



# GERIATRIC MENTAL HEALTH

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# Introduction

- About 10,000 baby boomers in the United States will turn 65 every day until the year 2030, according to the U.S. Census Bureau.
- An increased number of professionals will be needed to help “boomers” and their families to live longer and healthier lives.
- A healthier life includes paying attention to both health and mental health.

# Overview

- To provide an overview of mental health and older adults.
- To discuss how mental health and physical health interact and impact well being.
- To provide you with tools to begin to recognize three important mental health issues in older people, depression, anxiety and memory loss.

# Learning Objectives

- To increase your level of comfort engaging clients in conversations about their general health and well being including their mental health.
- To become familiar with resources available to better serve older clients at risk for depression, anxiety and memory loss.

## Question:

What challenges come to mind regarding your clients and their mental health needs?

Does anyone have experience working in mental health settings with older adults?



# CHALLENGES AND OPPORTUNITIES

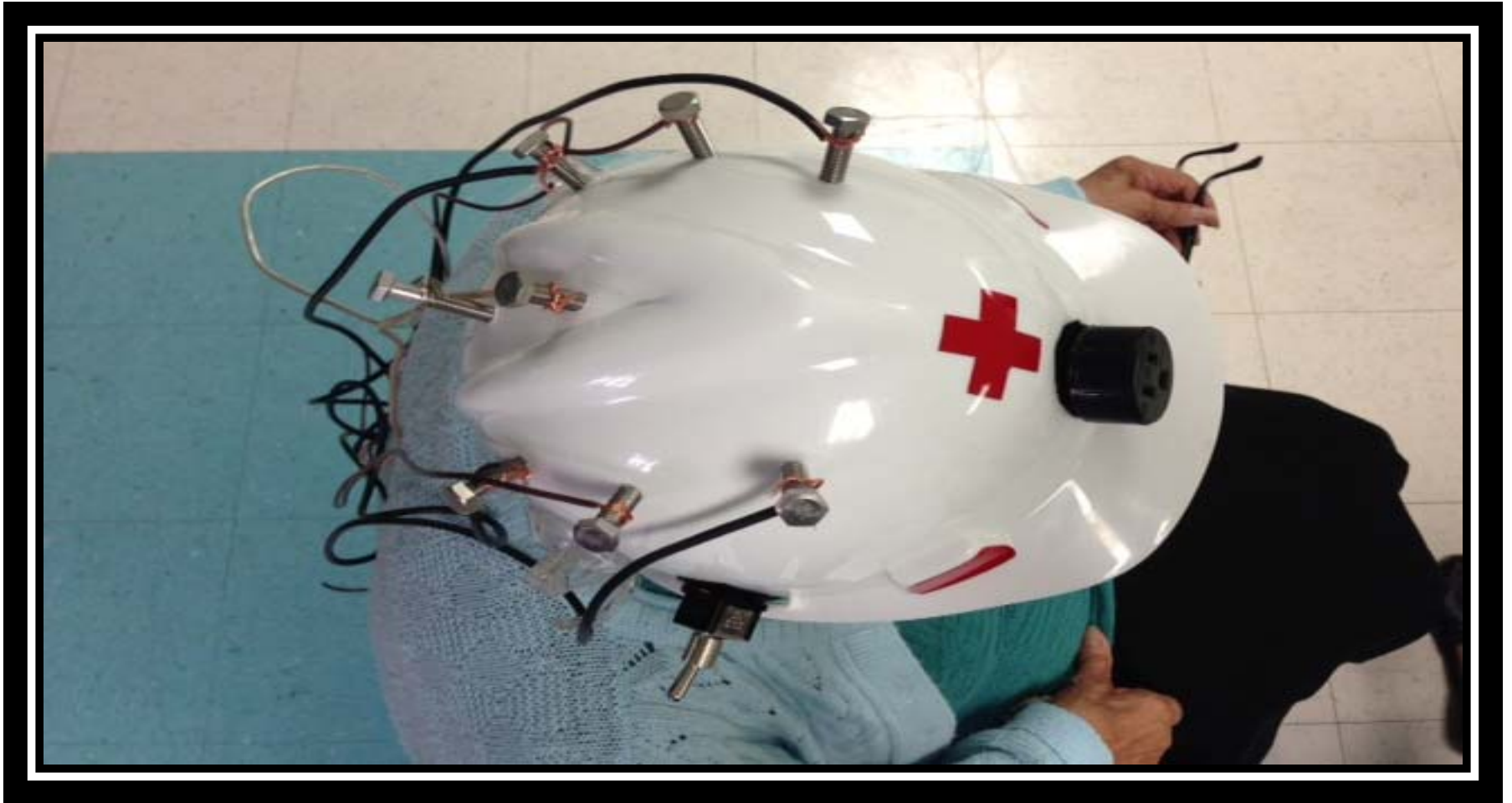
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Geriatric Mental Health

# Barriers to mental health care

- Myth and misinformation.
- Stigma towards mental health services
- Misunderstanding of what constitutes normal aging process vs. disease.
- Those born before 1946 tend to have had less access to education and may also be less psychologically minded than younger generations.
- Fragmented services.
- Unrealistic beliefs and expectations regarding service use among the elderly, especially among frail and / or isolated.
- Depression, anxiety and memory loss are not often identified by the elderly themselves.

