
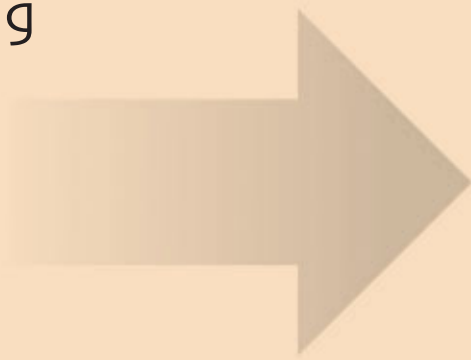




# Manual



for detecting  
loss of autonomy  
among senior citizens  
living in low-rental  
housing



REGROUPEMENT DES  
OFFICES D'HABITATION DU QUÉBEC

Québec 



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In this document, the masculine form is used to designate women as well as men, without discrimination and solely to lighten the text.

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## FOREWORD

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This manual is designed to be easy to use and understand. Its purpose is to provide low-rental housing managers and their staff with the means to detect the main symptoms that may indicate certain problems pointing to a tenant's eventual loss of autonomy. It is not intended as an assessment tool, but rather an instrument for detection. Nor does it seek to encourage lodging in an establishment of the health and social services network but rather to offer support for autonomy.

The assessment of the extent of loss of autonomy must be carried out by qualified staff using measurement instruments approved by the ministère de la Santé et des Services sociaux (MSSS). This manual discusses a number of basic items that, by means of easily detectable indicators, can help identify loss of autonomy. When one or more of the situations mentioned in this manual occur repeatedly or persistently, it is reasonable to question the health of the tenant and seek appropriate help.

Once a tenant's loss of autonomy has been ascertained, appropriate intervention measures can be put forward: geriatric evaluation, adaptation of the dwelling, home support services, low-rental housing support resource services, placement in an establishment of the health and social services network (residential and long-term care, nursing home).

It should be clearly understood that the purpose of this manual is not to have low-rental housing managers act as substitutes for health and social services workers. Rather, it supports the work of managers by enabling them to provide clients with even more assistance, through a preventive approach designed to reduce the negative effects of loss of autonomy in the context of the complementary nature of the two networks.

## How to use the manual

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The following approach for detecting loss of autonomy suggests indicators that can be easily identified by the social housing manager. Clearly, these indicators will apply to a very small part of elderly social housing tenants. This should therefore not be taken as an indication of the physical or psychological condition of elderly tenants in general.

The items included in this approach should be interpreted with some discretion and the CLSC should be contacted for an assessment only after the concerned person or his relatives have confirmed that he is suffering from one of more problems on a continuing and persistent basis.

We now look at how to interpret each of these indicators of loss of autonomy.

## Indicators of loss of autonomy

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### ■ Personal

Some external signs that can be observed easily at the personal level can point to situations requiring preventive or curative intervention.

#### *Neglect in dress and loss of interest*

Sudden loss of interest in one's appearance can indicate a mild depression or a degree of confusion or discomfort caused by generalized weakness. If the situation persists, specialists should be called upon for an assessment.

### *Smell of urine*

This situation is not serious if it occurs on an occasional basis. However, if it persists, it may indicate a more significant health problem requiring corrective measures.

### *Haematoma (burns, scratches, bruises)*

These symptoms are not serious if they are isolated cases. If they occur regularly however, the person should be questioned as to the cause and action taken if necessary. They may result from reduced mobility, loss of memory or family violence.

### *Significant weight loss*

A sudden loss of weight can be a sign of serious illness. It is therefore important to ask the tenant or his family about the reason for the weight loss, and suggest consulting a physician in order to identify the cause.

### *Loss of appetite, lack of interest in food*

A sudden loss of appetite can indicate a state of depression. It can also be linked to fatigue, extreme exhaustion or lack of physical mobility which makes it difficult to move at mealtime.

## ■ Behavioural

A major change in a person's normal behaviour may indicate significant psychological problems, though they may also be circumstantial in nature. If these situations persist or become substantially more serious, intervention is advisable.

*Delivery of pharmaceutical products or perishable goods*

A person who suddenly begins to receive regular deliveries of such items may be sick or experiencing general fatigue which would require a check-up in order to measure the extent and duration of the illness.

*Important and frequent lapses of memory*

Frequent and persistent lapses of memory that can impair a person's normal functioning can be caused by fatigue or a circumstantial emotional shock, over-consumption of drugs or alcohol; it may also be related to a gradual deterioration requiring intervention and home support.

*Loss of energy, fatigue, apathy*

A sudden loss of energy generally indicates a poor state of health which may also be a sign of depression.

*Isolation and loss of interest*

Isolation and loss of interest in social and community activities are symptomatic of problems that may be more serious or may also result from group rejection; they require an assessment of the person's physical or mental condition.

*Aggressive behaviour*

Constant aggressive behaviour towards other tenants can be a sign of mental health problems or overconsumption of toxic substances or medication.

*Incoherent speech*

A tenant whose speech is incoherent, repetitive and not related to reality is generally suffering from mental health problems or depression caused by extreme fatigue or a recent emotional shock.

### *Feeling useless and powerless (suicidal thoughts)*

A generalized feeling of powerlessness can indicate the beginning of depression and require psychological monitoring. If this state is accompanied by thoughts of suicide and a constant feeling of uselessness, it is necessary to take action to prevent more serious situations.

