



Mental Health and Older Adults

New Considerations for Placement Specialists

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Topics

- Types of mental health issues (pre-pandemic)
- Effects of the pandemic on mental health
- Loneliness and isolation
- Helping clients, helping YOU

MH Prevalence pre-pandemic

- Over 20% of age 60+ had a mental or neurological disorder.
- 14.5% (16.3 million) of age 50+ had mental illness.
- 3% (3.1 million) had serious mental illness.
- Rates in nursing homes are many times higher:
 - up to 57% for any mental illness
 - 7-8% for serious mental illness

Anxiety

- Panic
- Social anxiety (worse for suicidal risk)
- Agoraphobia
- Specific phobias
- Trauma-related, e.g. PTSD
 - 1.5% to 4% of people age 60+ (pre-covid)
 - Twice as likely to develop dementia

Anxiety (pre-covid)

Lifetime reported diagnosis (US)		In prior year (global)	
Age 50-64	12.7%	Age 55+	11.4%
Age 65+	7.6%	Age 82+	14.5%
		Age 86-90	15.9%
		82-85yo women:	17.2%

People who lost a loved one in the past 18 months were TWICE as likely to have an anxiety disorder

Depression

- Dysthymia
- Major depression
- Complicated bereavement
- As people emerge from a period of depression, their suicide risk may increase

Depression (pre-covid)

- CDC numbers for older adults:
 - 15.7% history of diagnosis of depression
 - 7.7% current depression
 - 13.5% in people needing home healthcare
 - 11.5% in older hospital patients
 - 4-5% in community (lower than younger adults)

Depression and health

- Late life depression is especially costly, due to impact on physical health.
- Depressed people admitted to nursing homes have higher risk of death in first year.

<p>Post-stroke frequently severe vegetative symptoms</p>	<p>Parkinson's usually milder, less anhedonia</p>	<p>"Vascular depression" aging causes ischemia, lessens blood flow to organs</p>
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Anxiety and depression

- Often occur together in older adults
- Rates of co-occurrence increase with age



Bipolar disorder in older adults

- Affect 0.5-1.0% of older adults
 - Each year, about 1-1.5% of people with a history of depression develop late-onset bipolar disorder
 - About 10% of all bipolar onset is after age 45
- No clear evidence of different course at different ages, aside from physiological aging effects.
- 35% of people with bipolar have neurological issues

Bipolar differences in older adults

- Vs younger adults, older adults with bipolar typically have:
 - More comorbidity with physical illnesses
 - More cognitive dysfunction
 - Higher antidepressant use
 - Higher secondary mania
 - Psychosocial events as key triggers
 - Lower severity of episodes
 - Lower family history
 - Less other mental and substance use disorders

Psychotic disorders

- Delusions – false beliefs, meds not helpful
- Hallucinations – false sensory data, meds can be helpful
- Quite common in later years – lifetime risk 23%.
- Approximately 60% of older patients with new psychosis will have a secondary psychosis.

Schizophrenia

- Most common worldwide, 0.3% to 0.7% lifetime incidence
- Later onset, over age 50 – quite rare
 - More women than men
 - More delusions, esp. persecutory
 - More visual, tactile, and olfactory hallucinations
 - Less severe symptoms
 - Less meds needed
 - Higher mortality rate
 - Cognitive decline precedes psychosis in late-onset

Treating psychotic disorders

- First-line treatment: environmental and psychosocial interventions
 - Psychoeducation / coaching more than therapy
 - Peer support
 - Regular schedules/routines help keep on track
 - Social activities
- Antipsychotic medications
- Benefit from closer tracking due to lack of insight, need for reality checks

Substance use (pre-covid)

- About 1.5% (500,000) of people age 50+ used an illicit drug in the prior month.
- Boomers’ lifetime illicit drug use rates changing:
 - Age 65+ 25.6%
 - Age 60-64 53.6%
 - Age 55-59 60.9%
 - Age 50-54 60.1%

Substance use (pre-covid)

- 10.6% of people age 65+ were binge drinkers
- 3.8% of older adults met criteria for any past-year substance use disorder (in 2015)
- Very high risk for suicide with substance use disorders

Suicide

- 10-15% of severely depressed patients (severe enough to be hospitalized) will eventually take their own lives.
- Older adults have highest suicide rate by age
- People newly diagnosed with dementia are at 54% increased risk for suicide in first year (esp < 74yo)
- Risk factors: male, white, single or living alone, and prominent feelings of hopelessness.

