

LIFE COURSE THEORY TO STUDY MENTAL HEALTH ISSUES IN LONG-TERM CARE SETTINGS

Verónica García Walker

This paper will discuss issues in mental illness among residents in long-term care settings, using life course theory. We will begin with definitions, in answer to two questions: What is *mental illness*? What is *life course theory* and what does it mean? After that, we will consider how nurses at all levels of care might use life course theory to improve their nursing interventions and responses to mental illness issues that they frequently encounter in long-term care settings.

MENTAL ILLNESS

Mental illnesses have been defined in terms of two broad categories: (1) any mental illness (AMI) and (2) serious mental illness (SMI; National Institute of Mental Health [NIMH], 2019). AMI includes all mental, behavioral, or emotional disorders. That is, AMI might consist of an inability to think clearly, a mental disorder; or it might involve intense, overwhelming feelings that impair daily functioning, an emotional disorder. Behavioral disorders in AMI might include irrational behaviors considered by some to be socially inappropriate (National Alliance on Mental Illness [NAMI], 2020a).

How individuals with AMI are affected by their disorders will almost always be unique. One individual classified with AMI might experience mild symptoms, whereas another might experience more severe impairment, with greater difficulties in daily functioning. Thus, for example, an individual who experiences less severe symptoms of depression may find it difficult to concentrate or to sleep for enough hours, or might have a decreased appetite. Another individual might have the same diagnosis with the same symptoms, yet more severely with the added symptom of anhedonia—an inability to experience pleasure in activities that the individual experienced as pleasurable in the past (APA, 2013, 2020).

SMI is similar to AMI, in that it too is a mental, behavioral, or emotional disorder. But the individual with SMI has a serious functional impairment as a result. This impairment interferes with or limits major life activities. Often, though not always, SMI is legally defined as a disability (ADA National Network, 2020; Drake et al., 2009).

What major life activities can be affected by a mental illness? Examples include the ability to hold a job, to go to school, or to achieve a lasting personal relationship (Job Accommodation Network, 2020; NAMI, 2020a). An individual might be so depressed and might sleep so excessively that it becomes hard to show up on time for work or for school, resulting in the loss of a job or a seat in a school program (APA, 2013).

A serious mental disorder might be evidenced by a person who hears voices or sees things that others do not (hallucinations) and that cannot be attributed to a medical condition or the use of drugs. Individuals may say that voices are commanding them to steal things or to hurt themselves, or to perform acts that others deem unusual. Serious mental disorders might also include delusional states in which a person has an idea that is demonstrably not correct, yet the person cannot be swayed in their belief in the verity of the idea. An example of a person with

such a delusion would be an individual who believes that he has a personal relationship with the President of the United States when this is simply not true (APA, 2013; NAMI, 2020a, 2020b).

A serious behavioral disorder might include behaviors considered odd, dangerous, or unusual by others. Examples would include persons diagnosed with schizophrenia who appear to behave oddly by persistently wincing as they react to internal stimuli such as voices that only they can hear (APA, 2013). Other examples might be seen in persons diagnosed with bipolar disorder and in a manic state as they move around and talk relentlessly with excessive energy, displaying socially unusual or odd behaviors that can often be dangerous (NIMH, 2020).

A serious mental disorder would be evidenced by a person who experiences anxiety, but with greater intensity and longer duration than in someone who does not have a mental illness. Often individuals who do not have anxiety disorders will experience anxiety due to outward stressors that seem threatening. For those individuals, however, when the stressors or pressures cease, so does the anxiety. Contrastingly, individuals with anxiety disorders may not experience a decrease or cessation of anxiety, even when the offending stressor has been eliminated (APA, 2013; NIMH, 2018).

Depression is another potential emotional disorder. Depressed feelings may be common to all, but those who experience an affective or depressive disorder may experience depression at a level of intensity or duration that is not proportional to the reason for their emotion (APA, 2013). Suicide is a serious potential consequence associated with the emotional state of depression (Centers for Disease Control and Prevention, [CDC], 2020a).

It is generally understood that mental illness will affect a person's ability to function to different degrees in daily activities of life such as work, school, and relationships. SMI should be considered more onerous than AMI, because of the level of disability that accompanies SMI. Mental illness affects a person's mentation, behavior, and emotions (APA, 2013; NIMH, 2019).

