

Misconceptions in Approaches Dementia versus Mental Health Illness

Read the following statements and click the true or false button to indicate if this approach is effective relative to ... 1. Dementia Care and 2. Psychiatric Disorders.

Approach	1. Effective Dementia Care Approach	2. Effective Psychiatric Disorder Approach
The person has the potential for recovery.	FALSE - Inevitably the person will decline over time, progressing towards moderate to severe stages of their illness – both physical and cognitive deterioration.	TRUE - There is a higher capacity of recovery for the person. This depends on building a therapeutic relationship with the person that is collaborative and goal-directed.
The person is able to learn coping skills and behavioural strategies.	FALSE – People with dementia gradually lose capacity to learn and to shape their own behaviour. Behaviour treatment involves controlling external factors in the environment.	TRUE - A person with a psychiatric disorder has some capacity to learn new coping skills and shape their own behaviour. With appropriate treatment most people can manage their illness.
Alternative non-pharmacological treatments work best when managing symptoms?	TRUE - No treatment can reverse cognitive decline in a person with dementia, but there are many therapies that can manage symptoms. For example: music, massage and/or pet therapy combined with a person-centred approach. Antipsychotics should be used judiciously, however best practice guidelines recommend the use of anti-depressant, anxiolytics, and mood stabilizers where depression or anxiety is suspected.	FALSE - Best practice guidelines for treatment of persons with psychiatric disorders is the use of antipsychotic medications. Medication is not the only treatment and psychotherapy, social skills training, family therapy and vocational rehabilitation are useful as well.



Summary

A recent Canadian study found 40% of residents living in long term care have a mental disorder (MD), including depression, anxiety disorders, schizophrenia, and bipolar disorder. From this perspective, residents with MD should be a major focus in LTC, given they are vulnerable and have highly complex needs. However, research suggests that staff lack the specialized training in psychogeriatrics required to provide appropriate care models and support to these unique residents. In LTC the focus has been on management of behaviours associated with dementia, but by the brief activity you just completed, you can see that effective approaches for mental disorders are often the direct opposite of effective dementia care approaches. Therefore, special training of LTC staff is necessary to ensure core competencies in mental health and aging, including understanding how to identify and respond to mental health conditions.

To address this important training need, Silver Meridian offers the 5-day comprehensive **RecoveryCare Program**, designed to fill current gaps in knowledge, skill, and crisis management. The program is founded on the Recovery Model and philosophy of Harm Reduction. To learn more about this program click here [https://silvermeridian.com/resident focus/mental-health-recoverycare/](https://silvermeridian.com/resident_focus/mental-health-recoverycare/)