

REDEFINED

NATCON22

APRIL 11-13, 2022

NATIONAL HARBOR, WASHINGTON, DC METRO AREA

NATIONAL
COUNCIL
for Mental
Wellbeing

NatCon22.org

#NatCon22

Recovery at Any Age

Providing Treatment for Older Adults with Complex Medical and Psychiatric Needs

Julia Egan, Psy.D.

Nothing to Disclose

Overview and Agenda

1. Understanding This Population
2. Effective Care Challenges
3. Integrating the Whole Person
4. Recovery Centered Care

Warm Up Activity!

- With your tablemates:
 - Introduce yourself and briefly
 - **Share what inspired you to join this session**
 - or
 - **What you hope to gain from this session**
- In 1 minute, the bell will chime! And we will regroup





NATIONAL
COUNCIL
for Mental
Wellbeing

(1) Understanding Aging and Serious Mental Illness



What Age is Considered an Older Adult?

Hold up the correct color notecard:

- YELLOW = 50+
- BLUE = 60+
- GREEN = 65+

What Age is Considered an Older Adult?

Hold up the correct color notecard:

- YELLOW = 50+
- BLUE = 60+
- GREEN = 65+

By What Year Will Older Adults Outnumber Children in the US?

Hold up the correct color notecard:

- YELLOW = 2046
- BLUE = 2035
- GREEN = 2052

By What Year Will Older Adults Outnumber Children in the US?

Hold up the correct color notecard:

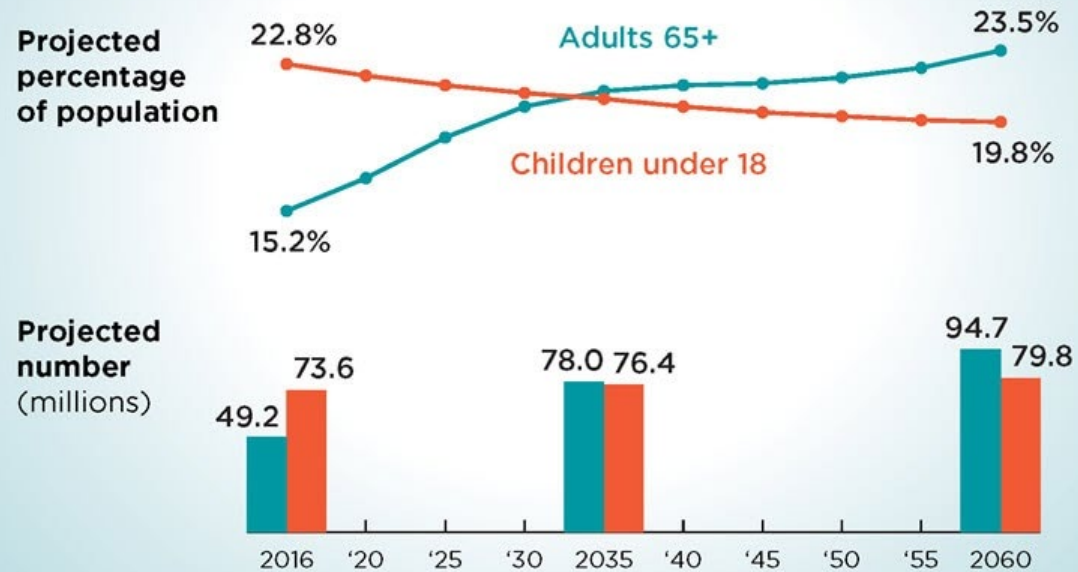
- YELLOW = 2046
- **BLUE = 2035**
- GREEN = 2052



An Aging Nation

Projected Number of Children
and Older Adults

For the First Time in U.S. History Older Adults Are
Projected to Outnumber Children by 2035



Note: 2016 data are estimates not projections.

United States[™]
Census
Bureau

U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
[census.gov](https://www.census.gov)

Source: National Population
Projections, 2017
www.census.gov/programs-surveys/popproj.html

Globally, older adults will increase from 900 million to 2 billion, which is almost doubling the proportion

