Behavioral Health Issues: Foundations and Strategies for I&R Professionals

Jocelyn Chen Wise, MPH, LCSW
Emory University, Division of Geriatric Psychiatry
Fuqua Center for Late-Life Depression

With permission, adapted from original presentation by Dr. Eve H. Byrd, Carter Center
Conflicts of Interest

No conflicts financial or otherwise
Objectives

- Provide a general understanding of signs and symptoms of behavioral health disorders
- Provide direction and assist in developing strategies for handling difficult calls presumed to be related to behavioral health disorders
Mental Health

A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

US Centers for Disease Control and Prevention
Mental Disorder

A major disturbance in an individual’s thinking, feelings, or behavior that reflects a problem in mental function. Mental disorders cause distress or disability in social, work, or family activities.

American Psychiatric Association
Mental Illness

“...collectively all diagnosable mental disorders” or “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.”

US Centers for Disease Control and Prevention
Substance Use Disorder

...when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

US Substance Abuse and Mental Health Services Administration (2015)
Behavioral Health

Mental Health and/or Substance Use
Psychosis

A severe mental disorder in which thought and emotions are so impaired that contact is lost with external reality.

Most common causes of psychosis in older adults

• Dementia-related syndromes
• Delirium
• Drug-induced psychosis
• Primary psychiatric disorders, most commonly depression

Bendl, 2005
U. S. Adults with a Mental Disorder in Any One Year

- Anxiety 19.1%
- Substance Use Disorder 8.0%
- Major Depressive Disorder 6.8%
- Bipolar Disorder 2.8%
- Eating Disorder 2.1%
- Schizophrenia 0.45%
- Any mental disorder 19.6%

National Comorbidity Survey Replication, 2007
Most Common Disorders in Older Adults

In order of prevalence:
- Anxiety
- Severe cognitive impairment
- Mood disorders

American Association of Geriatric Psychiatry, 2011

Growing number of older adults with psychotic disorders
National I&R/A survey findings: Frequently Requested Services

Most Frequently Requested Services

Percent of Respondents (N=353)

- Housing assistance
- Transportation
- Financial assistance
- Home delivered meals
- Personal care
- Family caregiver support
- Health insurance counseling
- Medicaid
- Assistive Technology
- Utility Assistance
- Case management
- Home modifications
- Food assistance
- Medicare
- Benefits Assistance
- Independent living skills
- Care Transitions
- Dental care
- Health care services
- Congregate meals
- Respite care
- Adult Protective Services
- Prescription drug assistance
- Employment
National I&R/A survey findings: Critical Unmet Needs

Most Frequent Unmet Service Needs

Percent of Respondents (N=343)

1. Financial assistance
2. Transportation
3. Dental care
4. Mental health services
5. Home modifications
6. Utility Assistance
7. Homemaker services
8. LTC/LTSS funding
9. Respite care
10. Personal care
11. Adult day services
12. Employment
13. Care Transitions
14. Family caregiver support
15. Health care services
16. Veterans assistance
17. Food assistance
18. Assistive Technology
19. Health insurance services
20. Elder abuse/exploitation
21. Benefits Analysis/Assistance
22. Health insurance counseling
Eldercare Locator Statistics

- Only a small percentage of consumers call specifically for mental health or substance abuse assistance
  - Stigma, cultural barriers
  - Lack of language
  - Different presenting symptoms

- Assessment and further discussion reveals a consumer’s need for behavioral health services
Is Late-Life Depression Different?

- May not endorse sadness, rather irritability or “nerves”
  - Hard to explain feelings
  - Stigma
  - Cultural beliefs
- Somatic or physical complaints more common
- More problems with cognition

Isn’t this just a part of getting older?

“Situational” depression still warrants treatment!

90% of adults don’t report depression or get treatment

Depressed older adults show improvement in cognitive function after treatment

Untreated depression is associated with volume loss of hippocampus (area of brain responsible for memory)


Brief interventions

• Just wanting to talk
• Decreasing isolation
• Help identify natural supports
• Help identify things that make them feel better
  • Simple pleasures
  • Small steps
Brief telephonic screens

- Anxiety
  General Anxiety Disorder Screen (GAD-2)

- Depression
  Patient Health Questionnaire (PHQ -2)
# GAD-2 Scoring

**GAD-2**

**Over the last 2 weeks, how often have you been bothered by the following problems?**

*Use “✓” to indicate your answer*

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious, or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

\[3 = 1 + 2 + 0\]

**TOTAL: ≥ 3 recommend further evaluation by trusted clinician**
Screening: PHQ-2

The Patient Health Questionnaire-2 (PHQ-2)

Patient Name ____________________________________________  Date of Visit _________________

Over the past 2 weeks, how often have you been bothered by any of the following problems?

