



Northeast and Caribbean (HHS Region 2)

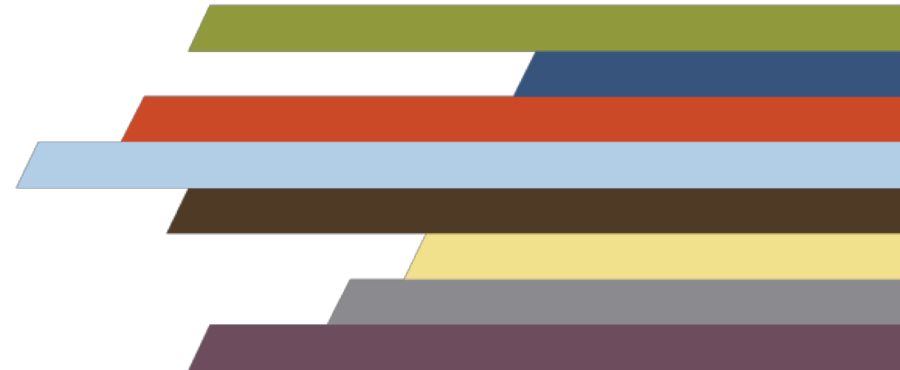
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Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Mental Health Technology Transfer Center (MHTTC) Northeast and Caribbean

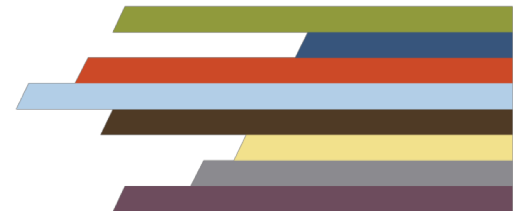
Rutgers, School of Health Professions
Department of Psychiatric Rehabilitation

PI: Kenneth Gill, Ph.D., CPRP
Co-Director: Ann Murphy, Ph.D., CPRP



Northeast Caribbean MHTTC

- SAMHSA provides 5 years (2018 – 2023) of funding to:
 - Enhance capacity of behavioral health workforce to deliver evidence-based and promising practices to individuals with mental illnesses
 - Address full continuum of services spanning mental illness prevention, treatment, and recovery supports
 - Train related workforces (police/first responders, primary care providers, vocational services, etc.) to provide effective services to people with mental illnesses
- <https://mhttcnetwork.org>



Housekeeping

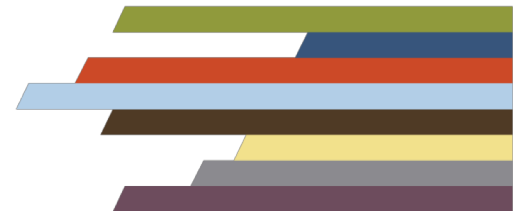
- Today's webinar
- Part 2 – Wednesday, March 27 at 12:00pm ET
- Attend Parts 1 & 2 to receive Certificate of Completion
- Following the second webinar we will also ask you to complete a survey to provide us with anonymous feedback



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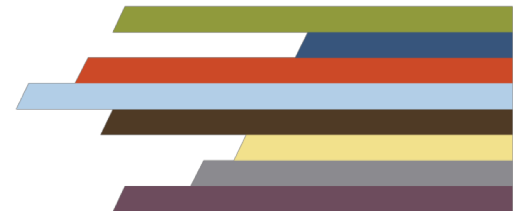
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Video Recording Information

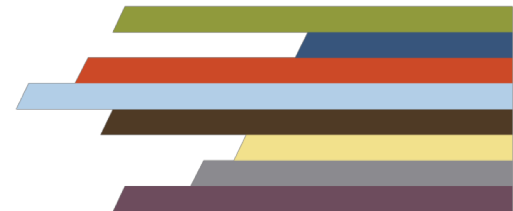
- Please note that we will be recording this webinar and posting it to our website. Any information and input you provide during today's call will be recorded and posted on our website.

THANKS!



Your Interactions with Us

- Question and Answers
 - Q & A will occur at the end of the call.
 - Please type your questions in the Q & A feature in Zoom located on the task bar (hover over task bar).
- Chat and Polls
 - Throughout the webinar, we will be asking for your input.
 - Please use the Chat or Poll features in Zoom located on the task bar.



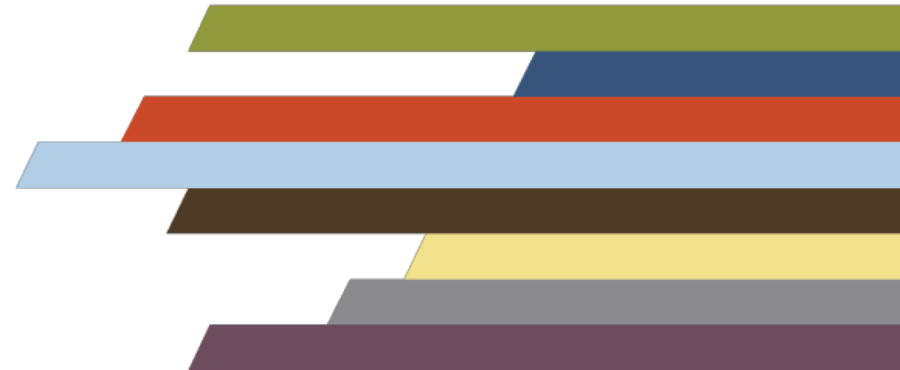


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Older Adults with Serious Mental Illness: Part 1



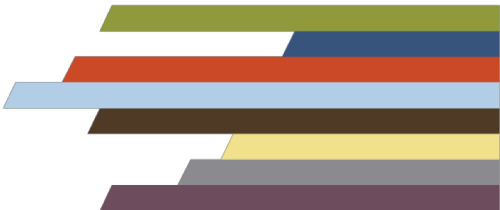
Michelle Zechner, PhD, MSW, LSW, CPRP



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Learning Objectives

Participants Will:

- Develop understanding of older adults with SMI
- Describe this growing population
- Identify unique concerns for this population
 - Health challenges
 - Psychiatric symptoms
- Evaluate the strengths that develop with older age

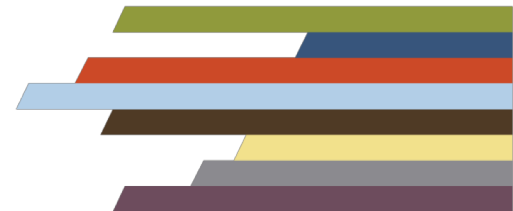


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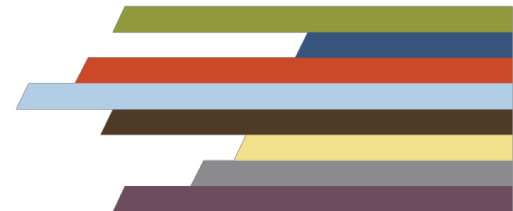
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Poll Questions

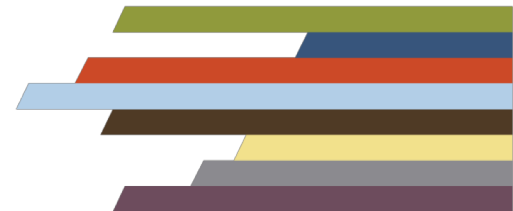
- At what age do you consider someone an older adult?