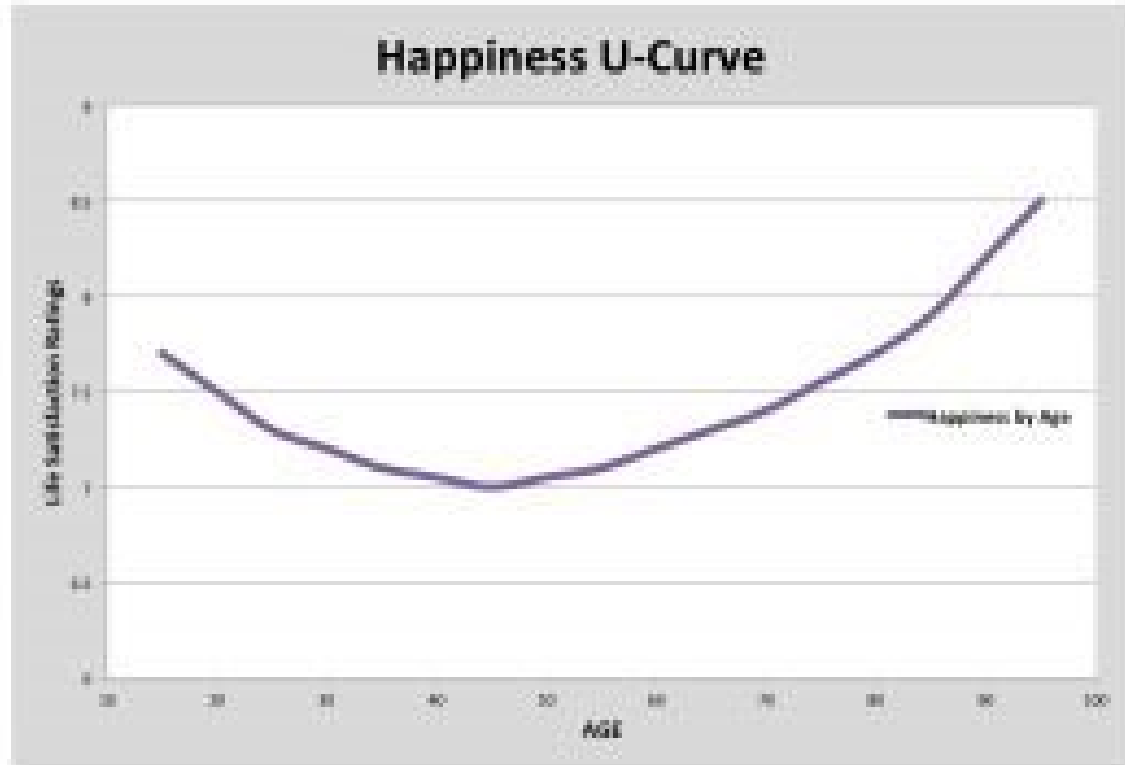
Which statement is true? (Shout-out!)

#1 Individuals are happiest during child rearing years

Or

#2 Individuals are happiest at the beginning and end of their life

This statement is true.



Individuals are happiest at the beginning and end of their life, this known as the “U Bend of Happiness”

Out of Every 4 Older Adults, How Many Experience a Mental Illness?

Hold up the correct color notecard:

- YELLOW = 1
- BLUE = 0.5
- GREEN = 2

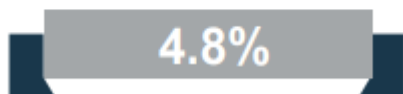
Out of Every 4 Older Adults, How Many Experience a Mental Illness?

Hold up the correct color notecard:

- **YELLOW = 1**
- BLUE = 0.5
- GREEN = 2

**1.4-4.8% experience a serious mental illness*

Statistics Relevant to Older Adults with SMI



of older adults are living with a serious mental illness⁵

.2%> bipolar disorder⁵

.2 - .8%> schizophrenia⁵

3 - 4.5%> depression⁵

People aged 65 and older account for

17.9%
of suicide deaths¹⁷

Defining Serious Mental Illness

DEFINITIONS

The definition of **serious mental illnesses** (SMIs) includes one or more diagnoses of mental disorders combined with significant impairment in functioning. Schizophrenia, bipolar illness, and major depressive disorder are the diagnoses most commonly associated with SMI, but people with one or more other disorders may also fit the definition of SMI if those disorders result in functional impairment.¹⁵

Geriatric mental health workforce refers to the range of personnel providing services to older adults with mental health conditions.⁵

The terms “**older adult**” and “**geriatric population**” refer to individuals age 65 and older.⁵

Suicide in Older Adults



Statistics

- 18% of suicides are older adults
- Older adults plan more carefully with more lethal methods
- One in four older adults will complete suicide (compared to younger groups)
- Men 65+ are most at risk

Factors

- Loneliness
- Grief and loss
- Loss of independence
- Chronic illness or pain
- Cognitive impairment
- Financial or housing challenges

Which statement is true? (Shout-out!)

#1 Mental health issues naturally subside with age, thus no longer warranting focus

Or

#2 Repeated episodes of increased symptoms leads to poorer prognosis over time and requires ongoing treatment and attention

This statement is true.

Mental health issues naturally subside with age, thus no longer warranting focus

Or

Repeated episodes of increased symptoms leads to poorer prognosis over time and requires ongoing treatment and attention

On Average, How Much Shorter is the Lifespan of Older Adults with Serious Mental Illness?

