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# Assisted Living and Mental Illness

Colleen Toebe

1/26/2026

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**Is mental health prevalent in your organization**

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**Are your direct care providers knowledgeable in providing care for clients with mental health diagnosis**

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## Course Description

Caring for individuals in assisted living facilities is becoming increasingly challenging. It is estimated that approximately 35% of residents experience depression, anxiety, severe cognitive impairment, substance use disorder or serious mental illness. Supporting mental health in assisted living facilities requires training licensed nurses and care providers to recognize, manage, and understand mental health conditions.

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## Objectives

1. Examine strategies to increase staff understanding of common mental health conditions affecting residents in assisted living facilities.
2. Discuss how relocation stress syndrome affects individuals dealing with mental health issues.
3. List three strategies for improving mental health clinical competency in assisted living.

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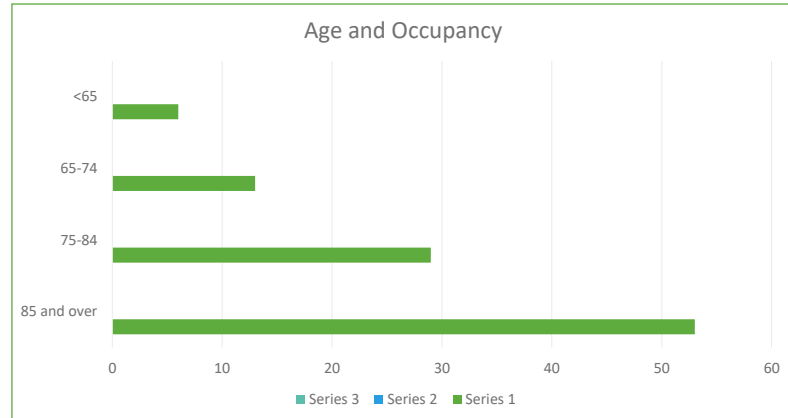


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## Assisted Living Wisconsin: Fast Facts

4,56 Total Communities  
60,995 Beds



[Wisconsin-AL.pdf](#)

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## Mental Health Across America

77.09 % adults with  
a substance use  
disorder did not  
receive treatment

9.2% of adults with  
any mental illness  
were uninsured

320 patients per 1  
provider

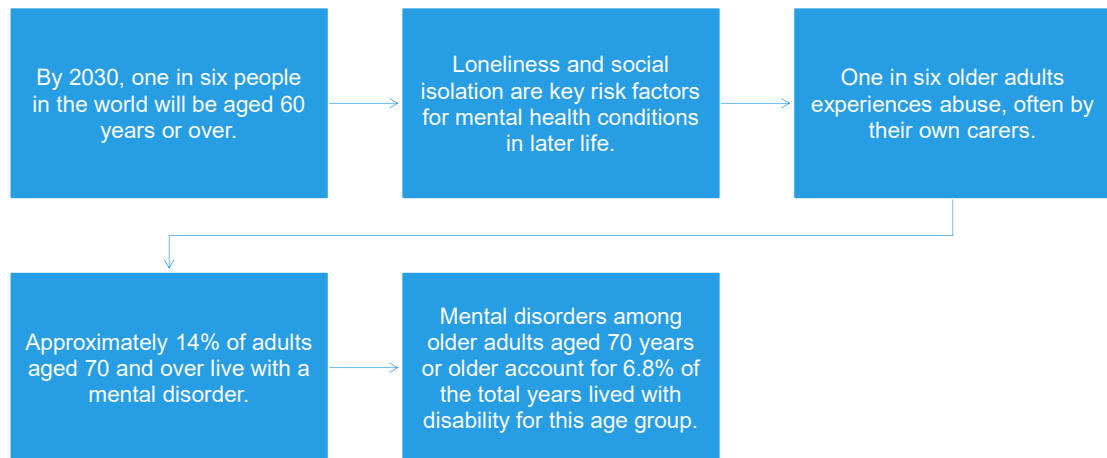
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## Mental Health concerns



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## Risk Factors

- Ageism
- Death of a spouse
- Social isolation
- Loneliness
- Health condition
- Abuse
- Neglect



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## Promotion and Prevention

- Reduce financial insecurity and income inequality;
- Accessible housing, public buildings and transport;
- Support for older adults and their carers;
- Access to food, physical activity, refrain from tobacco and alcohol.
- Access to health promotion in rural areas.