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Poll Questions

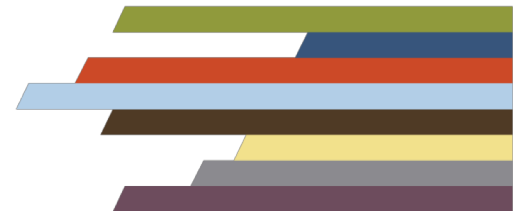
- Which conditions are considered mental illnesses?

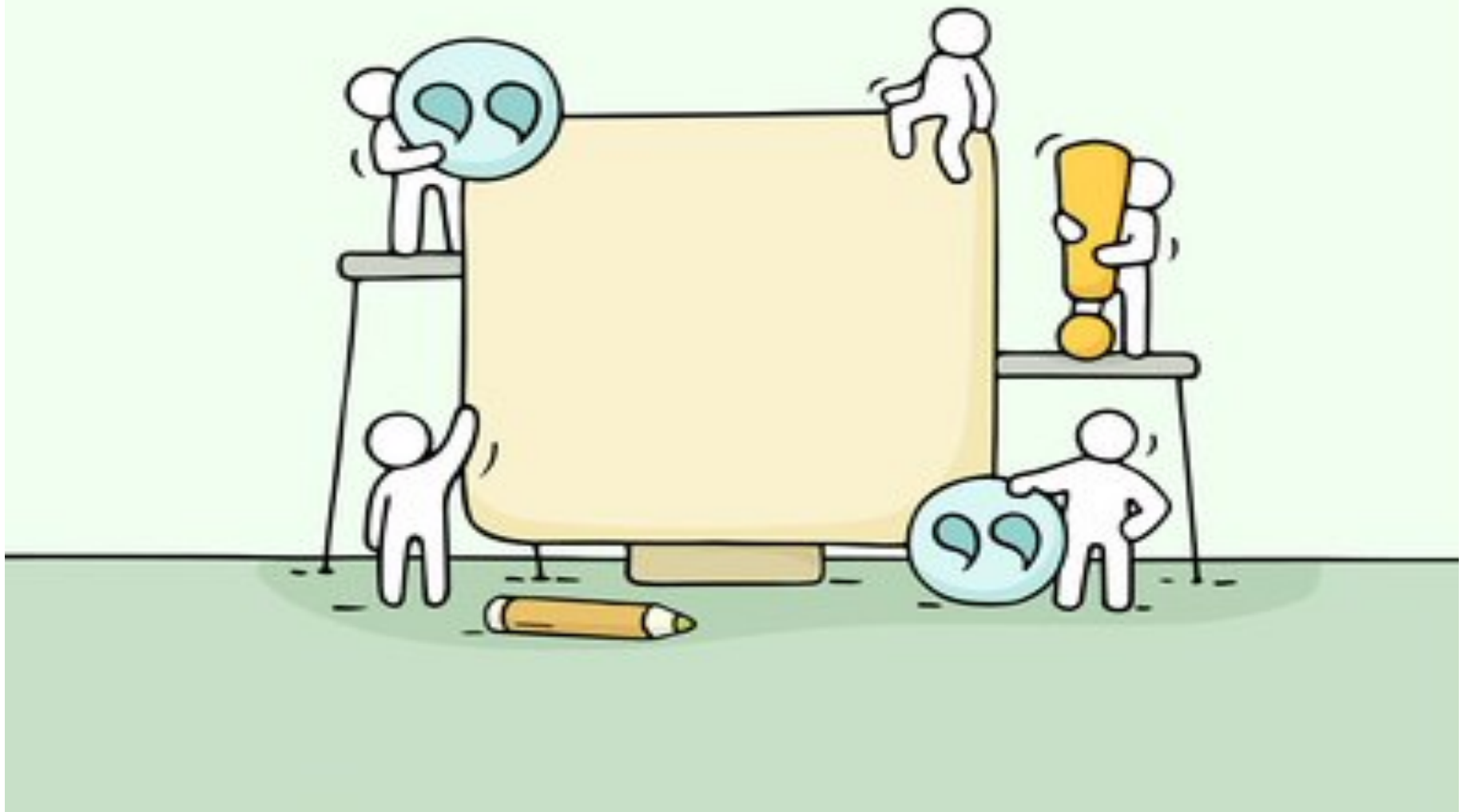


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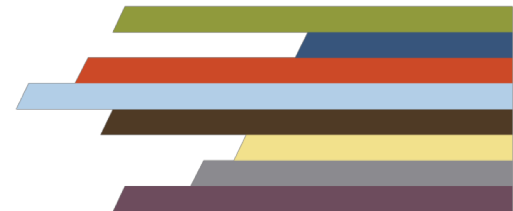




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VERSUS

Older Age Onset of Psychiatric Illness

Diagnosed later in life

Typically anxiety, depression, delirium or dementia

Psychiatric Illness Not Related to Age

When is a mental health diagnosis typically made?

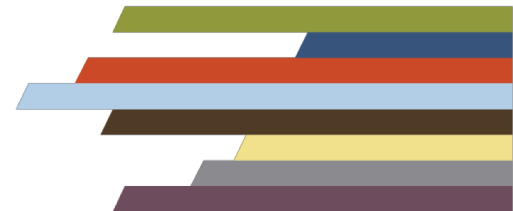
What illnesses are typically included?



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Unique Issues for Older Adults with SMI

Complex health issues & medications

Fall risk

Elder Abuse

Stigma- Ageism & Mental Health

Few dedicated resources

Lack of workforce cross training in MH & Aging

Trans-institutionalization

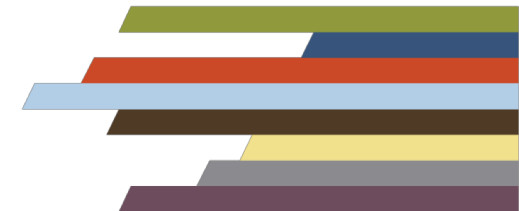
SAMHSA, 2016; IOM, 2012; Dallaire et al., 2008



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Older People Living with MI

- More physically ill
- Risk of cognitive deficits
- Social functioning difficulties
- Risk of community living deficits
- High risk of tardive dyskinesia with conventional neuroleptics

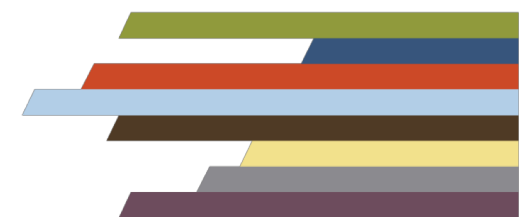
Bartels. & Pratt, 2009; Pratt, Bartels, Mueser & Forester, 2008



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Know the Signs of TD

Symptoms May Range from Mild to Severe



Movements of the Mouth

Such as frowning, sticking out tongue, lip smacking, puckering, and pursing



Rapid Movements of the Body

Commonly in the arms, legs, and trunk



Face

Disfigured facial features such as drooping of the mouth or eyes



Eyes

Rapid blinking



Difficulty Breathing



Difficulty Swallowing



Difficulty Speaking



SOURCES

Keshavan, M. S. (1992). Drug-induced dysfunction in psychia try. New York: Hemisphere publ. Corporation.