Hold up the correct color notecard:

- YELLOW = 10 years
- BLUE = 17 years
- GREEN = 25 years

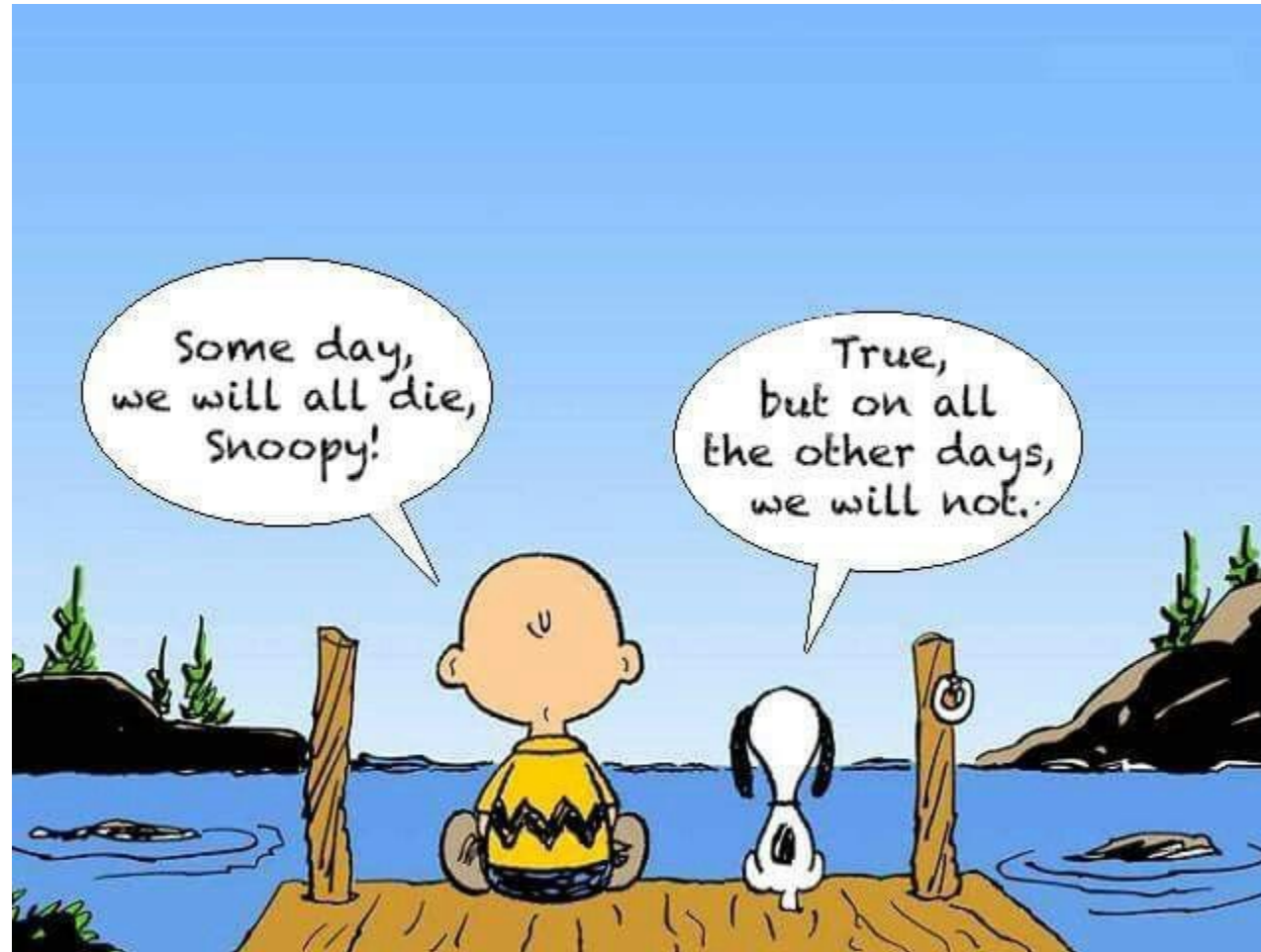
On Average, How Much Shorter is the Lifespan of Older Adults with Serious Mental Illness?

Hold up the correct color notecard:

- YELLOW = 10 years
- BLUE = 17 years
- **GREEN = 25 years**

**60% of premature deaths are attributed to “natural causes” such as cardiovascular and pulmonary disease; risk factors associated with these are modifiable.*

What Could Those Extra 25 years Look Like?



(2) Effective Care Challenges



Group Activity!



Split into groups:

- Group 1 = those who traveled from the west coast
 - Category: Provider Training and Competency
- Group 2 = those who traveled from the east coast
 - Category: Stigma and Ageism
- Group 3 = those who traveled from somewhere in-between
 - Category: Access to Treatment

Group Activity! Continued

- Now that you are more knowledgeable about this population, *you are tasked to share your thoughts and ideas on the challenges faced in your specific category* in order to advocate for and provide effective care.
- **Designate 1 person in your group to be the speaker.** As a group, prepare a short summary of the main issues and barriers.
- Then present your findings to the large group!

Provider Training and Competency



- *The individual needs exceed the number of competent providers*
- *The majority of providers with training do not have credentials in Gero-psychology*
- *Most graduate programs do not include standard curriculums on older adults*
- *CEU requirements are minimal in most states*
- *Lack of participation or attendance at trainings*



NATIONAL
COUNCIL
for Mental
Wellbeing

**Did I receive training in older adults?
How about training in serious mental illness?
What opportunities have I been offered to increase my
knowledge and experience?
Did I seek these out and pursue or not?**

GROUP #1

REFLECT AND ASK YOURSELF

Stigma and Ageism



- *Internalized stigma (generationally and culturally) prevents many older adults from seeking treatment*
- *Providers also carry bias and stereotypes resulting in them infantilizing older adults or not wanting to work with this population*
- *Treatment becomes polarized, focusing only on the medical*
- *Mental health warning signs may be ignored and treated as “normal” for aging*



NATIONAL
COUNCIL
for Mental
Wellbeing

When you think of aging, what images, words and ideas come to mind?

