Older Adult Behavioral Health

Current Trends and Programs that Make a Difference

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“Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

—WORLD HEALTH ORGANIZATION, 2014
Mental Health Conditions of Older Adults

- 27 Significant MH and Substance Use Conditions: 15 disorders (DSM criteria) and 12 other impairing conditions
  - Most common disorders: Depression, Anxiety
  - Other conditions: Behavioral and Psychiatric Symptoms Associated with Dementia, Fear of Falling,

- At least 14-20% has one or more disorders

By 2030, as Baby Boomers age the numbers of older adults with MH/SU needs will increase by 80%

Health and Aging: Biopsychosocial Model

**Biophysical**
- Genetic influences
- Blood pressure
- Lung function
- Medication use

**Psychological**
- Cognition
- Anxiety
- Depression
- Perceived stress

**Social**
- Socioeconomic status
- Family background
- Social support
- Resources
- Roles

Adaptation of models by WHO and Engel
**Psychosocial factors**
- History of depression
- Anxiety
- Personality
- Social isolation
- Bereavement
- Other stressors

**Demographic factors**
- Age
- Gender
- Socio-economic status
- Unemployment

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**POTENTIAL BIOLOGICAL MECHANISMS**
- Autonomic Nervous System
- Platelet receptors & function
- Coagulation factors (e.g., fibrinogen, PAI-1*)
- Pro-inflammatory cytokines
- Endothelial function
- Neurohormonal
- Genetic

**POTENTIAL BEHAVIOURAL MECHANISMS**
- Smoking
- Obesity
- Inactivity
- Poor diet
- Poor medication adherence

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**PERCEIVED LOSS** (not necessarily actual)
- Health
- Functional capacity
- Immortality/Invincibility
- Independence
- Sexual relationships
- Employment
- Financial security

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*PAI-1 = plasminogen activator inhibitor-1
Symptoms of Depression (DSM)

- Symptoms persist for two weeks or longer
- Depressed mood nearly every day for at least 2 weeks OR an inability to fully enjoy life
- For a Major Depression Diagnosis: Any 3-4 of the following seven criteria must be present:
  - Change in sleep: too much, too little
  - Change in eating habits: too little, too much
  - Low energy or fatigue
  - Feelings of worthlessness or excessive guilt
  - Restlessness or slowed-down movements
  - Trouble concentrating or making decisions
  - Thoughts of death or suicide
### Signs of Late-Life Anxiety

Up to 7.3% of older adults have Generalized Anxiety Disorder (GAD)

<table>
<thead>
<tr>
<th>Worry Thoughts</th>
<th>Physical Signs</th>
<th>Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerns about Health</td>
<td>Muscle Tightness</td>
<td>Putting Things Off</td>
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<tr>
<td>Finances/Money</td>
<td>Rapid Pulse</td>
<td>Avoiding Places, People or Activities</td>
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<tr>
<td>Issues Related to Aging</td>
<td>Shortness of Breath</td>
<td>Snacking Too Much</td>
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<tr>
<td>Family and Friends</td>
<td>Butterflies in Stomach</td>
<td>Checking in Too Much</td>
</tr>
</tbody>
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Prevalence of Late-Life Depression & Anxiety Disorders

- Clinically significant depressive symptoms
  - 15% community
  - 25% primary care
  - 25% medical inpatients
  - 40% nursing home

- Major depressive disorder
  - 1-4% community
  - 10% primary care
  - 15% medical inpatients
  - 15% nursing home

- Anxiety disorders
  - 3-12%
    - Specific phobias (SP) & Generalized Anxiety Disorder (GAD) are most prevalent
    - Social phobia, OCD, panic disorder (PD), and Post Traumatic Stress Disorder (PTSD) are less common

Depression and Anxiety: Costly, Disabling, and Deadly --

- **Late-Life Anxiety** is related to increased risk of depression, both affect memory

- **Disabling: (Symptoms and Disorders)**
  - Impact on Self-Care: ADLs and IADLs

