



Mental Illness and Dementia

Quick Reference Guide for
Non-Clinical Care Providers

FOREWORD

Dementia and other mental health illnesses change the way a brain works. Older adults with these illnesses show changes in the way they think, behave, and talk. How staff communicate and work with the client can help build strong and positive relationships.

This guide was first published in 2012 and has been widely used by care staff. It continues to be requested today. For this reason, we felt that it was important to review and update it based on all the new information that is now available. The reader will find many updates throughout. The goal of the second edition remains the same as that of the first: helping staff to build strong and positive relationships with their clients and to give care that is based on a good understanding of the client's illness.

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DISCLAIMER

This guide should not be used to replace training and education. Further education and training should be given to staff before sharing the guide with them. This guide provides general information to help staff working with older adults.

It is not a substitute for medical advice and we encourage staff to report any concerns about a client to their supervisor right away.

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DELIRIUM

What is Delirium?

- Delirium is the result of a serious medical problem. We may see delirium in our client as a sudden change in their behaviour or thinking.
- **Change in the client is noticed within hours or days** and staff may notice any of the following: **Sudden** confusion, trouble with attention, disorganized thinking and change in level of consciousness (more alert or drowsy than usual).
- The client usually gets better if the cause of the delirium is treated.
- Some of the many causes of delirium are: urinary tract infection (UTI); influenza; toxic effects of, or withdrawal from medications, alcohol or other substances; dehydration; malnutrition; low or high blood sugar levels; falls; and head injury.

Signs of Delirium

- A sudden change appearing over hours or days.
- Mood changes (crying, outbursts, anger, fear).
- The client may appear more restless or sleepy/drowsy than usual.
- Seeing or hearing something and thinking it is something else.
- Believing things that are not true.
- Seeing or hearing something that is not there.
- Symptoms can vary over a 24-hour period (the client's condition may appear to improve then worsen again over the course of the day).

DELIRIUM

General Approach Tips

- **Tell your supervisor about the changes you see in your client right away.** The client may need medical attention.
- Focus on how the client is feeling. What is real is how they feel (e.g. “You think a man is in your room? I can see why you feel uncomfortable.”).
- Check for things in the room the client might think are something else (e.g. “Man in the room” may be a coat hanging in the corner. “People in the room talking” could be the TV. “God talking” to the client could be the radio that might be on in the room.).
- Reduce noise and remove items that might distract the client in the area when talking to them (e.g. turn off the TV).
- Give simple, short directions to the client when a task needs to be done.
- Break down the task into simple steps.
- Do not give too many choices to the client. Keep choices simple (e.g. red shirt or blue shirt).
- Make sure the client’s eyeglasses are clean.
- Make sure batteries are working in hearing aids.
- Try playing a song they enjoy on the radio.
- Have the client do a simple activity they know well and like. This may help limit anxiety.

DEMENTIA

What is Dementia?

- Dementia is the term used for the symptoms caused by diseases that affect brain function.
- Some examples of diseases that cause dementia include: Alzheimer's disease (most common), vascular, Lewy body, fronto-temporal, and alcohol-related.
- Changes staff may notice include, but are not limited to: difficulty with daily tasks, memory problems, thinking problems, behaviour, communication, and judgment.
- Depending on the diagnosis, clients may exhibit different symptoms. Unlike delirium, symptoms emerge gradually over months and years.

Signs of Dementia

- May have difficulty starting tasks — the client may seem as if they are not interested in participating in activities; they may need help to get started.
- May forget recent events.
- May exhibit difficulty completing routine daily tasks (e.g. buttoning a shirt, brushing teeth) or take longer to complete a task. The client may require assistance with personal hygiene.
- May repeat themselves.
- May not trust others and make accusations (e.g. "You stole my purse").
- May not dress appropriately for the season/weather.

DEMENTIA

- Confusion (e.g. about the date or where they are, may leave their home and not be able to find their way back even though the neighbourhood is familiar).
- May have difficulty understanding what is being said to them.
- May have difficulty saying how they feel or what they want because they can't find the words.
- May not know who people are anymore (e.g. calling their daughter "sister", letting strangers live in their home).
- May have difficulty recognizing familiar items and their use. This can result in safety concerns (e.g. may use a razor as a toothbrush, may drink hand-washing soap thinking it is mouth wash).
- May seem to wander with no apparent purpose.