How often do you interact with someone much older?

What percentage of your clientele are older?

Did you choose to specialize in this area? Why/why not?

GROUP #2

REFLECT AND ASK YOURSELF

Access to Treatment



- *Housing crisis in many areas, resulting in more unsheltered older adults*
- *Lack of or limited access to transportation to appointments*
- *Limited options for full-service clinics and few specialist providers*
- *Cost (\$225/day nursing home, \$119/day assisted living, \$20/hour in home aide)*
- *Supply and demand is unclear as data isn't tracked for this population*



NATIONAL
COUNCIL
for Mental
Wellbeing

*What resources do I have available if I needed it?
How would this differ if I had limited financial options?
How easy or hard has it been to navigate locating and
connecting with resources or insurance options?
How would be for someone with serious mental illness?*

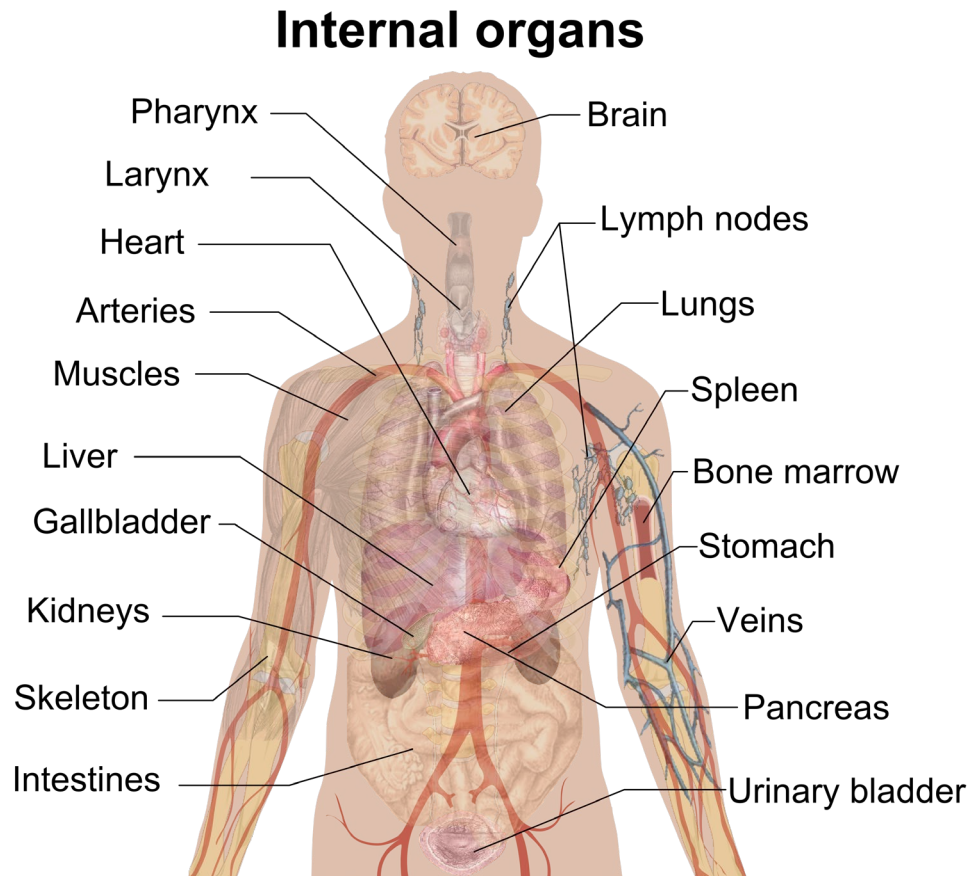
GROUP #3

REFLECT AND ASK YOURSELF

(3) Integrating the Whole Person



Individual Activity!



Information is posted around the room about various co-occurring medical conditions. Take your worksheet with you to walk around and complete the questions.

Whole Person Care: Learning Journey

Walk around the room and read the postings for each category. Fill in the blanks with the correct answers.

1. Hypertension

- 70 million people have hypertension
- High blood pressure means the heart has to work harder

2. Cholesterol

- Cholesterol is a necessary or unnecessary (circle one) substance created by your body
- LDL is good or bad (circle one); HDL is good or bad (circle one)

3. Diabetes

- Diabetes affects 1 in 10 people in the US
- The body doesn't make enough insulin and therefore the glucose stays in their blood stream

4. COPD

- Breathing is made difficult due to loss of elasticity of the bronchial tubes
- COPD is often correlated with what habit or addiction smoking

5. Body Weight

- 400,000 people die every year from health problems related to obesity
- These two types of psychiatric medications are known to cause weight gain, mood stabilizers and anti-psychotic



