

*Recognizing Mental Illness:
Advocating for Appropriate
Care*


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Objectives

- Heighten awareness regarding signs and symptoms of mental illness and resulting difficult behaviors in older adults
- Increase ability to identify clients who are experiencing symptoms of mental illness
- Increase ability to make appropriate referral
- Explore protocols which will improve the chance of older adults getting the medical care they need



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Mental Illnesses are
physiological illnesses which
frequently affect thinking and
behaviors

Disorders to be reviewed


- Mood disorders
 - Depression
 - Bipolar Disorder
 - Anxiety Disorders
- Dementia
- Psychotic disorders



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Prevalence of Depression

- Community dwelling older adults – 8-20%
- Older adults in residential facilities – up to 37%
- Impact of depression
 - Increased isolation
 - Reduced physical functioning
 - Prevalence of somatic complaints
 - High use of healthcare services
 - Risk of suicide



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Symptoms of Depression


- Down feeling, blue, sad
- and/or loss of interest or pleasure in almost all activities
 - Loss of appetite or overeating
 - Problems with sleep (waking early and unable to go back to sleep)
 - **Anxiety**, agitation, irritability
 - Fatigue



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Symptoms of Depression


- Feelings of worthlessness or guilt
- Difficulty thinking or making decisions
- Recurrent thoughts of death or suicide



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Screening

- Geriatric Depression Scale
 - 15 or 30 item, yes or no answers
- PHQ -2
 - Do you feel sad and/ or blue more days than not
 - Have you lost interest in most activities that you once enjoyed



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Loss and Bereavement

- Features: crying and sorrow, anxiety and agitation, insomnia, loss of appetite
- adjustment disorder or major depression if acute symptoms persist beyond 2 months – DSM-IVR
- Any bereavement can warrant clinical attention due to increased stress and likelihood of mental and somatic problems
- 10-20% of widows develop clinical depression within 1 yr with no treatment; becomes chronic



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Anxiety and Phobias

- **Generalized Anxiety Disorder**
 - Characterized by 6 months of excessive anxiety and worry
- **Obsessive Compulsive Disorder**
 - May have obsessions (which cause distress or anxiety) and/or compulsions (which are used to neutralize the anxiety)
- **Panic Disorder**
 - Characterized by recurrent unexpected panic attacks



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Bipolar Disorder

- **Bipolar I**
 - One or more manic episodes
 - Over 90% recurrence rate
 - **Bipolar II**
 - One or more major depressive episodes
 - Hypomania
- ❖ Manic episode is defined as a distinct period of abnormally and persistently elevated, expansive or irritable mood lasting at least one week



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What is Dementia?

- Affects 4 million older adults
- Impairment in short and long-term memory associated with
 - disturbance in language
 - inability to carry out motor activities despite intact motor function
 - inability to recognize objects despite intact sensory function
 - disturbance of ability to plan, organize or sequence



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Dementia

- GRADUAL onset and continuing decline
 - 70% Alzheimer's
 - Increasingly unable to perform activities of daily living
- Sudden (hypoxia, head trauma)



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Psychiatric and Behavioral Symptoms in AD

- Apathy (50–70%)
- Agitation (40–60%)
- Mood lability (40%)
- Blunted affect (40%)
- Disinhibition (30–40%)
- Withdrawal (30–40%)
- Delusions (20–40%)
- Anxiety (30–50%)
- Suspiciousness (30%)
- Dysphoria (20–40%)
- Hostility (30%)
- Aggression (10–20%)
- Hallucinations (5–15%)



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Delusions Associated with Dementia

- Being stolen from
- Persecution
- Jealousy of spouse
- Missed identification
- Reincarnation



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Psychotic Disorders

- Definition of Psychosis:
 - A mental disturbance that involves a loss of contact with reality
- Psychosis can accompany:
 - A general medical condition (Delirium)
 - Substance abuse
 - Depression
 - Dementia
 - Autism or other Pervasive Developmental Disorder



Symptoms of Schizophrenia

Delusions

- Such as paranoia, religiosity, and others

Hallucinations

- Occur with any sensory area
- Auditory most common

Psychosocial

- Limited social contacts
- Difficulty with employment
- Limited insight



Prevalence in Older Adults

- +65yo with schizophrenia - 0.6%
- 18-54yo with schizophrenia - 1.3% of
- Late onset schizophrenia
- Late onset has less impairment in cognitive areas of learning; generally less deficit



Psychotic Symptoms in Schizophrenia

Positive symptoms

- delusions, hallucinations, disorganized speech, disorganized or catatonic behavior