# Knowledge, Beliefs, Attitudes





# DEPRESSION, ANXIETY, AND MEMORY LOSS

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Geriatric Mental Health

# Depression

- Depression is not just “feeling blue” or feeling grief after a loss.
- Depression is a feeling of sadness that lasts for many weeks and does not go away.
- Depression interferes with daily activities and often includes changes in sleep, changes in appetite, and a general loss of energy.

# Depression

- Depressive disorders are under-recognized, and often untreated or undertreated among older adults, which can lead to impairments in physical, mental, and social functioning.
- The presence of depressive disorders often complicates the treatment of other chronic diseases.
- Older adults with depression visit the doctor and emergency room more often, use more medication, incur higher outpatient charges, and stay longer in the hospital.

# Depression and Anxiety

- For older adults, depression often goes along with anxiety, both can be debilitating, and reduce overall health and quality of life.

## Depression and Anxiety

- An anxiety disorder causes feelings of fear, worry, apprehension, or dread.
- The feelings are excessive or disproportional to the problems or situations that are feared.
- Older adults with GAD have difficulty relaxing, sleeping and concentrating.

# Geriatric Depression Scale

- The Geriatric Depression Scale (GDS) is a screening tool designed specifically for older adults who may need further evaluation for depression. It is a valuable and reliable measurement tool used in clinical practice and research programs. A score of five or more points, indicates that a health care provider should be contacted for further evaluation.

1. Are you basically satisfied with your life?
- 2 Have you dropped many of your activities and interests?
- 3 Do you feel that your life is empty?
- 4 Do you often get bored?
- 5 Are you in good spirits most of the time?
- 6 Are you afraid that something bad is going to happen to you?
- 7 Do you feel happy most of the time?
- 8 Do you often feel helpless?
- 9 Do you prefer to stay at home, rather than going out and doing things?
- 10 Do you feel that you have more problems with memory than most?
- 11 Do you think it is wonderful to be alive now?
- 12 Do you feel worthless the way you are now?
- 13 Do you feel full of energy?
- 14 Do you feel that your situation is hopeless?
- 15 Do you think that most people are better off than you are?

## Memory Loss

- Is a normal part of aging.
- Memory disorders are pathological conditions.
- Some of the most common memory disorders are:
  - Alzheimer's Disease,
  - Vascular Dementia,
  - Parkinson's Disease

# Mini Mental State Exam

Folstein Mini-Mental State Exam		
<b>I. ORIENTATION</b> (Ask the following questions; correct = <input type="checkbox"/> )	<b>Record Each Answer:</b>	(Maximum Score = 10)
What is today's date?	Date (eg, May 21)	<input type="checkbox"/>
What is today's year?	Year	<input type="checkbox"/>
What is the month?	Month	<input type="checkbox"/>
What day is today?	Day (eg, Monday)	<input type="checkbox"/>
Can you also tell me what season it is?	Season	<input type="checkbox"/>
Can you also tell me the name of this hospital/clinic?	Hospital/Clinic	<input type="checkbox"/>
What floor are we on?	Floor	<input type="checkbox"/>
What city are we in?	City	<input type="checkbox"/>
What county are we in?	County	<input type="checkbox"/>
What state are we in?	State	<input type="checkbox"/>
<b>II. IMMEDIATE RECALL</b>	(correct = <input type="checkbox"/> )	(Maximum Score = 3)
Ask the subject if you may test his/her memory. Say "ball," "flag," "tree" clearly and slowly, about one second for each. Then ask the subject to repeat them. Check the box at right for each correct response. The first repetition determines the score. If he/she does not repeat all three correctly, keep saying them up to six tries until he/she can repeat them.	Ball	<input type="checkbox"/>
	Flag	<input type="checkbox"/>
	Tree	<input type="checkbox"/>
	NUMBER OF TRIALS: _____	
<b>III. ATTENTION AND CALCULATION</b>		
<b>A. Counting Backwards Test</b>	(Record each response, correct = <input type="checkbox"/> )	(Maximum Score = 5)
Ask the subject to begin with 100 and count backwards by 7. Record each response. Check one box at right for each correct response. Any response 7 or less than the previous response is a correct response. The score is the number of correct subtractions. For example, 93, 86, 79, 72, 65 is a score of 4; 93, 86, 78, 70, 62, is 2; 92, 87, 78, 70, 65 is 0.	93	<input type="checkbox"/>
	86	<input type="checkbox"/>
	79	<input type="checkbox"/>
	72	<input type="checkbox"/>
	65	<input type="checkbox"/>
<b>B. Spelling Backwards Test</b>		
Ask the subject to spell the word "WORLD" backwards. Record each response. Use the instructions to determine which are correct responses, and check one box at right for each correct response.	D	<input type="checkbox"/>
	L	<input type="checkbox"/>
	R	<input type="checkbox"/>
	O	<input type="checkbox"/>
<b>C. Final Score</b>	W	<input type="checkbox"/>
Compare the scores of the Counting Backwards and Spelling Backwards tests. Write the greater of the two scores in the box labeled FINAL SCORE at right, and use it in deriving the TOTAL SCORE.		<b>FINAL SCORE</b> _____ (Max of 5 or Greater of the two Scores)



# SPOTTING DEPRESSION

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STEP BY STEP

# Step 1

- **Be aware of contradictions:**



- Older individuals who are depressed often have severe feelings of sadness but these feelings frequently are not acknowledged.