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## Ageism

- Internalization
- Interpersonal Ageism
- Institutional Ageism
- Implicit Ageism

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## Ageism and Mental Health

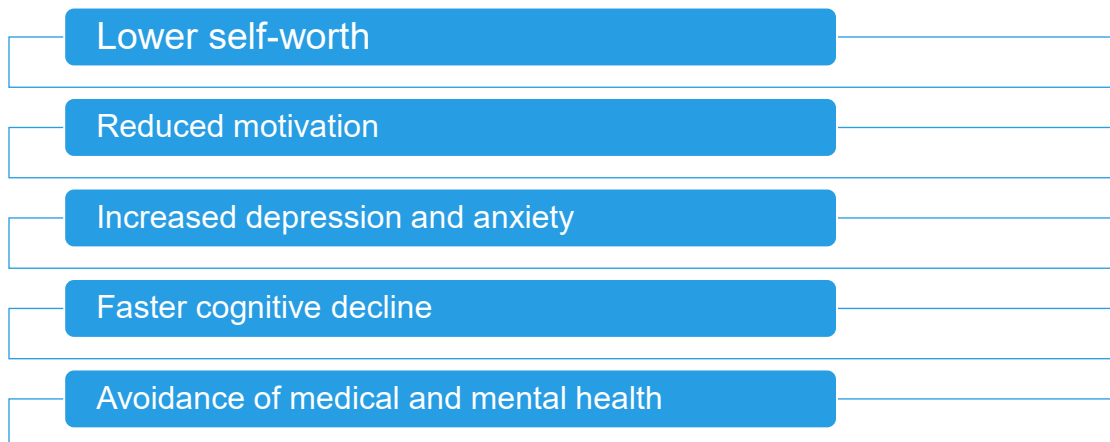
- Less likely to receive health care
- 1-year cost 63 billion or \$1 of every \$ 7
- Accept depression fatigue and pain as normal aging
- 1 in 17 health care discrimination.
- Older adults who experience ageism have poor mental health
- Increased stress and anxiety.



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## Psychological Effects



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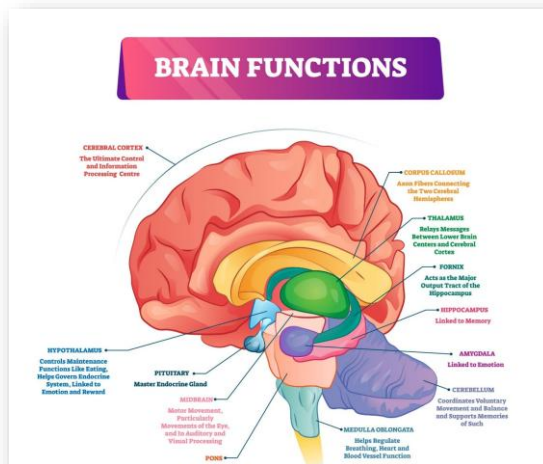


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## Substance Use Disorder

- Reward System
- Tolerance and Dependence
- Decision Making Weakens
- Increase stress
- Decision Making is Impaired
- Withdraw Attempts to Rebalance the Brain



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Substance	Affects the Brain	Long –Term Risks
Cocaine-Methamphetamine	Massive dopamine release; speeds up CNS activity; constricts blood vessels	Stroke, seizures, neurotoxicity, sudden death
Alcohol and benzodiazepines	Slows CNS activity; impairs judgment, coordination, memory	Cognitive decline, movement disorders, stroke, long-term brain damage
Opioids	Blocks pain signals; floods reward system with dopamine	Respiratory depression, impaired decision-making, high addiction potential
Cannabis	Alters memory, coordination, and perception; affects dopamine indirectly	Cognitive impairment, altered motivation, anxiety in some users

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development **assault** stress over

- [illegible]

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## 19

- [illegible]

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## 20

- 
- A man with white hair and a beard, wearing a light blue shirt, sits on a dark blue couch, resting his head on his hand in a pensive or distressed pose.

