



Geriatric Mental Health

June 21, 2007

Guest Speaker

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Chairperson
Geriatric Mental Health Alliance
of New York

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- NYS Association of County Health Officials
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Special thanks for this program to:

- Geriatric Mental Health Alliance of New York

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Geriatric Mental Health Concerns

- Losing one's mind or getting Alzheimer's disease is a major fear about aging
- Mental illness has a terrible impact on health
- Depression and anxiety are major contributors to social isolation and high suicide rates

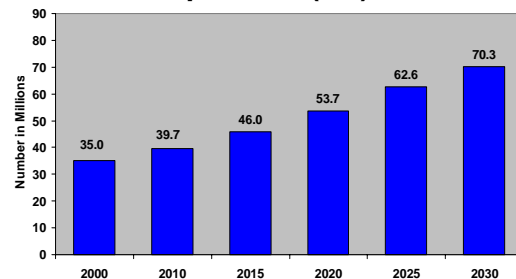
Geriatric Mental Health Concerns

- Mental and behavioral disorders of older adults and/or family caregivers are major contributors to unnecessary placement in institutions
- Mental illness is a barrier to living well in old age
- Most mental illnesses are treatable

Geriatric Mental Health is Often Overlooked or Not Diagnosed

- Ageism
 - Belief that mental illness — especially depression — is normal in old age
- Stigma
 - Shame about being mentally ill
- Ignorance
 - About mental illness
 - About effectiveness of treatment
 - About where to get help

Projected Growth of 65 + Population (US)



Source: U.S. Bureau of the Census, (2000), Population projections of the United States by age, sex, race and hispanic origin: 1995-2050, Current Population Reports, P25-1130.

Demographics

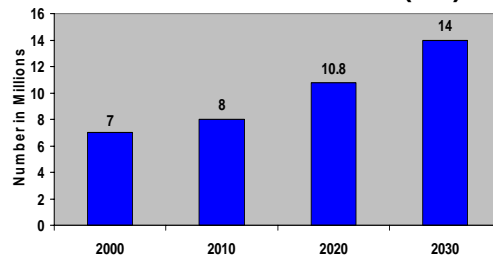
NYS

- Disproportionate increase in ages 80+

US

- Increase from 13-20% of the population
- 5% decline of working age adults
- Adults age 85 and over will more than double
- Majority of older adults will be ages 65-74
- Minority population of elderly population will grow from 16% to 25%

Projected Growth of Adults 65 + With Mental Disorders (US)



Sources: U.S. Department of Health and Human Services, Mental Health: A Report of the Surgeon General (Rockville, MD, 1999). U.S. Bureau of the Census, (2000), Population projections of the United States by age, sex, race and hispanic origin: 1995-2050, Current Population Reports, P25-1130.

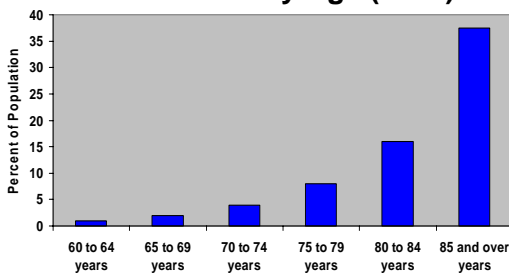
Geriatric Mental Disorders

- Dementia
- Severe anxiety, depressive, and paranoia
- Less severe anxiety and mood disorders
- Long-term psychiatric disabilities
- Late Life Psychotic Conditions
- Addictive disorders: lifelong and late life
- Emotional problems related to aging

Dementia

- Alzheimer's disease: most common form (70%)
- New medications slow deterioration
- Anxiety and/or depression are risk factors/commonplace in early stages
- Early and differential diagnosis is critical
- Effective treatment of depression can improve cognitive function
- Support for family caregivers

Prevalence of Dementia Among Older Adults by Age (1999)