LIFE COURSE THEORY

The use of a theory to guide nursing care has been described as a way to "plan and implement ... purposefully and proactively" (Raudonis & Acton, 1997; Younas & Quennell, 2019). Life course theory (LCT) been used as a method to identify and intervene with nursing problems common among populations of patients (Harrison, 2003; Harrison et al., 2008; Lim & Song, 2019; Walker, 2019). Information collected using LCT can help us formulate solutions, including interventions to help individuals with unique healthcare needs. LCT provides a strong paradigm for studying how historical events may have influenced and affected particular population cohorts (Elder, 1996; Walker, 2019). When we seek ways to address mental health issues in long-term care settings, a theory such as LCT can be both useful and valuable (Elder, 1996; Elder & Giele, 2009).

Examining a cohort effect using LCT can be demonstrated by considering older adults diagnosed with schizophrenia (OADWS). OADWS represent a cohort because they are proximal in age and have had similar life experiences at similar times historically. For example, their first experiences with psychosis, which is often experienced in late adolescence to early adulthood (APA, 2013; NAMI, 2020b), will have occurred at similar times, as will their experience of

being an OADWS during the COVID-19 pandemic. These parallel time lines potentially unite them in societal experiences associated with their mental illness, even if they do not know this. For nursing researchers, such knowledge is important, because it helps one understand behavior that is shaped in those who live with mental illness as society continues in its constant state of change (Walker, 2019).

LCT includes four main concepts: (1) human lives in historical time and place; (2) human agency and social constraints; (3) linked lives; and (4) the timing of lives (Elder, 1996; Elder & Giele, 2009). Discussion of these four concepts in detail follows, with explanations of how they can be used to address mental health issues in long-term care settings.

Human Lives in Historical Time and Place

Older adults who are diagnosed with mental illness (OADWMI) and are in long-term care centers constitute a cohort in that they were born at approximately the same time in history and are living today in parallel circumstances, which include having a psychiatric diagnosis. Elder's LCT concept of *human lives in historical time and place* takes into account historical factors that might have influenced OADWMI in becoming who they are now (Elder, 1996; Elder & Giele, 2009). It also takes into account their current state in history and considers how societal decisions can affect them at present.

If we consider the COVID-19 pandemic as a historical factor for the year 2020, we will see that OADWMI in long-term care centers have been affected as a cohort and have experienced a cohort effect. They present a generation of older adults affected similarly by the restrictions imposed upon them by COVID-19. Many of them may live in long-term care facilities where outside visitation has been curtailed or highly restricted and where health care workers must wear masks when administering routine health care (CDC, 2020b).

Mental Health Issues Identified in Historical Time and Place Using LCT

Nursing researchers as well as nursing staff at all levels of nursing care should pose questions to themselves as well as to OADWMI in long-term care settings in order to better understand OADWMI's experiences related to *historical time and place*. For example, how have individuals been protected by health care workers during the COVID pandemic? Potential issues that have surfaced during the pandemic in considering mental illness and long-term care in terms of historical time and place include the challenge of determining how to encourage a person who is diagnosed with a mental illness to wear a mask. The correct course determined by the CDC is to not require the wearing of a mask if the individual is in a hallucinatory state or is experiencing intense anxiety and may fear not being able to breathe with a mask in place (CDC, 2020b). Other questions regarding the protection of OADWMI include the following: What other measures should be used to protect this population and those who work with this population if OADWMI are unable or unwilling to use face masks? Are methods of social distancing and hand hygiene sufficient protection for both OADWMI and health care providers who work with them? If surgical masks are worn to protect others and not the wearers, should more upgraded protection be afforded to health care providers of OADWMI in cases where patients refuse to wear masks (CDC, 2020c)?

Additionally, people who have not previously been diagnosed with mental illness are reporting high levels of anxiety and depression (Panchal et al., 2020) during the COVID pandemic, often associated with isolation. An imperative question to ask OADWMI in long-term care centers is how *they* are feeling in terms of anxiety and depression, which they have most likely experienced regularly and routinely for most of their lives. The experiences of loneliness, isolation, fear, and depression are likely not new to OADWMI, but are these emotions being exacerbated to higher or more intense levels in OADWMI during the COVID pandemic? Surely this question should be asked, given that individuals who have not ordinarily experienced mental illness are experiencing these symptoms at unusually excessive rates. This is a research question that could be investigated in by nurses at all levels, using LCT to organize their research (Elder, 1996; Elder & Giele, 2009).

