ACTIVITIES OF DAILY LIVING AND PERSONAL CARE FOR OLDER ADULTS DIAGNOSED WITH MENTAL ILLNESS IN LONG-TERM CARE

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Changing Trends in Long-Term Care Pose Risks and Challenges for Health Care Workers Caring for Older Adults Diagnosed with Mental Illness

Caring for the aging population in long-term care (LTC) settings has changed dramatically in recent years. With increases in the aging population as well as limited access to acute care settings, LTC facilities are now caring for individuals once cared for in acute care settings. Physiological and mental health conditions are often paired in older adults as co-morbidities, with greater risk for negative outcomes including illness and death (Reeves et al., 2011), and older adults diagnosed with mental illness (OADWMI) are entering LTC facilities with unique and often very serious issues (Shoyinka, 2016). In the past, individuals with mental illness typically had shorter life expectancies than did those without mental illness, and so they might not have lived long enough to enter into LTC (Al Jurdi et al., 2014; Almeida et al., 2014; Laursen et al., 2014; Mausbach & Ho, 2015; National Institute of Mental Health, 2018). Today, however, individuals diagnosed with mental illness are living longer than their predecessors and posing challenges in LTC (Cohen et al., 2015). These challenges also affect those who care for them—health care workers, who often feel unprepared for working with OADWMI because of a lack of staff training for working with this unique population (Cohen et al., 2010; Colijn et al., 2015; Muralidharan et al., 2019).

Connections Between Independent Functioning and Mental Illness

There is a strong connection between mental illness and the ability to perform activities of daily living (ADLs) independently. Albanese et al. (2020) have found that individuals decline

in mental health when they are unable to perform ADLs on their own. The greatest decline in mental health status was specifically correlated with the inability to eat, bathe, or toilet independently. Given this association between mental health decline and ADLs, it is vital for LTC facilities to review the processes related to staffing and care for older adults with mental health needs. Key initiatives should be implemented to educate LTC staff about tools for successful care of individuals diagnosed with mental health disorders as well as individuals who are not diagnosed with mental illness but who have mental health needs too (Muralidharan et al., 2019).

Assessment of ADLs Helps to Measure Physical and Mental Health in Residents

Insight into the capabilities of OADWMI to perform ADLs is essential and can inform appropriate interventions for these individuals. The older adult's inability to independently perform ADLs, or low functional status, is correlated with deterioration in health. Because the physical or mental health of older adults in LTC settings can take a downward turn rapidly, these older adults should be routinely monitored and assessed for function. One tool to assess the functional capabilities of older adults who have or have not been diagnosed with mental illness is the Katz Index of Independence in Activities of Daily Living, which has been validated in many countries and cultures (Alzheimer's Association, 2020; Arik et al., 2015; Sharif et al., 2018; Shelkey & Wallace, 2002). The Katz Index measures six ADLs that should be regularly assessed in OADWMI: performance in bathing, dressing, toileting, transferring, continence, and feeding. These ADLs, which can show decline, status quo, or improvement, indicate whether residents can complete their ADLs independently. Residents receive a score of 1 or 0 as to whether they can demonstrate independence in each ADL. For example, *bathing* is scored as 1 if the resident can complete an independent bath or needs help bathing with only one part of the body, such as the back or genital area. A zero is scored if the resident requires assistance with more than one

part of the body, requires help getting in or out of the tub or shower, or requires total assistance with a bath. The other five ADLs are scored similarly. The higher the score, the greater the resident's independence in functioning. A total score of 6 signifies complete function, and a total score of less than 2 signifies critical impairment (Alzheimer's Association, 2020).