- **Reduces Quality of Life-sometimes Deadly**
  - Suicide: Elderly at greatest risk
  - Risk Factor for Serious illnesses: Diabetes, Heart Disease
  - Complicates Recovery: Stroke, Hip Fracture, HD, Diabetes

- **Depression and Anxiety are Costly:**
  - Higher health care costs: 50-100 %
  - Increased Morbidity, Mortality, Non-adherence, recovery
Late Life Suicide: Major Concern Now and Future: Every 90 minutes

US Injury Rates-CDC 2010 Data & Statistics (WISQARS™)
Resources for Suicide Risk Assessment and Response

- Presentations from National Experts:
  - [http://www.aoa.acl.gov/AoA_Programs/HPW/Behavioral/index.aspx#webinars](http://www.aoa.acl.gov/AoA_Programs/HPW/Behavioral/index.aspx#webinars): Faculty of the University of Rochester

SPRC • Suicide Prevention Resource Center

Promoting a public health approach to suicide prevention

BPR Overview  Advice on Using the BPR  Search All Listings

SECTION I: Evidence-Based Programs  SECTION II: Expert/Consensus Statements  SECTION III: Adherence to Standards

1-800-273-TALK : National Lifeline
Connections among Conditions: Taking Preventive and Responsive Action
Seniors Struggle with Anxiety and Depression and Lack Awareness of Related Health Risks

- One in four reported symptoms of depression; 29% reported symptoms of anxiety.
- More than 50% had not learned of nonpharmacologic strategies.
- Almost two thirds did not know that depression doubled risk of heart disease and dementia.
Tools, Practices, Programs that Work
What can we do?

As leaders:

- Focus on the issue within our setting
- Identify **key partners** to support action
- Determine effective approaches to implement with our strengths, knowledge and resources

As individual practitioners:

- Acquire knowledge/skills and apply it to **identify and address** depression and anxiety symptoms
- Support prevention and self-care approaches with clients and caregivers
- Help educate individuals, families, colleagues
What to Consider in Addressing Behavioral Health Needs?

- Array of and capacity of services in the community.
- Trained workforce.
- Organizational support in providing services.
- Reimbursement factors.
- The population that is targeted for services.
- Consumer preferences.

Mauer and Druss (2007)
Embed Valid, Brief Screening Tools in our Settings as a place to start....
Screening Tools for Older Adults: Common and in the Public Domain –Track Outcomes

- **Depression:**
  - PHQ-9 (Patient Health Questionnaire)
  - Geriatric Depression Scale
    - [https://web.stanford.edu/~yesavage/GDS.html](https://web.stanford.edu/~yesavage/GDS.html)

- **Anxiety:**
  - GAD-7, from PRIME-MD

- Suicide: Question 9 from the PHQ-9

- P4 Screener: 2 Depression and 2 Anxiety ??
On-Line Training for Patient Health Questionnaire (PHQ) Depression Screening

Our Mission
The Mental Health Training Network provides career development and training opportunities as well as resources and consultation to those who provide care for older adults. Our goal is to improve experiences and outcomes associated with geriatric mental health. Read More

Mental Health Training Network is currently offering the Patient Health Questionnaire (PHQ) Training for Depression Screening free of charge. Register for the PHQ Training today.

Depression CAREPATH
The Depression CAREPATH was developed for use in home health care and hospice to support the assessment, monitoring, and case coordination of depression in older adults. Patient education materials, communication aids, and implementation guides and resources for administrators are also available. Care providers can earn continuing education credit for online training.

Create an account or log in.

Research Institutes & Training
The Mental Health Training Network houses three NIMH-funded mentorship programs for early career investigators: the Postdoctoral Fellowship in Geriatric Mental Health Services Research, the Summer Research Institute in Geriatric Mental Health, and the Advanced Research Institute in Geriatric Mental Health.

Researchers go here

Other Resources:
Weill-Cornell Institute of Geriatric Psychiatry
Weill-Cornell Information for Patients and Families
PHQ Training
Need More Help?

