**Considerations when admitting residents with previous challenges**

Never admit a resident you are not comfortable caring for or have concerns about. Do not feel pressured by your case manager, social worker, or hospital discharge planner.

While working with residents who have substance abuse, mental health challenges, and/or who have experienced homelessness can be very rewarding, it is extremely hard work.

**Substance Abuse**

Residents often are faced with additional challenges when overcoming addiction. While care needs may be easily accessed, there are other factors for these residents that need to be investigated and assisted with. Some of these challenges are below.

**Financial difficulties:** Sometimes individuals in recovery realize that they

begged, borrowed, and stole from friends and family members. The resident may have debt that contributes to their inability to pay for care.

**Relationship issues:** Many residents have been alienated by their family and friends. Addiction damages most relationships, and sometimes those relationships cannot be repaired.

**Cravings and triggers:** Even after detox, cravings and triggers for drug and alcohol use may remain. Triggers are things that make you feel like using.

**Mental health disorders:** Many people in recovery experience anxiety, stress, or depression. How do you know what is healthy and what is not?

**Mental Health**

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood (<https://www.mentalhealth.gov/basics/what-is-mental-health>).

* Eating or sleeping too much or too little
* Pulling away from people and usual activities
* Having low or no energy
* Feeling numb or like nothing matters
* Having unexplained aches and pains
* Feeling helpless or hopeless
* Smoking, drinking, or using drugs more than usual
* Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
* Yelling or fighting with family and friends
* Experiencing severe mood swings that cause problems in relationships
* Having persistent thoughts and memories you can't get out of your head
* Hearing voices or believing things that are not true
* Thinking of harming yourself or others
* Inability to perform daily tasks like taking care of your kids or getting to work or school

**Homelessness**

Some individuals have a hard time adjusting to having a home and live in fear of becoming homeless again.

Complex, advanced medical problems and psychiatric illnesses are exacerbated by drug and alcohol abuse and economic and social issues. Some struggle with PTSD, TBI’s, physical and mental disabilities.

Unhoused older adults face some serious and unique challenges to their well-being. Homeless persons between the ages of 50 and 62 often have [similar healthcare needs to housed persons who are 10-20 years older](http://www.chapa.org/sites/default/files/ELI_policypaper_final.pdf) (<https://nationalhomeless.org/issues/elderly/>).

Previously homeless individuals are often not used to a schedule or being able to count on someone to assist them. When in living situations that have both of these, sometimes people fear they will lose their ability to be independent and make their own decisions. Sometimes they still want to visit their friends who live on the streets and will be in and out of the AFH. Additionally, they can try to move people in, bring people in to visit they may challenge rules and regulations.

**Department of Corrections**

As the number of elderly prisoners increases, states are looking for cost-effective ways to provide long-term care (Vestal, 2014). Inmates often develop debilitating health conditions at a younger age than people who are not incarcerated (Vestal, 2014).

Many prisons and jails are trying to contract with long-term care facilities to provide their elderly and disabled prisoners with a “medical parole” or a “compassionate release” while remaining in custody.

Many communities have resisted these types of releases, but some long-term care facilities are accepting these residents. Some challenges that you may face when receiving a resident who has been recently incarcerated or in and out of the criminal justice system. The resident might have to register as a sex offender (but not have the capability to do so) which means you need to assist the person in registering a new move/address. The resident might have a hard time adapting to being in a facility. The resident may not want to be in a facility and will want to leave.

<https://advancedrecoverysolution.com/addiction-treatment/5-common-challenges-people-face-in-recovery/>

<https://nationalhomeless.org/issues/elderly/>

<https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2014/08/12/for-aging-inmates-care-outside-prison-walls>

**ATELINE ARTICLE** August 12, 2014

By: [Christine Vestal](https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/about/christine-vestal)

<https://www.managedhealthcareconnect.com/articles/identifying-and-managing-long-term-care-residents-criminal-or-correctional-histories>