

DEALING WITH SENIORS WITH MENTAL HEALTH CHALLENGES

Planning For a
New Day

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2018

OVERVIEW

- ▶ Mental health is essential to overall health and well-being. It must be recognized and treated in everyone, including older adults, with the same **urgency** as physical health.
- ▶ It is estimated that 20% of people age 55 years or older experience some type of mental health concern but nearly 1 in 3 do not receive treatment.

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MENTAL ILLNESS

Mental illness is defined as a condition affecting a person's thinking, mood or feeling and may affect a person's ability to function and relate to others.

Mental illness encompasses emotional, psychological and social well-being.

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ETIOLOGY

- ▶ The exact cause of most mental illnesses is not known, however, it is becoming clear through extensive research that many of these conditions are caused by a combination of genetic, biological, psychological, and environmental factors.

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REALITY

“Mental illness is an equal opportunity illness. Every one of us is impacted by mental illness. One in 5 adults is dealing with this illness, and many are not seeking help because the stigma prevents that.”

-Margaret Lawson

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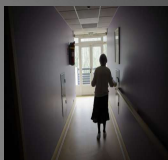
OKLAHOMA STATISTICS

- ▶ Oklahoma has some of the highest rates for Mental Illness and Substance Use Disorders. Based on 2014 data, Oklahoma ranks 2nd (22.4%) in the nation for rates of Any Mental Illness. Also, for rates of Any Substance Abuse Disorders, Oklahoma ranks 2nd in the nation at 11.9%. This means that between 700,000 and 950,000 adult Oklahomans need services; most are not receiving the care they need to fully recover from their illnesses.

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SUICIDE

Oklahoma, which has the 11th worst suicide rate in the country, emulates national statistics that show suicide rates for people over 65 are higher than any other age group. Men account for about 80 percent of all elderly suicides.



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TULSA COUNTY

34,000

Number of individuals with mental health and substance abuse treated by Tulsa County providers.



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OKLAHOMA CITY COUNTY

152,000

Number of individuals with mental health and substance abuse treated by Oklahoma County providers.

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OLDER OKLAHOMANS

Older Oklahomans report frequent mental distress higher than regional and national rates - One in five older Oklahomans experience a mental health disorder but less than 40% of those get treatment and the **majority of the treatment is done by their primary care physician.**

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DEMENTIA & SCHIZOPHRENIA

- ▶ There is a co-occurrence of dementia and Schizophrenia.
- ▶ Studies have shown that people with schizophrenia show an early onset of dementia.
- ▶ They are two very different diseases that require different approaches at times. This can complicate providing care for the population.
- ▶ Dementia is now classified under a new classification called neurocognitive disorders. It differentiates dementia from other mental disorders.

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FUNDING

- ▶ 90% of these Oklahoma individuals received reductions in services in FY17.
- ▶ ODMHSAS state appropriations were cut by \$23M in the previous year.

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MASLOW'S HIERARCHY OF NEEDS

The diagram shows a pyramid with five horizontal levels. From bottom to top, the levels are: Physiological (green), Safety (light green), Belongingness (yellow-green), Esteem (yellow), and Self-actualization (orange). The pyramid is set against a white background with a small 'Learning-Theories.com' watermark at the bottom.

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PLACEMENT

- ▶ There are special units & communities for those that suffer from dementia & Alzheimer's
- ▶ There have not been any specialty centers that focus on seniors with other mental health needs.
- ▶ Placement has been "by luck" or by a favor for a referral source, family or staff member.

A photograph of three trees standing side-by-side against a blue sky. The tree on the left is lush green, the middle one is yellow, and the one on the right is bright red.

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NEEDED SERVICES

- ▶ Housing, food, and medical care are severe issues in this population. They are often homeless, hungry and sick.
- ▶ Where can these seniors with mental health issues go?
- ▶ When these individuals don't feel safe, behaviors begin. Those behaviors lead to more behaviors and poor decisions. The ball has started rolling.

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WHAT CAN WE DO?

- ▶ Identify those elders that are showing signs and symptoms of mental health issues. Identification is necessary to begin the process of getting the correct help needed for quality of life for the individual and for their family & friends
- ▶ Senior health providers and behavioral health providers can adopt and embed scalable, practical behavioral health interventions for older adults into existing services. Successful partnerships and relationships must be established to treat individuals with or at risk for mental health and substance use disorders.

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WHAT CAN WE DO? (CONTINUED)

- ▶ Adopt chronic disease management
- ▶ Assess face to face
- ▶ Partner with other mental health specialists
- ▶ Get involved. Don't see these elders as the problem
- ▶ Refer to the appropriate setting for quality of life
- ▶ Provide staff training specific to mental health issues and safety
- ▶ Have specific mental health programming

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ANTIPSYCHOTICS

- ▶ An antipsychotic drug is a medicine that works in the brain, which may help to block certain chemicals that can cause symptoms of psychosis, such as hallucinations or delusions.
- ▶ Hallucinations are when a person sees or hears things that are not there.
- ▶ Delusions are when a person believes something that isn't true, even after being told.
- ▶ Some people with some mental illnesses like schizophrenia and bipolar disorder often have these symptoms.