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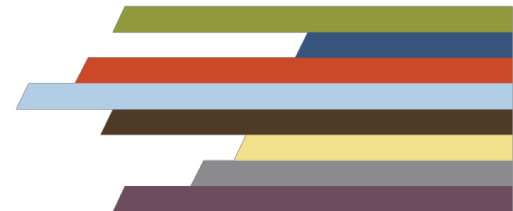
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Chat Box Question

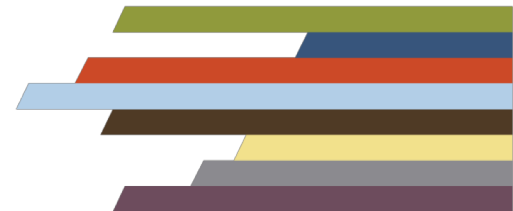
- In two or three words, what are your most common issues when working with older adults with serious mental illness?



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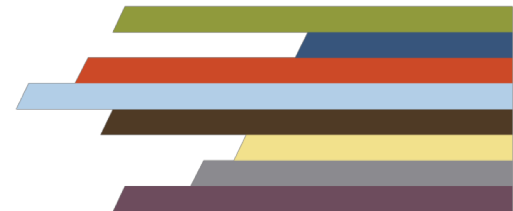




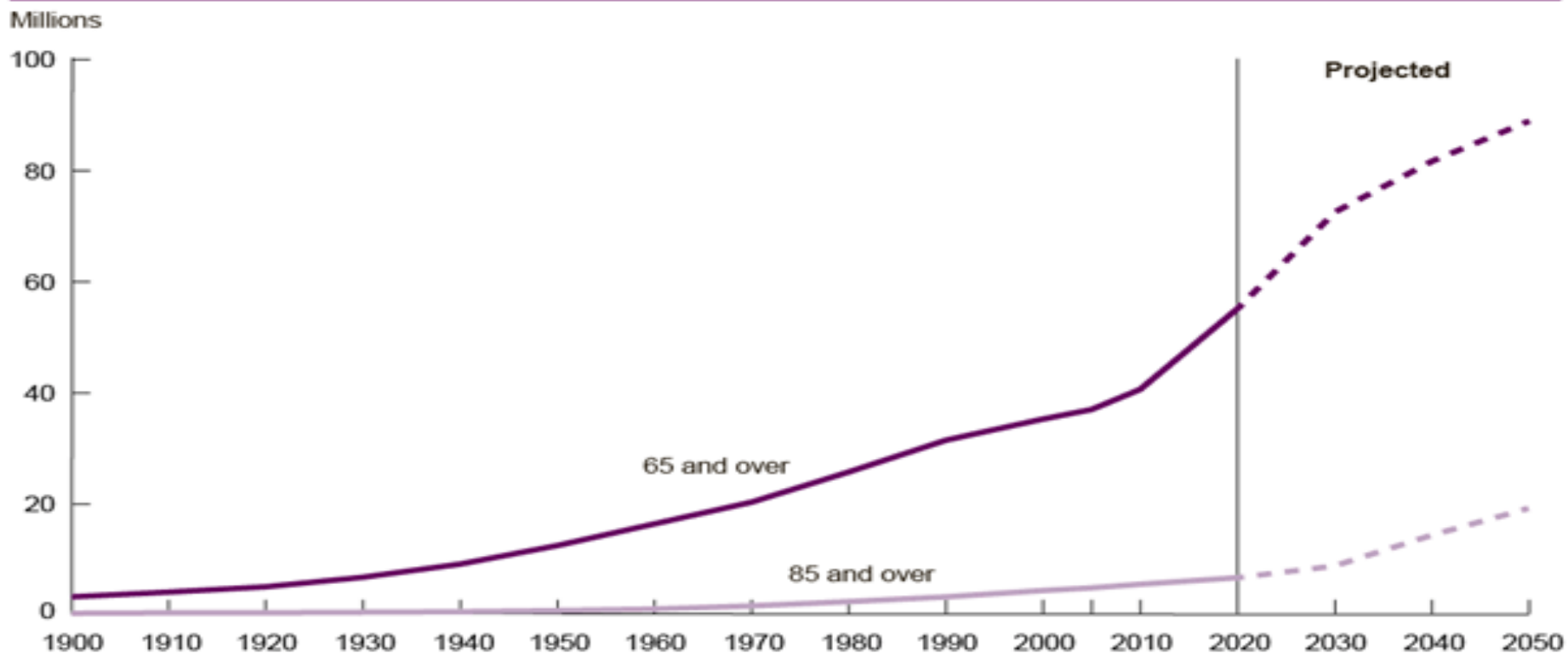
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Population age 65 and over and age 85 and over, selected years 1900–2010 and projected 2020–2050



NOTE: These projections are based on Census 2000 and are not consistent with the 2010 Census results. Projections based on the 2010 Census will be released in late 2012.

Reference population: These data refer to the resident population.

SOURCE: U.S. Census Bureau, 1900 to 1940, 1970, and 1980, U.S. Census Bureau, 1983, Table 42; 1950, U.S. Census Bureau, 1953, Table 38; 1960, U.S. Census Bureau, 1964, Table 155; 1990, U.S. Census Bureau, 1991, 1990 Summary Table File; 2000, U.S. Census Bureau, 2001, *Census 2000 Summary File 1*; U.S. Census Bureau, Table 1: Intercensal Estimates of the Resident Population by Sex and Age for the U.S.: April 1, 2000 to July 1, 2010 (US-EST00INT-01); U.S. Census Bureau, 2011, *2010 Census Summary File 1*; U.S. Census Bureau, Table 2: Projections of the population by selected age groups and sex for the United States: 2010–2050 (NP2008-t2).