Human Agency and Social Constraints

The concept of *human agency and social constraints* refers to OADWMI's ability to make decisions regarding the course that their lives will take. These decisions or choices are affected by cultural, economic, and current historical factors. Additionally, their choices, which will ultimately affect their life stories, are influenced by what *they* personally believe will bring them success (Crockett, 2002; Elder 1996; Elder & Giele, 2009). OADWMI may not always be able to express their agency or autonomy in making decisions regarding their lives because society may make choices for them when they are in a state of mental crisis. Some of the decisions that society may make for OADWMI that they do not agree with could include hospitalizing them and medicating them against their will (NAMI, 2016; Walker, 2019).

Mental Health Issues Identified in Human Agency and Social Constraints Using LCT

Questions that all levels of nursing care can pose to assist OADWMI who are in long-term care settings include whether their agency or their autonomy has been respected as they experience the historical event of the COVID pandemic. Have OADWMI in long-term care facilities been given opportunities to make choices regarding how they live their lives on a day-to-day basis, even if nursing staff may view these choices as simple and seemingly unimportant? Part of the belief in the autonomy or human agency of OADWMI might be expressed by the manner in which they are treated daily by nurses at all levels of care. Is respect shown to them by the nurse's manner of speech and actions? Is caring offered to OADWMI as well as appreciation for their varied and many life experiences, which almost certainly have been influenced by trauma (CDC, 2018)? Is support offered to OADWMI to encourage them in the attainment of their life goals? Or does the stigma often associated with their mental illness prevent nursing staff who work with them from seeing the potential for achievement of life goals among OADWMI? It might be argued that it may be too late for an older adult to strive toward life goals, but certainly goals in life can still be sought after even by older adults. Helping OADWMI obtain coping skills and resources might be a way for all levels of nursing staff to help them work toward being able to handle daily stressors. This might then enhance their abilities to work toward life goals and ultimately attain greater autonomy and agency amid the social constraints mandated by the COVID pandemic (Crockett, 2002; NIMH, n.d.).

Linked Lives

Elder's concept of *linked lives* takes into account important associations or social networks that OADWMI have with others day-to-day (Elder & Giele, 2000; Walker, 2019). With whom do they intersect daily, and how do these intersections influence their lives? In considering linked lives and OADWMI, one might ask, with whom do OADWMI associate each day in long-term care settings? Do they live in consistent, amicable environments that allow them to feel comforted and safe? Or do they live in environments with high levels of stimuli, insecurity, and confusion that decrease their feelings of comfort and safety? A strong determinant of the strength of the environments of OADWMI consists of the people who are in those environments or those whom OADWMI link lives with on a daily basis.

Mental Health Issues Identified in Linked Lives Using LCT

It is important for nursing researchers as well as nursing staff at all levels of nursing care to ask questions regarding OADWMI who are in long-term care settings in order to better understand their experiences related to linked lives. For example, how have linked lives influenced their protection during the COVID pandemic? If OADWMI are in institutions, they may receive forms of protection from their linked lives, which might include being asked to follow rules of social distancing, hand washing, and mask wearing if and when that is possible (CDC, 2020b). In institutional settings, health care workers who associate with them will assuredly wear masks to protect OADWMI from potential exposure risk during the COVID pandemic.

Other issues associated with linked lives and the COVID pandemic include a potential for decreased interactions and intersections with family, friends, and associates due to the limiting of visitors in institutional settings (CDC, 2020b). Also, interactions that do take place may seem odd, because many of those with whom they interact may not show much affect or expression because they wear masks (CDC, 2020c). These factors may contribute to increased feelings of loneliness and depression in OADWMI during the COVID pandemic (Panchal et al., 2020). OADWMI who have *not* been institutionalized during the COVID pandemic may have felt increased loneliness and isolation too, owing to limited ability to link lives as a result of protective restrictions enforced by society, such as the closing of restaurants, movie theaters, churches, and places of social gathering (Panchal et al., 2020).

Nurses at all levels of nursing care might also ask how OADWMI's limited social interactions during the COVID pandemic can be creatively enhanced to establish a greater balance and to decrease the effect of loneliness and isolation. Nurses at all levels of nursing care should be aware that their own social interactions with OADWMI might be crucial and very important, because many individuals diagnosed with mental illness have limited associations with family and friends even when there is no pandemic (Walker, 2019). Nurses' associations with OADWMI may be a key to their sense of well-being and ability to cope, because social interactions with members of the family may have been limited or even cut off in some instances (Burbach, 2018).

