

# Senior Mental Health Presentation

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# Behavioral and Cognitive Health Issues for Older Adults

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## Overview

### **1) Demographic factors:**

- Longevity
- Nevada's aging population growth
- 85+ cohort
- Age is a risk factor for illness

### **2) Estimated 20 – 25% percent of 65+ have a mental health disorder:**

- Diagnosed with a chronic psychiatric illness prior to age 65
- Experience the onset of cognitive and/or behavioral symptoms due to illness such a dementia or stroke
- Affected by mental health disorders due to age-related disability or circumstances such as caregiving

# Behavioral and Cognitive Health Issues for Older Adults

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## 3) Current system of care has not evolved to meet the increasing and specialized needs of older adults

- Mental health disorders are often:
  - Undiagnosed
  - Underreported
  - Untreated
- Individuals with behavioral manifestations face greater challenges to receive accurate diagnosis and appropriate care



# Challenges to Improving Mental Health Care for Older Nevadans

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- Lack of knowledge/misconceptions about normal aging and age-related diseases
- Training for medical and mental health professionals in diagnosis, treatment and behavior management for diseases and disorders affecting older adults
- Implementation of evidence-based models of care for screening, diagnosis and treatment
- Medication management of prescription medications, over-the-counter drugs and supplements
- Education and training for caregivers and families to manage behaviors and cognitive deficits

# Key Behavioral and Cognitive Health Issues for Older Adults

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- 1) Mood Disorders: Depression and Anxiety
- 2) Suicide
- 3) Cognitive Changes and Challenging Behaviors Resulting from Dementia
- 4) Medication Management
- 5) Caregiving

# Mood Disorders: Depression and Anxiety

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- **Depression**

- Feelings of sadness or hopelessness occurring for a prolonged period of time
- Most prevalent mood disorder for older population
- Estimated 20% affected by symptoms of depression (major and minor)
- Higher incidence for those diagnosed with chronic illness and caregivers
- Not part of normal aging
- Highly treatable yet often undiagnosed and untreated



# Symptoms of Depression

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Sadness

Loss of  
interest in  
activities

Weight  
changes

Feelings of  
worthlessness

Poor sleep

Impaired  
cognitive  
function

Hopelessness

Thoughts of  
suicide or  
death

# Risk Factors for Depression

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Diagnosed  
with illness

Chronic pain

Medication  
interactions or  
side effects

Alcohol or  
drug misuse

Social  
isolation,  
loneliness

Bereavement

Caregiving

Loss of  
independence



# Anxiety

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- Excessive feelings of fear, worry, apprehension or dread
- Estimates range from 3 – 20% of older adults affected by anxiety disorder
- Not part of normal aging
- Often undiagnosed and untreated in older population

# Symptoms of Anxiety Disorder

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Excessive worry, nervousness or fear

Avoidance of social situations

Disproportionate concerns about safety

Hoarding

Physical signs such as racing heart, trembling, nausea

Misuse of alcohol or drugs

# Risk Factors of Anxiety Disorder

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Medical illness

Memory loss

Life adjustment due to death of spouse or change in residence

High stress, poor coping skills

Lack of social support

Medication side effects or interactions

# Depression and Anxiety

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## Call to Action:

Increase awareness of warning signs of depression and anxiety

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Assess current availability of specialized mental health care options for older adults; identify gaps in services

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Promote training and implementation of evidence-based protocols to screen, diagnose and treat mood disorders

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# Suicide

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- Overall suicide rates increase with age, with highest rates for those age 85+
- Rate declines in older women and increases in older males who die at a rate 7 times higher
- Nevada has one of the highest suicide rates in the nation for older adults
- Firearms are the most common method used to carry out a suicide

# Risk Factors Specific to Older Adults

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Depression

Prior suicide attempts

Diagnosis or progression of illness

Loss of independence

Death of spouse or loved one

Lack of support system

Cognitive decline

# Screening and Detection

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- Vast majority of older adults had been seen by primary care physician within one year of their death
- 50% visited their physician within one month of suicide
- Small percentage of suicidal ideation detected by physicians
- Stigma prevents many from reaching out to health care professionals and family



# Suicide

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## Call to Action:

Collaborate with organizations with expertise in suicide prevention to develop public relations and training materials to increase awareness of suicide risk in older adults