### *Frequent crying*

If a tenant feels sad constantly or cries often, this may be a sign of extreme fatigue or depression caused by a sudden shock.

### *Constant feeling of persecution*

If a person feels constantly persecuted by other tenants, which leads to repeated pointless complaints to the administration or total rejection by the group, this may be an indication of an adaptation problem caused by a mental health problem or depression that should be corrected if necessary.

## ■ Housing

Certain indicators of behaviour within the housing unit are easy to observe and point to abnormal situations resulting from possible problems of a physical or psychological nature.

The signs in question (very cluttered rooms, dried plants, garbage, suspicious odours, interruptions in payment of rent) can indicate reduced mobility, gradual neglect of the person or mental health problems. If these signs appear suddenly and persist, the manager is entitled to question the tenant and to look for the causes. If this situation is impossible to correct, an assessment of the person is justified.

## Manual for detecting loss of autonomy

Indicators	Possible problems
<b>PERSONAL</b>	
<ul style="list-style-type: none"> <li>• Neglect in dress</li> <li>• Loss of interest</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health problems such as confusion or depression</li> <li>• Overconsumption of toxic substances (medication, alcohol, etc.)</li> <li>• Health problems such as general weakness</li> </ul>
<ul style="list-style-type: none"> <li>• Smell of urine</li> </ul>	<ul style="list-style-type: none"> <li>• Medical problems such as incontinence</li> <li>• Overconsumption of toxic substances</li> <li>• Mental health problems such as confusion</li> <li>• Reduced mobility</li> </ul>
<ul style="list-style-type: none"> <li>• Haematoma (burns, scratches, bruises...)</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty in preparing meals</li> <li>• Falling</li> <li>• Family violence, abuse</li> </ul>
<ul style="list-style-type: none"> <li>• Significant weight loss</li> </ul>	<ul style="list-style-type: none"> <li>• Physical health problems</li> <li>• Mental health problems such as depression, emotional shock (death of a close relative, divorce of a child)</li> </ul>
<ul style="list-style-type: none"> <li>• Loss of appetite, lack of interest in food</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health problems such as depression</li> <li>• Emotional shock (death of a close relative, divorce of a child)</li> <li>• Physical health problems (extreme fatigue, exhaustion)</li> <li>• Difficulty in preparing meals</li> </ul>
<b>BEHAVIOURAL</b>	
<ul style="list-style-type: none"> <li>• Regular delivery of pharmaceutical products or perishable goods (food, medication, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced mobility</li> <li>• Health problems such as general weakness</li> </ul>
<ul style="list-style-type: none"> <li>• Important lapses of memory (forgetting names of family members, mail piling up)</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health problems such as confusion, depression</li> </ul>
<ul style="list-style-type: none"> <li>• Loss of energy, fatigue</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health problems such as depression, poor health</li> </ul>

<b>Indicators</b>	<b>Possible problems</b>
• Apathy	• Physical and mental health problems
• Isolation	• Deafness, depression, rejection by the group
• Sudden loss of interest	• Mental health problems such as depression, confusion • Reduced mobility • Health problems
• Aggressive behaviour	• Overconsumption of toxic substances (medication, alcohol) • Mental health problems
• Incoherent speech	• Mental health problems, confusion, depression, emotional shock, overconsumption of toxic substances (medication, alcohol)
• Feeling useless, powerless, guilty, suicidal thoughts	• Mental health problems such as depression
• Frequent crying	• Emotional shock (sudden death of a close relative, divorce of a child) • Physical health problems such as a cerebrovascular accident
• Constant feeling of persecution	• Mental health problems such as depression, isolation

## HOUSING

• Very cluttered rooms, dwelling poorly maintained	• Reduced mobility • General weakness • Mental health problems such as confusion, depression • Overconsumption of toxic substances
• Dried plants	• Mental health problems such as confusion
• Significant accumulation of household garbage in the dwelling	• Reduced mobility • Mental health problems such as depression, confusion
• Suspicious odours	• Reduced mobility • Mental health problems such as confusion
• Interruption of payment of rent	• Mental health problems, loss of memory

## Intervention with the tenant

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The social housing manager, in using this manual, must always be careful not to jump to hasty conclusions or be too quick to disclose situations that could only be temporary. Always:

- verify the facts with the person or relatives to find out about the cause or origin;
- suggest to the tenant to consult a physician, a psychologist or a social worker if need be;
- if the situation becomes permanent or is getting worse, ask the CLSC to intervene.

Here are two examples of how to approach a tenant.

### A) Sudden weight loss

In the case where a tenant experiences a sudden weight loss, first check with him to see whether he is on a diet following the doctor's advice. Then try to find out, either from the tenant or a close relative, if he has suffered an emotional shock that could affect him personally. Next, try to encourage him to follow a healthier diet. If none of these approaches work, consult with health specialists and CLSC staff to determine the nature of the problem and the type of intervention that would be most suitable.

### B) Feeling useless, powerless and guilty, accompanied by suicidal thoughts

In such cases, check, for instance, with the person or a close relative to see whether these feelings have been triggered by an incident in the building or by an incident involving a relative or a close friend. If this is the case, encourage the tenant to speak about it with a friend, a professional, or a volunteer and to avoid isolation from his usual surroundings.

If the situation persists or gets worse, the tenant should be encouraged to meet with a health professional (doctor, social worker, psychologist). If none of these solutions seems adequate, the CLSC should be called upon to intervene.

### Useful telephone numbers

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