U.S. Census Bureau

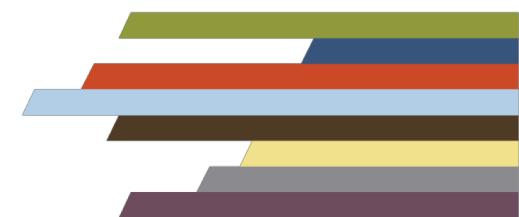


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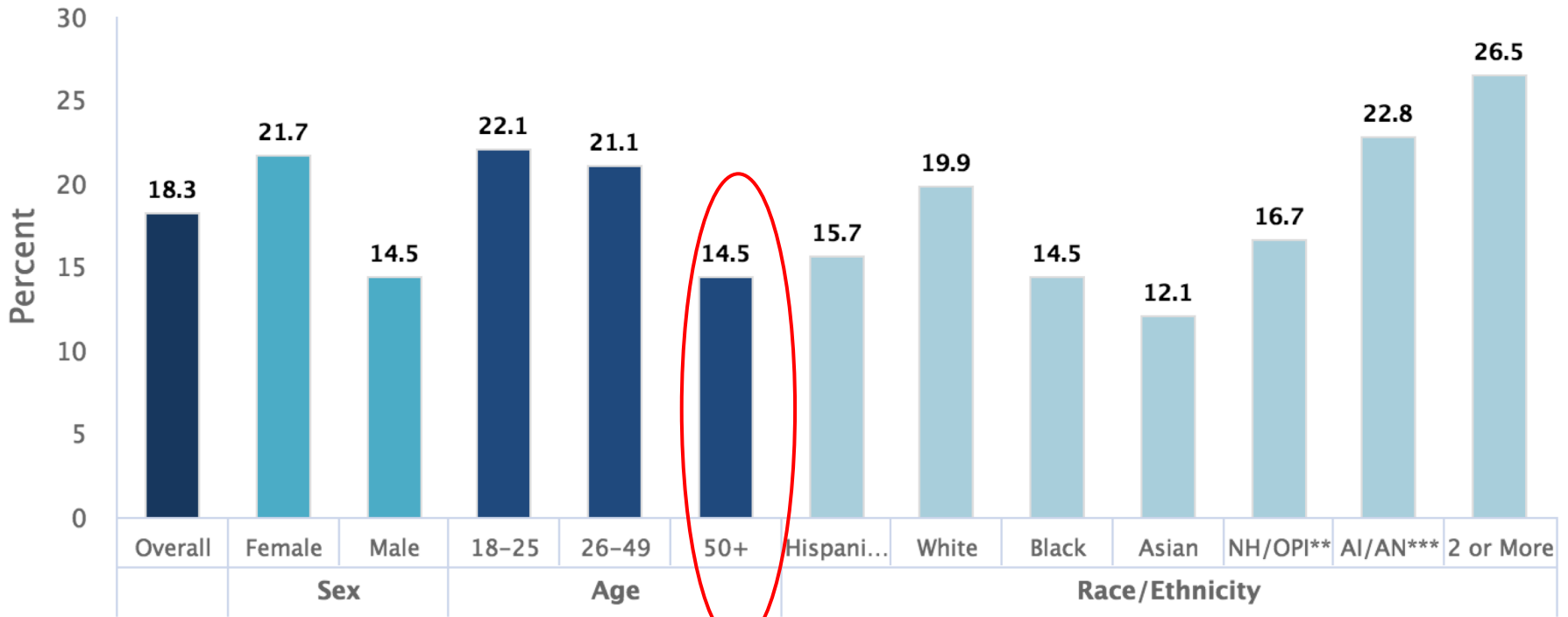
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Past Year Prevalence of Any Mental Illness Among U.S. Adults (2016)

Data Courtesy of SAMHSA



www.nimh.nih.gov

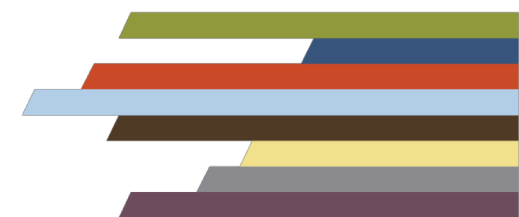
Some estimates are higher



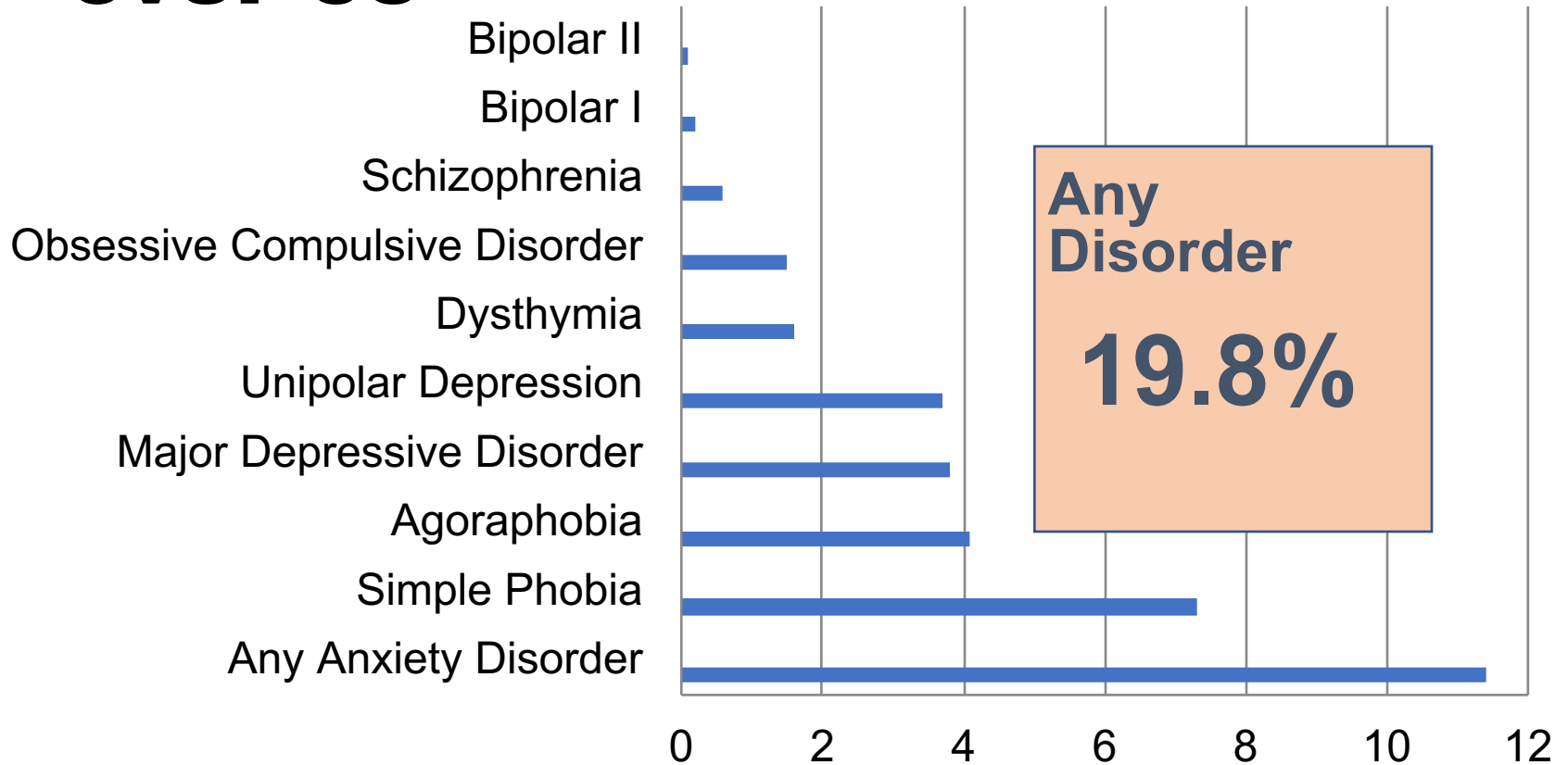
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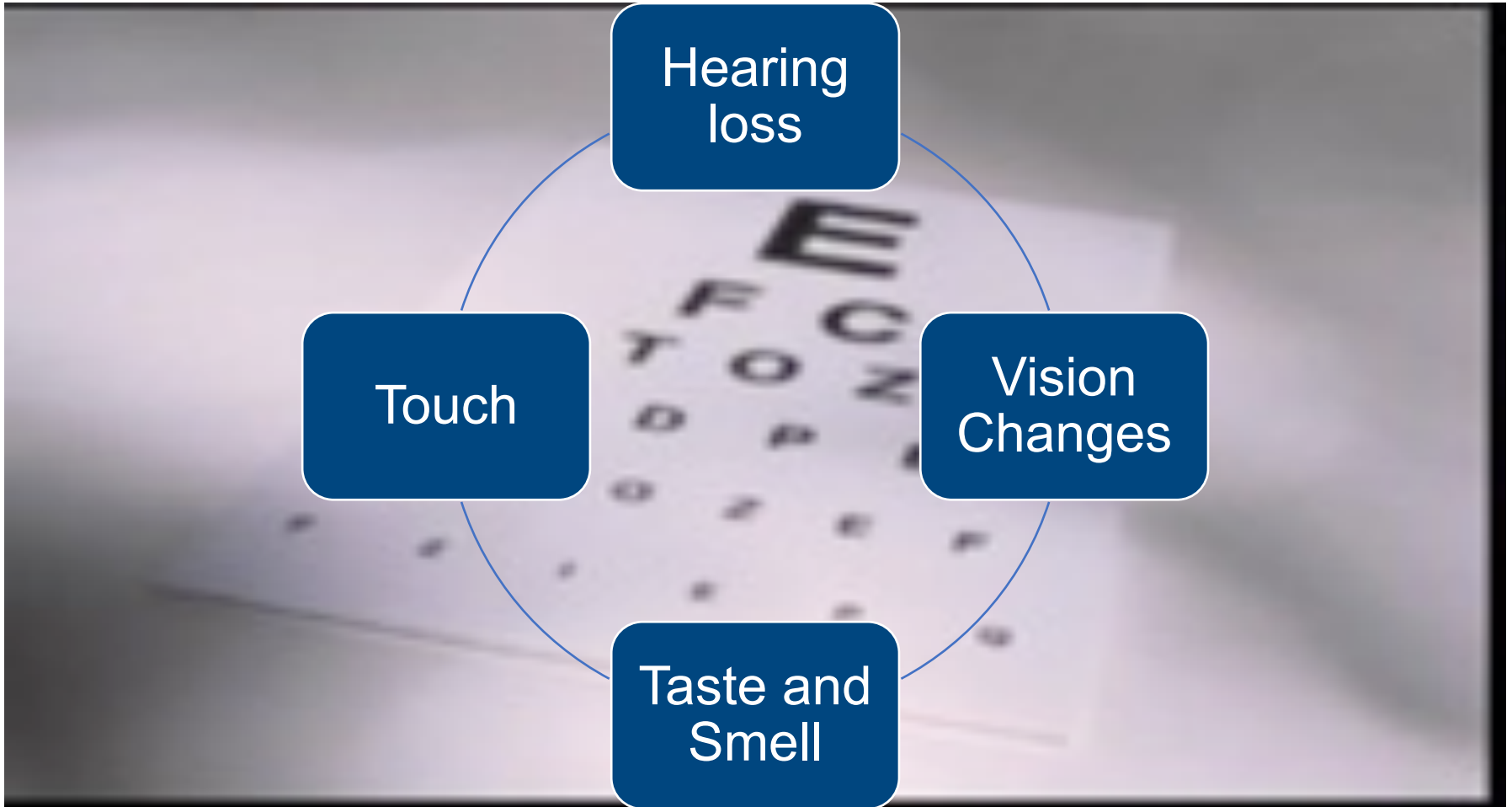