Whole Person Care: Co-Occurring Conditions

Other Co-Occurring Conditions & Rule Outs

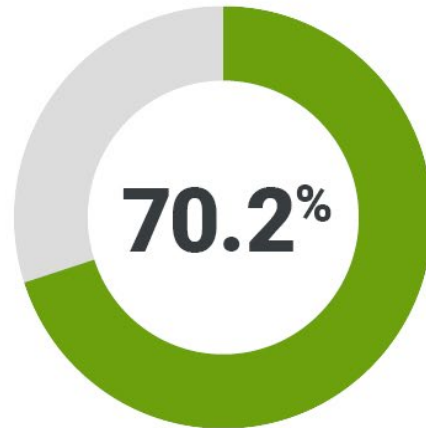
- Organ Failure (heart, kidney, liver)
- Delirium (mental status change)
- Infection (UTI, sepsis)
- Dehydration or Hyponatremia
- Constipation
- Pain
- Cognitive decline
- Medication side effects

Are we treating the right thing?

Schizophrenia & Dementia

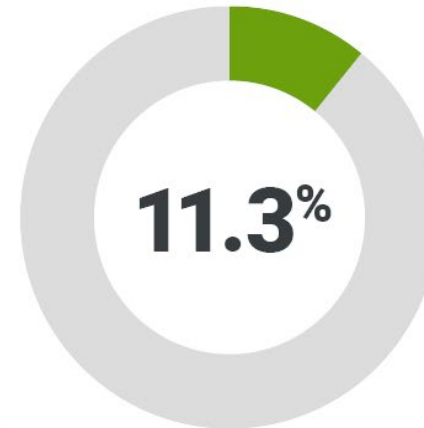
Prevalence of dementia diagnoses at age 80 years:

Those with
schizophrenia



VS

Those without
serious mental illness



Healio 

Cognitive Processes



Centers for Disease Control and Prevention
MMWR | KNOW SOMEONE WITH MEMORY LOSS?

SUBJECTIVE COGNITIVE DECLINE IN ADULTS

1 IN 9 ADULTS AGE 45 OR OLDER REPORT CONFUSION OR MEMORY LOSS

50% REPORT ACTIVITY LIMITATIONS:

- COOKING
- CLEANING
- TAKING MEDICATION

MEMORY LOSS IS NOT A NORMAL PART OF AGING

MORE THAN 1/2 OF PEOPLE WITH MEMORY LOSS HAVE NOT TALKED TO A HEALTHCARE PROVIDER

TALK TO A HEALTHCARE PROVIDER ABOUT

- ✓ POSSIBLE TREATMENT
- ✓ CARE PLANNING
- ✓ MANAGEMENT OF CHRONIC CONDITIONS
- ✓ CAREGIVING NEEDS

Behavioral Risk Factor Surveillance System data as published in Taylor, MMWR July 2018
<https://go.usa.gov/xUZT3>
CS 202374 E

WWW.CDC.GOV


What's the cause:
Medication?
Blood chemistry?
Metabolic?
Hormone imbalance?
Vitamin deficiency?
Delirium?
Medication side effect?
Substance use?
Stroke? TIA?
Brain injury?
Infection? Toxins?

Medication Side Effects/Interactions



- Body changes (how absorbed, used, and exits)
- Multiple medical conditions
- Medication interactions through Polypharmacy
- Fall risk (sedation)
- Opiates use for pain
- Prescribing "cascade" for side effects
- Black box warning for anti-psychotics


OLDER ADULT FALLS
OPIOIDS AFFECT FALL RISK



Opioid use can increase fall risk among older adults.


Opioid use in older adults has increased
140%
between 1996 and 2013.

Have you spoken to your older patients about their opioid use and falls?



STEADI Stopping Elderly Accidents, Deaths & Injuries

www.cdc.gov/steady



Additional Whole Person Considerations

- **6 volunteers please!**
- Read the contents of the envelope then share with the group:
 - *Economic Security*
 - *Nutrition and Dietary Needs*
 - *Physical Ambulation*
 - *Emotional and Social Engagement*
 - *Grief, Loss and End of Life*
 - *Culture and Trauma*



Economic Security



- Over 25 million Americans 60+ are living at or below the poverty level
- 21% of married and 43% of single Social Security Recipients age 65+ depend on Social Security for their income
- One third of senior households have no money left each month or are in debt

ASK YOURSELF: How do these financial concerns impact recovery?

Nutrition and Dietary Needs



- 2.9 million households with an older adult experience food insecurity
- Swallowing issues become more prominent with age, warranting specialized interventions and treatment
- Dental issues may also play a role in challenges with proper food intake

ASK YOURSELF: How does adequate nutrition influence recovery?

Physical Ambulation



- Gait, balance disorders, arthritis and orthostatic hypotension are common as individuals age and contribute to falls
- A fall can be fatal or result in serious complications for an older adult
- Use of assistive devices (walker, wheelchair) can limit independence and be a barrier in non-age friendly physical environments

ASK YOURSELF: How does the loss of independence impact recovery?

Emotional and Social Engagement



- Isolation and loneliness are a major issue for older adults which can lead to overall decline (such as heart disease, high blood pressure, cognitive issues, and lack of fulfillment in life)
- Bullying is rarely identified or addressed in older populations and may add to feelings of despair, worthlessness, and shame

ASK YOURSELF: How dose emotional connection fuel recovery?

