

Behavioral Health Issues: Foundations and Strategies for I&R Professionals

Jocelyn Chen Wise, MPH, LCSW
Emory University, Division of Geriatric Psychiatry
Fuqua Center for Late-Life Depression

*With permission, adapted from original presentation by
Dr. Eve H. Byrd, Carter Center*

Conflicts of Interest

No conflicts financial or otherwise

Objectives

- Provide a general understanding of signs and symptoms of behavioral health disorders
- Provide direction and assist in developing strategies for handling difficult calls presumed to be related to behavioral health disorders

Mental Health

A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

US Centers for Disease Control and Prevention

Mental Disorder

A major disturbance in an individual's thinking, feelings, or behavior that reflects a problem in mental function. Mental disorders cause distress or disability in social, work, or family activities.

American Psychiatric Association

Mental Illness

“...collectively all diagnosable mental disorders” or “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.”

US Centers for Disease Control and Prevention

Substance Use Disorder

...when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

US Substance Abuse and Mental Health Services Administration (2015)

Behavioral Health

Mental Health and/or Substance Use



Psychosis

A severe mental disorder in which thought and emotions are so impaired that contact is lost with external reality.

Most common causes of psychosis in older adults

- Dementia-related syndromes
- Delirium
- Drug-induced psychosis
- Primary psychiatric disorders, most commonly depression

U. S. Adults with a Mental Disorder in Any One Year

- Anxiety 19.1%
- Substance Use Disorder 8.0%
- Major Depressive Disorder 6.8%
- Bipolar Disorder 2.8%
- Eating Disorder 2.1%
- Schizophrenia 0.45%
- Any mental disorder 19.6%

National Comorbidity Survey Replication, 2007

Most Common Disorders in Older Adults

In order of prevalence:

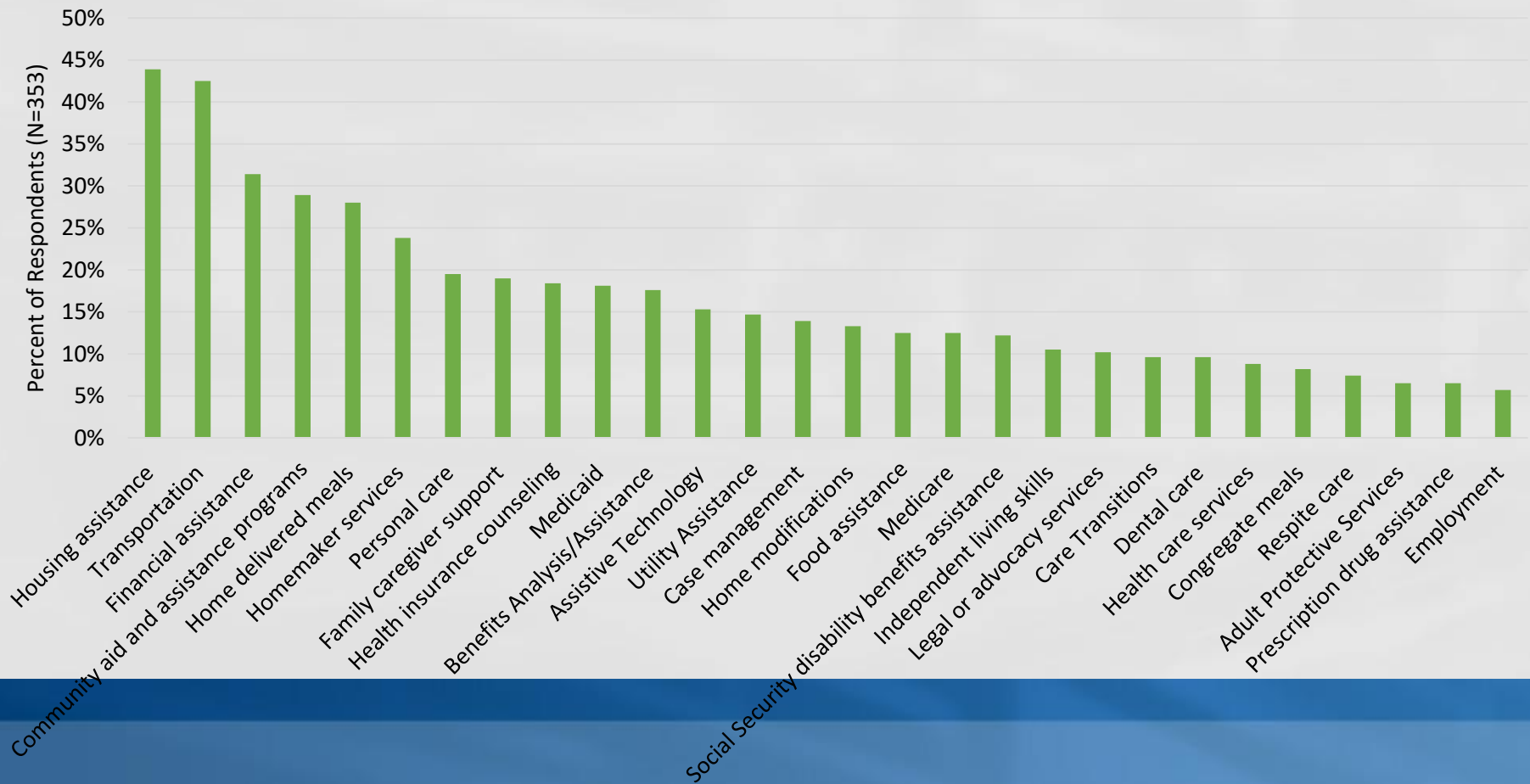
- Anxiety
- Severe cognitive impairment
- Mood disorders