## Step 2

**Look for:**



- Persistent and vague complaints
- Moving slower
- Behavior and attitude changes, demanding style.

## Step 3

- **Pay attention to physical conditions:**



→ Physical pain and emotional often co- exist and reinforce each other.

## Step 4

**Identify medical conditions:**



- Heart attack
- Stroke
- Hip fracture
- Macular degeneration
- Procedures such as bypass surgery

## Step 5

- **Know that:**



- Recovery from medical procedures is delayed. (depression reduces immune strength).
- Treatments are refused.
- Problems with discharge are encountered.

# The key misperception:

- **A common misconception** is that depression is a normal part of growing older.

→ While depression symptoms increase with age, depression is not a natural part of the aging process.

Remember → In 80% of cases it is a treatable condition.

## Questions:

What challenges come to mind regarding the process of identifying depression, anxiety and memory loss in older clients?

Does anyone have experience working with a depressed older adult?

How can you tell the difference between depression, anxiety and normal memory decline and mild Alzheimer's Disease?





# EFFECTIVE COMMUNICATION

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# Cultural Sensitivity and Awareness Checklist


(Seibert, Stridh-Igo, Zimmerman, 2002)


## Communication Challenges and Useful Tips

## Checklist

- Communication Method
- Language Barriers
- Identify language of preference and request summarizing to ensure clarity of needs
- Understand intricacies of non-verbal communication, e.g. body language & recognize senior's personal style; avoid expressing own bias.

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- Cultural Identification
    - Identify how the patient identifies culturally.
    - Double check, which allows person to clarify their needs to themselves & to others
    - Do not make assumptions.
    - Identify religious and spiritual beliefs.
  - Comprehension
  - Beliefs

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- Trust
    - Double check if patient and/or family appear to trust the health care provider.
  - Recovery
    - Misconceptions about recovery process, unrealistic views/expectations.

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- Diet
  - Assessments
  - Provider bias
- Address culture specific dietary considerations.
  - Conduct assessments with cultural sensitivity in mind.
  - Always remember we all have biases.



# Communication Challenges

# Tips

- Hearing Loss
- Vision Loss
- Memory Loss
- Cognitive changes are part of normal aging.
- The ability to acquire and to store new information decreases with aging.



# Tips

- Get the patients attention before you speak.
- He /she may need extra time to get focused before she / he can process the information.
- Face the person when you speak, lip reading may be crucial.
- Maintain eye contact.
- Speak slowly and clearly.

# Tips

- Keep your mouth visible.
- Speak loudly enough; but avoid shouting.
- Use short simple words and sentences.
- Be prepared to repeat or revise what you have said several times.
- Stick to one topic at a time.



## Tips

- Prevent information overload.
- Ask one question at a time to minimize confusion.
- Give the patient enough time to answer questions and to express their ideas.
- Summarize the most important points of the conversation.

# Tips

- Avoid the urge to:
  - finish the sentence
  - quiet them down
- Expect:
  - Inconsistencies
  - Errors
  - Emotional outbursts
  - Communication breakdowns

# Remember that ...

- Good communication often depends on good listening skills for both parts.
- Expect some deficits in memory, hearing and or vision.
- Explore whether hearing loss is an issue that needs to be addressed.

## To keep in mind

- some deficits in memory, hearing and/or vision = normal aging
- general health and well being includes mental health
- engaging clients in conversations about mental health = challenging
- do not give up
- call us if we can help!



# Resources

- **American Association for Geriatric Psychiatry**  
7910n Woodmont Avenue, Suite 1050, Bethesda, MD  
20814 (301) 654-7850 [www.aagponline.org](http://www.aagponline.org)
- **Alzheimer's Disease Association**  
919 N. Michigan Ave. Suite 1000, Chicago, IL 60611  
24-hour Toll-Free Nationwide Hotline: 1-800-272-  
3900 [www.alz.org](http://www.alz.org)
- **National Mental Health Association**  
1021 Prince Street  
Alexandria, VA 22314-2971  
[www.nmha.org](http://www.nmha.org)
- **National Institute of Mental Health**  
<http://nimh.nih.gov>  
<http://www.mentalhealth.com/book/p45-alz1.html>

Alzheimer's Disease

Assistance Centers

The New York State

Department of Health