The Timing of Lives

In LCT, *the timing of lives* refers to the fact individuals such as OADWMI may not have been able to enter societal roles on the same time tables that the general population follows. For

example, the societal role of graduating from high school, having a girlfriend or a boyfriend, getting married, having a child, or being a grandparent might come at a different time for OADWMI than what is considered to be an average time for the general population (Elder 1996; Elder & Giele, 2009; Walker, 2019)—if it comes at all. *Normal* timing of societal roles for OADWMI is often thwarted because of consequences associated with their mental illness. For example, if a person is hospitalized for mental illness during high school, this might delay their graduation; in some cases, graduation might not take place. This difference in the timing of life could affect the person's ability to go to college and procure a job that might be a source of financial stability throughout the life course (Hutchison, 2019). The differences related to timing that OADWMI experience may cause them to feel less social worth than that of their counterparts, who fit in well with their social roles and expected social timing. Nurses at all levels of care as well as nurse researchers should be aware of such feelings when working with OADWMI at all times as well as during the COVID pandemic, in an attempt to help to promote their peace and healing (Walker, 2019).

Mental Health Issues Identified in The Timing of Lives Using LCT

The timing of lives may have an effect on OADWMI that is more evident during a crisis such as the COVID-19 pandemic. Individuals who have not had the opportunity to complete their education might have had increased difficulties in sustaining or obtaining employment during their life course, especially during extensive job layoffs (Bilder et al., 2006; Jerrell et al., 2017; Larson et al., 2014; Smialek et al., 2020). Although isolation seems to be a universal experience for older adults during the COVID pandemic (Berg-Weger & Morley, 2020), OADWMI in long-term care settings may experience it more severely. OADWMI who have not entered family relationships such as marrying or having children due to the timing of their lives might find themselves isolated, with less social support during the COVID crisis than among others who have spouses, partners, or children (Burbach, 2018; Robustelli et al., 2017).

Nurses at all levels of care should be aware that lack of social supports experienced by some OADWMI may have been influenced by differences they have encountered in the timing of their lives. This may have been due to consequences associated with having a mental illness during their life course. OADWMI who have experienced different timing in their lives should be treated with dignity and respect. Nurses at all levels of care should recognize that their own associations with OADWMI may be paramount, because OADWMI's social supports from family members and friends may be limited due to the differing timing of lives (Walker, 2019).

CONCLUSIONS

Mental illness has been defined in society in terms of AMI and SMI, both of which include mental, behavioral, or emotional disorders. The use of theory in nursing is an effective way to purposefully and proactively plan and implement nursing care. LCT has been used in nursing as a paradigm to collect and organize information related to populations in order to assist the formulation of health care interventions and solutions. LCT can help nurses at all levels of nursing care to see how history has influenced and affected certain cohorts of people. The concepts in Elder's LCT of *human lives in historical time and place*, *human agency and social constraints*, *linked lives*, and *the timing of lives* can be used to address mental health issues in long-term care settings. The COVID-19 pandemic represents a historical event that has affected OADWMI in long-term care settings. With the use of LCT, considerations that should be made

regarding mental health issues in long-term care settings include the following: (1) How have OADWMI in long-term care settings experienced loneliness and depression and been protected during the pandemic? (2) How has the autonomy of OADWMI in long-term care settings been respected or disrespected? (3) How have the unique social needs of OADWMI in long-term care settings been considered? (4) How have nurses at all levels of care treated OADWMI in long-term care facilities with dignity and respect?

The diagnosis of a mental illness is difficult for most individuals. The diagnosis of a mental illness when one is an older adult can be still more difficult, for many reasons. OADWMI have lived with mental illness for most of their lives and have concomitantly lived with societal stigma (Leutwyer et al., 2014; Robison et al., 2018). It is also not uncommon for them to have experienced a life of anxiety and depression associated with the manifestations of their mental illness (Al Jurdi et al., 2014, APA, 2013). LCT offers an intelligent, practical method that nurses at all levels of care can use to take a look at more than just the current behaviors of OADWMI in long-term care settings, including societal events and personal interactions that have influenced who they are today. It provides a holistic, humanistic way to look at a person's life course and consider how nurses can thoughtfully and considerately intervene in a manner that will be beneficial to both the nurse and the older adult with mental illness.

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