Grief, Loss and End of Life



- Advanced Directives and POLSTs (Physician Order for Life Sustaining Treatment) can be an unclear process and anxiety provoking for many
- Hospice and palliative care resources are underutilized
- Grief and loss is significant in this age group

ASK YOURSELF: What is important to you when considering your end of life?

Culture and Trauma



- Reporting of symptoms and beliefs about illness may vary greatly across cultures (e.g., reporting physical health symptoms)
- Difficulties establishing rapport can lead to misdiagnosis or treatment
- Trauma history and past discrimination experiences impact receptiveness to treatment or services
- Significant disparities exist in healthcare

ASK YOURSELF: How do these factors influence recovery?

(4) Recovery Centered Care

**STAGES
OF RECOVERY**



What is Recovery? What does it look like?

- Use the materials (notecards, markers, blank paper) on your table
- *What is recovery to you?*
- Write a word, draw an image, share a short phrase
- Come post it up front, on our recovery poster



What is Recovery?

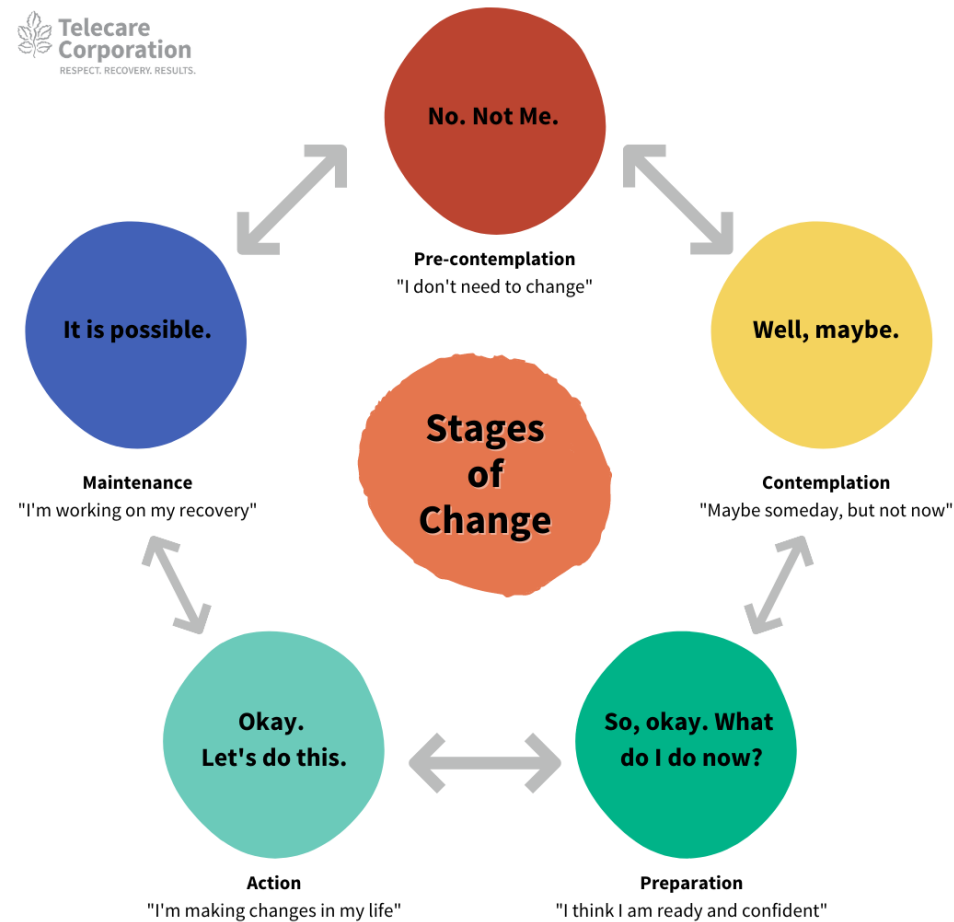
Recovery is the awakening of hopes and dreams -- gaining the knowledge to reclaim one's power and achieve one's desires by learning to make choices that build strength rather than do harm. Recovery involves living a meaningful life with the capacity to love and be loved.