General Approach Tips

- Be patient.
- Use short, simple sentences. Choose simple words when talking to the client.
- Focus on one topic at a time.
- Give the client time to understand what you are saying.
- Speak at a slower pace and pause between sentences.
- Give them time to answer.

DEMENTIA

- Be aware of your body language and facial expression. DO NOT approach with arms crossed or behind your back, roll your eyes, etc. DO smile and speak in a friendly tone of voice. Read their body language to try and understand how they are feeling, (e.g. do they look relaxed or are they tense or angry looking?)
- If the client is slow to respond, try saying the sentence again exactly the way you did the first time.
- Try not to tell the client what they cannot do. Encourage what they can do.
- Let the client take part in their care or daily activities. Allow them to do parts of the task they are safely able to do.
- Do not argue with the client. Know when the client is upset. Say things such as “I’m sorry you are upset, I would like to help you”.
- Touching the client’s hand can help get their attention and it is a sign you care however, DO NOT touch the client if they are upset, as they may see it as you trying to be in control.
- Reduce distractions or noise in the environment when talking to the client (e.g. turn off radio or TV).
- Do tasks step by step. Help client with each step, showing them the tools they need to do the task.
- Store medications, and other items that may be harmful, in a safe place out of sight.
- When the client is speaking of beliefs and perceptions that are not true, focus on how the person is feeling. What is real is how they feel. (e.g. “You say your purse has been stolen? I can see why you are upset”).
- Inform your supervisor of changes you see.

DEPRESSION

What is Depression?

- Depression is an illness that affects a person's mood. It is more than just feeling sad or unhappy.
- The client's thoughts, feelings, behaviour and physical health all can be affected.
- Signs and symptoms of depression are present on most days, most of the time and can last for weeks, months, and even years, if not treated.
- The client is unable to improve their mood on their own.
- The level of depression can vary. Some people are diagnosed with a mild depression while others with major depression. **Symptoms appear over weeks.**

Signs of Depression

- May show a loss of interest in usual hobbies, activities, and/or socializing with family and friends.
- May not want to take part in tasks they used to enjoy.
- May present as more restless OR seem to slow down in movement and speech compared to before.
- May report feeling tired or having lower energy
- May have changes in sleep pattern (e.g. have trouble falling asleep, wake up in the middle of the night or sleep a lot more than before).
- Older adults with depression may lose weight due to loss of appetite caused by the illness.

DEPRESSION

- Older adults are more likely to report physical symptoms than report feeling sad or “blue”, (e.g. may report aches, pain, and discomfort even though they are being treated for those symptoms).
- May seem more irritable and quick to anger than before.
- May have more difficulty thinking or concentrating.
- May experience feelings of low self-esteem, helplessness, and guilt (e.g. may express they are being punished for something they did).
- In severe cases, the client may have thoughts of suicide or wanting life to end.

General Approach Tips

- Speak in a calm and quiet voice. Be patient when talking to the client. It may take them some time to respond.
- Listening without judgment is key. Allow the person to talk about how they feel.
- It’s okay if you don’t have the answer to their problems.
- Holding their hand and saying nothing can be helpful.
- Try to get the client to start a conversation by talking about neutral topics (e.g. the weather, what you are planning to make for dinner, tasks on your list).
- If the client is upset, think about slowing down and reduce what you expect of them.

DEPRESSION

- Try playing their favourite song on the radio.
- Show you care (e.g. “I may not be able to understand exactly how you feel, but I care and I want to help”, “You’re not alone, I’m here for you”).
- Try not to dismiss how they feel (e.g. “I know how you feel”; “You’ll get over it, everyone goes through difficult times”; “Look on the bright side!”).
- Try to help the client to do something they like. This may help self-esteem.
- Invite their participation in a way that makes the client feel important and valued (e.g. get their opinion and make them feel that it is important to you).
- Acknowledge any signs of improvement the client shows and motivate them to keep on the right track. (e.g. “I see you ate all your lunch today. That is wonderful!” or “It really made me happy to see that you came for bingo/exercise group”).
- The client’s favourite meals should be prepared or delivered as a way of encouraging them to eat.
- Don’t get discouraged.
- If the client voices thoughts of wanting to die or shares a plan to harm themselves, **inform your supervisor immediately.**

ANXIETY

What is Anxiety?