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Train health care and mental health professionals to detect, intervene and manage suicide risk for older adults

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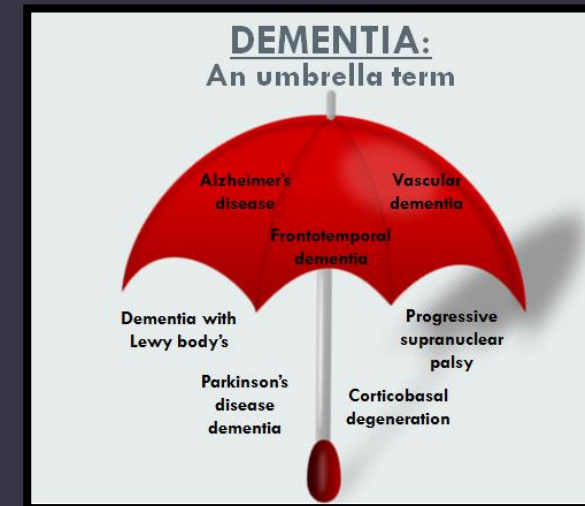
Implement evidence-based screening tools designed to detect risk for suicide in older adults in a variety of health care and community settings

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# Cognitive Changes and Challenging Behaviors Resulting from Dementia

- Dementia is used to describe cognitive symptoms affecting thinking, judgment, language and memory which interfere with daily function
- Alzheimer's disease is the most common type (60 – 80%) of dementia:
  - Progressive, degenerative disorder affecting brain cells and causing loss of memory, cognitive function and behavioral changes
- Other types of dementia
  - Vascular, Lewy body and frontotemporal
- Not part of normal aging



# Prevalence of Alzheimer's Disease

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1 in 9 age 65+

Almost 50% by age 80

Estimated 37,000 in Nevada

Projected to increase to 64,000 by 2025

Nevada has one of the fastest growing rates

# Cognitive and Psychiatric Symptoms

## Cognitive

- Remembering new information
- Communication skills
- Critical thinking
- Following instructions
- Judgment

## Psychiatric

- Personality changes
- Depression
- Hallucinations and delusions
- Apathy
- Aggressive behaviors

# Nevada State Plan to Address Alzheimer's Disease

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- **Recommendations that address behavioral and cognitive challenges:**
  - Recommendation 1: Establish and fund a statewide information and referral system for those with Alzheimer's disease and related disorders, their caregivers, and their families to enable them to connect with local case management and support services.
  - Recommendation 10a: Reviewing regulatory measures that may serve as barriers to facilities that are willing to retain more behaviorally challenged patients.
  - Recommendation 10b: Investigating the feasibility of having specialized units in facilities in Nevada that specialize in dementia care for individuals with challenging behavioral issues.

# Nevada State Plan to Address Alzheimer's Disease

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- **Recommendations (continued):**

- Recommendation 10d: Developing mobile individuals or teams that respond to and evaluate persons in need of specialized interventions.
- Recommendation 10e: Developing a collaborative effort to promote evidence-based, patient-centered approaches to preventing and treating challenging behaviors of individuals with Alzheimer's disease or related disorders.
- Recommendation 10f: Developing plans for more adequate placement of individuals with Alzheimer's disease and related disorders, including the need for in-State facilities to treat more behaviorally challenged patients.

# Cognitive Changes and Challenging Behaviors Resulting from Dementia

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## Call to Action:

Implement recommendations of Nevada State Plan to Address Alzheimer's Disease

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Sustain and expand implementation of evidence-based protocols designed to address challenging behaviors

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Provide education and training for health care, mental health and family caregivers to effectively manage cognitive and psychiatric symptoms of dementia

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# Medication Management

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- **Medication management issues for older adults**
  - Misuse or abuse of prescription and over-the-counter medications
  - Dangerous drug interactions
  - Older adults at higher risk due to:
    - More medications taken over longer period of time
    - Experience sensitivity at a lower dosage
    - Metabolize medications more slowly



# Psychoactive Medications

## Opioid Analgesics and Central Nervous System Depressants

- Prescribed to address pain, anxiety and sleep disorders, common symptoms in older population
- Greatest risk for misuse for females, socially isolated, depressed and history of abuse