American Association of Geriatric Psychiatry, 2011

- Growing number of older adults with psychotic disorders

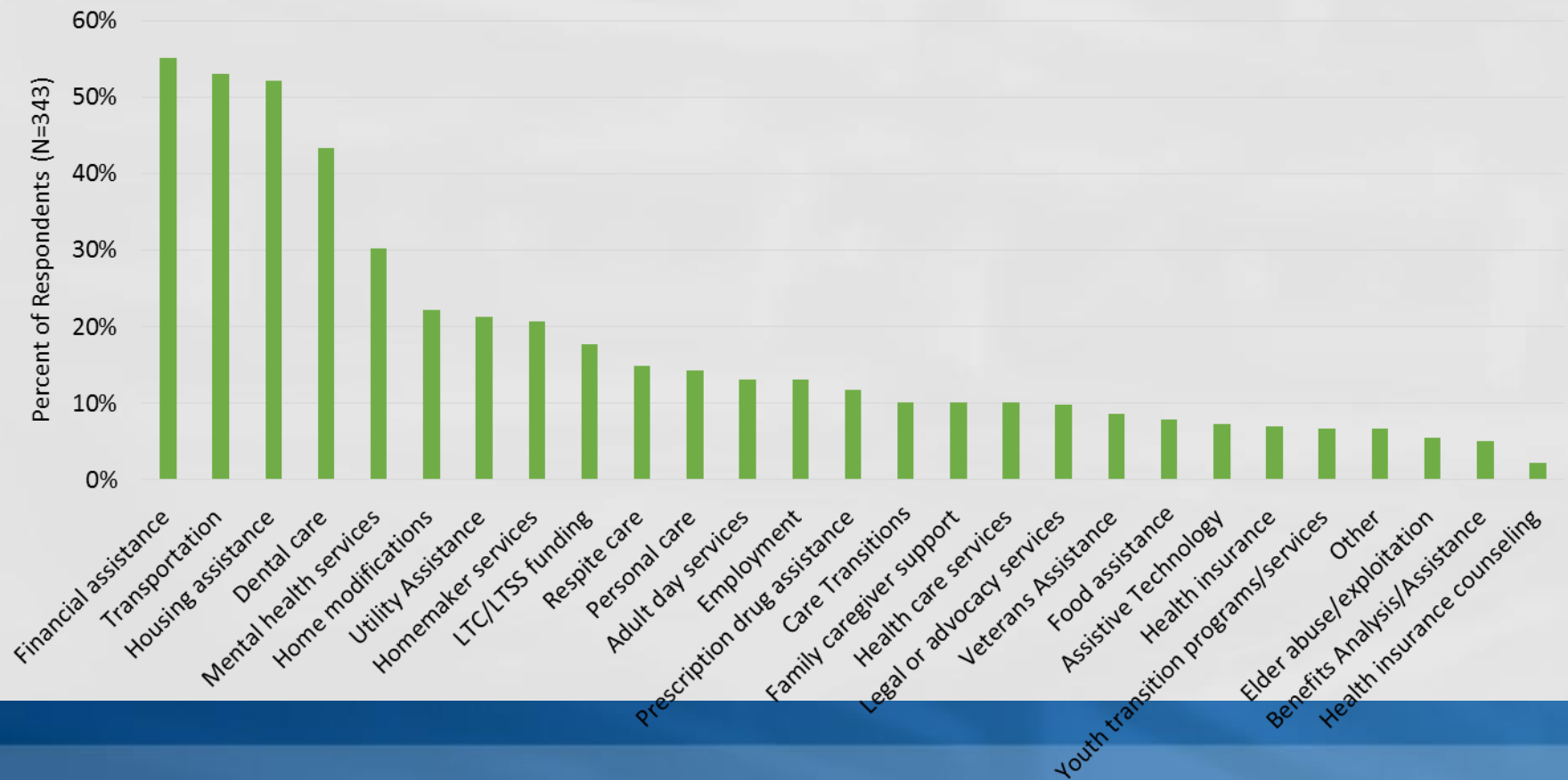
National I&R/A survey findings: Frequently Requested Services