- Feelings of worry and fear with no clear cause, or about things that may seem unimportant to others.
- May feel tense and fearful to a degree that it affects their life and ability to function.
- Anxiety can affect relationships with family and friends in a negative way.
- Feelings of worry and fear are constant and severe and get in the way of doing day to day tasks.
- Anxiety affects the way a person thinks, behaves and how they feel physically.
- Often co-exists with depression.
- May be caused by past stressful events, alcohol, medications, caffeine, medical problems.
- Anxiety can be hard to control.

Signs of Anxiety

- Physical signs may include: chest pain, racing heart, may feel short of breath, dizzy, shaky.
- May avoid day-to-day tasks and activities that make them feel scared, e.g. social events.
- May talk more when feeling anxious.
- May think something bad is going to happen.
- May feel like their mind is going blank.

ANXIETY

- May feel restless and on edge.
- May feel tired easily, but have trouble sleeping.
- May seem more irritable or easily irritated.

General Approach Tips

- Listen to what the client is telling you.
- Speak to the client in a calm, gentle tone of voice.
- Speak to the client at a slower pace, don't rush.
- Ask the client if they worry or feel nervous often.
- Ask the client what they feel worried or nervous about.
- Try to give other views about the things they feel worried or nervous about.
- Try to involve the client in an activity that they enjoy.
- Let the client know you are there and want to help.
- Encourage the client to take slow, deep breaths to help lower their feelings of anxiety.
- Encourage the client to take part in exercise programs.
- Play soft music that the client may enjoy.
- Report your observations to your supervisor.

SCHIZOPHRENIA

What is Schizophrenia?

- Schizophrenia is a serious illness of the brain.
- There is no cure for schizophrenia. The treatment only helps to manage the symptoms.
- Clients with schizophrenia experience a loss of contact with reality, making it very hard for them to tell what is real and what is not.
- The illness changes how a person thinks and understands the world and affects how they feel and behave.
- The illness does not affect intelligence but does affect the person's attention, memory and ability to plan and organize themselves.
- Clients may experience positive and negative symptoms.

Signs of Schizophrenia

NEGATIVE SYMPTOMS

- May stop interacting or speaking with others. Speech is greatly reduced and when the person speaks, their words seem without emotion.
- Movements become slowed.
- Emotions are greatly reduced and the client may lose enjoyment in life. This can look like depression.
- The ability to do activities is affected; the client may spend more time in bed and neglect personal care.

SCHIZOPHRENIA

POSITIVE SYMPTOMS

- The client can experience false beliefs and may become suspicious and paranoid (e.g. “I am the Queen of England”, “My brother is murdering my other siblings one by one”, “God told me not to take those pills”).
- May hear voices when no one is speaking.
- May exhibit disorganized thinking (say things that don’t make sense).
- May pace and be unable to sit still; may appear very restless and agitated.
- Depending on the nature of the thoughts and beliefs they are experiencing, clients may feel the need to protect themselves from others because they feel threatened. Be aware, as this can sometimes create risk for the client or others.

General Approach Tips

- It is important to know the signs and recognize when something is wrong.
- It is important to stay calm.
- Speak in a soft, firm, and clear tone.
- When the client is feeling out of control and scared, let them know you are there to help.
- Reduce noise and activity in the environment.

SCHIZOPHRENIA

General Approach Tips

- Do not tell the client they are mistaken or there is nothing/nobody there. Focus on the client's feelings around the false belief, not the false belief itself.
- Try not to argue or reason with the client.
- Keep a safe distance from the client as they may need more space than usual. This may also help the client feel safe.
- Try not to touch the client. They may think you are trying to control them or trying to restrict them.
- Try not to be directly in front of the client. They may think you are blocking or controlling their movement.
- Try to go along with requests that make sense to reduce the chance of harm towards anyone.
- Try to position yourself close to a door in case you are at risk of harm and have to leave quickly. Call your supervisor right away after and seek help or advice.
- If the client calms down, offer support and let the client know when they feel afraid and out of control, you are there to support them. It is important to build and maintain a relationship of trust.
- Inform your supervisor.