~Telecare Corporation

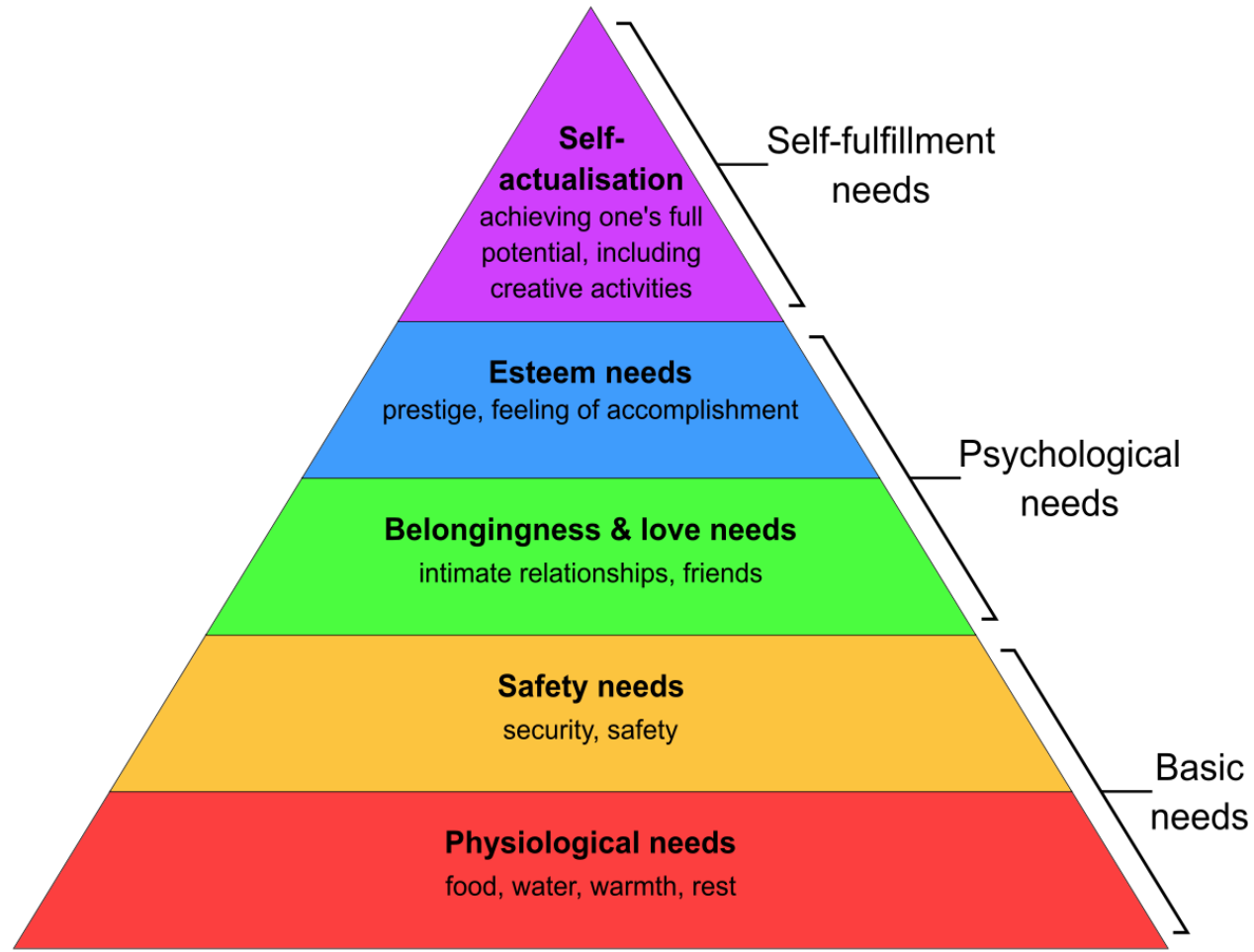
A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

~SAMHSA

Recognizing Stages of Change for Recovery



Readiness for Recovery



Telecare's Essentials for a Recovery Culture



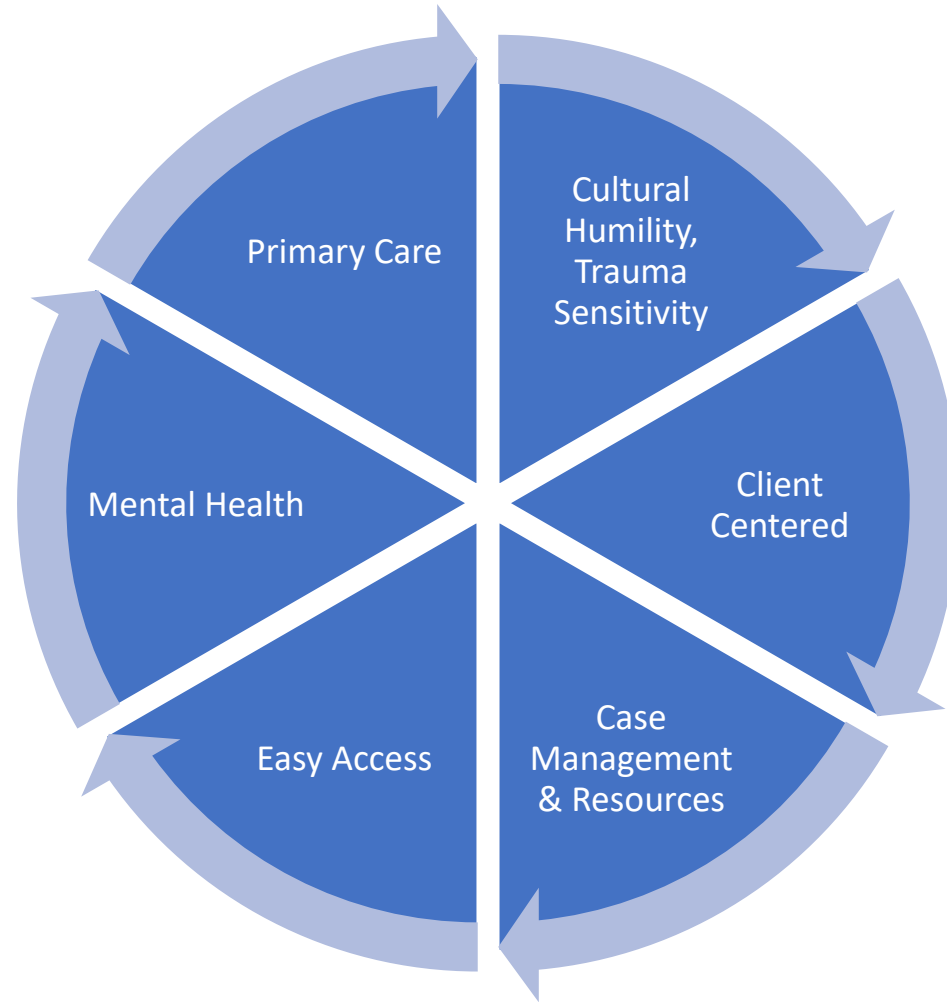
- Honoring each individual's **uniqueness** and appreciating it
- Provider and client relationship as collaborative and “**power-with**” instead of “power-over” in a traditional medical model
- Creating a **non-judgmental** environment
- Enhancing **motivation** towards treatment and recovery
- Treating others with **respect** and valuing their experience.