Prevalence of MI in People over 65



Source: D. Regier & W. Narrow, personal communication, 1999 as cited by US Dept of Health & Human Services, 1999

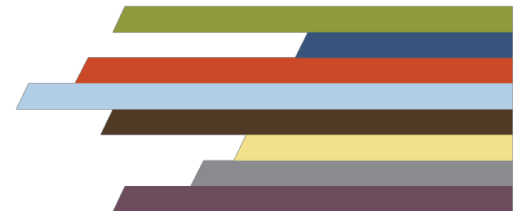
Normal Sensory Changes



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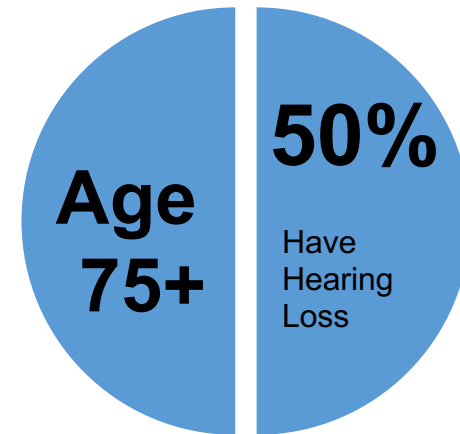
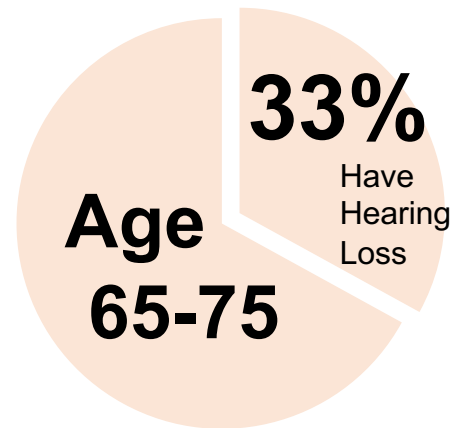


Hearing Loss

What does hearing loss sound like?

<https://www.cdc.gov/niosh/mining/UserFiles/content/hearingloss/audio/Bgmodl.MP3>

Try the moderate hearing loss with background noise.



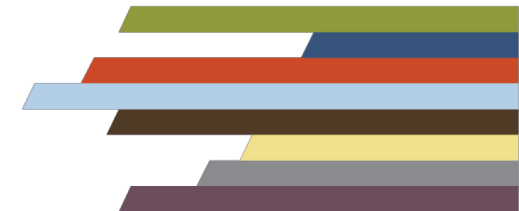
www.mayoclinic.com



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Experiencing Vision Loss: CATARACTS

What It's Like



This is how a street scene looks with normal vision.



This is how the same scene looks with cataracts.

www.lighthouse.org



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Changes in the Body

- Bones, Joints and Muscles
- Teeth/Mouth
- Digestion
- Sleep Changes
- Bladder Capacity
- Cardiovascular
- Reserve Capacity
- Sexuality

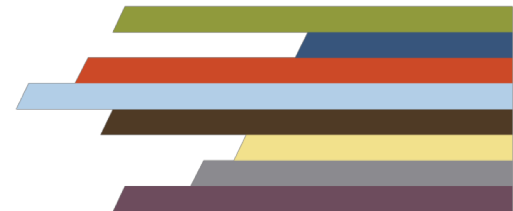


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The Good News ...



Dementia is **NOT** a normal part of aging...

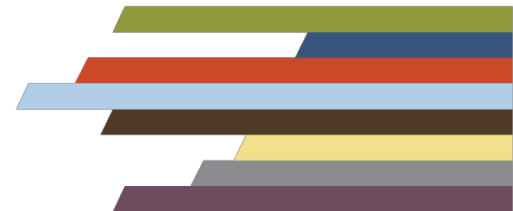
Depression is **NOT** a normal part of aging...



