Serving Older Adults with Behavioral Health Needs

Module 6: Has Anyone Seen George?

Presented by Oregon Health Authority, Health Systems Division and Portland State University Institute on Aging
Introductory Modules

1. The Everyday Experience of Aging

2. Behavioral Health Partners in Older Adult Behavioral Health

3. Aging Services Partners in Older Adult Behavioral Health
Clinical Modules

4. What’s Happening with Gladys?
5. Bill’s Search for Lois

6. Has Anyone Seen George?

7. We Have Another Call About Nell!
8. Behavioral Health Issues and Advance Care Planning
Meet our Multidisciplinary Team

Maureen C. Nash, MD, MS, FAPA

Judy Hart, PsyD
Mental Health Clinician

Liz Bartell, MSW, LCSW Consultant
George’s Team

Maureen C. Nash
Physician Assistant

Liz Bartell
Area Agency on Aging

Judy Hart
Mental Health Crisis Team
Objectives

• **Identify risk factors for suicidal behavior in older adults.**
• List similarities and differences between grief and depression.
• Locate resources for evaluation and treatment of alcohol abuse.
• Describe how aging services, primary care, and behavioral health providers can work together to support older adults experiencing multiple losses associated with age.
Objectives

• Identify risk factors for suicidal behavior in older adults.
• **List similarities and differences between grief and depression.**
• Locate resources for evaluation and treatment of alcohol abuse.
• Describe how aging services, primary care, and behavioral health providers can work together to support older adults experiencing multiple losses associated with age.
Objectives

• Identify risk factors for suicidal behavior in older adults.
• List similarities and differences between grief and depression.
• Locate resources for evaluation and treatment of alcohol abuse.
• Describe how aging services, primary care, and behavioral health providers can work together to support older adults experiencing multiple losses associated with age.
Objectives

- Identify risk factors for suicidal behavior in older adults.
- List similarities and differences between grief and depression.
- Locate resources for evaluation and treatment of alcohol abuse.
- **Describe how aging services, primary care, and behavioral health providers can work together to support older adults experiencing multiple losses associated with age.**
What did you notice?

• Multiple losses
• Drinking
• Isolation
• Access to firearms
• Depression?
### Prevalence—Depression

<table>
<thead>
<tr>
<th>Setting</th>
<th>Minor, dysthymia, depressive symptoms</th>
<th>Major depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>Up to 26%</td>
<td>Up to 5%</td>
</tr>
<tr>
<td>Primary care</td>
<td>10%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Hospital/inpatient care</td>
<td>23%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Home health care</td>
<td>8%</td>
<td>Up to 16%</td>
</tr>
<tr>
<td>Nursing home</td>
<td>Up to 35%</td>
<td>Up to 15%</td>
</tr>
</tbody>
</table>
Prevalence—Depression

<table>
<thead>
<tr>
<th>Setting</th>
<th>Minor, dysthymia, depressive symptoms</th>
<th>Major depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>Up to 26%</td>
<td>Up to 5%</td>
</tr>
<tr>
<td>Primary care</td>
<td>10%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Hospital/inpatient care</td>
<td>23%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Home health care</td>
<td>8%</td>
<td>Up to 16%</td>
</tr>
<tr>
<td>Nursing home</td>
<td>Up to 35%</td>
<td>Up to 15%</td>
</tr>
</tbody>
</table>

• Depression is **not** a normal part of aging!
Presentation of depression in older adults

• Sadness may not be present

(HelpGuide.Org, Depression in Older Adults and the Elderly)
Presentation of depression in older adults

• Sadness may not be present
• Lack of motivation and energy

(HelpGuide.Org, Depression in Older Adults and the Elderly)
Presentation of depression in older adults

• Sadness may not be present
• Lack of motivation and energy
• **Unexplained or aggravated aches and pains**

(HelpGuide.Org, Depression in Older Adults and the Elderly)
Presentation of depression in older adults

