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HSAG HEALTH SERVICES ADVISORY GROUP



Understanding Psychotic Disorders in Nursing Facility Residents

Supporting Mental Health With Compassion and Knowledge

Health Services Advisory Group (HSAG) is the West Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network-Quality Improvement Organization (QIN-QIO) Region 7.

Understanding Psychotic Disorders in Nursing Facility Residents

What Is a Psychotic Disorder?

Psychotic disorder is an umbrella term used to describe a group of mental health disorders characterized by delusions and/or hallucinations, often resulting in a loss of contact with reality. These symptoms can lead to significant emotional distress and interfere with daily functioning.[1]



What Are Delusions and Hallucinations?

Delusions are false, unshakeable beliefs that a person holds on to despite evidence that the belief is not real.[2]

Common delusions that may be seen in nursing facility resident populations include:

- Paranoid delusions (e.g., "people are trying to harm me, poison me.")
- Delusions of theft (e.g., "someone is stealing my belongings.")
- Delusions of reference (e.g., "people are talking about me negatively behind my back.")[3]

Hallucinations are the false experiences of seeing, hearing, smelling, or feeling things that are not there. Hallucinations can involve any of the senses: smell, touch, hearing, vision, or taste.[4]

Common hallucinations that may be seen in nursing facility resident populations include:

- Visual hallucinations (e.g., seeing people or animals that are not there)
- Auditory hallucinations (e.g., hearing voices)[5]

Note: Delusions and hallucinations can occur briefly due to an adverse effect of medication or acute medical condition such as infection, delirium, or certain forms of dementia. These symptoms are not always part of a psychotic disorder and should be assessed to rule out underlying causes.[6]

Common Psychotic Disorders Seen in Nursing Facility Residents

- Major depression with psychotic symptoms
- Bipolar disorder with psychotic symptoms
- Schizophrenia, schizoaffective disorders, and other related psychotic disorders
- Medication-induced psychotic disorder (e.g., steroid-induced psychosis)
- Substance-induced psychotic disorder (e.g., alcohol withdrawal, cannabis, methamphetamine intoxication)
- Parkinson's-related psychosis
- Dementia-related psychosis[7]

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[1] Understanding Psychosis. National Institute of Mental Health (NIMH). Available at: https://www.nimh.nih.gov/health/publications/understanding-psychosis. Accessed on: July 30, 2026.
[2] Ibid.
[3] Ibid.
[4] Ibid.
[5] Ibid.
[6] Ibid.
[7] Ibid.

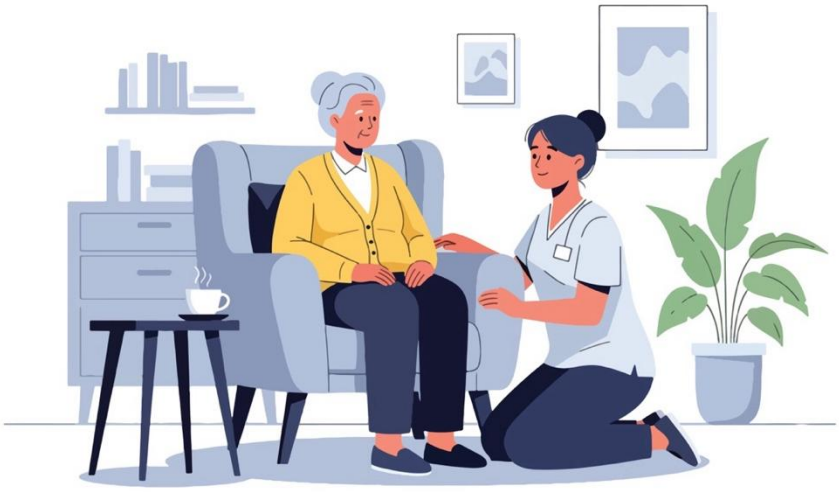
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Common Risks Associated With Untreated Psychotic Disorders

- Suicide
- Agitation
- Poor quality of life
- Worsening of symptoms
- Disruption of family relationships
- Physical aggression toward others
- Impairment in the ability to perform activities of daily living[8]

How Can Staff Help Support Residents?

- **Recognize early warning signs:** Watch for subtle changes in behavior or thinking that may indicate the onset of delusions or hallucinations.
- **Clarify and confirm symptoms:** Gently explore the residents' concerns and check the facts. For instance, if they report theft, verify whether items are actually missing.
- **Offer reassurance:** Let residents know they are not alone, and support is available.
- **Identify and treat underlying causes:** Assess contributing factors such as substance use, medication side effects, or other underlying medical conditions.
- **Apply person-centered interventions:** Use individualized, non-pharmacological interventions to help reduce distress and promote safety and enhance quality of life. Include interventions shared by the family that have helped with symptom management in the past.
- **Communicate with the care team:** Report observations to the interdisciplinary team, including the physician or advanced practice provider, to ensure coordinated and responsive care.[9]
- **Language matters:** Help reduce stigma by putting the person before the diagnosis. For example, say "a person with schizophrenia" rather than a "schizophrenic."[10]



[8] Ibid.
[9] National Alliance on Mental Illness (NAMI). Available at: https://www.nami.org. Accessed on July 30, 2026.
[10] Volkow N. Gordon J. et al. Choosing Appropriate Language to Reduce the Stigma Around Mental Illness and Substance Use Disorders. Neuropsychopharmacology. 2021 Dec;46(13):2230–2232. doi: 10.1038/s41386-021-01069-4. Epub 2021 Jul 19. PMID: 34276051; PMCID: PMC8580983.

Treatment of Psychotic Disorders

Psychotic disorders are highly treatable with a combination of evidence-based, comprehensive interventions.

- **Psychoeducation:** Ensure residents, family, and staff have basic knowledge about the disorder and treatment options.
- **Person-centered care plan:** Engage residents in creating a care plan that reflects their strengths, abilities, preferences, and needs.
- **Non-pharmacological interventions:** Use individualized approaches to reduce distress and enhance daily functioning, including psychosocial skills training.
- **Psychotherapy:** Coordinate therapeutic support, such as cognitive behavioral therapy or other relevant modalities, to address symptoms and promote recovery.
- **Medications management:** Consider pharmacological treatment if clinically indicated, in consultation with the care team.[11]



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[11] Ibid.