Weill-Cornell Institute of Geriatric Psychiatry
No-Cost: Partial Funding by NIMH grants
Video Vignettes and Role Plays
CE Credits
Evidence –Based Treatment Approaches: First Line Approaches for Depression

- Antidepressant Medications: (SSRIs)
- Cognitive Behavioral Therapy (CBT)
- Problem-Solving Therapy (PST)
- Interpersonal Therapy (IPT)
- Integrated Service Delivery in Primary Care (Collaborative Care)
- Family/Caregiver Support Interventions
- Mental health consultation and treatment teams in long-term care
Less Formal Behavioral Approaches Have Their Place *

- Physical Exercise
- Psychoeducation
  

- Supportive Interventions: promote self-care
  
Research Enabling Better Person Centered Depression Treatment

- **Medication: Preferences, Benefits, Risks, Limits**
  - Preferred by some-not by everyone
  - Requires monitoring and adjustment to maximize response: Is not effective for everyone;
  - Has side-effects and risks
  - Appears to work less well with older old and lower income

- **Behavioral Approaches: Factors to Consider**
  - Socioeconomic Needs: Case management is needed in combination with depression intervention
  - Executive Dysfunction: Poor response—consider Problem-Solving Therapy

YET, there is a huge GAP Between what we know and what we do.

- Adults with a Mental Health or Substance Use disorder receiving ANY treatment:
  - 25% Age 18-65
  - 10% Age 65+

- Older adults (age 65+) in need less likely to receive *specialty mental health* services:
  - 17% age 18-64
  - 1% age 65+

IOM Report: *In Whose Hands 2013*
Source: Steve Bartels MD, MS
SAMHSA Webinar 9/13
Barriers to Addressing Depression in Older Adults

- **Client Barriers**
  - Stigma – “I’m not crazy! I’m not a weak person”
  - Lack of knowledge- “It’s just my diabetes or being old”

- **Provider Barriers**
  - Primary Care faces many competing demands
  - Scarcity of mental health professionals

- **System Barriers**
  - How can we get care to the person or the person to care?”
  - Financing of services is limited and in silos
Depression Care Management

- Active screening for depression
- Trained depression care manager
  - Brief evidence-based interventions
  - Education / self-management support
- Proactive outcome measurement/tracking
- Team approach, stepped care
- Follow-up
Evidence-based depression care

http://www.impact-uw.org/

AIMS CENTER
Advancing Integrated Mental Health Solutions
University of Washington
Seattle, WA
PEARLS Sessions

- 8 home-based sessions, tapered weekly-monthly (19 wks)
- Problem-Solving Treatment
  - Theory:
    - Overwhelming, unsolved problems increase depression
    - Solving Problems decreases depression
  - Patient Centered and Directed
  - Skill building
  - 7-steps
- Physical and Social activities
- Pleasant Events scheduling
Training and Technical Assistance

- **Trainings**
  - In-person (Seattle or site-based)
  - Online supplement
  - PEARLS Toolkit
  - Free implementation manual
  - All forms and materials

- **PEARLS website:** [www.pearlsprogram.org](http://www.pearlsprogram.org)

- **PEARLS Technical Assistance (TA)**
  - Free monthly conference calls with other providers
  - Tailored TA is also available
Further Information

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)

Overview

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) is an evidence-based program that integrates depression awareness and management into existing case management services provided to older adults. Healthy IDEAS ensures older adults get the help they need to manage symptoms of depression and live full lives.

Healthy IDEAS Improves Quality of Life By:
- Screening for symptoms of depression and assessing their severity
- Educating older adults and caregivers about depression
- Linking older adults to primary care and mental health providers
- Empowering older adults to manage their depression through a behavioral activation approach that encourages involvement in meaningful activities

Care for Elders and Baylor College of Medicine manage the dissemination of Healthy IDEAS to potential adopters. Please contact us at HealthyIDEAS@careforelders.org with any questions.