Most Frequently Requested Services



National I&R/A survey findings: Critical Unmet Needs

Most Frequent Unmet Service Needs



Eldercare Locator Statistics

- Only a small percentage of consumers call specifically for mental health or substance abuse assistance
 - Stigma, cultural barriers
 - Lack of language
 - Different presenting symptoms
- Assessment and further discussion reveals a consumer's need for behavioral health services

Is Late-Life Depression Different?

- May not endorse sadness, rather irritability or “nerves”
 - Hard to explain feelings
 - Stigma
 - Cultural beliefs
- Somatic or physical complaints more common
- More problems with cognition

Isn't this just a part of getting older?

- “Situational” depression still warrants treatment!
 - 90% of adults don't report depression or get treatment
- Depressed older adults show improvement in cognitive function after treatment
 - Untreated depression is associated with volume loss of hippocampus (area of brain responsible for memory)

Butters, MA et al. Changes in Cognitive Functioning Following Treatment of Late-Life Depression. *Am J Psychiatry* 2000
Yvette I. Sheline, M.D.; Mokhtar H. Gado, M.D.; Helena C. Kraemer, Ph.D. Untreated Depression and Hippocampal Volume Loss. *Am J Psychiatry* 2003;160:1516-1518.

Brief interventions

- Just wanting to talk
- Decreasing isolation
- Help identify natural supports
- Help identify things that make them feel better
 - Simple pleasures
 - Small steps

Brief telephonic screens

- Anxiety
 - General Anxiety Disorder Screen (GAD-2)
- Depression
 - Patient Health Questionnaire (PHQ -2)

GAD-2 Scoring

GAD-2

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
	3 =	1	+ 2	+ 0

TOTAL: ≥ 3 recommend further evaluation by *trusted clinician*

Screening: PHQ-2

The Patient Health Questionnaire-2 (PHQ-2)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
	3 =	1	+ 2	+ 0