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## Schizophrenia

- Rare
- Often overlap with other conditions.
- Rarely occurs after the age of 40



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## Substance use disorders

- Chronic Health Conditions
- Mixing of common prescription medications
- Increased use of dietary supplements
- 50% take 5 or more medications



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## Substance Use Disorders

2021 - 1 out of every 370 deaths in person 65 are drug overdose

57% - Opioid

39% - Stimulant

18% - Opioid and Stimulant

Female 57% - Overdose

Males 71% - Overdose

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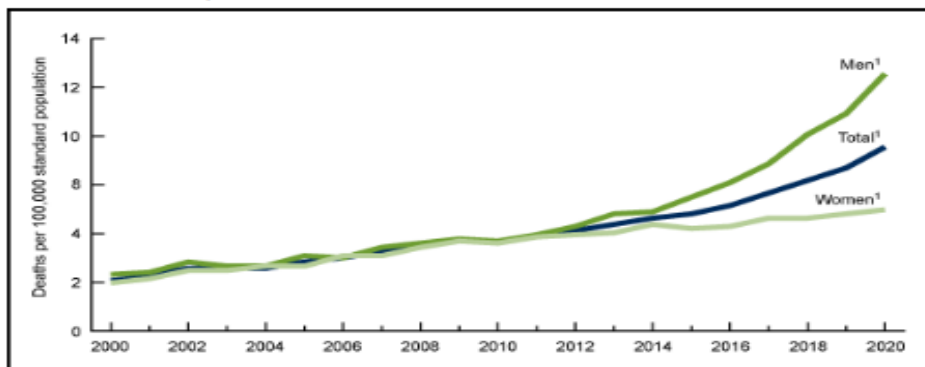
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## Drug and Alcohol Deaths in Older Americans

**Figure 1. Age-adjusted drug overdose death rate for adults aged 65 and over, by sex: United States, 2000–2020**



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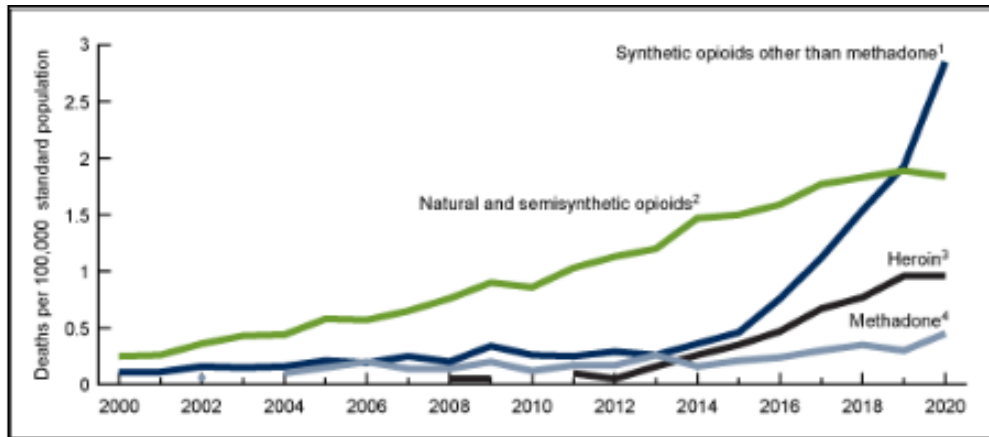
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[Products - Data Briefs - Number 455 - November 2022](#)



