

Living with Mental Health in LTC

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Oklahoma Statistics

- ▶ **Mental health is worsening for older Oklahomans, especially since the start of the pandemic in 2020.** Suicide and unintentional overdose rates are on the rise, and prevalence of depression and frequent mental distress are higher among older Oklahomans than their counterparts nationally.
- ▶ **Older Oklahomans face treatment barriers similar to other Oklahomans,** including rural accessibility, cost, stigma related to seeking help, and unique cultural needs for some populations (such as Native Americans and those with limited English proficiency).
- ▶ **The Oklahoma health care workforce that specializes in older adults is severely limited.** Oklahoma lacks a sufficient number of health care professionals with the training and expertise needed to effectively address the mental health needs of older adults.

- ▶ This meta-analysis included 48 studies involving 28,501 participants. The pooled prevalence of depressive mood and major depressive disorder was 53% and 27%, respectively. The rate of depressive mood is higher in lower-middle-income countries (60.0%), compared with high- (53.0%) and upper-middle-income countries (44.0%). The rate of depressive mood (35.0%) is higher among females than male (19.0%). Depression was influenced by factors, including male insufficient income comorbidities pain, functional disability loneliness, number of chronic health problems, social support, activities of daily living, subjective health, autonomy, environment, and physical, and psychological health.

- **Dementia is extremely common in long-term care (LTC)**

- pooled estimates from recent meta-analyses and reviews put dementia prevalence in LTC between roughly **50% and 58%**, with individual studies ranging widely.

- This makes dementia the single largest contributor to mental-health needs in LTC.

- **Depression remains highly prevalent but estimates vary markedly by study and measurement.**

- Systematic reviews through 2022–2024 report median/pooled prevalence estimates for depressive *symptoms* commonly in the **~25–35%** range in care homes, with major depressive disorder lower (often ~7–20% depending on diagnostic criteria and country).

- **Anxiety and other non-cognitive psychiatric symptoms are common but heterogenous.**

- Recent reviews report anxiety prevalence ranges that are very broad reflecting measurement variability and comorbidity with dementia and depression.

- Behavioral and psychological symptoms of dementia (BPSD) — agitation, psychosis, mood symptoms — are frequent in residents with dementia.

Rates of serious mental illness in nursing homes have risen historically and remain substantial.

U.S. data cited in recent JAMA Network Open work show the proportion of residents with serious mental illness (schizophrenia, bipolar disorder, other psychoses) increased in prior decades, raising concerns about appropriate placement and care models.

Overall psychiatric disorder burden in LTC is high.

- A recent 2025 paper using a representative LTC sample reported **neurocognitive disorder prevalence ≈41.8%** and **psychiatric disorder prevalence ≈17.5%** among residents (definitions and sampling vary by study).

These figures align with conclusion that roughly

One in three to one in two LTC residents have substantial mental-health needs, depending on the definition used.



Understanding Behavior Changes

What is dementia-related behavior?



- It's like an alarm telling you a need is not being met. Examples include feeling unsafe or uncomfortable.
- Behaviors are not always the same. The person may have “good” and “bad” days.
- The person living with dementia cannot control their behavior.



What causes changes in behavior?



- The disease causes brain cells to break down.
- These changes in the brain make it harder for the person to understand the world around them.
- The person may have trouble knowing what's real, what's safe and what is the right thing for them to do.





**Behaviors are a
Form of Communication**

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- People living with dementia react to what they think, feel or need from the people and the world around them. These reactions are a form of communication.
- Caregivers must connect with the person to figure out what they are trying to tell you with their behavior.
- These behaviors are not related to the person's true feelings about you or other people. Try not to take them personally.

Common Dementia-Related Behaviors



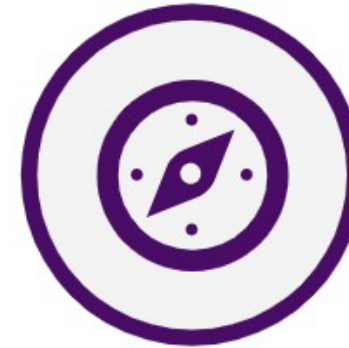
Anxiety and agitation.
The person may show feelings of restlessness.