• Sadness may not be present
• Lack of motivation and energy
• Unexplained or aggravated aches and pains
• **Neglecting personal care**

(HelpGuide.Org, Depression in Older Adults and the Elderly)
Presentation of depression in older adults

• Sadness may not be present
• Lack of motivation and energy
• Unexplained or aggravated aches and pains
• Neglecting personal care
• **Feelings of hopelessness or helplessness**

(HelpGuide.Org, Depression in Older Adults and the Elderly)
Presentation of depression in older adults

- Sadness may not be present
- Lack of motivation and energy
- Unexplained or aggravated aches and pains
- Neglecting personal care
- Feelings of hopelessness or helplessness
- **Anxiety and worries**

(Opens in a new tab) HelpGuide.Org, Depression in Older Adults and the Elderly)
Presentation of depression in older adults

- Sadness may not be present
- Lack of motivation and energy
- Unexplained or aggravated aches and pains
- Neglecting personal care
- Feelings of hopelessness or helplessness
- Anxiety and worries
- **Changes in sleep patterns**

(HelpGuide.Org, Depression in Older Adults and the Elderly)
Presentation of depression in older adults

• May be mistaken for dementia
  ➢ Memory problems
  ➢ Loss of interest in socializing and hobbies
  ➢ Slowed movement and speech
  ➢ Irritability

(HelpGuide.Org, Depression in Older Adults and the Elderly)
Grief and depression

Bereavement exclusion, DSM-4

- Diagnosis of major depression if:
  - Symptoms for at least 2 weeks
  - At least 2 months after a death
- Acknowledge bereavement is a common human experience
- Symptoms improve with time
Grief and depression

Bereavement exclusion, DSM-4
• Diagnosis of major depression if:
  • Symptoms for at least 2 weeks
  • At least 2 months after a death
• Acknowledge bereavement is a common human experience
• Symptoms improve with time

No bereavement exclusion, DSM-5
• No waiting period for diagnosis
• Proponents:
  • Timely treatment of complicated grief
• Critics:
  • Medicalization of grief
Grief and depression  (Parker, McCraw, Paterson, 2015)
Grief and depression (Parker, McCraw, Paterson, 2015)

Depression
• Loss and sadness
• Helplessness, hopelessness
• Lowered self-esteem
• Physical symptoms
• Internal focus
• Suicidal ideation
Grief and depression  

(Parker, McCraw, Paterson, 2015)

**Depression**
- Loss and sadness
- Helplessness, hopelessness
- Lowered self-esteem
- Physical symptoms
- Internal focus
- Suicidal ideation

**Grief**
- Loss and sadness
- Able to function
- Loss clearly the cause of symptoms
- View that death is part of life
- Coping strategies more effective
- External focus
- No suicidal ideation
Adverse effects of depression

- Onset of physical, cognitive, functional, and social impairment
- Decreased quality of life
- Delayed recovery from medical illness and surgery
- Increased health care utilization
- Substance abuse
- Suicide

(CDC Healthy Aging Program)
(SAMHSA, Clinical Practice Screening Tools)
Suicide and depression

Depression:

• The predominant risk factor for suicide in late life

• Present in approximately 85% of older adults who died by suicide
Suicide in older adults

• 16.37% (1/6) of all suicide deaths
• 1 suicide every 80 minutes (2012 estimate)
• Older white males
  • highest risk (30.3 suicides per 100,000)
  • 85+ suicide rates are 4 times higher than the national average
• Rates for older women are increasing
• May be under-reported by 40% or more
• Firearms are the most common means (67%)
• Double suicides
Substance abuse and older adults

• Age-related changes significantly affect the way an older person responds to alcohol
• 17% affected by alcohol and/or prescription drug misuse
• Substance abuse expected to more than double between 2000 and 2020
  • 1.7 million to 4.4 million
• 20% with depression have a co-occurring alcohol use disorder
• Substance abuse and mental health disorders are associated with higher risk of suicide
Gatekeepers