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## Opioid Deaths 2000-2020



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[Products - Data Briefs - Number 455 - November 2022](#)

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## Alcohol Use Screening Tools

Tool	Description
Audit-C	3-item tool, modified from AUDIT tool
CAGE	4-item screening tool
CARET	Alcohol Related Problems Survey
MAST-G	24-item tools that may indicate need for further assessment

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## Drug Use Screening Tool

Tool	Description
Assist	Screens for tobacco products, alcohol, cannabis, cocaine, amphetamine-type stimulants, opioids, and other drugs. Can identify acute intoxication and regular, dependent, high-risk use and injecting behavior
CAGE-AID	4 item tool, combines screening for alcohol and drug problems

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## Relocation Stress Syndrome

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What do you believe is the biggest challenge related to relocation stress syndrome?

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WISCONSIN DEPARTMENT  
of HEALTH SERVICES

# Resident Relocation Manual

For Nursing Homes, Community-Based  
Residential Facilities, and Intermediate Care  
Facilities for Individuals With  
Intellectual Disabilities

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**Appendix F— Relocation Stress Syndrome—Sample Care Plan**

Problem	Goal	Interventions
<p>Resident at risk for signs/symptoms of Resident Relocation Stress Syndrome (RSS) as evidenced by:</p> <ul style="list-style-type: none"> <li>• Dependency</li> <li>• Confusion</li> <li>• Anger</li> <li>• Depression</li> <li>• Withdrawal</li> <li>• Behavioral changes</li> </ul>	<p>Resident will have any signs/symptoms of RSS prevented/mitigated.</p> <p>Resident will choose placement in an appropriate alternate setting.</p> <p>Resident will maintain current functional status.</p>	<ol style="list-style-type: none"> <li>1. Encourage presence of resident support persons when closure is announced (for example, family, legal representative, caseworker).</li> <li>2. Identify the facility relocation coordinator for the relocation process for the resident and representatives.</li> <li>3. As indicated, provide a list of potential contacts such as advocates, county staff, Aging and Disability Resource Center (ADRC).</li> <li>4. Provide the opportunity for residents and family to verbalize fears and concerns.</li> <li>5. Acknowledge the resident's right to choose their alternative living setting.</li> <li>6. Ensure the resident is involved in all aspects of their relocation.</li> <li>7. Assign a primary staff person for the resident to relate to during the relocation process. Provide for continuity of direct caregivers.</li> <li>8. Update the interdisciplinary assessment/individual service plan to reflect the resident's desires and</li> </ol>

Resident Relocation Manual

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## Relocation Stress Syndrome



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## Transfer Trauma



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## Risk Factors

- Individuals with limitations getting around independently
- Individuals with impaired cognitive function (e.g., dementia)
- Individuals living alone, struggling with routine home maintenance, or feeling unsafe in the home environment
- Women
- Widows
- Residents in long-term care facilities at risk of closing down
- Natural disasters that require residents of long-term care facilities to relocate

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[Relocation Stress Syndrome \(sdstate.edu\)](https://sdstate.edu)

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## Risks Factors

- Cognitive impairment
- Long-term care facilities
- Little to no failure support
- Diagnosis that includes dementia