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COMMON ANTIPSYCHOTICS

- Haldol
 - Quetiapine (Seroquel) ▪ Olanzapine (Zyprexa)
 - Aripiprazole (Abilify)
 - Risperidone (Risperdal)
- Antipsychotics provide a small benefit for a limited set of individuals with dementia but pose a large risk of negative effects.

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THESE DRUGS DO NOT HELP

- ▶ To stop yelling or repeating questions over and over;
- ▶ Being restless, fidgety or uneasy,
- ▶ To stop memory problems;
- ▶ To stop inappropriate things being said.

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ALTERNATIVE APPROACHES

- ▶ Non-pharmacologic approaches that involve direct clinical work with residents and behavioral management plans are much more effective and less costly.
- ▶ Success with the mental health population is dependent on **partnerships**. Psychiatrists, psychologists, counselors, education, self defense, trained direct care staff, etc. are all important pieces of the puzzle.
- ▶ Invest. Invest. Invest.

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OUR HEALTHCARE MISSION

- ▶ Chronic and severe mental health episodes are treatable and may be preventable through simple, cost-effective, and time-efficient screening procedures, early interventions, and quality care. Good mental health is essential to good overall health and wellness.
- ▶ Pledge to provide an environment that fosters mental wellness, appropriate, meaningful activities and programming, medication management and promotes physical wellness.

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PROGRAMMING

Life changes in this age group require special treatment and interventions for optimal outcomes. We need to offer care that addresses each individual's specific needs in order to maximize cognitive and emotional functioning and to enhance the resident's quality of life. Multi-disciplinary treatment teams should consist of psychiatrists; primary care physicians (as needed); licensed mental health professionals, social workers, case managers, nurses and other staff members that will be trained in mental health

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PROGRAMMING (2)

- Clinical programming should include:
 - ▶ Psychiatrist visits and/or consults
 - ▶ Individual and group therapies tailored to each patient's level of functioning
 - ▶ Resident support groups
 - ▶ Exercise and relaxation groups
 - ▶ Rehabilitation- Physical, occupational & speech therapy services geared towards mental health issues
 - ▶ Activities/recreational therapies

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PROGRAMMING (3)

- ▶ Reminiscence therapy and reorientation groups
- ▶ Behavior Modification
- ▶ Restorative nursing services to maintain the highest level of daily skills
- ▶ Spirituality - access to religious services and support
- ▶ Medical consultation regularly and as needed
- ▶ A licensed mental health professional is on call nights and weekends and is available for assessments and admissions
- ▶ A referral assistance process should enable us to assist referral sources in finding placement if one of our programs is at capacity or if the potential resident does not meet admission criteria.

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HEAR APPROACH

- ▶ **H**- Health
- ▶ **E**- Environment
- ▶ **A**-Approach
- ▶ **R**- Resident

Look for triggers before there is a behavior or episode. If a behavior or episode occurs, look around. Use HEAR to assess the situation to help the resident and to avoid the same situation in the future.

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KEY REQUIREMENTS

Based on the resident's comprehensive assessment, the facility must ensure that a resident who—

- Displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or
 - Has a history of trauma and/or post-traumatic stress disorder
- Receives appropriate treatment and services to correct the assessed problem, or
- Attains the highest practicable mental and psychosocial well-being

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CONCLUSION

- ▶ Every human being deserves a home where they feel like they belong and have purpose.
- ▶ Mental health disorders are a very real issue in society and in our elder population that is not going away.
- ▶ We have to work together as an industry to create networks to take care of these individuals.
- ▶ Redefine how you think about mental illness.

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OUR LEGACY

“In my mind, there’s nothing our generation should be more ashamed of than people with severe mental illness being punished for a disease they can’t do anything about.”

-Fran Quigley

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RESOURCES

- ▶ AHCA- www.ahcanca.org The AHCA Quality Initiative; Antipsychotics
- ▶ SAMHSA- Substance Abuse & Mental Health Services Administration www.samhsa.gov 877-726-4727
- ▶ Oklahoma Mental Health Association 918-585-1213
- ▶ Oklahoma Department of Mental Health & Substance Abuse Services https://ok.gov/odmhsas/Mental_Health/Behavioral_Health_Case_Management/index.html (405) 248-9349

KIMBERLY D. GREEN, DIAKONOS GROUP, LLC
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CONTACT INFORMATION

Kimberly D. Green M.Ed. CCC-SLP
Chief Operating Officer
Diakonos Group, LLC
Kimberly.green@diakonogroup.com
918-812-6968

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