Aggression and anger.
The person may have verbal or physical outbursts.



Suspicion and delusions.
They may believe things that are not true.

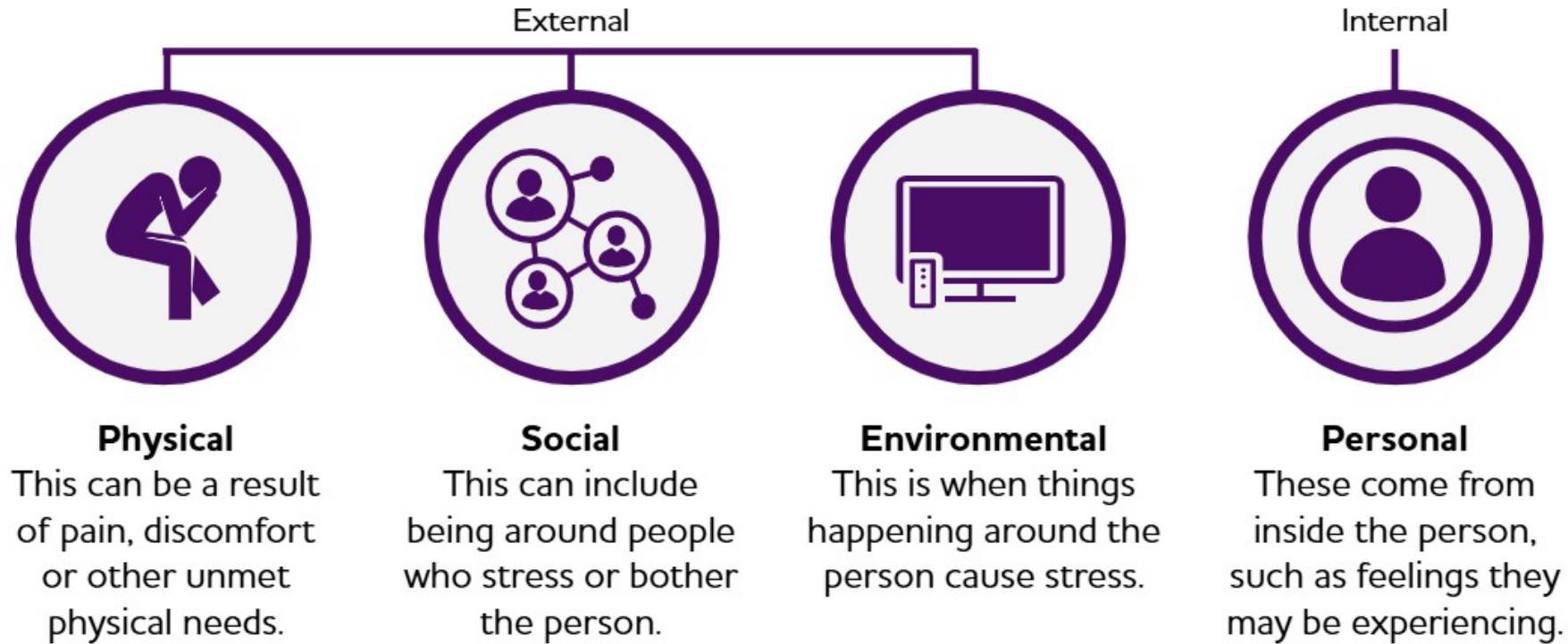


Getting lost or wandering.
The person may walk or move around with or without a known reason.



Triggers for Dementia-Related Behavior

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Non-Medical Approaches to Dementia-Related Behaviors

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- A non-medical approach should always come first.
- It should focus on giving physical and emotional comfort.
- This approach can help identify and meet the needs of a person who has trouble expressing themselves.
- Use what you know about the person to help manage or reduce the behavior.