TOTAL: ≥ 3 recommend further evaluation by *trusted clinician*

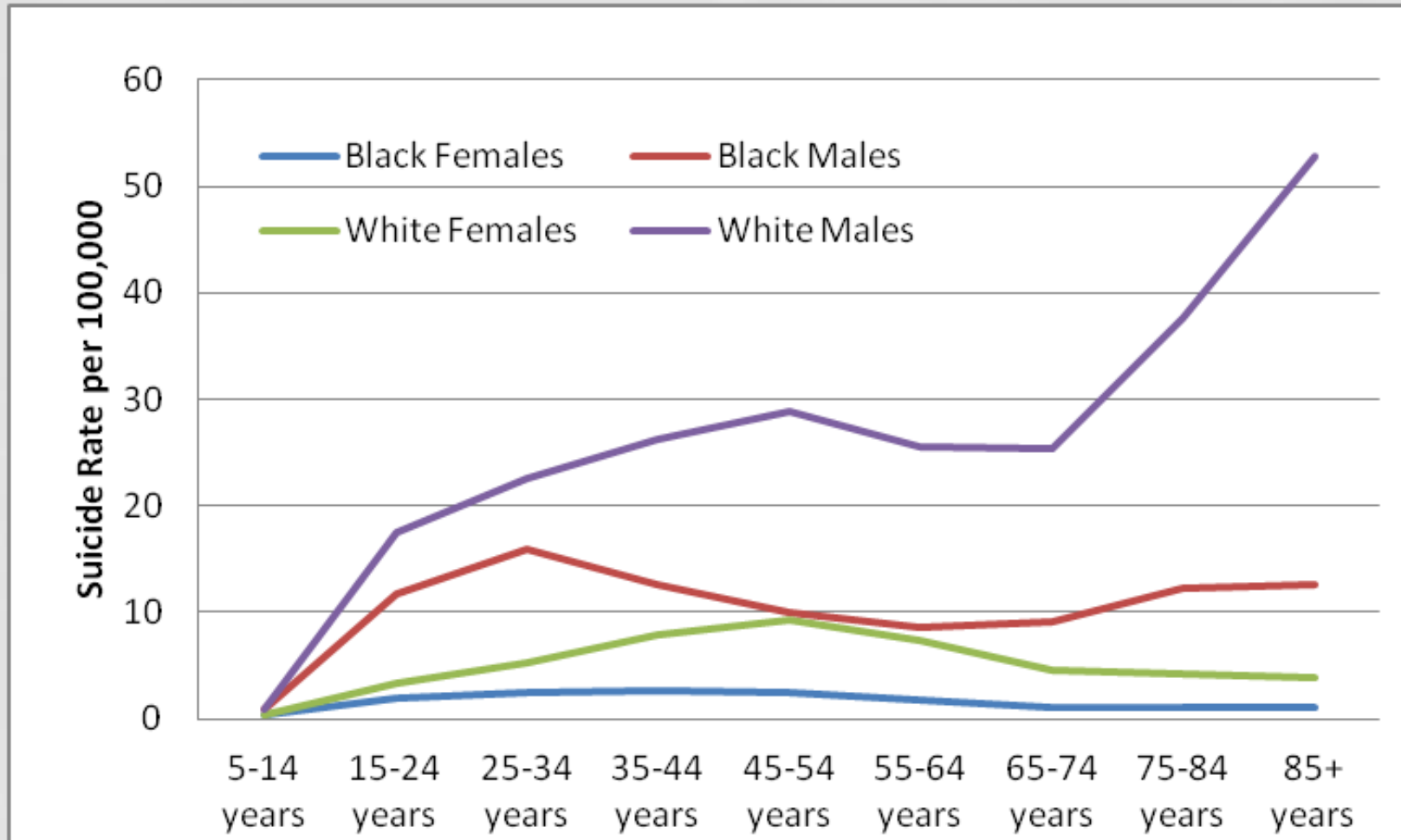
**Generalized Anxiety Disorder Scale (GAD-2)
Patient Health Questionnaire (PHQ-2)**

<http://phqscreeners.com>

Free and available to public

Suicide Rate by Age, Sex, and Race

using National 1999-2010 data



Suicide Behavior is Very Lethal Among Older Adults

- Over 50% die by firearms in all age groups
- Over 70% of 60-74 year olds die by firearms
- Over 80% of those 75 and over die by firearms

- Up to 75% of older adults who die by suicide visited a physician within a month before death

Myth or Fact?