Katz ADLs as a Measure of Physical and Mental Health Decline in Older Adults

The Katz ADL tool is an accepted method for nurses at all levels of care to assess the physical health of older adults in LTC facilities. Those who use the Katz ADL tool deductively assume that if a resident begins to have problems performing their ADLs independently, their physical health is probably concomitantly declining, because a decrease in independent functioning in older adults may be related to a decrease in their health status (Arik et al., 2015; Shelkey & Wallace, 2002). Although the Katz ADL tool is used primarily to assess the physical health status of older adults, it stands to reason that decline in the mental health status of an older adult would also influence or decrease their capability to perform ADLs or lower their Katz ADL score. Many behaviors associated with mental health decline might prevent older adults from performing ADLs independently. Some of these behaviors include the hearing of voices, excessive energy, avolition, and catatonia (American Psychiatric Association [APA], 2013). Thus the Katz ADL tool, which should be used regularly with residents in LTC to assess their physiological health status, can also be considered as a preliminary tool to assess mental health decline in patients diagnosed with mental health disorders as well as those who are not diagnosed with mental illness (Mlinaca & Feng 2016). When physical health status is suspect in older adults, mental health status should also be suspect, and further investigation should proceed. A decline in mental health may be associated with future ADL dependence issues in older adults (Nakamura et al., 2017). This does not preclude the use of standardized mental health tools to assess mental health decline in older adults in LTC settings. But the additional use of the

practical and frequently used Katz ADL tool with older adults in order to forecast a need for further mental health assessment has the potential to promptly identify emerging mental health decline. The Katz ADL, commonly accepted as a way to identify declining physical health status in older adults, should be considered as a potential tool to identify mental health decline in older adults in LTC settings as well (Albanese et al., 2020; Shelkey & Wallace, 2002).

Therapeutic Communication May Assist Health Care Providers Address ADLs

Behaviors frequently manifested in individuals with mental health disorders can include hearing voices or seeing things others do not, excessive energy, and paranoid delusions (APA, 2013). Such behaviors can pose difficulties and apprehension among staff, and they are often associated with unfavorable outcomes for residents. Thus, it is imperative that staff comprehend the indicators leading to difficult behaviors in those diagnosed with mental illness and acquire training to intervene and provide competent care. Therapeutic interventions for the care of residents with mental illness include psychopharmacology, therapeutic relationships, and therapeutic communication (RN.com, 2014).

Therapeutic relationships are a key to effective staff preparation and a main contributor to awareness, growth, and success in caring for those with mental illness. It follows that therapeutic communication can assist OADWMI in performing their ADLs collaboratively, yet more independently. Core qualities of a therapeutic relationship include trust, respect, empathy, authenticity, active listening, and seeking clarity (RN.com, 2014).

Trust

Trust, or a resident's assurance in a caregiver, has been described by residents as a characteristic they must learn to have for their caregivers as they make their transitions into LTC. Because they may need help from their caregivers in performing ADLs for which they did not need help in the past, often residents must learn to be interdependent in the performance of their

ADLs, rather than independent (Shin, 2015). Trust in long-term facility caregivers can be an issue for some OADWMI, because in their past they may have had times when they experienced periods of questionable trust in health care providers. Their autonomy may have been limited if they were hospitalized, and they may have been medicated against their wills (Walker, 2019). The quality of the older adult's trust in caregivers is necessary if caregivers are to assist older adults in performing their ADLs as independently as is possible (Shin, 2015). Caregivers earn trust when they are competent in the care of their patients, communicative, honest, empathetic, and caring—when they show respect for the patient (Allinson & Chaar, 2016).

Respect

Respect for residents in LTC facilities can promote more independence in ADLs among OADWMI (RN.com, 2014). In one study that included long-term facilities (Koskenniemi et al., 2015), residents reported that nurses *showed respect* when they encouraged residents to accomplish as much of their ADLs as possible independently. The residents viewed these nurses as nurturing when the nurses made sure that the residents' basic care needs were met. Other qualities of respect included taking time to communicate and reminisce with residents, which gave the impression that the nurses "were there" for the residents, not just there to do their tasks or to "do a job." OADWMI in LTC facilities may respond well to health care providers who show them respect through their words and actions. Health care providers must recognize that respect may not always have been offered to OADWMI, who have most likely been the target of stigma and shame during much of their lives (Leutwyer et al., 2014; Robison et al., 2018). When health care providers show respect to OADWMI, it promotes both their peace and healing (American Holistic Nurses Association, 2020; Walker, 2019). Respect shown to residents diagnosed with mental illness through thoughtful, consistent, and considerate nursing care can

enhance their willingness to perform their ADLs independently as they come to know and trust their caregivers and feel respected by them.