Delirium

- Under-recognized
 - Acute onset and fluctuating course of symptoms
 - Involves inattention, impaired level of consciousness, and disturbance of cognition (e.g., disorientation, memory impairment, alteration in language)
- Serious – medical emergency
 - Can be thought of as “acute brain failure,” multifactorial syndrome like acute heart failure
 - Any suspected or uncertain case should be treated as delirium until proven otherwise

Delirium

- Common:
 - 50% of hospitalized seniors
 - 29-64% incidence rate
 - ER: 8-17% of all seniors, 40% from SNF
- Costly:
 - Delirium among surgical patients results in physical function impairment for a month and cognitive impairment for up to a year
- Often fatal:
 - 70% increased risk of death within 6 months after ER visit

Dementia

- Problems with memory AND at least one other area of cognition:
 - Communication and language
 - Ability to focus and pay attention
 - Reasoning and judgment
 - Visual perception

Behavioral issues as a person is affected by their deficits

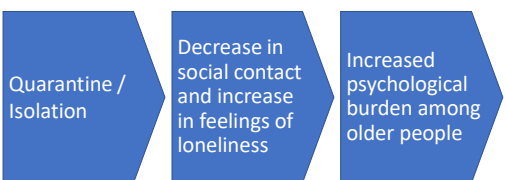
Younger-onset dementia

Age	Number of cases
30-34	1.1 per 100K
35-39	1.0 per 100K
40-44	3.8 per 100K
45-49	6.3 per 100K
50-54	10.0 per 100K
55-59	19.2 per 100K
60-64	77.4 per 100K

Issues with meds

- Reduced metabolic capacity
- Higher sensitivity to adverse effects
- Side effects may lead to more serious complications (e.g. falls with injuries)
- Polypharmacy – multiple medications for various conditions raises risk for drug interactions
- Most drug research is done on younger adults without other medical conditions

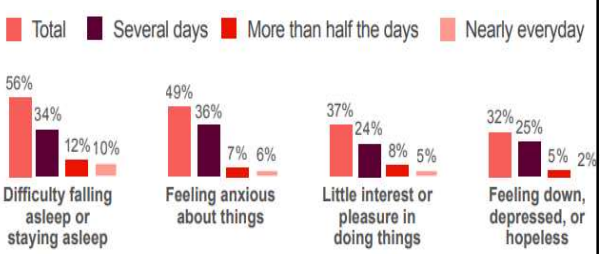
Pandemic effects



- Mental health impact greater on older adults due to
 - ageism
 - perception of increased risk of COVID illness and worse outcomes (higher mortality)
 - fear due to the virus
 - decrease in physical activity

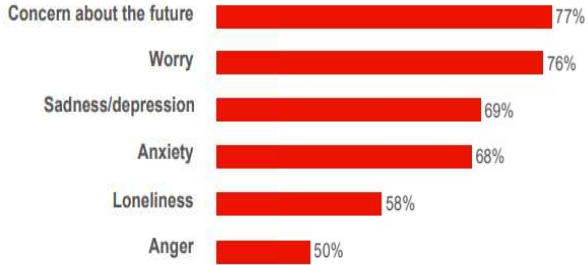
April 2021 AARP Survey

• Depression symptoms frequency in recent 2 weeks



April 2021 AARP Survey

• Since the pandemic, increase in



Post-COVID mental health issues

• Study of people (~71yo) hospitalized with COVID that had acute changes in behavior, cognition, consciousness, etc.:

- Encephalopathy 41%
- Psychosis 26%
- Dementia-like syndrome 15%
- Other (e.g., mood disorder) 18%

• Only 9% of people who had issues after COVID had previously had any symptoms prior to COVID

Post-pandemic mental health

• People who were hospitalized had mental health disorders for long afterward

	SARS/MERS <i>(up to 46 mos)</i>	COVID <i>(1 year)</i>
Anxiety disorders	15%	34 - 38%
Depressive disorders	15%	29 - 32%
PTSD	32%	18 - 34%

Impact on pre-existing MH

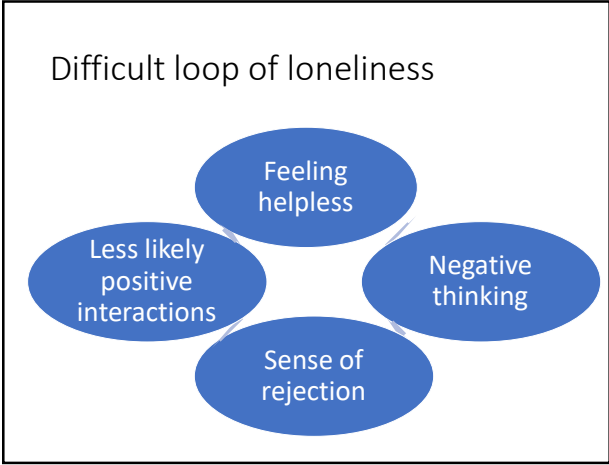
- Approximately twice as many were coping poorly (23%) compared with coping well (12%)
- Majority had specific concerns about the potential effects of the pandemic upon their mental health:
 - worsening of their illness 64%
 - inability to receive treatment 39%
 - running out of medication 38%

