



**CAREGIVER CHALLENGE:
GET **IN THE KNOW** NOW
ABOUT MENTAL HEALTH**





ARE YOUR CAREGIVERS **IN THE KNOW** ABOUT COMMON MENTAL HEALTH ISSUES FACING THE CLIENTS THEY SERVE?

Mental health is a vital part of overall health. It affects how people think, feel, and behave. And even though our senior clients often “seem okay,” **nearly 20 percent of people over age 60** suffer from some type of mental health issue, such as **depression, anxiety, OCD, hoarding disorder, PTSD, bipolar disorder, or schizophrenia.**
Yet, less than 3 percent seek help for their problem.

..... more than
43 million

American adults will experience some form of mental illness in a given year.

Although depression tends to **increase** with age, it is not simply a **NORMAL part of aging.**

80% **OF ALL CASES ARE TREATABLE**

DID YOU KNOW?

2.4 MILLION

American adults have a diagnosis of **schizophrenia.**

6.1 MILLION

American adults live with **bipolar disorder**

16 MILLION

Americans suffer from **major depression**

22 MILLION

adults are surviving with **anxiety disorders.**

#getintheknownow

..... approx.

10 million

People have both mental illness and addiction disorders.



Men aged 85 years or older have the highest suicide rate.

Serious mental illness costs

\$193 billion

in lost earnings every year.



Are your caregivers prepared to handle the challenges that go along with caring for clients with mental health-related illnesses?

Now you can find out. Use the **Caregiver Challenge: Get In the Know Now about Mental Health.** Distribute it to your Caregivers to measure and boost their awareness of common mental health issues.

Give your caregivers the tools they need to help all the clients they serve!

#GETINTHEKNOW NOW ABOUT MENTAL HEALTH

Name _____ Date: _____

Directions: Circle the best answer.

True or False (Circle your answer)

People with schizophrenia have many personalities.

Your client's bedroom and living room are unusable because of mountains of clothing. She tells you she loves every piece and needs them all. She sleeps on a cot in the hallway. You should:

- A. Sort the clothing into 'keep,' 'donate,' and 'trash' piles for her.
- B. Secretly pack up and haul away a bag or two each time she takes a nap.
- C. Starting with the bedroom, help her develop a system for organizing the piles.
- D. Warn her that social services can remove her from the home for this.

True or False (Circle your answer)

Depression is just a normal part of getting older.

Your client suffers from panic attacks, the symptoms you observe include:

- A. Episodes of trembling, shortness of breath and feeling terrified.
- B. Moods changes with extreme highs and intense lows.
- C. Hallucinations and delusions.
- D. All of the above.

True or False (Circle your answer)

Combat veterans are the only people at risk of developing PTSD.

Experts know that certain people—under certain conditions—have an increased risk of turning to suicide as a solution to their problems. Which of the following risk factors should you watch for in your clients? (Check all that apply)

- A recent major loss - death, divorce, etc.
- A chronic, painful, or fatal illness.
- Mental illness such as bipolar disorder or depression.
- Family history of suicide.
- Easy access to guns, pills or other lethal tools that may be used to carry out suicide.
- Lack of access or resistance to mental health treatment.

When talking to a depressed client, it may be harmful to say certain things. What could you say instead that would be helpful?

HARMFUL	HELPFUL
"Snap out of it."	
What's your problem?"	
"It's all in your mind."	
"Just don't think about it."	
"Cheer up!"	

#GETINTHEKNOW NOW ABOUT MENTAL HEALTH—answer key

True or **False** (Circle your answer)

People with schizophrenia have many personalities. This is a common myth. People with schizophrenia DO NOT have multiple personalities. Learn more by reading [Understanding Schizophrenia](#).

Your client’s bedroom and living room are unusable because of mountains of clothing. She tells you she loves every piece and needs them all. She sleeps on a cot in the hallway. You should:

- B.** Starting with the bedroom, help her develop a system for organizing the piles. Learn how you can help clients who hoard in [Understanding Hoarding Disorder](#).

True or **False** (Circle your answer)

Depression is just a normal part of getting older. Although depression is common in the elderly, it’s not just a normal part of getting older! Learn more in [Understanding Depression](#).

Your client suffers from panic attacks, the symptoms you observe include:

- A.** Episodes of trembling, shortness of breath and feeling terrified. These feelings are similar—and often mistaken for a heart attack. Learn more in [Working with Clients with Mental Illness](#).