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Normal Changes in Thinking

- Some cognitive impairment occurs normally over time (response time, word-finding difficulty)
- Age-related changes in cognition are not uniform across all cognitive domains or across all older individuals



Wykes et al., 2009; Glisky, 2007

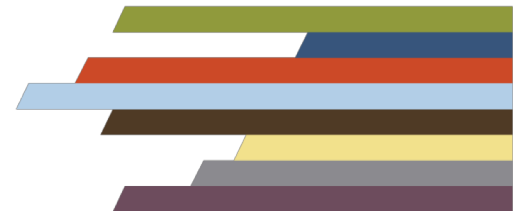


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Dual Diagnosis Medical Conditions

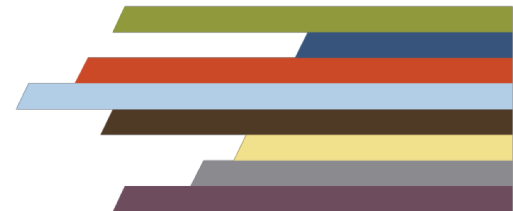


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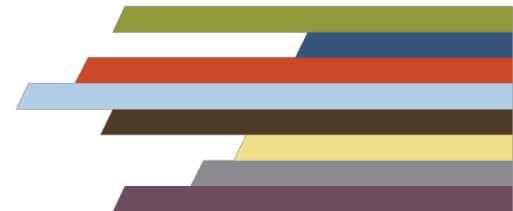
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Dual Diagnosis Medical Conditions

- More physical health problems
- Health conditions linked to medication non-compliance
- Cardiovascular disease

CDC, 2011; Pratt, Bartels, Mueser & Forester, 2008; Loi & Chu, 2011; Pratt, et. al, 2008; Pratt et al., 2006; DHHS, 1999



Other Common Health Disorders

- Diabetes
- Respiratory Disorders
- Immune Disorders
- Cancer
- Hyponatremia



IOM, 2012; Schoos, R. & Cohen, C., 2003

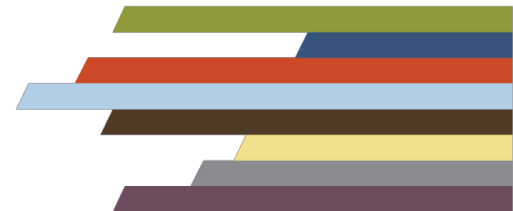


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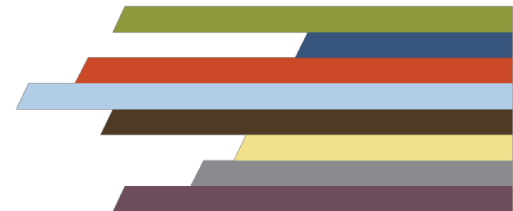
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Chat Box Questions

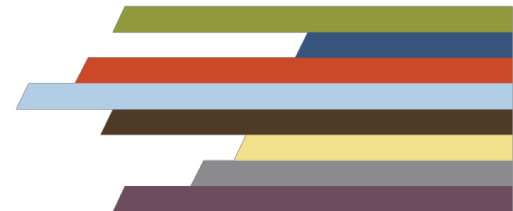
- What other health problems have you seen in older adults with mental illness?



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Poll Discussion

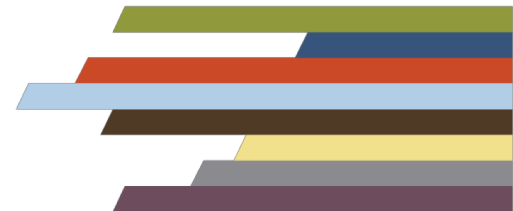
Many health disorders are linked to depression & anxiety!



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Health Issues & Mental Health Symptoms

Health Issue	Psychiatric Issue	Physical Symptoms
Urinary Tract Infection	Sudden onset of confusion Change in functioning	Pain or burning on urination Frequent urination
Thyroid Disease	Confusion Agitation Fatigue Impaired memory	Hair loss Weight gain Muscle aches, stiffness, joint pain
Alcohol	Cognitive decline/confusion Sleep disturbance Self-care deficits	Injuries/falls Gastrointestinal problems Infection Unstable hypertension
Prescription RX misuse	Delirium Dementia Sleep disturbance	Injuries/falls Psychomotor issues Slurred speech Blurred vision

SAMHSA, 2016

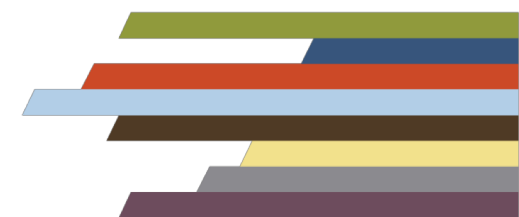


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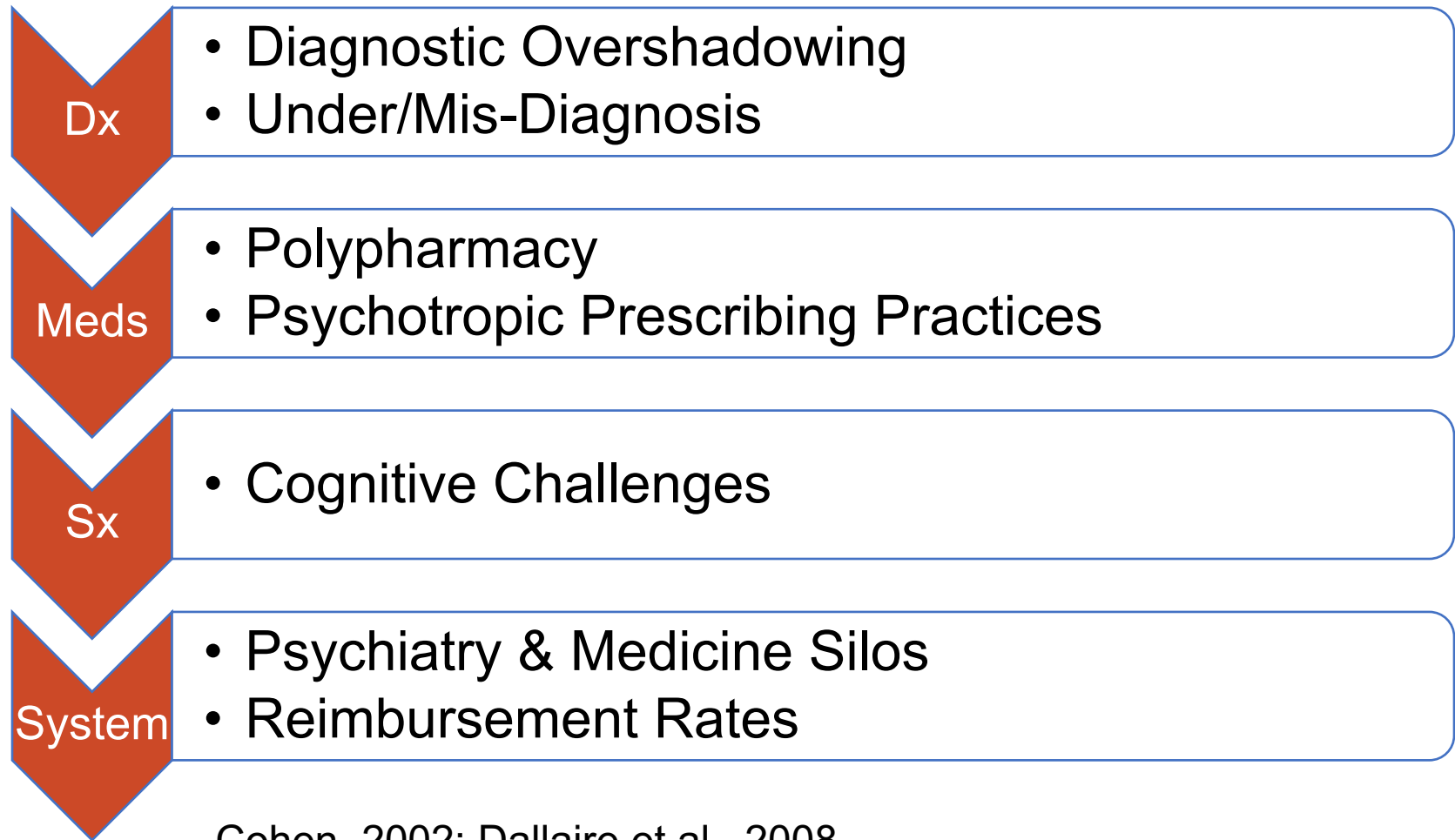
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Challenges in Medical Care