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## Health Effects

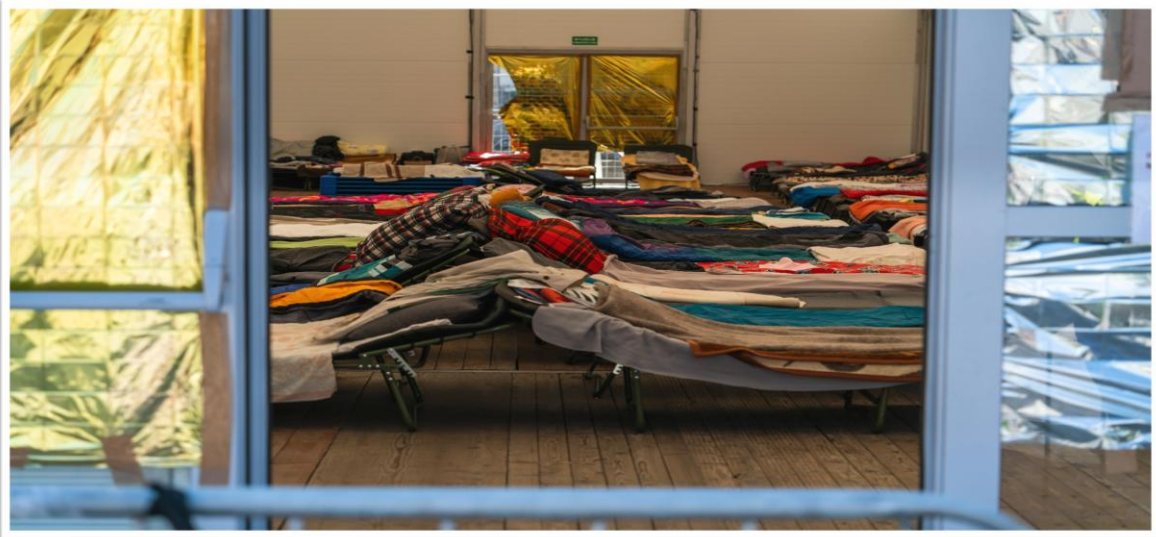


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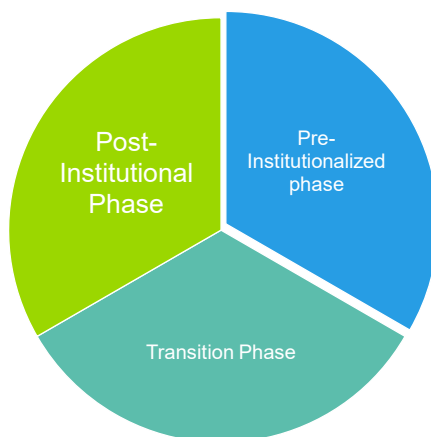
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## Three Phases of Relocation



[Relocation stress in long term care: How staff can help – Sherri Melrose Publications: A Virtual Memory Box \(pressbooks.pub\)](#)

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## Pre-Location Initiatives

- Informational meetings
- Encourage participation
- Create a sense of home
- Grant autonomy
- Address concerns
- Avoid ageism
- Seek professional assistance

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## Pre-Relocation Interview Questions

- Could you describe the information that you would like to prepare for this move?
- Is your family assisting with the move?
- Were you provided with a list of items that you could bring to the new location?
- Was the staff able to answer questions on the upcoming move?

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## Mental Health and Clinical Competency

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### Understanding Substance Use Disorders

- Develop a strong foundation
- Chronic, treatable condition
- Not a moral failing
- A condition influenced by biology, environment, trauma and mental health.

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## Understanding Biases

- They did this to themselves
- If they really wanted to stop they would
- Bias makes it harder for clients to receive the empathy and support
- Some staff believe that people with SUD are unpredictable and violent
- Bias leads to fear-based interactions

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## SUD Bias in Healthcare

- Dismissing pain as drug seeking
- Showing frustration or impatience
- Treating people as less trustworthy
- Undertreating mental health symptoms.
- Ignoring patient -reported symptoms.
- Not screening for mental health conditions.
- Use of terms: drug abuser, junkie, clean/dirty
- Avoiding eye contact
- Rushing through cares.

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## Assess Bias in Care Givers

- Staff self-Assessment survey
- Implicit Associated Test
- Chart audits
- Observation checklists
- Resident feedback

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## Mental Health

- Targeted training
- Trauma-informed care refreshers
- Communication workshops
- Reflective practice groups
- Case-based learning
- Training modules

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## Case Based-Learning

### CASE SCENARIO

Nora is 85 years old, living independently until a fall at home. The family notices that Nora is having increased difficulty managing household tasks, bills and mobility. Her daughter lives 3 hours from Nora's home and is not able to visit often.