To learn more about Healthy IDEAS:
- Healthy IDEAS Brochure
- Healthy IDEAS Frequently Asked Questions
- Healthy IDEAS Action Brief
- Addressing Depression in Older Adults: Selected Evidence-Based Programs

www.careforelders.org/healthyideas

Questions: healthyideas@careforelders.org

Readiness Tool

Technical Assistance

On-Site Training
Different Types of Organizations Deliver Healthy IDEAS or PEARLS

ORGANIZATIONS: 130

- Area Agency on Aging case management programs
- Local nonprofit social service agencies
- Behavioral health provider agencies
- Caregiver support programs
Mobilize Policy Support and Funding Aligned with Evidence
Lessons Learned on Sustainability of Older Adult Community Behavioral Health Services

Embed into ongoing systems
Braid different funding: mh, aging etc.
Explore Billable service

http://www.ncoa.org/improve-health.center-for-healthy-aging/content-library/lessons-learned-on.html
Prepare a Community-based Interdisciplinary Workforce
Supply of trained professionals, especially for work with older adults, is inadequate.

Service to growing underserved populations has gaps:
- Older adults lack physical access.
- Older adults face barriers because of culture/language.
Advancing Evidence for New Workforce Roles and Models

Peaceful Living Data

- Anxiety (SIGH-A)
- Worry (PSWQ-A)

- GADSS
- Depression (PHQ)

*No main effects of treatment group at 18 months
Emerging Opportunities for Expanding Access
Efforts to Watch

- **Telehealth Problem-Solving Therapy for Depressed Low-Income Homebound Older Adults**
  
  Namkee Choi, PhD and Meals on Wheels and More-Austin, Texas

- **Programa Esperanza (Project Hope):** culturally modified psychosocial intervention for Spanish-speaking Latinos 55+ with depression and multiple medical conditions.
  
  Maria P. Aranda, PhD, and AltaMed PACE program

- **Changes in Financing Models: Attention to depression?**
  - Medicare Annual Wellness Visit: depression screening
  - Medicare Parity: eligible providers same; consumer payment now 80% vs. 50%
CALMER LIFE: PCORI Funding 2014-17
An Integrated Community Treatment for Worry

Option to incorporate religion and spirituality
“It is a fact that in the right formation, the lifting power of many wings can achieve twice the distance of any bird flying alone.”

—AUTHOR UNKNOWN
FEDERAL SUPPORT
AOA and SAMHSA Issue Briefs

OLDER AMERICANS BEHAVIORAL HEALTH
Issue Brief 1: Aging and Behavioral Health Partnerships in the Changing Health Care Environment

Introduction
The Administration on Aging (AOA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) are collaborating to address issues related to aging and behavioral health. This Issue Brief highlights the importance of addressing these issues among older adults.

State Aging and Behavioral Health Partnerships
States are expanding older adult behavioral health services through partnerships between Aging, Mental Health, and Aging State Authorities. These partnerships have increased access to health services, including substance use disorder treatment, for older adults who are aging in place.

OLDER AMERICANS BEHAVIORAL HEALTH
Issue Brief 2: Alcohol Misuse and Abuse Prevention

Guidelines for Alcohol Use
The Substance Abuse and Mental Health Services Administration (SAMHSA) is collaborating with AOA to develop guidelines for alcohol use among older adults.

Importance of the Problem
Alcohol misuse and abuse among older adults can lead to negative health outcomes, including increased healthcare costs and decreased quality of life.

What's a standard drink?
A standard drink is 12 grams of alcohol (for example, 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof distilled spirits).
Integrating Self-Management Support

Scaling and Sustaining Is Hard Work

www.eblcprograms.org
Core Work of EBLC

- Create opportunities to improve coordination and efficiency in the following:
  - Marketing
  - Technical assistance, including readiness assessment, fidelity, and implementation planning and evaluation
  - Training and trainers in evidence-based programs
  - Licensing and fee structures
- Develop a business model
Acknowledgement of Funders & Support

- John A. Hartford Foundation
- Retirement Research Foundation
- Archstone Foundation
- NIMH
- Administration on Aging/ACL
- HRSA-Bureau of Health Professions
- Veterans Health Administration HSR&D
- Practice Change Fellows/Leaders
- NCOA-Center for Healthy Aging
- Centers for Disease Control and Healthy Aging Network
- SAMHSA
- United Way of Texas
Older Adult Specialty In-home Services (OASIS)