Asking about suicide may give someone the idea to kill themselves.

Myths and Facts About Suicide

MYTH

- Asking about suicide may give someone the idea to kill themselves.

FACT

- The opposite is true. Asking someone directly about their suicidal feelings will often lower their anxiety level and act as a deterrent to suicide.

Myth or Fact?

Talking about suicide is usually
a cry for help.

Myths and Facts About Suicide

FACT

- Most people who kill themselves give definite warning signs of their suicidal intentions.
- 8 out of 10 give signs. All threats and attempts should be taken seriously.

MYTH

- Talking about suicide is usually a cry for help.

Myth or Fact?

Once a person is seriously considering suicide, there is nothing you can do.

Myths and Facts About Suicide

MYTH

- Once a person is seriously considering suicide, there is nothing you can do.

FACT

- Most suicide crises are time-limited and based on unclear thinking. People are generally looking for a solution or an escape and can't see other solutions.

Potential Suicide Calls

- Do you want to commit suicide (kill yourself)?
- Are you thinking about suicide (killing yourself)?
- Do you have a plan to commit suicide (kill yourself)?
 - Do they have the means (guns, pills, etc) within their plan?
- Are you (home) alone?

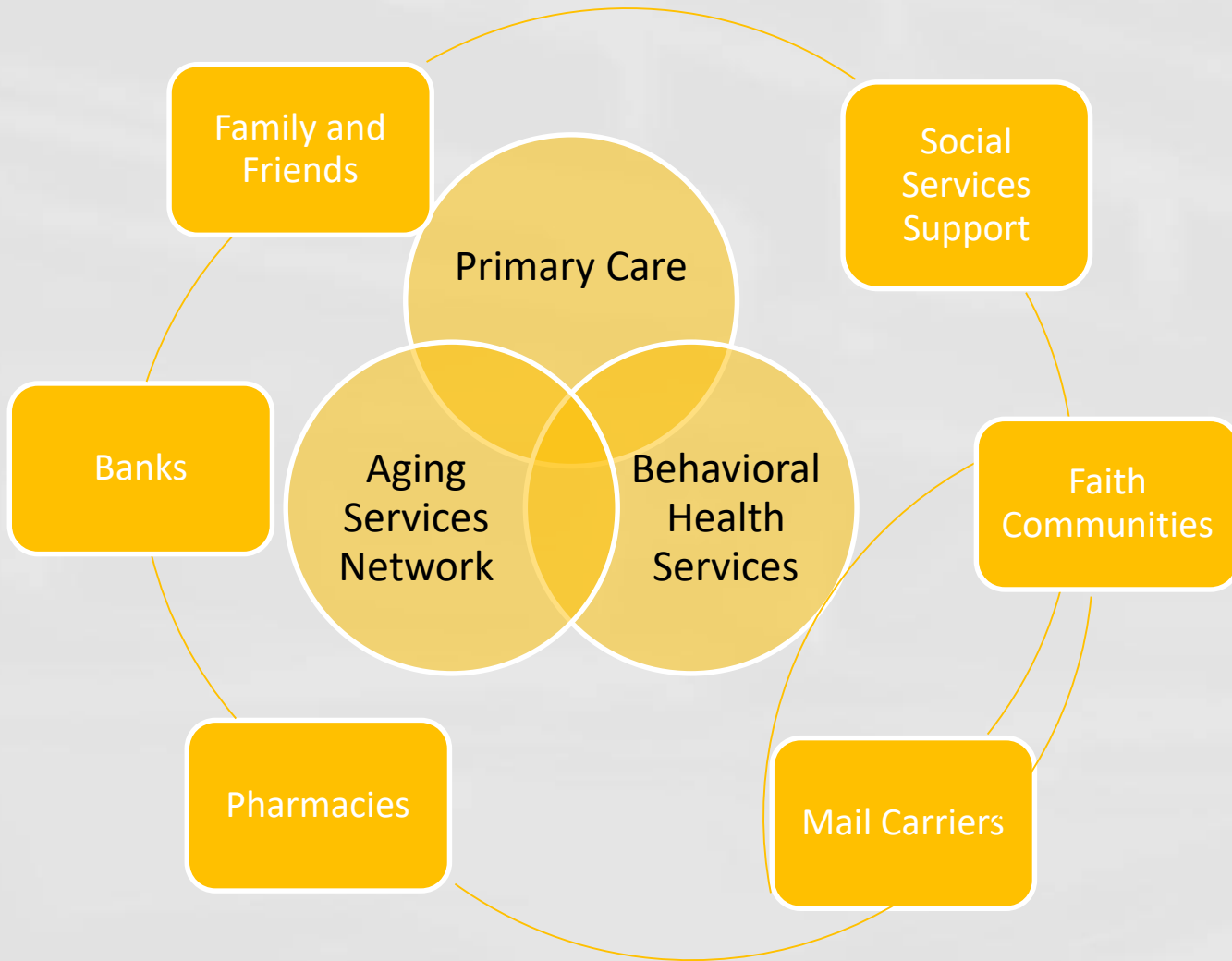
Suicide Calls

- Agency policies and procedures
 - Clear and communicated internal protocol
 - Training on how and when to transfer
 - Potential resources
 - 911
 - National Suicide Prevention Lifeline (1-800-273-8255)

Directing the person to care

- Primary Care Provider
- Geriatric Physician (Geriatrician)
- Healthcare Provider who sees a lot of older adults
- Most trusted care provider

Potential leadership and participants in a suicide safer community for older adults



Substance use disorders

- Substance use disorder or addictive disease is a brain disorder and needs to be handled as such
 - Seek professional guidance and treatment
 - Harm Reduction vs. Abstinence

Disruptive behaviors

- Dementia, depression, psychosis, pain
- Evaluation needed
 - Geriatrician, geriatric psychiatrist, geriatric nurse practitioner, or primary care provider to determine cause of behavior