BIPOLAR DISORDER

What is Bipolar Disorder?

- A mental illness which was previously called Manic Depressive illness.
- The person with bipolar disorder may experience extreme mood changes, moving from mania to depression. They may experience mixed (both mania and depression) states, or feel generally well.
- These mood states do not occur in any particular order and cannot be predicted.
- The client may experience normal, everyday emotions such as happiness or sadness as extreme highs or extreme lows.
- The illness has an impact on the person's thinking, behaviour and ability to function.
- Bipolar Disorder is often confused with Schizophrenia as some signs and symptoms are very similar.

Signs of Bipolar Disorder

DEPRESSED STATE

- The client appears to lose interest in hobbies, activities, socializing with family and friends.
- May have difficulty starting tasks.
- May appear more restless OR the reverse — they may seem to slow down in their movement and speech.

BIPOLAR DISORDER

Signs of Bipolar Disorder

- May have lower energy.
- Has trouble sleeping, may wake up in the middle of the night, or sleep a lot.
- May experiences a change in appetite (e.g. loss of appetite with significant weight loss). Some clients experience weight gain as they develop a craving for fatty and starchy foods.
- May have difficulty thinking or concentrating.
- May have feelings of low self-esteem, helplessness, or guilt; they may have false beliefs that they are being punished for something they did.
- In extreme cases, they may have thoughts of (or talk about) suicide or wanting life to end.

MANIC STATE

- May feel very powerful, as if they are invincible. The client is at great risk of harm in this state (e.g. may think they can fly and jump off a bridge).
- May sleep less and feel they don't need much sleep to function.
- Speech is sped up and the client may get angry when interrupted.
- Judgment may be affected (e.g. may overspend money).
- May experience false beliefs or hear/see things that are not there.

BIPOLAR DISORDER

- The client experiences racing thoughts and sped up activity levels. They are easily distracted. This means they may start projects or tasks, but are not able to finish them.
- The client may get impatient with people who cannot think, change plans or ideas, as fast as them.
- The client may experience more energy than usual.
- The client may have unrealistic expectations of themselves and others, affecting relationships.

General Approach Tips

DEPRESSED STATE

- Speak in a calm and quiet voice.
- Be patient when speaking with the client. It may take them some time to respond.
- Listening is key. Allow the person to talk about how they feel. You don't have to think about solutions to offer at that moment. Holding their hand and saying nothing can be helpful.
- Try to get the client to start a conversation by talking about neutral topics (e.g. the weather, what you are planning to make for dinner, tasks on your list).
- If the client is irritable, think about slowing down and reducing your expectations of them.

BIPOLAR DISORDER

General Approach Tips

MANIC STATE

- Do not argue or reason with the client.
- Be brief and to the point when speaking with the client.
- Try not to talk to the client about their feelings.
- Do not try to meet requests that seem unreasonable.
- If what they want does not make sense to you, think of other ideas to meet their needs (e.g. “I know you want to do this first, but can we start with that instead?”).
- Speak in a soft, firm tone.
- The client may not like being told what to do. They may think you are trying to control them.
- Reduce noise and distractions in the environment.
- Tell your supervisor about behaviours.

BORDERLINE PERSONALITY DISORDER

What is Borderline Personality Disorder?

- Personality disorders are linked to the way a person thinks and feels about themselves and others. This affects many areas of their life in a negative way, especially their relationships.
- Personality disorders have been linked to the experiences of the person in their early childhood and teenage years.
- There are different types of personality disorders like borderline, schizoid, histrionic, paranoid, narcissistic, obsessive compulsive, antisocial, avoidant, and dependent.
- Borderline personality disorder is the most common type and will be the focus in this guide.
- Borderline personality disorder is a mental disorder where a person has poorly controlled behaviour. They have difficulty maintaining stability in their relationships with others, their sense of self, and their mood.
- Behaviour and experience varies from person to person.
- Self-harm behaviour is high (up to 75%) in people with borderline personality disorder.