True or **False** (Circle your answer)

Combat veterans are the only people at risk of developing PTSD. Anyone who has experienced a traumatic event can be at risk of developing PTSD. Learn more in [Understanding PTSD](#).

Experts know that certain people—under certain conditions—have an increased risk of turning to suicide as a solution to their problems. Which of the following risk factors should you watch for in your clients? (Check all that apply)

- A recent major loss - death, divorce, etc.
- A chronic, painful, or fatal illness.
- Mental illness such as bipolar disorder or depression.
- Family history of suicide.
- Easy access to guns, pills or other lethal tools that may be used to carry out suicide.
- Lack of access or resistance to mental health treatment.

Learn more in [Understanding Suicide](#).

When talking to a depressed client, it may be harmful to say certain things. What could you say instead that would be helpful?

HARMFUL	HELPFUL
“Snap out of it.”	“You are not alone.” Or, “I’m sorry you are in so much pain.”
What’s your problem?”	“I care about you.” Or, I’m here to listen if you want to talk.”
“It’s all in your mind.”	“Only you can really understand what you are feeling, but I am here with you.”
“Just don’t think about it.”	“You don’t need to do anything that makes you uncomfortable”
“Cheer up!”	“Take as long as you need”

ITK CAREGIVERS **KNOW THE SYMPTOMS** of Depression

HOW DO YOU KNOW IT'S DEPRESSION?

In order for a doctor to make a diagnosis of depression, someone must have at least four of the following symptoms, for at least two weeks:

Here are some symptoms:

- Persistent sad, anxious, or "empty" feelings.
- Weight loss (from a poor appetite and not caring about food).
- Weight gain (from eating too much because of feeling depressed).
- Problems with sleeping (either too much or too little).
- Extreme fatigue, irritability or restlessness.
- Withdrawal from friends and family.
- Lack of interest in activities that used to be fun.
- Alcoholism, which can mask an underlying depression.
- Loss of sex drive.
- Poor self-image (not caring about getting dressed or washing their hair).
- Difficulty in concentrating.
- Having ideas about suicide.
- Feelings of guilt, worthlessness, and/or helplessness.
- Feelings of hopelessness and/or pessimism.
- Persistent aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment.

Depression can be a tricky disease to diagnose, since its symptoms could be from some other medical problem such as kidney failure, other brain diseases, thyroid problems, diabetes, or even not getting enough vitamins.



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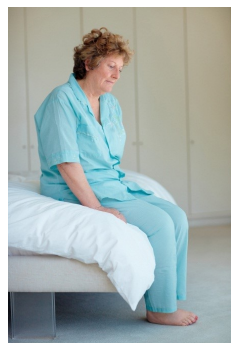
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PLEASE NOTE: Not all people with depression will reveal all their symptoms or have them to the same degree.

Remember, a diagnosis of depression is made when a person has **four or more symptoms**, for more than **two weeks**.

To complicate matters, people with long term or chronic depression may become quite skilled at covering up or hiding their symptoms. Others, particularly the elderly and men may deny their symptoms or dismiss them as "sissy feelings."

The info on this page is from the course, [Understanding Depression](#).

UNDERSTANDING ANXIETY DISORDERS

Anxiety disorders are a group of illnesses including:

- **Phobias.** When people get anxious because of a strong, inappropriate fear of some ordinary event or thing, they are said to have a “phobia”. For example, “agoraphobia” is the fear of open spaces. People with this disorder are often afraid to leave their homes. Actress Kim Basinger was “paralyzed” for several years by agoraphobia, but has since recovered. Common phobias are a fear of heights, spiders and flying.
- **Obsessive Compulsive Disorder.** People with this anxiety disorder are bothered by frequent unwanted thoughts. They also feel the need to complete the same ritual over and over. For example, a person with OCD may have an intense fear of germs. Thinking about this fear takes up a lot of his time. To try to deal with it, he washes his hands . . . over and over and over. The character played by Jack Nicholson in the movie “As Good As It Gets” has OCD.
- **Panic Disorder.** This illness causes “panic attacks” during which people tremble, have shortness of breath and feel terrified. These attacks occur suddenly—often with no apparent cause. They make people believe that they are dying or having a heart attack. It’s common for someone having a panic attack to end up in the emergency room.

The symptoms of anxiety disorders include:

- Dizziness, sweating, hot and cold flashes.
- Shakiness, trembling and feeling faint.
- Nausea.
- Tightness in the chest, racing or pounding heartbeat.
- Shortness of breath or feeling choked.
- Terror! The sense that something horrible is about to happen.
- Fear of dying.
- A feeling that the whole experience is unreal.
- Obsessive thoughts. (For example, a person may believe that “stepping on a crack will break your mother’s back”. This causes him to think constantly about avoiding cracks as he walks.)
- Compulsive behaviors. (For example, a person may be afraid of being robbed, so he feels compelled to check the door locks over and over and over.)