 - Treatment of underlying cause (UTI, pain, etc)
 - Behavioral interventions, and/ or medications

When working with someone with a behavioral health disorder....

- Trusting interaction/ relationship
 - Want to be heard
- RECOVERY language
 - Strengths based
 - Instill hope
- Harm reduction
- Don't use stigmatizing words or references

Recommended Trainings

Mental Health First Aid for Older Adults

<https://www.mentalhealthfirstaid.org>

Question, Persuade, and Refer Training (QPR)

Suicide prevention training

<https://www.qprinstitute.com>

Recommended Trainings

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Delivery of early intervention and treatment to people with or at risk for substance use disorders

<https://www.samhsa.gov/sbirt>

References

- American Psychiatric Association (2015) Understanding Mental Disorders. Retrieved on November 28, 2016 from file:///C:/Users/ebyrd/Downloads/APA_Understanding-Mental-Disorders_Introduction.pdf
- Brendl, R.W., Stern, T.A. (2005) Primary care companion to the journal of clinical psychiatry. 7(5) 238-241
- Kroenke, K, Spitzer RL, Williams JB. The Patient health Questionnaire -2: Validity of a Two-Item Depression Screener. *Medical Care* 2003, (41) 1284-1294
- Kroenke K, Spitzer RL, Williams JB, *et al.* Anxiety disorders in primary care: prevalence, Impairment, comorbidity, and detection. *Ann Intern Med* 2007;146:317–25
- United States Centers for Disease Control and Prevention. Mental Health Basics. Retrieved November 27, 2016 at <http://www.cdc.gov/mentalhealth/basics.htm>
- United States Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us? Atlanta, GA: National Association of Chronic Disease Directors; 2008.
- United States Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services; Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.
- United States Substance Abuse and Mental Health Services Administration (2015) Substance use disorders. Retrieved on November 28, 2016 from <http://www.samhsa.gov/disorders/substance-use>
- World Health Organization. (2001)*Strengthening Mental Health Promotion*. Geneva, World Health Organization (Fact sheet no. 220).

Thank you!

Jocelyn Chen Wise

jchen86@emory.edu

404-712-6943