BORDERLINE PERSONALITY DISORDER

Signs of Borderline Personality Disorder

- Risk for suicide and self harm.
- Harmful behaviour: substance use, gambling, eating too much, high risk sexual behaviour.
- Short lived moments of extreme anger, depression or anxiety.
- Paranoid thoughts.
- Great fear of being alone or left by others, even if it is for a short period.
- Unstable, explosive behaviour towards others without being able to think of the effect it has on others.
- Unstable relationships with others. They either like or dislike people. How they feel about people can change quickly from one extreme to the other.

General Approach Tips

- Inform your supervisor right away if the person is at risk of suicide or self harm.
- Behaviour of concern is not normal or just “How the person is”. Report behaviour to your supervisor right away.
- Be consistent with routine and always follow through with the plan of care between you and the client.
- If you have a good day with the client where there are no behaviours of concern, it is important to let them know that. This can be done by giving them praise, listening to them, or some form of reward (e.g. “We had a nice day today, to thank you I’m going to play your favourite song on the radio.”)

BORDERLINE PERSONALITY DISORDER

- Encourage the client do their own activities of daily living and offer support where needed. Give them praise and reassure them they are doing well. (e.g. “You are doing well with washing your face today. Would you like to try your face and your chest next time? I will be here to help, if needed.”).
- Stay calm and avoid arguing with the person even if they are making accusations towards you or criticize what you do. This can make the client angrier. Walk away if you have to.
- When the client is showing behaviour of concern, consider setting limits with them. Make sure the limits are told to the client and follow through with them. (e.g. “You are yelling at me and calling me names, that is not okay. It shows me you are not ready for my help.”) Set a reasonable time to return to the client and let them know you will be back then. If the client is not in any immediate risk, leave their space and return to them at the time you set to come back.
- Limits need to be followed by everyone who is caring for the client.
- Try distracting the client with deep breathing exercises or an activity they enjoy to help them relax if you notice them starting to become anxious.
- Think of who you can connect with to help you with the client. Does the client have family, friends or neighbours that support them? Get to know them and support them to understand the plan of care so everyone is consistent.

HOARDING

What is Hoarding?

- Clients who collect find it very difficult to get rid of things, regardless of their worth or usefulness.
- The client may collect things to the point that they are not able to easily move around, cook, clean, sleep, and manage their personal care in their own home.
- The client finds it difficult to stop buying or taking things. It is difficult for them to throw things out, even when they are no longer useful.
- Severe collecting behaviour may lead the client to go through garbage bins or, in rare instances, steal things.
- The clutter may attract rodents and other pests which can result in health concerns.
- The client who collects is usually not able to see the seriousness of their situation. They may not be able to understand why their collecting behaviour bothers their family members.
- The client struggles with decision-making and organizing. This may cause them to avoid dealing with the clutter.
- Some, but not all persons who collect, suffer from mental illness and may not accept treatment.
- Collecting behaviour can affect the health and safety of the client, as well as people working with them.

HOARDING

Signs of Hoarding

- Un-cleared garbage.
- Unpleasant smell.
- Inadequate housekeeping, unclean surfaces, toilets, washrooms and shower areas.
- Spoiled food on kitchen counters, in the fridge or leftovers left in the living area.
- Dirty laundry in living areas, dust, empty cans, boxes, and stacks of old newspapers/magazines.
- Blocked doorways and access to most areas in the home.
- Unopened mail and long expired food items.

General Approach Tips

- Get to know the person to help develop trust before trying to get them to de-clutter.
- Try not to judge the person and the space in which they live.
- Try to understand the situation from the client's point of view (e.g. to the client, the objects have meaning even though to anyone else they may be just "things").
- Try to build trust with the client by letting them know you understand this is important to them and that you are there to help.
- Accept the client for who they are (including any personal, social or emotional challenges they may have) and show the client respect in your speech, attitude and body language.