The nursing assistants reported that Nora will not attend any activities, rarely eats in the dining room, and spends much of her time.

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## Case Based-Learning

- What are the signs of depression that Nora displays?
- Did the move to the assisted living have any impact on Nora?
- How can you support Nora?
- What are some activities that might have her reconnect?
- What information should be reported to the nurse?



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# Nora Admission Screening and Observation

## Assessment and Screening

Depression

Substance use disorder

Recent changes in health, loss of a family member or friend

BPSD screening

PAS Agitation scale

Rage (rating scale for aggressive behavior)

[Screening and assessment tools for older people | Agency for Clinical Innovation](#)

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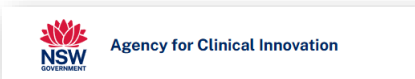


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## Screening Tools

ACE Alcohol and Drug  
Cognitive Enhancement  
Screening Tool (Free to use)



[Screening and assessment - ACE program | Agency for Clinical Innovation](#)

Question	Yes	No	Unsure
1 Have you ever lost consciousness following a blow to the head? Optional question: If yes, how many times?			
2 Did you ever have to go to hospital following a head injury? Optional question: If yes, how many times?			
3 Have you ever had an epileptic seizure? Optional question: If yes, how many times or how often?			
4 Have you ever had a drug or medication overdose? Optional question: If yes, how many times?			
5 Did you ever have to go to hospital following an overdose? Optional question: If yes, how many times?			
6 Did your mother use alcohol or other drugs when she was pregnant with you?			
7 Have you ever had a stroke or any other neurological conditions that might affect your thinking skills? Optional question: If yes, what was it and when did it occur?			
8 Did you ever have learning difficulties, or have to attend special education classes at school?			
9 Have you ever been diagnosed or suspected of having a developmental condition, such as ADHD, autism spectrum disorder (previously known as Asperger's syndrome) or a learning disability?			
10 Did you repeat any grades at school?			
11 Were you ever suspended or expelled from school?			
12 Do you experience memory or other thinking difficulties? Optional question: If yes, since when?			
Total number of 'Yes' responses (don't include answers to the optional questions in the total)			

A score of three or higher indicates risk of cognitive impairment.

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# Screening Tools

Tool	Substance type		Patient age		How tool is administered	
	Alcohol	Drugs	Adults	Adolescents	Self-administered	Clinician-administered
Screening to Brief Intervention (S2BI)	X	X		X	X	X
Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)	X	X		X	X	X
Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)	X	X	X		X	X
Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide (NIAAA)	X			X		X
Opioid Risk Tool – OUD (ORT-OUD) Chart		X	X		X	

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Screening and Assessment Tools Chart | National Institute on Drug Abuse (NIDA)



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## NIDA Clinical Trials Network The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) Tool

TAPS Tool Part 1

Web Version: 2.0; 4.00; 09-19-17

### General Instructions:

The TAPS Tool Part 1 is a 4-item screening for tobacco use, alcohol use, prescription medication misuse, and illicit substance use in the past year. Question 2 should be answered only by males and Question 3 only by females. Each of the four multiple-choice items has five possible responses to choose from. Check the box to select your answer.

Segment:  
Visit number:

1. In the PAST 12 MONTHS, how often have you used any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes, or smokeless tobacco)?

☐ Daily or Almost Daily ☐ Weekly ☐ Monthly  
☐ Less Than Monthly ☐ Never

2. In the PAST 12 MONTHS, how often have you had 5 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by females.)

☐ Daily or Almost Daily ☐ Weekly ☐ Monthly  
☐ Less Than Monthly ☐ Never

3. In the PAST 12 MONTHS, how often have you had 4 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by females.)

☐ Daily or Almost Daily ☐ Weekly ☐ Monthly  
☐ Less Than Monthly ☐ Never

4. In the PAST 12 MONTHS, how often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?

☐ Daily or Almost Daily ☐ Weekly ☐ Monthly  
☐ Less Than Monthly ☐ Never

## NIDA Clinical Trials Network The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) Tool

TAPS Tool Part 2

Web Version: 2.0; 4.00; 09-19-17

### General Instructions:

The TAPS Tool Part 2 is a brief assessment for tobacco, alcohol, and illicit substance use and prescription medication misuse in the PAST 3 MONTHS ONLY. Each of the following questions and subquestions has two possible answer choices- either yes or no. Check the box to select your answer.