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<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
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</table>

3 = 1 + 2 + 0

TOTAL: ≥ 3 recommend further evaluation by trusted clinician
Generalized Anxiety Disorder Scale (GAD-2)
Patient Health Questionnaire (PHQ-2)

http://phqscreeners.com

Free and available to public
Suicide Rate by Age, Sex, and Race
using National 1999-2010 data

Suicide Rate per 100,000

- Black Females
- Black Males
- White Females
- White Males

Age Groups:
- 5-14 years
- 15-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75-84 years
- 85+ years
Suicide Behavior is Very Lethal Among Older Adults

- Over 50% die by firearms in all age groups
- Over 70% of 60-74 year olds die by firearms
- Over 80% of those 75 and over die by firearms

- Up to 75% of older adults who die by suicide visited a physician within a month before death
Myth or Fact?

Asking about suicide may give someone the idea to kill themselves.
Myths and Facts About Suicide

**MYTH**

- Asking about suicide may give someone the idea to kill themselves.

**FACT**

- The opposite is true. Asking someone directly about their suicidal feelings will often lower their anxiety level and act as a deterrent to suicide.
Myth or Fact?

Talking about suicide is usually a cry for help.
## Myths and Facts About Suicide

<table>
<thead>
<tr>
<th>FACT</th>
<th>MYTH</th>
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<td>Most people who kill themselves give definite warning signs of their suicidal intentions. 8 out of 10 give signs. All threats and attempts should be taken seriously.</td>
<td>Talking about suicide is usually a cry for help.</td>
</tr>
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Myth or Fact?

Once a person is seriously considering suicide, there is nothing you can do.
<table>
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<th>MYTH</th>
<th>FACT</th>
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<td>Once a person is seriously considering suicide, there is nothing you can do.</td>
<td>Most suicide crises are time-limited and based on unclear thinking. People are generally looking for a solution or an escape and can’t see other solutions.</td>
</tr>
</tbody>
</table>
Potential Suicide Calls

- Do you want to commit suicide (kill yourself)?
- Are you thinking about suicide (killing yourself)?
- Do you have a plan to commit suicide (kill yourself)?
  - Do they have the means (guns, pills, etc) within their plan?
- Are you (home) alone?
Suicide Calls

- Agency policies and procedures
  - Clear and communicated internal protocol
  - Training on how and when to transfer
- Potential resources
  - 911
  - National Suicide Prevention Lifeline (1-800-273-8255)
Directing the person to care

- Primary Care Provider
- Geriatric Physician (Geriatrician)
- Healthcare Provider who sees a lot of older adults
- Most trusted care provider
Potential leadership and participants in a suicide safer community for older adults

- Primary Care
- Behavioral Health Services
- Aging Services Network
- Social Services Support
- Faith Communities
- Mail Carriers
- Pharmacies
- Banks
- Family and Friends
Substance use disorders

Substance use disorder or addictive disease is a brain disorder and needs to be handled as such

- Seek professional guidance and treatment
- Harm Reduction vs. Abstinence
Disruptive behaviors

- Dementia, depression, psychosis, pain
- Evaluation needed
  - Geriatrician, geriatric psychiatrist, geriatric nurse practitioner, or primary care provider to determine cause of behavior
  - Treatment of underlying cause (UTI, pain, etc)
  - Behavioral interventions, and/or medications
When working with someone with a behavioral health disorder....

- Trusting interaction/relationship
  - Want to be heard
- RECOVERY language
  - Strengths based
  - Instill hope
- Harm reduction
- Don’t use stigmatizing words or references
Recommended Trainings

Mental Health First Aid for Older Adults
https://www.mentalhealthfirstaid.org

Question, Persuade, and Refer Training (QPR)
*Suicide prevention training*
https://www.qprinstitute.com
Recommended Trainings

Screening, Brief Intervention, and Referral to Treatment (SBIRT)
*Delivery of early intervention and treatment to people with or at risk for substance use disorders*

https://www.samhsa.gov/sbirt


Kroenke, K, Spitzer RL, Williams JB. The Patient health Questionnaire -2: Validity of a Two-Item Depression Screener. Medical Care 2003, (41) 1284-1294


Thank you!

Jocelyn Chen Wise
jchen86@emory.edu
404-712-6943