HOARDING

General Approach Tips

- Listen carefully to what the client has to say and give them time to accept you and your help.
- When the client becomes less defensive and allows you to help, do not throw anything out without their consent.
- Start clearing things slowly, one small area at a time, giving time for the client to adjust to the changes.
- Start by clearing things with lesser attachment, which are easy to give up and then cautiously proceed to clear other things.
- Assist with sorting unopened mail and filing important papers.
- Help to make decisions about unopened items and suggest donating them instead of throwing away so they can be used by people who might need them.
- Avoid the client becoming dependent on you; keep in mind your role ends and the client has to learn to cope on their own in the future.
- In preparation for your role ending, suggest ways the client can find self-help and support from the medical team, supportive members of the family and friends.
- Give tasks the client can do by themselves between visits.
- Inform your supervisor.

ALCOHOL/SUBSTANCE USE

What is Alcohol/Substance Abuse?

- Use of alcohol and other drugs (over the counter or illegal) to a point where it affects the client's life in a negative way.
- Alcohol/substance use can affect the client's family life, social life, ability to manage finances and household responsibilities, and the way they think. It affects their physical and emotional health and their ability to function independently.
- The client may turn to alcohol or other substances as a way of coping with life changes (e.g. loss, illness, pain, isolation, mental illness).

Signs of Alcohol/Substance Abuse

- Any sign that suggests the client may have had a fall, physical fight with others, or bumping into objects (e.g. bruises, cuts, scrapes, new scars).
- Fatigue and drowsiness.
- Poor hygiene.
- Eating less.
- Slurred speech.
- Shuffling when walking, unsteady on their feet (high risk for falls).
- Blurred vision, jerky eye movement.
- Slight tremors.

ALCOHOL/SUBSTANCE USE

- Nausea/vomiting.
- Difficulty sleeping.
- Empty alcohol bottles/containers in the house.
- The client attempts to deny or hide use or is defensive about substance use.
- Complaints of stomach pain.
- Isolation.
- Irritable mood.

General Approach Tips

- Try not to tell the client you feel they have a problem as they may deny this and become defensive.
- Avoid using words like “alcoholic”.
- Remember to always treat the client with dignity and respect. They may already have a low self-image.
- Encourage the client to talk about how they feel.
- When the client is sober, ask neutral questions about what they did that day or the night before.
- Describe your observations to the client (e.g. “I see you haven’t eaten much today, just a slice of toast, are you feeling okay?”).
- Encourage the client to engage in activities they enjoy, which don’t involve drinking.
- Try not to make the client feel like they are being judged.
- Inform your supervisor.

HARMFUL GAMBLING

What is Harmful Gambling?

- Harmful gambling happens when a person spends so much on games of chance that it leads to problems with money and affects their family and social network.
- Going to casinos and playing cards (online or in-person), or playing the lottery occasionally is not classified as harmful gambling.
- Harmful gambling is not just an individual problem. It can be a result of many reasons that may include:
 - Government laws that allow legal gambling (e.g. lotteries such as “LOTTO 6/49”).
 - Easy access of gambling sites (e.g. casinos and online gambling).
 - Design of gambling machines (e.g. sounds, lights).
 - Social and cultural acceptance of gambling.
 - Personal factors such as the desire to win money, thrill seeking, low levels of will power, wanting to escape from their own situation, depression, anxiety and substance use can increase the risk of harmful gambling.

Signs of Harmful Gambling

- The client says they feel guilty for spending too much on gambling, or spends too much time and money on gambling.
- The client has difficulty paying bills because of gambling expenses.
- The client does not eat well because they do not have money to spend on food.

HARMFUL GAMBLING

General Approach Tips

- Have a friendly chat with your client. Ask them questions which may help them to open up about their gambling (e.g. “What do you do for fun?”, “Do you ever go to the bingo hall?”, “What do you like/don’t like about the bingo hall?”).
- Try not to tell the client you feel they have a gambling problem. Your goal is to build trust.
- If the client opens up about their gambling, let them know you have heard gambling may cause problems for many people.
- If the client agrees to get help, suggest available resources that help people through gambling problems. Contact your supervisor to help the client get in touch with available supports.
- If possible, try to get information on places where support is available and leave information for the client. They may look through it on their own after and seek help.
- Remember not to judge the client about their habits. If the client feels judged, trust may be broken and they may not open up about their gambling patterns.
- The goal is to help the client reduce the harm from their gambling. They may not be able to stop completely but caregivers can help them to find the help they need so that the habit does not cause so much harm.
- Inform your supervisor.

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