Senior Mental Health Presentation

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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

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

• 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

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

• 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

- 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

- Diagnosed with illness
- Chronic pain
- Medication interactions or side effects
- Alcohol or drug misuse
- Social isolation, loneliness
- Bereavement
- Caregiving
- Loss of independence
Anxiety

- 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

- 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

- 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

Call to Action:

- Increase awareness of warning signs of depression and anxiety
- Assess current availability of specialized mental health care options for older adults; identify gaps in services
- Promote training and implementation of evidence-based protocols to screen, diagnose and treat mood disorders
Suicide

• 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

- 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

- 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

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

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

Implement evidence-based screening tools designed to detect risk for suicide in older adults in a variety of health care and community settings
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
<table>
<thead>
<tr>
<th>Prevalence of Alzheimer’s Disease</th>
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<tbody>
<tr>
<td>1 in 9 age 65+</td>
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<td>Almost 50% by age 80</td>
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<td>Estimated 37,000 in Nevada</td>
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<td>Projected to increase to 64,000 by 2025</td>
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<td>Nevada has one of the fastest growing rates</td>
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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

• 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

• **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

**Call to Action:**

- Implement recommendations of Nevada State Plan to Address Alzheimer’s Disease
- Sustain and expand implementation of evidence-based protocols designed to address challenging behaviors
- Provide education and training for health care, mental health and family caregivers to effectively manage cognitive and psychiatric symptoms of dementia
Medication Management

• 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

- Depression
- Cognitive decline
- Falls risk
- Delirium
- Withdrawal from family and activities
Mismanagement, Non-Adherence & Adverse Events

Multiple prescribers, failure to disclose all medications
Lack of understanding of drug regimen
Incorrectly administering medications

Major cause of nursing home placements
Medication Management

**Call to Action:**

- Increase awareness of medication management issues among health care providers, pharmacists, aging service providers and caregivers
- Implement evidence-based protocols to increase coordination among health care providers and pharmacists to reduce the incidence of medication management issues
- Collaborate with experts in substance abuse to provide education and training on medication misuse and abuse
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

- ADLs, IADLs
- Medication management
- Skilled medical tasks
- Managing challenging behaviors
- Coordination of services and care
Consequences of Caregiving

- Physical
- Emotional
- Financial
- Stress and burden
- Employment
- Family
Addressing Challenges of Behavioral and Cognitive Issues

- 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

Call to Action:

- Sustain and expand implementation of evidence-based interventions to support caregivers
- Offer support for AARP’s Care Act
- Increase awareness and availability of respite services which offer caregivers a break from responsibilities of caregiving
Impact of Addressing Senior Mental Health Issues

- 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

• AARP Public Policy Institute. Insight on Health Issues 93: Family Caregivers Providing Complex Care to People with Cognitive and Behavioral Health Conditions. AARP Public Policy Institute and the United Hospital Fund, August 2014.

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• Nevada Suicide Prevention Plan, 2007-2012, Office of Suicide Prevention.

• Policy Academy State Profile, Nevada Profile, August 7, 2012.
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