1. In the PAST 3 MONTHS, did you smoke a cigarette containing tobacco? ☐ Yes ☐ No

If "Yes", answer the following questions:

- a. In the PAST 3 MONTHS, did you usually smoke more than 10 cigarettes each day? ☐ Yes ☐ No  
b. In the PAST 3 MONTHS, did you usually smoke within 30 minutes after waking? ☐ Yes ☐ No

2. In the PAST 3 MONTHS, did you have a drink containing alcohol? ☐ Yes ☐ No

If "Yes", answer the following questions:

- a. In the PAST 3 MONTHS, did you have 4 or more drinks containing alcohol in a day? (Note: This question should only be answered by females.) ☐ Yes ☐ No  
b. In the PAST 3 MONTHS, did you have 5 or more drinks containing alcohol in a day? (Note: This question should only be answered by males.) ☐ Yes ☐ No

\*One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

- c. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop drinking? ☐ Yes ☐ No

- d. In the PAST 3 MONTHS, has anyone expressed concern about your drinking? ☐ Yes ☐ No

3. In the PAST 3 MONTHS, did you use marijuana (hash, weed)? ☐ Yes ☐ No

If "Yes", answer the following questions:

- a. In the PAST 3 MONTHS, have you had a strong desire or urge to use marijuana at least once a week or more often? ☐ Yes ☐ No  
b. In the PAST 3 MONTHS, has anyone expressed concern about your use of marijuana? ☐ Yes ☐ No

4. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth)? ☐ Yes ☐ No

If "Yes", answer the following questions:

- a. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth) at least once a week or more often? ☐ Yes ☐ No  
b. In the PAST 3 MONTHS, has anyone expressed concern about your use of cocaine, crack, or

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## Nora Individual Service Plan (ISP)

- Communication preferences
- Observing for changes in behavior
- Triggers and steps to avoid the triggers.
- Provide consistent emotional support
- Monitor and report changes in mood or behavior
- Offer gentle reminders for meals
- Provide companionship
- Encourage activities



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## Next Steps

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# Behavioral Health Needs Assessment



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# Bipolar Disorder Inservice Tool Kit

## Hypomania

Hypomania is less intense than mania

- Person often feels very good
- Able to get things done
- Less need for sleep
- Feels (and can be) more creative
- Faster thinking
- Pressured Speech
- Often does not recognize anything is wrong

**Hypomania feels good to the person.**

[An Overview of Bipolar Disorder for Nursing Facility Staff](#)



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## On-line Learning vs In-Person Learning

Engagement	With Interaction	Without Interaction
Motivation	High	Low
Learning outcomes	Strong	Weak
Retention	Comparable to in-person	Significantly reduced
Support for struggling learners	Strong	Minimal
Cognitive depth	High	Surface–Level

[Is online learning as effective as in person learning? - California Learning Resource Network](#)

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## Questions?



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## Reference List

- [Mental health of older adults](#)
- [Screening and Assessment Tools Chart | SAMHSA](#)
- [Ageism-Fact-Sheet-Ageism-Awareness-Day.pdf](#)
- [Is online learning as effective as in person learning? - California Learning Resource Network](#)
- [Psychological Disorders Affecting Older Adults — Talkspace](#)
- [Substance Use in Older Adults DrugFacts | National Institute on Drug Abuse \(NIDA\)](#)
- [Screening and assessment tools for older people | Agency for Clinical Innovation](#)

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