as a chronic or persistent disorder of the mental process caused by brain disease or injury. Most commonly, dementia presents itself in the elderly population through memory loss, impaired reasoning and personality changes. On the other hand, mental illness refers to a wider variety of mental health conditions that impact mood, thinking and behavior. While dementia does affect overall mental health, it is not a mental illness.

1) Common Signs of Dementia in Seniors

Alzheimer's disease is the most common form of dementia in aging adults, accounting for 60-80 percent of dementia cases in the United States. Alzheimer's is a progressive disease that causes the cells in the brain that are responsible for memory to die. Currently, there is no cure for Alzheimer's, but identifying the symptoms can help slow the worsening of the disease.

If you believe your loved one or a resident is showing early signs of dementia, it is important to consult a doctor. Some of the most common signs of dementia in seniors include:

1. **Confusion**: For seniors, increased confusion can be an early sign of the cognitive decline associated with dementia. Aging adults who suffer from dementia may become

disoriented, having difficulty recognizing friends or family members, identifying what time or day it is, or even misplacing items and accusing others of theft.

2. Loss of Words: Seniors with dementia often find it difficult to communicate or complete sentences. Alzheimer's disease can cause aging adults to struggle with finding words or cause them to mix their words and use them incorrectly.

3. Memory Impairment: Although forgetfulness can often be mistaken for a "senior moment," a normal part of aging, memory loss is also an early sign of Alzheimer's and dementia. As the disease progresses, this symptom can worsen and disrupt daily life. If you notice a difference in your resident's hygiene, it may be time to consult a doctor.

4. Mood Swings: Due to the nature of the symptoms such as memory loss and general confusion, dementia can lead to severe mood swings and personality changes. Adults who are suffering from dementia are often depressed or fearful.

2) Leading Signs of Mental Illness in Seniors

Again, mental health condition is different from cognitive impairments such as dementia and Alzheimer's disease. As many as 1 in 5 older adults experience a mental illness that is not associated with the normal process of aging. Unlike dementia, mental health disorders can be treated and managed. If you believe your resident is experiencing signs of a mental illness, it is important to seek out professional treatment as soon as possible.

Even though this guideline explains prevalent mental illness in detail earlier of this manual, this project only works on for residents who have experienced life stress, relational stress, aging related difficulties, or pre-mental health diagnosable condition. It means the resident who has experienced more than moderate mental illness condition or needs new supports by psychotropic medication is not eligible for enrolling the project. For this type of resident, clinician could provide psychiatric evaluation and recommend further referral through one's PCP or a psychiatrist. So, here, to compare with symptoms of dementia, it is provided brief mental illness symptoms or features to acknowledge resident's hidden difficulties here.

Some of the most common signs of mental illnesses in older adults include anxiety, depression, bipolar and schizophrenia. For anxiety, many older adults suffering from anxiety were likely to have experienced it at a younger age, however anxiety is not exclusive to those who went through it before. For seniors, signs of anxiety can include consistent worrying about family, friends and money, trouble sleeping or irritability, and racing or unwanted thoughts.

Depression is as one of the most common mental illnesses among seniors and adults and also a symptom of dementia, depression is commonly overlooked as a mental health disorder. Aging adults who may suffer from lack of mobility can become socially

isolated and depressed. If their state of sadness persists longer than two weeks, it is important to seek out medical attention.

Bipolar Disorder is common among older adults. Late onset bipolar disorders are difficult to diagnose due to their similarity to dementia symptoms, including irritability, manic behavior and delusions. Recognizing these symptoms accompanied by other signs of bipolar disorder including fatigue, weight gain or loss, paranoia, impulsivity, crying and aggression can help differentiate between dementia and mental illness.

Schizophrenia is difficult to distinguish from dementia due to its similar presentation of symptoms. Late onset schizophrenia disorder can be difficult to diagnose as it develops in adults after the age of 45 and presents itself as the individual ages. The most common signs of this mental illness include hallucinations, paranoia or disorganized behavior and lack of restraint.

R/e/f/e/r/e/n/c/e/s

1. Stigma and mental health services : <https://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477>
2. How to communicate with potential candidates : <https://www.camh.ca/en/driving-change/addressing-stigma/https://www.healthcaretoolbox.org/what-providers-can-do/when-and-how-to-refer-for-mental-health-care.html>
3. 10 symptoms of mental illness: <https://www.aplaceformom.com/blog/2013-10-7-mental-illness-in-the-elderly/> <https://www.aplaceformom.com/planning-and-advice/expert-resources/medical-discussions-with-aging-parents>
4. Diagnostic criteria: <https://www.mayoclinic.org/diseases-conditions/adjustment-disorders/diagnosis-treatment/drc-20355230>
5. Identifying mental illness: <https://caringpeopleinc.com/blog/mental-illnesses-in-the-elderly/>
6. Identifying mental illness: <https://caringpeopleinc.com/blog/mental-illnesses-in-the-elderly/>
7. Bipolar disorder: <https://www.everydayhealth.com/bipolar-disorder/bipolar-disorder-in-seniors.aspx>
8. Dementia and mental illness <https://www.symphonyseniorliving.com/blog/mental-illness-vs-dementia/>: