Serving Elderly Populations In Mental Health Care

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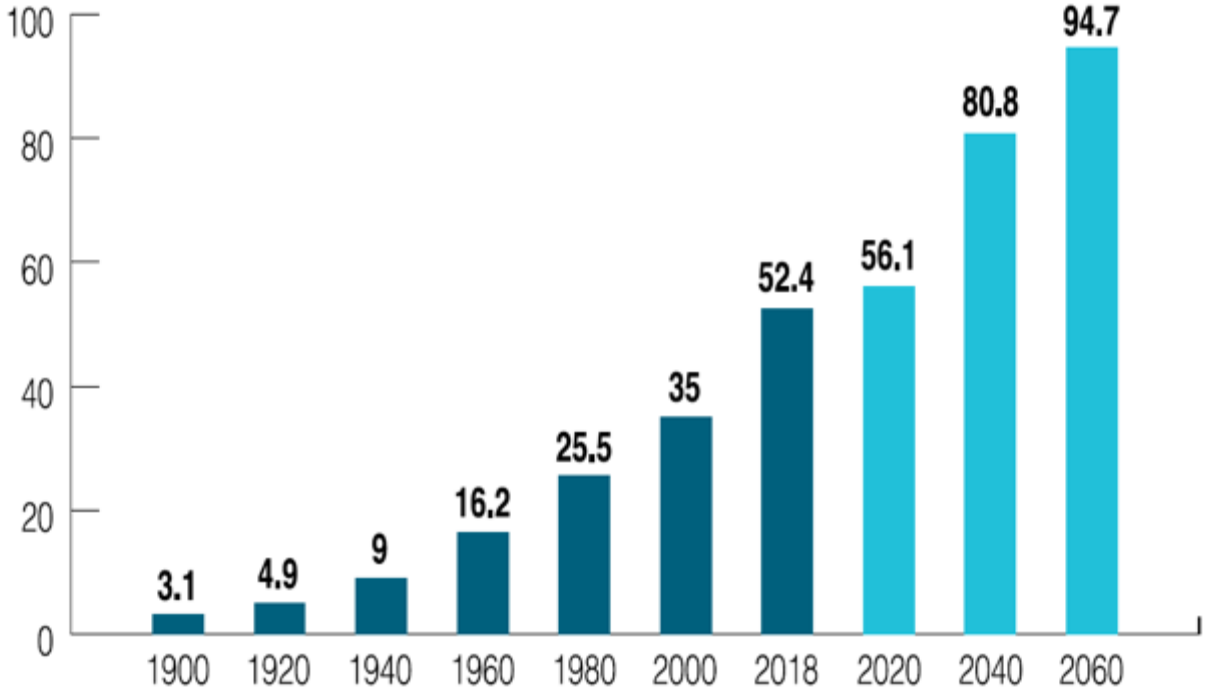
OBJECTIVES

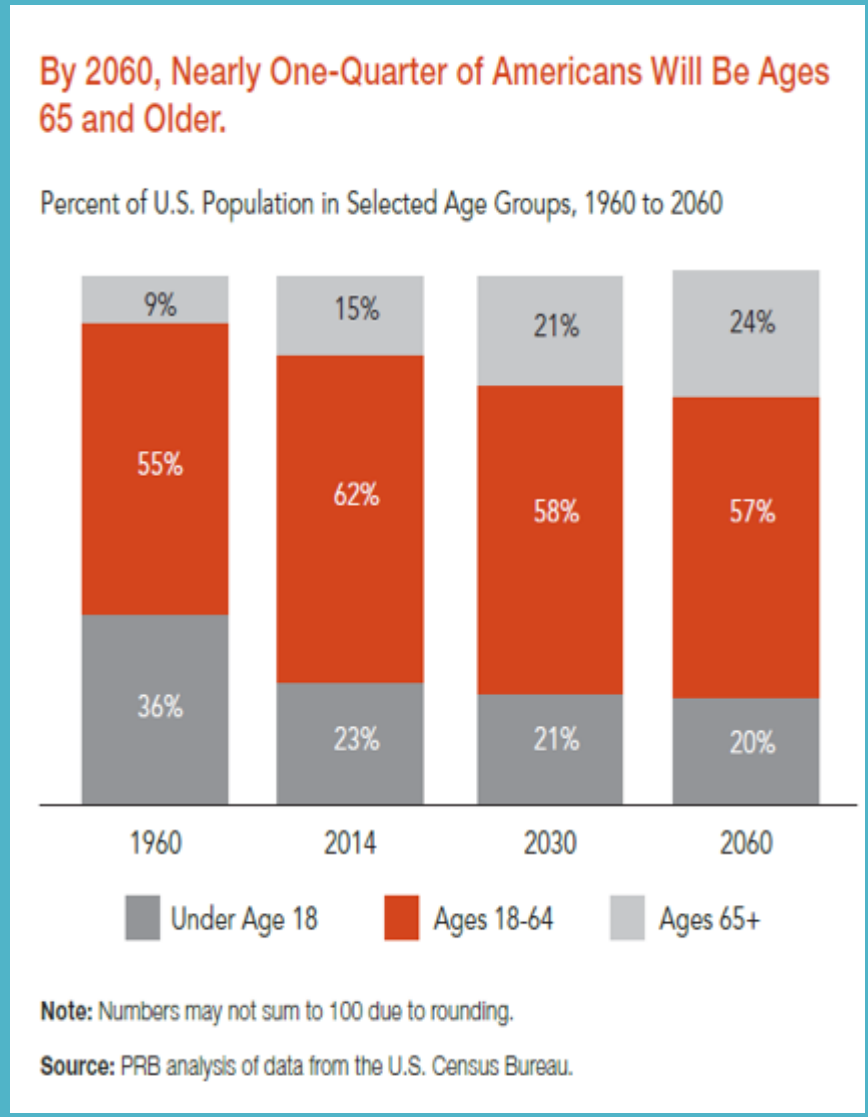
1. Highlight the prevalence of mental health conditions in older adulthood.

2. Understand how the needs of older adults in the Health Care System may differ from younger adults, and how Health Care providers can adapt their approach.

3. Briefly review types of clinical interventions that may be utilized with older adults presenting with mental health or other concerns.

An Aging Population





Source: The Administration for Community Living (2019).

Older Adults and Mental Health Care

- Approximately 6.8 – 10.2% of older adults experience a mental health disorder
  - *However, this is estimated to increase to up to 14-20% when accounting for serious mental illness, psychiatric symptoms in dementia, and NH residents*

- Overall, research suggests a *decrease* in prevalence rates of MH disorders across the adult life span (except cognitive impairment).

- However, there may be a wide variety of subclinical symptoms that impact daily functioning.

- Older adults experience the same mental health conditions as younger adults. However, unique contextual and cohort factors, as well as specific challenges, may impact how mental health conditions manifest and the individual's treatment needs.
  - *Examples: Physical changes impacting functioning, retirement, living on a limited income, caretaking demands, moving, polypharmacy*

(Adepoju et al., 2018; Moye et al., 2019)

Challenges of the Needs of Older Adults in Mental Health Care

- Lack of training or confidence in working with older adults
  - *Just 3-4% of psychologists describe their specialty as Geropsychology, although 39% report working at least occasionally with older adults. 59-65% of Neuro, rehab, and health psychologists reported working with older adults "frequently" or "very frequently" (Moye et al. , 2019)*

- Underutilization
  - *Less than 5% of older adults who need MH services receive them*

- Possible explanations for this discrepancy
  - *Under-diagnosis by general practitioners*
  - *Perception that older adults cannot change*
  - *Treatment with medication alone*
  - *Lack of knowledge about where to get treatment*
  - *Difficulty accessing services*
  - *Stigma associated with treatment*
  - *Lack of integrated system for referral*
  -

(Moye et al., 2019; Gatz, 2007)

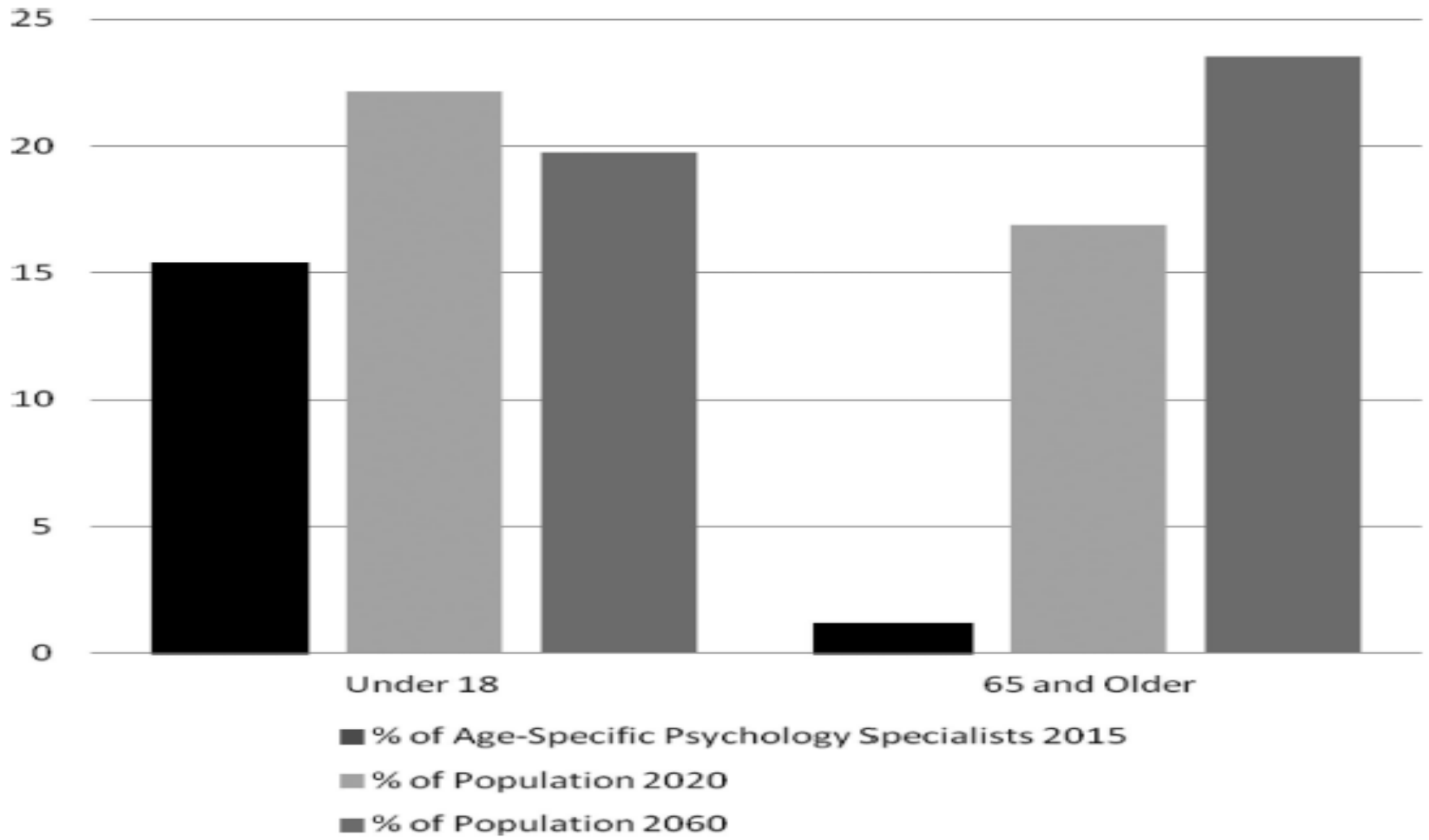


Figure 2. Workforce gap in psychology based on population proportions. Note: Figure based on U.S. Census Bureau (Colby & Ortman, 2014), and APA Center for Workforce Study data.

Older Adults and Mental Health Care

- Older adults may be increasingly open to engaging with Mental Health Care
- There may be numerous opportunities to engage older adults with Mental Health providers, including:
  - *Community Hospitals*
  - *Geriatric or Primary Care Settings*
  - *Skilled rehab or nursing facilities*
  - *Assessment centers*
  - *Inpatient Medicine*
  - *Memory Care units*
  - *Home-based services*
  - *Private practices/clinics*

Common Referral Questions

- Anxiety
  - May endorse different types of worries compared to younger adults
  - GAD most common
  - Increased prevalence of hoarding disorder

- Depression
  - May be overlooked as "just part of aging"
  - OA males are high-risk group for suicide
    Potentially higher prevalence of risk factors (e.g., living alone, decrease support system)
  - Anhedonia or apathy is more common than excessive tearfulness or sadness
  - Bereavement

- Sleep
  - Up to 50% of OA may report problems with insomnia
  - Less deep/slow wave sleep
  - Early to fall asleep and wake up
  - Number of hours needed may not change, but may report increased difficulty falling asleep and staying asleep

Common Referral Questions

- Chronic Psychiatric Issues
- Comorbid medical and psychiatric illnesses
  Approx. 92% have at least 1 chronic condition, 77% have 2+
- Phase of life issues or role changes
  Decline in physical functioning or mobility
- Grief or loss
  Loss of/more limited support system
- Capacity Issues
- Cognitive Decline
- Functional changes
- End of life care
- Family Caregiver strain

Treatment

- The good news? Treatment works!

- Older adults can potentially benefit from both psychotherapy and medication management.
  - However, some older adults may be more sensitive to side effects/interaction effects of medications
  - Some research suggests that older adults may prefer behavioral treatment to medication

- Research repeatedly suggests that older adults benefit from the same types of treatments that younger adults do – but may benefit from minor modifications to protocols.

- But what research we do have, says treatment works!
  - *Anxiety, Depression*
  - *Sleep*
  - *Memory complaints*
  - *Family Caregiver strain*
  - *Personality Disorders*
  - *Substance Use Disorders*

-Chronic Disease Management
-Dementia and bx disturbances
-Co-occurring MH disorders
-End of life/palliative care
-PTSD
-Personality Disorders

(Gatz, 2007)

Assessment and Intervention: Differences

- Consider using geriatric-specific assessments
- Greater interdisciplinary involvement
- Balancing medical comorbidities
  - *Increased attention to symptoms that may overlap*
- Greater emphasis on home environment, functioning in in the home
- May have increased family/caregiver involvement
- May need greater length of time
  - *Decline in short-term memory, processing speed*

Improving Health Care for Older Adults

- You don't have to be a Geropsychologist, Geriatrician, or having specialized training to take steps towards providing better care for older adults in the health care system!

- Screen for potential mental health related concerns, including depression, anxiety, suicidality, substance use disorders, and cognitive impairment.

- Consider involving caregivers and family supports.
  - May help reduce barriers to accessing MH care
  - In 2018, 4% of those 65-74, 8% of those 75-84, and 21% of those 85+ needed assistance with personal care.
  - Collateral report could help inform diagnosis (e.g., cognitive impairment), assessment (e.g., decision-making capacity).

Source: The Administration for Community Living (2019).

Improving Health Care for Older Adults

- Be mindful of how your patient perceives and utilizes technology (e.g., video appointments).
  - Don't assume an older adult is not comfortable utilizing technology
  - However, check-in on their comfort level and offer alternatives
  - Many patients are very willing to learn

- Seek consultation, refer to specialized care when necessary
  - Cognitive Impairment
  - Recognize generational/cohort differences, screen to consider additional referrals
  - Seek consultation prior to making APS reports

- Become familiar with resources in your area

Improving Health Care For Older Adults

- Allow extra time to get to/from waiting room
- Assure that your treatment room has adequate space for wheelchairs, walkers, family members
- Consider how you can modify treatments to address sensory or mobility issues
  - *Reading glasses, amplifiers*
- Write things down, provide written materials
- Ask for information to be repeated back
- Consider scheduling shorter sessions, if needed, or extending treatment
- Utilize assessments with available older adult norms
- Consider screening for cognitive impairment

Ageism

- Negative stereotypes and discrimination based on age

- Older adults may experience being stereotyped as:

-Cranky
-Depressed
-Lonely
-Poor
-Unable to learn
-Useless or unable to contribute productively
-Senile
-Rigid
-Frail, sick, or disabled
-Unattractive
-Childlike

- Ageism may be more subtle
  - "You look good for your age" (and basically anything that ends with "_____ for your age")
  - "He's just a cute grumpy old man"
  - Automatically increasing your speaking volume just because someone is older

Ageism

Exposure to these negative views can impact cognitive performance, overall health, and lifespan

May negatively impact an individual's perception of their future opportunities → individuals exposed to ageism may have greater awareness of age-related losses

These views are often held by the general public, health and mental health providers, and even older adults themselves

Limited research on reducing ageism, but a few factors appear to be promising:

- Increased education
- Increased exposure to older adults
- Person-centered care

Try taking a facts on aging quiz: https://aging.umkc.edu/quiz/

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