- Trained community members
- Notice sudden changes in normal routines
- Make referrals to the ADRC
- Police departments and others who do welfare checks
Gatekeepers

• General community members
  • Family
  • Friends
  • Neighbors

• Trained employees of:
  • Utility companies
  • Post office
  • Grocery and other retail stores
  • Banks
  • Sanitation departments
  • Emergency responders
What the sheriff noticed

• Withdrawal from social activities
• Slurred speech, drinking
• Poor balance
• Irritability
• Depressed mood
• Comments ("time for all us old guys to go")
Possible diagnoses

- Alcohol abuse, alcohol dependence, alcohol intoxication
- Depression
- Dementia with depression, irritability
- Suicidal ideation/thoughts of death
- Grief
- Arthritis
- Vascular dementia with depression
- Infection with delirium
- Dehydration
- TIA/CVA
- Medication side effects
Aging Services
Safety concerns with suicide risk

• Meet the client in the office.
• If not possible, go to client’s home with another co-worker.
• If you go alone:
  • Check-in with co-workers and supervisor about location and expected return
  • Be aware of exits in home; sit closest to door
Mental Health Crisis Team
Mental Health Crisis Team

Building trust, rapport

• Empathy
• Unconditional positive regard
• Genuineness
• Creating a safe place
Physician Assistant
Assessment

• Suicide risk assessment
• Reasons for Living scale
• Depression
• Physical exam
  • Lab
  • Pain
• Medication review
• Cognitive assessment
• Substance abuse
Screening for depression

• Patient Health Questionnaire (PHQ-9)
• The Geriatric Depression Scale (GDS)
  • tested and used extensively with the older population
• The Center for Epidemiologic Studies Depression Scale (CES-D)

(Best Practices in Nursing Care to Older Adults, 2012)
(CDC Healthy Aging Program)
(SAMHSA, Clinical Practice Screening Tools)
Screening for Depression

• Physical examination
• Clinical or psychiatric interview

(Best Practices in Nursing Care to Older Adults, 2012)
(CDC Healthy Aging Program)
(SAMHSA, Clinical Practice Screening Tools)
Screening—alcohol and drug misuse

- AUDIT (Alcohol Use Disorders Identification Test)
- CAGE (Cut-down, Annoyed, Guilty, Eye-opener) AID
- NIDA (National Institute on Drug Abuse) Screening Tools
- SBIRT (Screening, Brief Intervention, Referral to Treatment)

(Oregon, OHA AMH)
Screening—suicide

• The Columbia-Suicide Severity Rating Scale (c-SSRS)
• Safe-T (Suicide Assessment Five-Step Evaluation and Triage)
• Suicide Behavior Questionnaire (SBQ-R)
• Stories of Hope and Recovery
• The MacArthur Depression Toolkit
• A Discussion Guide for Primary Health Care Providers

(SAMHSA, Clinical Practice, Screening Tools)
Case Conference
## Highlights from the Case Conference

<table>
<thead>
<tr>
<th>Aging Services</th>
<th>Behavioral Health</th>
<th>Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gatekeeper program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral to behavioral health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social engagement opportunities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Highlights from the Case Conference

<table>
<thead>
<tr>
<th>Aging Services</th>
<th>Behavioral Health</th>
<th>Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gatekeeper program</td>
<td>Identified cumulative losses</td>
<td></td>
</tr>
<tr>
<td>Referral to behavioral health</td>
<td>Suicide risk assessment</td>
<td></td>
</tr>
<tr>
<td>Social engagement opportunities</td>
<td>History of alcohol use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>History of depression</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Encouraged physical exam</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Encouraged social engagement</td>
<td></td>
</tr>
</tbody>
</table>
## Highlights from the Case Conference