Empathy

If health care providers demonstrate *empathy* for residents in LTC facilities, the residents may perform their ADLs more willingly (Roberton & Daffern, 2020). Empathy includes the ability to think of oneself in the place of the older adult in LTC, to imagine what that person's life is like, and to share the person's feelings and perspectives (Kerasidou, 2020). Older adults report that empathy is one of the important qualifications for a good nurse (Teófilo et al., 2019). At all levels of care, nurses practice empathy when they think of how OADWMI may experience shame and embarrassment about giving up control over their bodies, which may be necessary when caregivers help them with their physical care (Anderson & Bushman, 2002; Roberton & Daffern, 2020). Empathy can engender more kindness and thoughtfulness among nursing care staff toward OADWMI, even when their behaviors seem frightening or are difficult to manage (APA, 2013). Aggressive behaviors sometimes manifest toward staff members when they enter the OADWMI's personal space to assist them with ADLs. However, it has been reported that older staff are less likely to experience such aggression than younger staff during ADL care (Roberton & Daffern, 2020). This difference may be due to a slower as well as more empathetic approach, which caregivers of all ages should consider. Empathy, which is a strong part of therapeutic communication, is also an important key to help caregivers successfully assist OADWMI in LTC settings perform their ADLs.

Authenticity

Authenticity means that one interacts with others in a sincere, true, and genuine manner (Wilt et al., 2019). Being authentic is essential to patient-centered care of older adults, who appreciate it (Deutsch et al., 2019). Coordination of care and prioritization of the health

outcomes of older adults can assist the development of self-reliance in the performance of ADLs in OADWMI and enhance an authentic connection between nurses and LTC residents. Authenticity includes being true, sincere, straightforward, and dependable (RN.com, 2014). According to Mlinaca and Feng (2016), patient-centered methods of care including authenticity not only decrease caregiver strain but also enhance the quality of life of caregivers and older adults. Being sincere and genuine in assisting OADWMI with their ADLs is a key factor to achieving successful outcomes for LTC residents and caregivers.

Active Listening

Active listening, or participatory listening, is an essential component of therapeutic communication (Hicks, 1999; Tennant et al., 2020). Active listening is an organized process that involves vigilantly seeking for nonverbal as well as verbal cues from others. Unspoken opinions and views may be discovered through active listening, and judgment of those views should be suspended (RN.com, 2014; Robbins, 2019). Cues from older adults regarding personal needs during ADLs might be demonstrated to the caregiver verbally, nonverbally, or sometimes in both ways. Active listening can be used by nurses at all levels of care when working with older adults in LTC settings. It can be used to investigate the resident's comfort level when ADLs are being performed.

Seeking Clarity

Fostering a relationship built on trust and communication with older adults during their ADLs can also be achieved by *seeking clarity*: attempting to grasp the viewpoints of others can help to prevent misconceptions as well as assist caregivers in gaining clearer interpretations of residents' needs (RN.com 2014). One way to seek clarity is to repeat back to the older adult what the older adult seems to have said. Seeking clarity, an essential part of active listening, should be used when performing ADLs with OADWMI to increase their assurance that their needs are

being addressed (Tennant et al. 2020). Pain in older adults, one of the main reasons for aggressive episodes (Roberton & Daffern, 2020), may be experienced during ADLs. Those aggressive episodes can be reduced through active listening and seeking clarity when the caregiver is within older adults' personal space during ADLs, so that older adults can communicate their needs effectively and prevent or lessen their experience of pain.

De-escalation as a Tool to Promote ADLs in OADWMI

Therapeutic communication with older adults during ADLs in LTC facilities sometimes involves de-escalation. De-escalation techniques are taught to staff to safeguard themselves and residents. Such techniques include the common nursing tools of assessment, communication, and intervention (Robbins, 2019). Aggression and agitation are two behaviors sometimes exhibited by OADWMI as well as older adults who are not diagnosed with mental illness in LTC settings and may require intervention. Aggression in older adults may sometimes present as a *less harmful* antecedent such as fidgeting or foot tapping, but if not quickly de-escalated may lead to more serious behaviors such as verbal threats, hair pulling, pushing, kicking, or hitting (Lachs et al., 2013; Richmond et al., 2012). De-escalation awareness and training can equip and prepare staff to successfully employ techniques that may improve the quality of care for residents with mental illness and contribute to increased independence for residents during performance of ADLs.