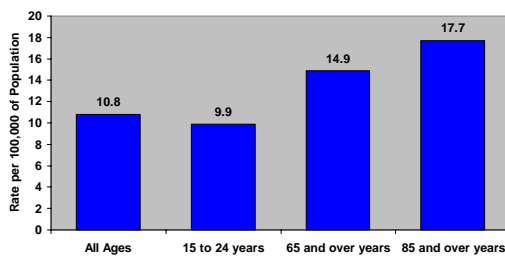


Sources: U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General* (Rockville, MD: 1999); Cummings, Jeffrey L. and Jeste, Dilip V. (1999) Alzheimer's Disease and Its Management in the Year 2010. *Psychiatric Services*, 50:9, 1173-1177

Depression

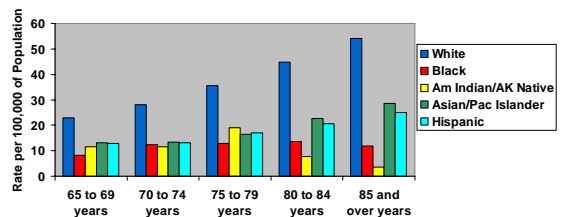
- Depression: Sadness or loss of interest
- Depression is not inevitable
- Major depression in older adults: 5%
- Minor depression: 10%; symptoms: 10-15%
- Evidence-based screening assessment and treatment -
 - Medications
 - Psychotherapy
 - Psychosocial interventions

Suicide Rates of Specific Age Cohorts per 100,000 of Population: 2000-2004



Source: Mortality Reports. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <http://www.cdc.gov/nipowisqars/>

Suicide Rate of Older Male Population By Race: 2000-2004



Note: Suicide among Am Indian/AK Native population at 80 years and above is virtually non-existent.

Source: "Mortality Reports." National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <http://www.cdc.gov/nipowisqars/>

Suicide Prevention

- Identification of risk by “Gatekeepers”
 - Primary care physicians
 - Home health providers
 - Social service workers
 - People in the neighborhood
- Outreach to those at risk
- Depression care management
- Public education

Anxiety

- Range from extreme “worry-warts” to those unable to leave home
- Treatment not yet fully evidence-based
- Consensus regarding effectiveness of:
 - Medications
 - Psychotherapy
 - Cognitive-behavioral therapy
 - Problem-solving therapy

Behavioral Problems

- Distrust/paranoia, rejection of or non-adherence to treatment, belligerence/abusiveness, hoarding, wandering, annoying behavior
- Skilled, humane interaction
- Respect for clients as human beings
- Effort to understand client’s motivation
- Careful listening
- Time and patience
- Very careful use of medications

Long-Term Psychiatric Disabilities

- Develop prior to age 30
- Involve severe functional impairment
- Service Needs
 - Atypical Anti-Psychotic Medications
 - Effective but Controversial
 - Side effects include obesity and diabetes
 - Health Maintenance
 - Housing
 - Rehabilitation

Late Life Psychotic Conditions

- Inpatient and Outpatient Treatment
- Medication
- Supportive Psychotherapy
- Day Program
- Social Supports

Addictive Disorders: Alcohol and Substance Abuse

- Screening
- Assessment
- Alcohol Counseling
- Medications
- Detox: Outpatient/Inpatient
- Rehabilitation: Community Based or residential

Emotional Challenges: Adjusting to Old Age

- Role changes: e.g. retirement
- Loss of status
- Diminished physical and mental skills
- Losses of family and friends
- Confronting death

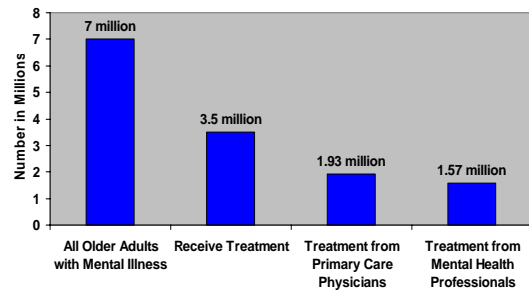
Coping With Transition

- Planning for retirement
- Meaningful Work (paid or volunteer)
- Activities (physical and creative)
- Socialization
- Spiritual matters
- Homecare
- Elder care
- Assisted living and lifecare communities