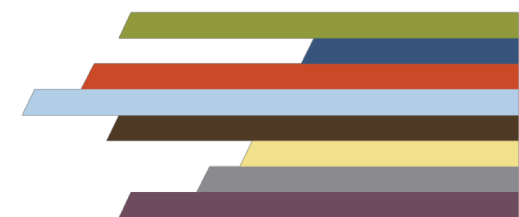


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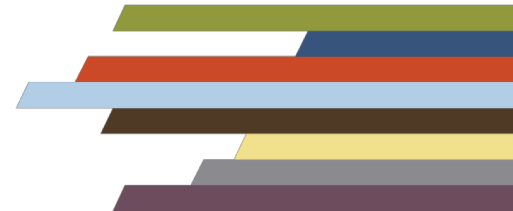
Additional Considerations



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DELIRIUM

- Sudden, severe confusion
- Rapid changes in brain function
- Occur with physical or mental illness
- Usually temporary & reversible

National Clinical Guideline Centre, 2010

COMMON CAUSES

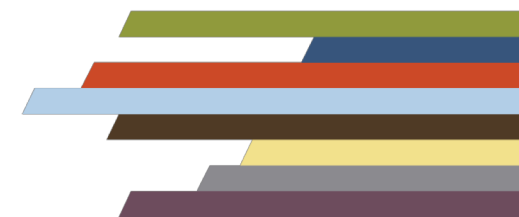
- *Alcohol/Drug withdrawal*
- *Drug abuse*
- *Electrolyte/Other chemical disturbance*
- *Infections (UTI, pneumonia)*
- *Poisons*
- *Surgery*



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Other Considerations

Substance
Misuse

Grief

Death &
Dying

Culture

Dementia

Falls

Connection of Mind and Body



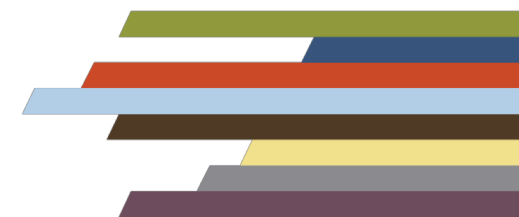
Schoos, R. & Cohen, C., 2003; Jeste et al, 1996; Jin et al., 2001



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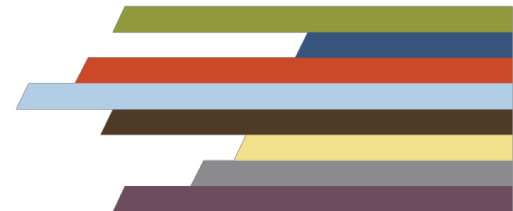
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Poll Question

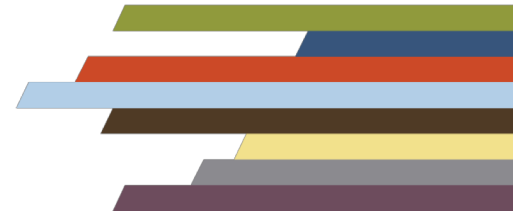
- How do psychiatric symptoms change with age?



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Answer: Improve & Worsen

- Negative symptoms may worsen, while positive symptoms improve
- Long-term hospitalization ► poorer cognition
- Worsened attention and executive functioning
- Schizophrenia vs. dementia

Bowie & Harvey, 2005; Schultz, 2003

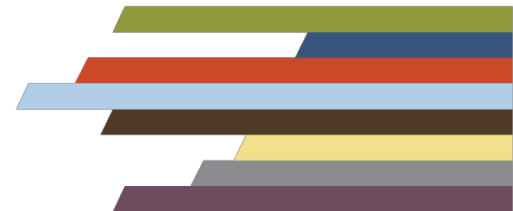


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Psych Meds & Aging



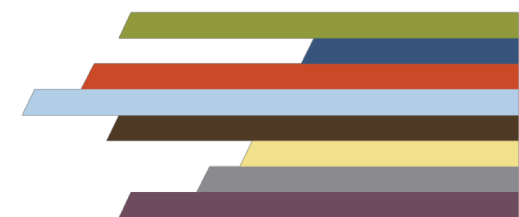
Simoni-Wastila, Ryder, Quian et al., 2009; Schoos, R. & Cohen, C., 2003



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Potential Impact of Anxiety

- Health decline
- Decreased mobility
- Attention diffi
- Increased pain perception
- Use of pain medications



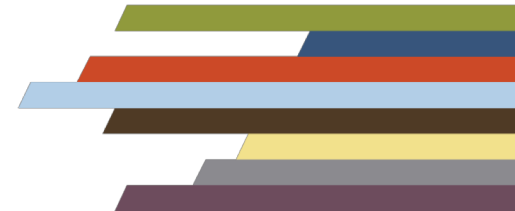
University of Pittsburgh Institute on Aging and the Geriatric Education Center of PA (nd) The I AM HERE series. Source: www.aging.upmc.com