Principles of Appropriate De-escalation Techniques for Older Adults in LTC

De-escalation guidelines include using a respectful, non-confrontational approach in speaking with older adults. Caregivers should use terms that residents can easily understand; medical terminology that might be difficult to understand should be avoided. Caregivers should be careful to move in such a way that seems unthreatening to residents and should be aware of what their body language communicates. If a resident is disrespectful, the caregiver should

continue to maintain respect toward the resident and behave in a professional manner. Environmental stimuli such as lights, noise, and loud conversation should be decreased when applying de-escalation techniques (Richmond et al., 2012; Robbins, 2019).

In caring for OADWMI who require de-escalation interventions, certain principle objectives should be remembered: (1) It is important to ensure the safety of other residents and staff in the area. This can be accomplished by moving residents to other locations, away from the de-escalation intervention (Robbins, 2019). The safety of staff can be also accomplished in part by removing dangerous implements from the area that the resident might pick up to throw at staff or use as weapons. (2) One should assist the resident in the management of distress and assist the resident in recovering behavioral control. When approaching the resident, caregivers should allow adequate space between themselves and the resident. This is often described as *two arm's length*. OADWMI will most likely have personal histories of trauma, and they may view being touched during de-escalation as added trauma. Thus a respectful approach will allow the resident space, so that there is enough space to let either the resident or the caregiver move away from the situation if needed (Richmond et al., 2012; Robbins, 2019). The caregiver should approach the OADWMI non-confrontationally, with a sincere, calm manner. Body language that demonstrates that one is "faking it" or is "not interested" in the problem can increase agitation and should be avoided (Richmond et al., 2012; Robbins, 2019). The caregiver should actively listen and attempt to find out what the resident wants or what is causing the resident's distress. The caregiver can help the resident gain control by providing coaching statements such as the following: "It will help me to listen to your needs better if we both sit down and have a conversation. Let's sit down together and talk about this" (Richmond et al., 2012). (3) Coercive interventions that include emergency medications and restraints should be avoided if possible

and should be the last recourse in addressing aggressive behaviors. If caregivers establish relationships with the older adults they work with daily, and if caregivers practice therapeutic communication with trust, respect, empathy, authenticity, active listening, and the seeking of clarity (RN.com, 2014), the need for coercive interventions can be minimized in LTC facilities. Robbins (2019) has stated that despite insufficient data regarding the effectiveness of de-escalation techniques, positive outcomes with their use have been reported. Such outcomes include decreased patient anger and frustration, improved patient–staff relationships, and helping patients to cope with their individual emotions and gain self-control. These positive outcomes can assist nurses at all levels of care in improving and maintaining the ADLs of residents in LTC facilities.

Conclusions

Today, changes in the care of older adults (less acute care, more LTC) and increases in the life expectancy of OADWMI have had a serious influence on LTC settings. Staff report difficulties associated with OADWMI as being due in part to limited training in care for unique syndromes associated with being a person aging with mental illness. Health care providers in LTC settings may respond negatively to OADWMI if they do not understand mental illness or the behaviors associated with having a mental illness. Training regarding aging and mental illness should be a required precursor to caring for OADWMI in LTC settings.

This training should include information regarding the etiology of mental illness as well as techniques needed to provide quality care and prevent harmful outcomes. When mental illness is identified and comprehended in OADWMI, staff can intervene appropriately, improve outcomes, and make a difference in residents' lives. There are positive correlations between decline in the ability of older adults to perform ADLs and their health status. The Katz ADL, an accepted tool that measures the older adult's functional ability to perform ADLs, can be used as

a preliminary measure to identify mental health decline as well, because mental health decline appears to be associated with a decrease in the ability of older adults to perform ADLs. Therapeutic communication techniques with trust, respect, empathy, authenticity, active listening, and seeking clarity can be effective in assisting OADWMI to accomplish their ADLs efficaciously. De-escalation training is essential for staff to work with OADWMI and listen to their needs in order to improve their quality of care and promote their independence in performing ADLs, which is associated with physical health status as well as potentially with their mental health status.

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