Treatment for Mental Illness

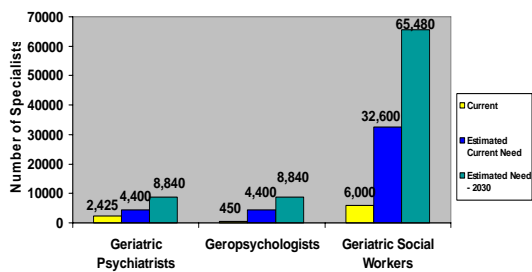
- More than 20% of older adults have a diagnosable mental or substance abuse disorder
- 40-45% get treatment
- At most, 25% get treatment from primary care physicians: 12.7% minimally adequate
- Fewer than 25% get treatment from mental health professionals: 48.3% minimally adequate treatment

Treatment of Mental Illness among Older Adults (US)



Source: U.S. Department of Health and Human Services, *Older Adults and Mental Health: Issues and Opportunities* (Rockville, MD: 2001).

Number of and Estimated Need for Geriatric Specialists (US 1999)



Sources: Halpain, Maureen C. et al. (1999). Training in Geriatric Mental Health: Needs and Strategies. *Psychiatric Services*, 50(3), 1205-1208.
Jeste, Dilip V. et al. (1999). Consensus Statement on the Upcoming Crisis in Geriatric Mental Health. *Archives of General Psychiatry*, 56, 848-853.

Older Adults in the Community

- 92% of geriatric patients/older adults live in the community
 - Most are not disabled
- 80% of disabled older adults are cared for by family caregivers
 - High risk of stress, depression, anxiety and physical illness
- The national economic value of informal caregiving was \$196 billion in 1997. (\$350 billion in current dollars)

Family Support

- **Mittelman Model**
 - Counseling
 - Family Counseling
 - Support Groups
 - Responsiveness to CRISIS
- Respite
- Psycho-education for caregivers
- Elder care managers
- Financial support such as tax relief

Co-Morbidities are Virtually Universal

- **Most older adults have chronic physical conditions**
- **People with serious mental illness**
 - At high risk of obesity, hypertension, diabetes, cardiac, and respiratory problems
 - Have low life expectancy

Co-Morbidities are Virtually Universal

- **People with serious chronic health conditions (such as diabetes, heart disease, and neuromuscular disorders)**
- **At high risk of anxiety and/or depression which increase disability, mortality, and health care costs.**

Integrating Mental Health into Primary Care

- **Well-trained primary care providers**
- **Telepsychiatry (using telephone or video conferencing)**
- **Co-location**
- **Integrated teams**
- **Disease/care management**

Integrating Mental Health into Long-Term Care

Continued:

- **Specialized home health care**
- **Specialized adult medical day care**
- **Improved mental health services in adult homes and nursing homes**

Integrating Health into Mental Health

- **Health care in mental health clinics**
- **Health satellites in mental health programs**
- **Special health clinics for people with mental illness and/or substance abuse disorders**
- **Formal or informal networks**
- **Disease management**
- **Wellness and self-management**

Integrating Mental Health And Aging Services

- Community Gatekeepers
- Screening in senior centers, social adult day programs, and case management
- Neighborhood-based networks (formal or informal)
- On-site treatment services in community settings
- Activity and socialization promote mental health

How You Can Help

- Get trained
- Provide outreach and public education
- Provide screening, assessment, and treatment
- Provide home and community-based services
- Develop working relationships across systems
- Learn how to get the most out of current funding streams (especially Medicare)

Local Systems

- Establish cross-systems networks to handle tough cases
- Develop cross-system “coalitions” or “alliances”
 - Local planning
 - Collaborative program development
 - Advocacy for policy change
- Develop initiative to optimize funding

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