Micheline Sommers, LMSW
Director of Older Adult Specialty Services
msommers@ofsfamily.org
Oakland Family Services Overview

Oakland Family Services is a 501 (c)(3) Family Service Agency founded in 1921

- Behavioral Health Services
- Older Adult & Caregiver Services
- Family Preservation: Foster Care/Adoption
- School Readiness & Education Services
Needs Addressed in Key Partnerships

- Outreach
- Referrals
- Marketing of Program
- Community resources
Key Partner Organizations

- Senior Centers
- Hospital Systems
- Older Adult Service Providers including:
  - Area Agency on Aging
Lessons in Developing Partnerships

- Reciprocal relationships
- Understanding partner needs
- Memorandums of Agreement
- What can you do for them
Lessons in Maintaining Partnerships

- Share aggregate client impact data to show results
- Partners become advisors to project
- Support partners program needs
- Partners recognized at high profile events
- Partners offer support in funding requests
Community Benefits of Partnerships

- Connections to other funding sources
- Marketing of program
- Demonstrate benefits of MH/SA treatment to partners
- Remove stigma of MH/SA Treatment for older adults
The mission of Senior Reach is to support the well-being, independence and dignity of older adults by educating the community, providing behavioral health and care management services, and connecting older adults to community resources.
Senior Reach – The Beginning

TriWest

Seniors’ Resource Center

Mental Health Partners
Healthy Minds, Healthy Communities

Jefferson Center
for mental health
Senior Reach – Population Served

- Older adults age 60 and better
- Living independently in the community
- Isolated, vulnerable, at-risk
- Not seeking care on their own behalf
- “Under the radar” of care providers
Key Components

Community Education & Outreach

• Train individuals and professionals in the community to become Community Partners and identify and refer seniors in need

Screening

• Elder friendly, telephonic, single point of entry
• Call Center receives referrals from community and reaches out to seniors in need
• Provides screening, information and referral
• Links to behavioral health and/or care management services

Services

• Home based intake to determine individualized needs and services
• Brief, solution-focused, behavioral health treatment
• Care management
• Referral to additional community resources as needed to support the wellness and independence of seniors

www.seniorreach.org
Senior Reach® is recognized as an Evidence-Based Program through the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices
Validated Measurements

- Care Manager Survey
- PHQ 9
- CCAR
- Senior Reach Database

www.seniorreach.org
Senior Reach Outcomes*

- Decrease in **depression**
- Decrease in **anxiety**
- Decrease in **emotional disturbance**
- Increase in functioning regarding **attention issues**
- Decrease in **overall mental health severity**
- Increase in **self-care/basic needs**
- Decreased **risk of suicide**

*Indicates statistically significant change at p< .05 from time of enrollment to discharge-paired sample t-tests.

Senior Reach Outcomes*

- Increase overall level of **functioning**
- Increase in **interpersonal relationships**
- Increased **social supports**
- Decrease in **social isolation**
- Increase in **overall recovery**
- Increase in **empowerment**
- Increase in **hopefulness about the future**

* Indicates statistically significant change at p<.05 from time of enrollment to discharge-paired sample t-tests.

Implementation

Community Education & Outreach
- Utilize existing community volunteer groups and civic organizations as Community Partner trainers.
- Offer additional training to community partners.

Screening
- Consider using 211 or existing call center.
- Engage local senior centers.

Services
- Partner with local behavioral health provider.
- Billable Services.
- Engage local AAA organization for care management services/funding.
- Identify local community resources.

www.seniorreach.org
Sustainability

- Leverage existing community partnerships
- Behavioral Health services billable
- Administration for Community Living (Formerly Administration on Aging)
Senior Reach Enhancements

- Additional Community Training
- Substance use & dementia screening
- Wellness services/coaching
- Home visitor/peer support
- What enhancements exist in your community?

www.seniorreach.org
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