Using a Four-Step Approach to Addressing Behaviors

Four-step approach to addressing behaviors



- 1 Detect and connect
- 2 Take care of physical needs
- 3 Help with emotional needs
- 4 Review and plan for next time

Four-Step Approach to Addressing Behaviors

1

Detect and connect



- Use what you know about the person to try and understand their needs or feelings.
- Join the person in their reality. It will help you understand what they are trying to express.
- Approach the person calmly, quietly and with respect as you figure out the situation.
- Avoid correcting the person.



Four-Step Approach to Addressing Behaviors

2

Take care of physical needs



Always start by looking for needs connected to medical issues or physical pain.

To identify and address physical needs:

- Check what may be causing physical discomfort. Maybe the person is wearing uncomfortable clothing or is hungry. Maybe there is too much activity in the room.
- Make changes to make the person more comfortable.
- Contact the person's doctor about any signs of pain or medical problems.



Four-Step Approach to Addressing Behaviors

3

Help with emotional needs



Think about how the person might be feeling in the situation.

Tips to help address the person's feelings:

- Focus on possible emotions instead of the facts of the situation.
- Offer comfort. Let them know you are there, you are safe together and you are trying to make them more comfortable.
- Redirect their energy into a more relaxing activity. Find something that gives them joy.
- If they don't respond to the things you are trying, let it go. Try the approach another time.



Four-Step Approach to Addressing Behaviors



4

Review and plan for next time

Go back to the “detect and connect” step. Think about what worked and what didn’t.

To help plan for next time, think about:

- What are the warning signs that the behavior may be coming back?
- What responses work well? And in what order?
- When will you need to respond?
- How can you tell if your approach worked?
- Who else can help?



Four-Step Approach in Action



**Anxiety
and agitation.**



Aggression and anger.



**Suspicion
and delusions.**



**Getting lost or
wandering.**



Medical Approaches to Dementia-Related Behaviors

Some behaviors are triggered by a critical medical need. Examples include:

- **Drug side effects.** Side effects from prescription drugs can affect behavior. So can interactions among drugs.
- **Discomfort from infections or other conditions.** The person may not be able to communicate pain connected to a common illness or condition. Examples include a urinary tract infection, discomfort from needing to use the toilet, feeling feverish or having chills.
- **Uncorrected hearing or vision problems.** These can lead to confusion, frustration and feeling alone.





Medical Approaches to Dementia-Related Behaviors

Medication

- Talk to a doctor if you think there is a medical problem. The doctor can decide if the person needs medication.
- Some doctors may prescribe antipsychotic medications. This is to reduce and control symptoms like delusions and hallucinations.
- Always talk with the doctor about risks and benefits of any medications before making a decision to use them.



Take-Home Activity

Effectively Responding to Dementia-Related Behaviors

Effectively Responding to Dementia-Related Behaviors

Communication and dementia-related behaviors are connected. Dementia-related behaviors can be one way a person living with dementia communicates their needs. At first, it may be hard to understand what a person is trying to tell you with their behavior. However, it is important to try to understand what's causing the behavior so you can give the right support.



Read Manuel's story below. See how his wife, Olivia, used a four-step approach to understand what Manuel was communicating with his dementia-related behavior and respond in a way that gave him the right support.

Manuel is living with dementia and having trouble finding the right words when trying to communicate. He used to own a restaurant but is retired now. He lives with his wife, Olivia, and has one son, Peter, who lives out of state. Lately, after dinner, Manuel has been calling Peter's name while walking into each room of the house, even though Olivia continues to remind him that Peter lives in a different state. Every day, Manuel becomes more anxious and agitated as he continues to look for Peter. One evening, he tries to leave the house without his coat and shoes.



When Additional Help is Needed



Alzheimer's Association® Resources



Alzheimer's Association Resources and Support



24/7 Helpline
(800.272.3900)



Local Resources

- Find your chapter (alz.org/findus)
- Support groups
- Alzheimer's Association & AARP Community Resource Finder (alz.org/crf)



Online (alz.org)

- alz.org/care
- alz.org/safety
- alz.org/driving

ALZConnected®
(alz.org/alzconnected)

ALZNavigator™
(alz.org/alznavigator)



Education Programs

- (alz.org/education)
- In-person, online and virtual