POST TRAUMATIC STRESS DISORDER (PTSD)

PTSD is an anxiety disorder that can develop after a highly stressful event when something that causes intense fear, helplessness or horror is experienced or witnessed.

The most common image is the military men and women returning home after spending time in combat.

Symptoms can last for years without treatment. But, with treatment, most people with PTSD can recover and go on to lead completely normal lives.

Symptoms of PTSD include:

- Flashbacks (reliving the event over and over).
- Avoiding thinking about the event.
- Irritability.
- Self destructive behavior, like substance abuse.
- Easily startled or frightened.

Can you think of any situations, other than combat, that may cause someone to have symptoms of PTSD? What about rape, robbery, or child abuse?

Have you ever had a client, friend or family member with PTSD? Share what you learned from that experience with your co-workers.

The info on this page is from the course, [Helping Client with Mental Illness](#).

HOW IS HOARDING DISORDER TREATED?

Hoarding disorder is extremely difficult to treat. Medications may work for some people, but not all. Cleaning up the hoard for the person definitely does not work! Behavioral therapy can work—but it takes a very long time.

Here's a closer look at what's working:

Early detection and intervention. Hoarding is a progressive disorder. That means it gets worse over time. So it stands to reason that the sooner it's recognized and dealt with, the better the outcome.

Cognitive Behavioral Therapy (CBT). A special form of CBT has been developed to treat hoarding. It is designed to be done in 26 weekly sessions with some sessions completed in the client's home.

Medication. The jury is still out on medications for hoarding disorder. Some studies have found that certain medications for depression and anxiety lead to a minor improvement in symptoms in some people.

4. Self help. Lack of qualified therapists, lack of financial means, shame, embarrassment and even denial can all keep a person from seeking treatment from the medical community. When this happens, people who suffer from hoarding disorder and their concerned family members may turn to a growing collection of self help books and videos. While success with this approach to treatment is rare, it's better than nothing when all of the other options are out of reach. **Here are a few books that may be helpful to someone who would like to explore this route:**

- The Hoarder in You: How to Live a Happier, Healthier, Uncluttered Life by Robin Zaslo
- Stuff: Compulsive Hoarding and the Meaning of Things by Randy O. Frost
- Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding by David F. Tolin



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YOU WANT TO HELP, BUT WHAT CAN YOU DO?

You may have a hard time convincing a hoarder to discard or donate certain items, but it's possible to teach them how to become more organized.

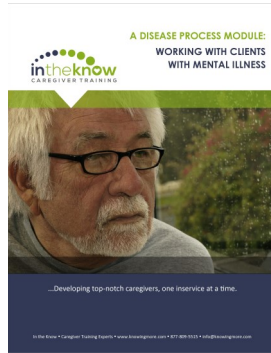
- If your client is open to learning a better system of organizing his or her home, start by helping to create categories. For example, in the kitchen, you may label spaces for dishes, glassware, silverware, canned goods, boxed foods, cleaning supplies, cook books, etc. to remind the person where things go.
- You may also want to label a bin as "expired" or "spoiled" foods. This will make it easier to get unsafe hoarded food items out of the house.

The info on this page is from the course, [Understanding Hoarding Disorder](#).

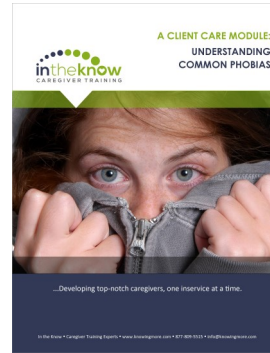
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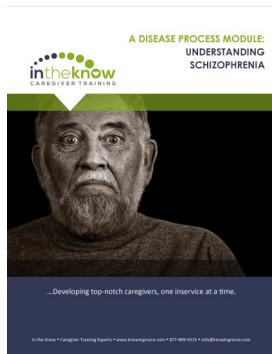
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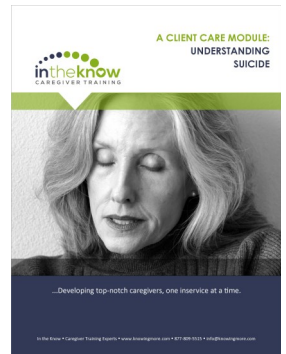
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