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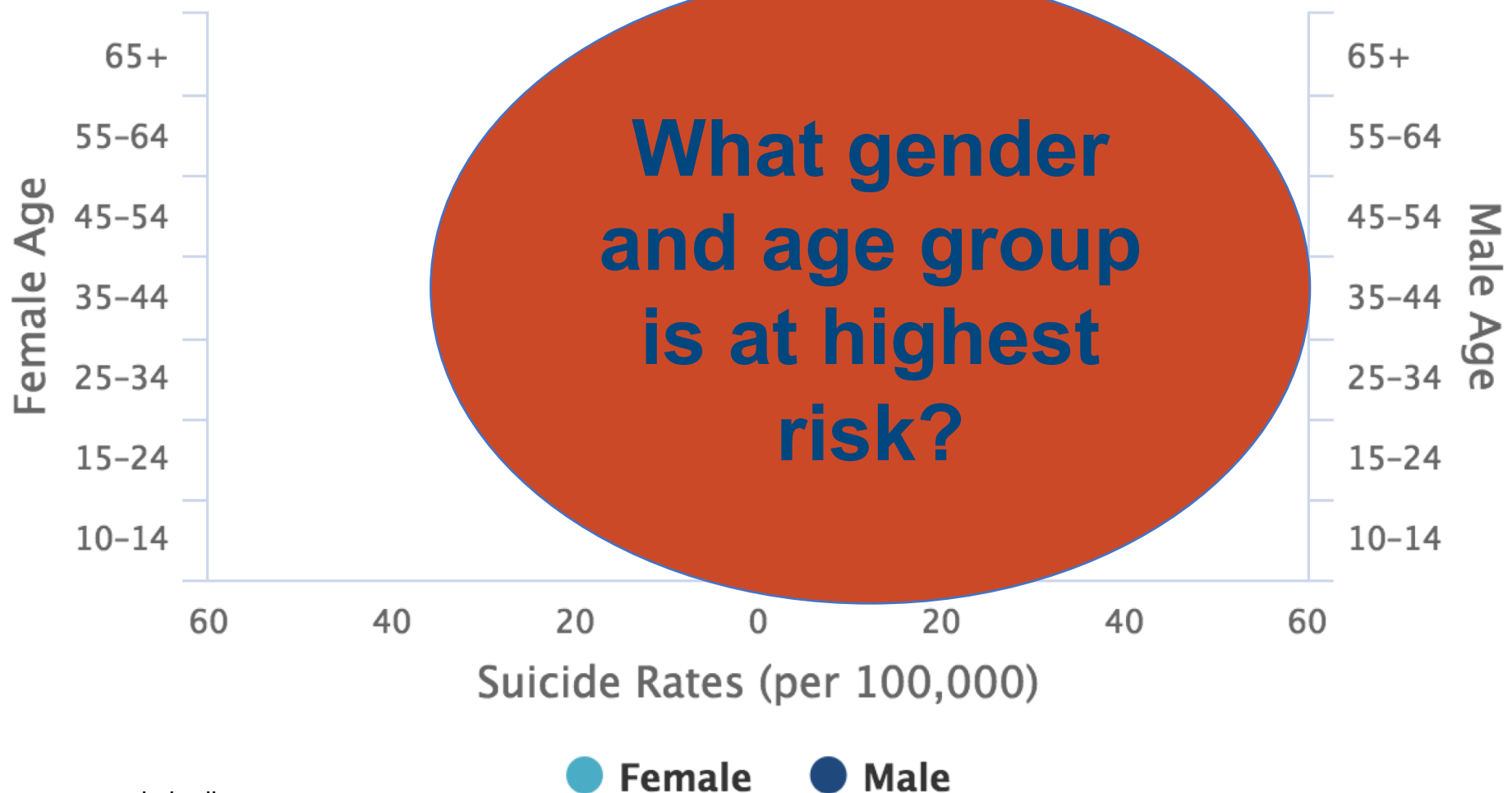
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Increased risk of suicide

Suicide Rates for Males and Females by Age in the United States (2016)

Data Courtesy of CDC



Strengths

Clear sense of self

Established coping strategies

Resilience managing both conditions

Decrease in positive symptoms

Interest in achieving recovery

Desire for improved physical wellbeing

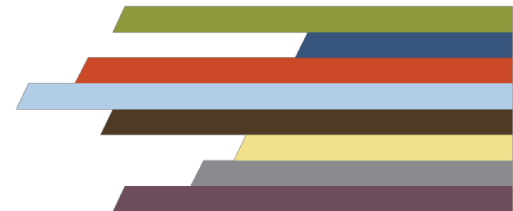
Let's Hear from You



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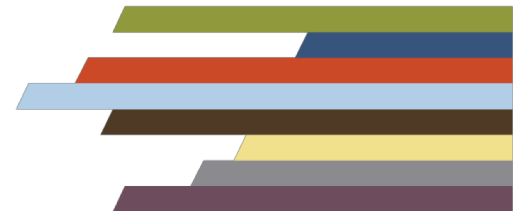
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Chat Box Question

- What strengths have you witnessed in older adults living with mental illnesses?



Recovery in Older Adults

Feeling reasonably satisfied with life despite losses

Having a sense of control over life's decisions

Engaging in meaningful activities

Living in a setting that promotes optimal functioning and independence



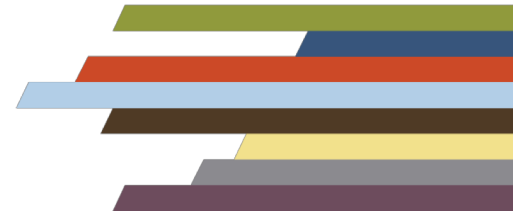
Daley et al., 2012; Flaherty et al., 2016; Mueser et al., 2012



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Summary

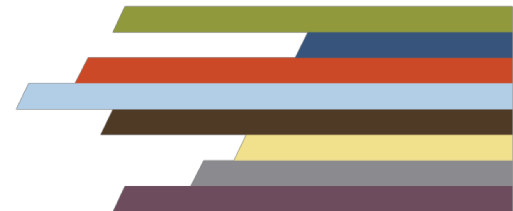
- Growing population
- Unique challenges related to medication and health concerns
- Psychiatric symptoms change and influenced by health
- Older adults invested in recovery



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Questions?

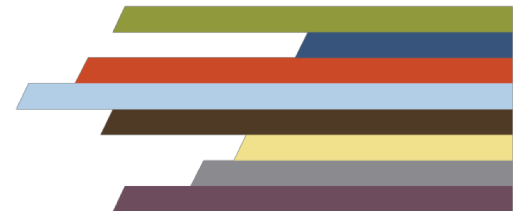
Thank you!



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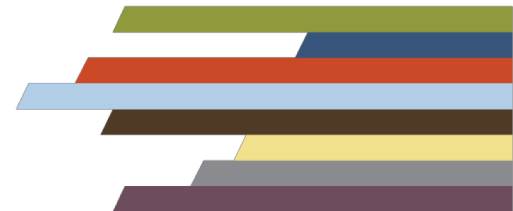


Join Us for Part 2

Interventions for Older Adults with SMI: Evidence-based and best practice recommendations and considerations

Wednesday, March 27, 12:00 – 1:30pm ET

*Note: Certificates of Completion will be issued for participants who attend both Parts 1 & 2



Resources

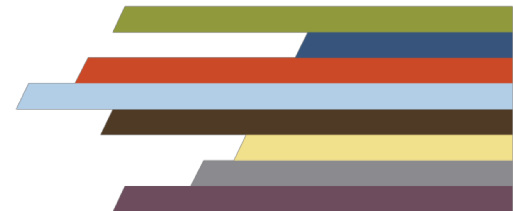
- American Psychological Association, *Multicultural Aging*
<https://www.apa.org/pi/aging/resources/guides/multicultural>
- National Academy of Health, *The Mental Health and Substance Use Workforce for older Adults: In Whose Hands?*
www.nationalacademies.org
- National Institute on Aging
<https://www.nia.nih.gov>
- SAMHSA-HRSA Center for Integrated Health Solutions, *Older Adults*
<https://www.integration.samhsa.gov/integrated-care-models/older-adults>
- SAGE, *LGBT Older Adults & Health Disparities*
<https://www.integration.samhsa.gov/integrated-care-models/older-adults>
- The John A. Hartford Foundation, *Mental Health and the Older Adult*
<https://www.johnahartford.org/ar2011/>



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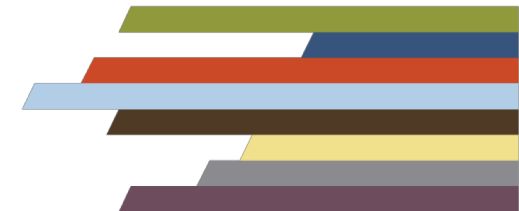
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