## Misuse of Psychoactive Medications

- Taking higher doses than prescribed, other dosing errors
- Using medications for purposes other than prescribed
- Monitoring side effects
- Combining with alcohol, other medications including over-the-counter drugs



# Health Consequences of Misuse

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Depression

Cognitive  
decline

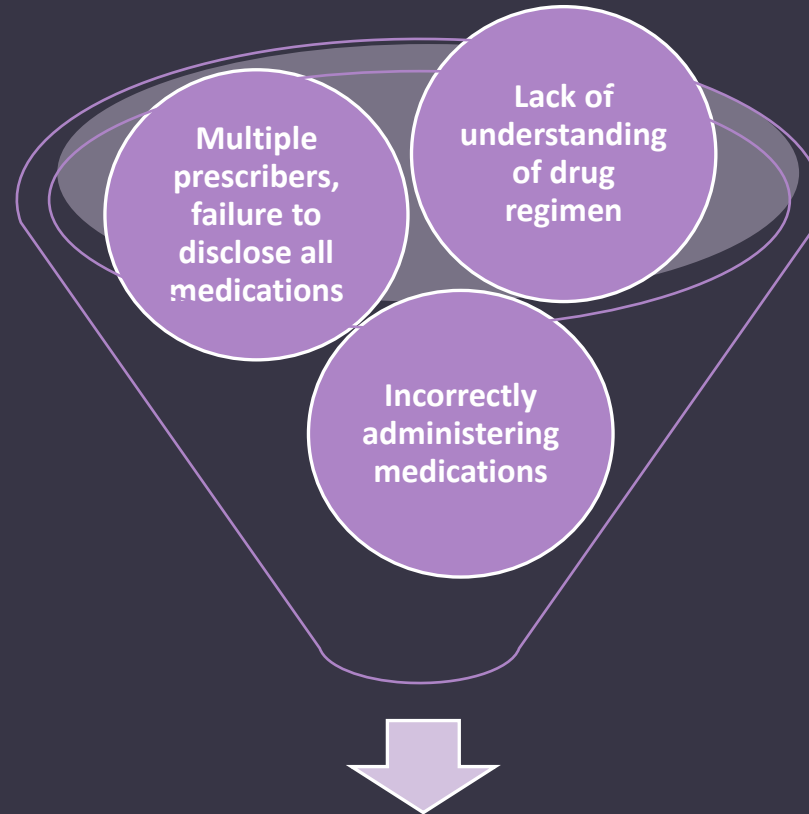
Falls risk

Delirium

Withdrawal  
from family  
and activities

# Mismanagement, Non-Adherence & Adverse Events

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**Major cause of nursing home placements**

# Medication Management

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## Call to Action:

Increase awareness of medication management issues among health care providers, pharmacists, aging service providers and caregivers

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Implement evidence-based protocols to increase coordination among health care providers and pharmacists to reduce the incidence of medication management issues

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Collaborate with experts in substance abuse to provide education and training on medication misuse and abuse

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# Caregiving

## Snapshot of caregivers:

Family and  
friends

Female

Middle-aged

Employed

Providing average of  
20 hours/week of  
assistance

### **Nevada:**

137,000 dementia  
caregivers, providing  
156 million hours of  
care

# Caregiving Tasks

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ADLs, IADLs

Medication management

Skilled medical tasks

Managing challenging behaviors

Coordination of services and care

# Consequences of Caregiving

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# Addressing Challenges of Behavioral and Cognitive Issues

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- Training and support for medical and non-medical caregiving tasks
- Training and education in managing disease-based symptoms and behaviors
- Support to alleviate stress and burden common to caregiving
- Respite from caregiving responsibilities



# Caregiving

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## Call to Action:

Sustain and expand implementation of evidence-based interventions to support caregivers

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Offer support for AARP's Care Act

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Increase awareness and availability of respite services which offer caregivers a break from responsibilities of caregiving

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# Impact of Addressing Senior Mental Health Issues

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- Increase the delivery of cost effective services
- Reduce use of emergency services and unnecessary hospitalization
- Increase access to treatment and use of evidence-based services to effectively address behavioral and cognitive health challenges
- Decrease premature institutional placement
- Reduce the need for out of state placements
- Increase awareness of risk factors and screening for suicide, drug misuse and mood disorders
- Reduce caregiver stress and burden
- Ensure that individuals can remain in the community for as long as feasible

# Primary Sources

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