Telecare's Essentials for Recovery Conversations



- Exploring, developing and changing **identities**, enhancing strengths.
- Awakening **hope** for our clients, helping them rediscover their dreams.
- Helping clients learn the skill of effective **choice making** with self-control, leading to self-responsibility and self-determination.
- **Reducing harm** is critical through making healthier choices and recognizing the impacts of unhealthy ones.
- **Connections** are key to meaning and wellbeing, helping clients develop and maintain connections with others.

One-Stop-Shop



What you can do



- Advocacy!
 - Learn as much as you can to become a competent provider
 - Inspire and mentor others
 - Speak up for those who cannot speak for themselves
 - Emphasize need for more research and funding for these populations



Imagine a society
where we value
older adults and
those with mental
illness as diverse
individuals



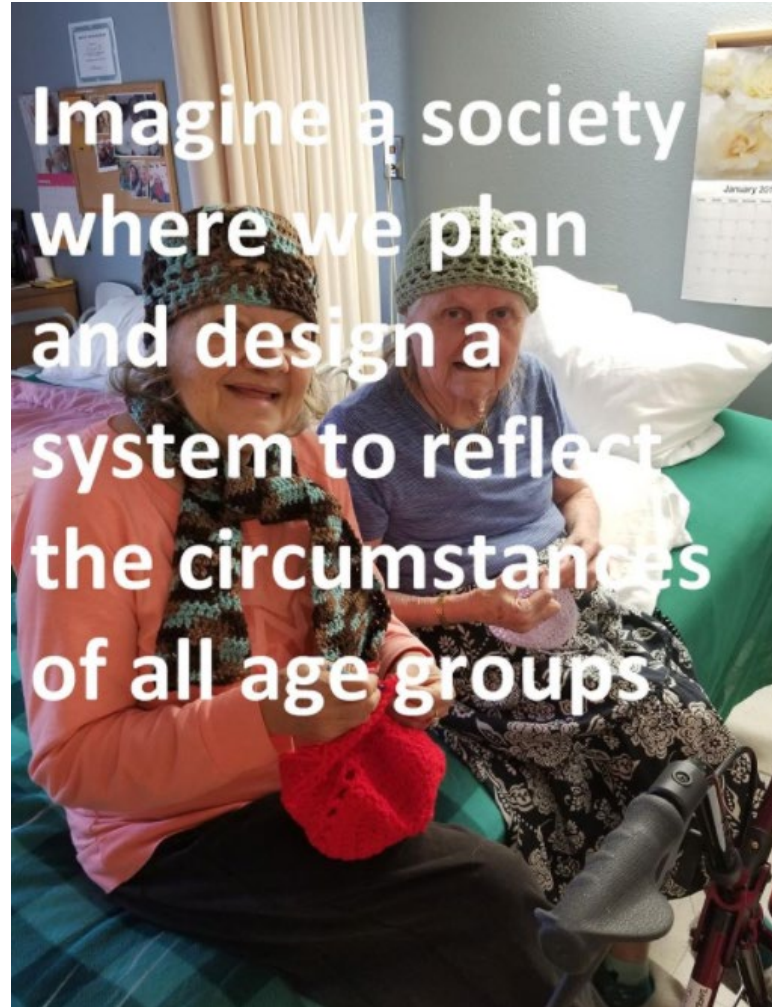
Imagine a society
where we value
their contributions



Imagine a
society where
we promote
active lifestyles
and
independence



Imagine a society where we reject stereotypes and negative attitudes



Imagine a society where we plan and design a system to reflect the circumstances of all age groups



...yet we don't have imagine, together we can make it so.

Final Take-Aways



Use the materials on your table (notecards, blank paper, markers) and write down one thing you will use when you leave this training then post it in the front.



NATIONAL
COUNCIL
for Mental
Wellbeing

**Are you ready to join the older
adult provider team?**