Negative symptoms


- flat affect, poverty of speech (alogia), lack of goal-directed behavior (avolition)



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Substance Abuse


- Prevalence of heavy drinking in older adults is thought to be 3-9%
- Prescription drugs frequently abused
 - Benzodiazepines, pain medications



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Medication Use and Risks in Geriatric Patients

- 70% of older adults self-medicate with OTC drugs without telling physician
- 50% of accidental drug-related deaths occur in geriatric patients
- Adverse drug reactions occur at 2 x the rate of non-elderly patients
- Common adverse drug-related effects are hip fractures, cognitive impairment, Parkinsonian symptoms



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Difficulties in Assessment and Diagnosis

- Older adults more likely to report MH disorders as physical symptoms
- Reluctance to seek psychiatric intervention – prefer primary care physician involvement
- Study of PCP's comfort with MH issues:
 - Only 55% felt confident in diagnosing depression
 - Only 35% felt comfortable in prescribing anti-depressant medication



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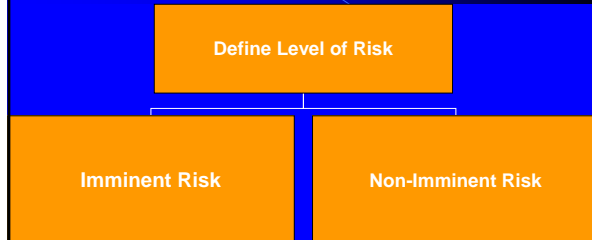
Factors that Complicate Diagnosis and Treatment

- High rate of depression with other neurological problems: Parkinson's, Alzheimer's,
- Correlation between depression and other medical problems: heart disease, stroke, cancer, chronic lung disease, arthritis,



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Mental Health Risk Protocol



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What Determines Imminent Risk?

- Suicidal or Homicidal Threats (Harm to oneself or others)
- Psychosis (Uncontrolled Symptoms) - delusions or hallucinations
- Poor Hygiene
- Suspicion of System



Appropriate Mental Health Services when Imminent Risk Present

- Georgia Crisis and Access Line (GCAL)
 - 1-800-715-4225
- Mental Health Hotlines/ Suicide Hotlines
 - Agewise Connection database
- Mental Health Inpatient Facility
 - Involuntary Admissions - facilities in your area?
- Closest Emergency Room - 911



Appropriate Mental Health Services when Non-Imminent Risk Present

- Mental Health Outpatient Evaluation/ Treatment
 - Persons with Medicare are insured!!!!
- Psychiatric Day Treatment
- In-Home Psychiatric Services
- Mental Health Counseling (Agencies)



Treatment Providers

- Family Doctors/ Internal Medicine Doctors
- Geriatricians
- Psychiatrists
- Psychologists
- Licensed Clinical Social Workers
- Licensed Therapists
- Clinical Nurse Specialists/ Nurse Practitioners/ Physician Assistants



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Traditional Medicare Funding

	Hospitalization Part A	Home Health Part A	Outpatient Services Part B	Outpatient Center Part B
			Includes: **MAD * Clinical Psychologist * Clinical Social Worker **Clinical Nurse Specialist **Nurse Practitioner **Physician's Assistant * counseling coverage ** medication mgmt	Includes: Partial Hospitalization Programs
Deductible	\$1,024 deductible for hospital stays up to 60 days	Same as Part A hospitalization (\$1,024 deductible) but evenly incurred in hospital stay	\$335 deductible	\$135 deductible
Coverage	100% of allowable	100% of allowable costs	Medicare covers 50% of professional charges billed with a psychiatric diagnosis using therapy codes. Initial evaluation covered at 80%, and 80% of E&M visits	Medicare covers 80% with a psychiatric diagnosis
Maximum Location	180 days in lifetime inpatient hospital	in home -- meet homebound criteria	Services can be provided in a clinic, doctor's or therapist's office, outpatient hospital department, or patient's home	Outpatient treatment center/partial hospitalization programs



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Private Medicare Health Plans

- Must cover all services that original Medicare covers, but
- May have different rules and costs:
 - In network requirements
 - Limits on # of visits to a mental health provider
 - Additional copayments
 - Preauthorization requirements
- Client needs GA Cares Counseling



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Mental Health Collaborative

- Collaborative: Provider, Home Health, Case managers (CCSP, SOURCE, County based aging services case manager), peer support specialists, resident services coordinators
- Review difficult cases (ie. behavior problems, lease violations, etc.)
- Excellent learning opportunity and team approach which improves care