<table>
<thead>
<tr>
<th>Aging Services</th>
<th>Behavioral Health</th>
<th>Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gatekeeper program</td>
<td>Identified cumulative losses</td>
<td>Physical exam</td>
</tr>
<tr>
<td>Referral to behavioral health</td>
<td>Suicide risk assessment</td>
<td>Lab test</td>
</tr>
<tr>
<td>Social engagement opportunities</td>
<td>History of alcohol use</td>
<td>Osteoarthritis</td>
</tr>
<tr>
<td></td>
<td>History of depression</td>
<td>Over-the-counter medication</td>
</tr>
<tr>
<td></td>
<td>Encouraged physical exam</td>
<td>Encouraged social engagement</td>
</tr>
<tr>
<td></td>
<td>Encouraged social engagement</td>
<td></td>
</tr>
</tbody>
</table>
Continuing areas of concern

• Social isolation

• Grief & loss
Treatment—depression

• **Medical treatment**
  • Treating, managing underlying conditions
  • Medication review
  • Antidepressant (SSRI)
Treatment—depression

- **Counseling**
  - Cognitive Behavioral Therapy (CBT)
  - Problem Solving Treatment (PST)
  - Supportive counseling
  - Support groups
  - Psychotherapy

*Thoughts create feelings, feelings create behavior, behavior reinforces thoughts*
Treatment—depression

• Healthy lifestyle changes
  • Physical activity
  • Diet
  • Social engagement
  • Substance use

• Alternative medicine
More information on treatment

HelpGuide.org, Depression in Older Adults and the Elderly
ADRC mental health programs

• In-home mental health interventions
  • PEARLS
  • Healing Pathways
  • Project Hope
  • Healthy Ideas
  • Solution-Focused Brief Therapy
• Health promotion
• Social engagement

ADRC

www.ADRCofofOregon.org

1-855-ORE-ADRC (673-2372)
Mental health first aid

. . . the help offered to a person developing a mental health problem or experiencing a mental health crisis. The first aid is given until appropriate treatment and support are received or until the crisis resolves.

The Association of Oregon Community Mental Health Programs

http://www.aocmhp.org/mhfa

Mental Health First Aid USA, page 12
SBIRT

• Reduction of alcohol consumption by 3.6 drinks per week
• 12% fewer adults reporting heavy drinking episodes
• 11% more adults reporting they are drinking less
Resources

• SAMHSA Suicide Prevention Resources
• National Suicide Prevention Lifeline; 1-800-273-TALK
• Suicide Prevention Resource Center
• National Action Alliance for Suicide Prevention
• National Strategy for Suicide Prevention
• Evidence-based Practices (EBP) Kit
What is happening in your community?

Do you “know” George?

What happens in your community?
Additional Clinical Modules

4. What’s Happening with Gladys?
5. Bill’s Search for Lois
6. We Have Another Call About Nell!
7. Behavioral Health Issues and Advance Care Planning
Acknowledgments

This training was developed by Portland State University on behalf of Oregon Health Authority, Health Systems Division
Special thanks to:

**Actors:**
- *George*: Richard Dent
- *Police Officer*: Sadie Bowman

**Multidisciplinary Team:**
- Judy Hart, PsyD, Mental Health Clinician
- Liz Bartell, MSW, LCSW, Consultant
- Maureen C. Nash, MD, MS, FAPA

**Narration**
- David Loftus
Special thanks to:

Oregon Health & Science University EdCOMM:
• Manager, Creative Services: Larry Dlugas
• Photography: Jeff Ball, Aaron Bieleck and David Wakeling
• Videography: Jeff Ball, Steven Wong, Jr. and David Wakeling
• Editing: David Wakeling

Editing by Karen R. Jones
This training was prepared by Portland State University

• Project Director: Diana White
• Project Co-director: Linda Dreyer
• Project Manager: Natasha Spoden
• Project Staff: Alan DeLaTorre, Aubrey Limburg, Julie Reynolds, Megan Rushkin and Sheryl Elliott
• Project Graduate Research Assistants: Candace Lewis Laietmark, Litxia Barrett and Lu Pang
• Project Staff Support by: LeAnne Fettig