Pandemic direct impact

- For people age 70+ living in the community (who were not hospitalized for COVID)
 - Depressive symptoms prevalence rose 3-fold to almost 21% during the pandemic.
 - More than 2 times higher in people living alone (25% clinically significant).

Isolation vs loneliness

- Isolation is objective: low levels of contact can be enjoyable **if chosen**.
- Loneliness is subjective:
 - can feel lonely even in a room full of people
 - distressing feeling – social pain
 - sense of mismatch of what one has vs what one wants out of relationships
 - not a normal part of the aging process



Isolation problem before COVID

- Even before the COVID-19 crisis, 43% of those over age 60 reported feeling isolated
- Research shows that those feelings can lead to both mental and physical health problems
- Before the pandemic, social isolation was associated with 50% increased risk of dementia
- And now...?

Isolation/loneliness with COVID

- CDC: Rates of loneliness have elevated during COVID-19 and loneliness is a public health crisis for older adults
 - impacts chronic health conditions
 - compromises the immune system
 - leads to poor mental health, including depression, anxiety, dementia
- NCEA: Social isolation is a predictor for elder abuse, and elder abuse reports have increased during the pandemic

Jan 2021 UM Healthy Aging Poll

- 19% overall mental health worse since the pandemic started
- 20% experiencing worse sleep, depression, and anxiety since March 2020
- Half people age 50–80 reported feeling regularly stressed and isolated from others
Worse for women, people with lower income, and people who are less physically healthy

Increase in risk of suicide

- Studies found previous viral epidemics were associated with increased rates of suicide deaths
- 2003 severe acute respiratory syndrome (SARS) epidemic was associated with a 30% increase in suicide for ages 65+

No relief in sight?

- People who are vaccinated are:
 - more worried about infection
 - more likely to practice social distancing (so more isolated)
 - more likely to describe mental health as worse
- More people report that their use of mental health services has **declined (34%)** than increased (6%).

But the good news (even now)

- 80% of older adults felt that their mental health was the same or better than 20 years ago
- 87% were comfortable discussing their mental health – most preferred their primary care provider.
- Multiple studies showed that older adults had lower rates of mental illness and distress than younger age groups – at least in the earlier stages of the pandemic (Jan 2021)

And talking about it helps

In one study

“a majority of the participants found a great benefit simply from the research team contacting them.”

“There’s an inherent value in people just reaching out and talking about this, and reducing stigma.”

Geriatrician
Dr. Carla Perissinotto

Living with others is better!

People living with others had lower depression during the pandemic

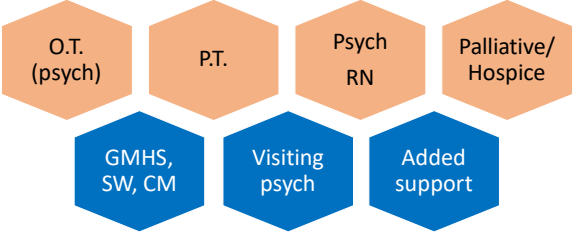
National Institutes of Health: Study in Ireland, July to November 2020, “demonstrates significant increases in the burden of depressive symptoms among older people during the COVID-19 pandemic, particularly those aged ≥70 years and/or living alone.”

Helping placement succeed

- Be upfront about the issues/behaviors of concern
- “Scaffold” throughout the transition
 - Bring on support before a move to establish the relationship with the client and prepare for changes
 - Keep support in place after a move to help with adjusting to new home and routine

“There is no such thing as too many oars in the water”

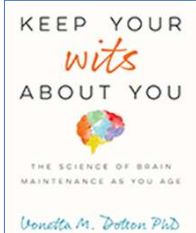
Make these your team



Clients on Medicaid: EVERYONE should have mental health case management and in-home services. These could boost daily rate AND lessen staff burden.

Resources

- Toolkit for Social Isolation and Loneliness Outreach: <https://www.nia.nih.gov/ctctoolkit>
- Coming in March 2022





THANK YOU for the important work that you do!

For additional resources or information, email or call me to consult:



Aging Care Consultation Services

Helping you solve your puzzle so all the pieces fit into place

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