Behavioral Health Concerns in Later Life

Amy Miller, LCSW
Senior Reach National Consultant
Jefferson Center
Objectives

- Learn about common emotional and mental health concerns in later life.
- Learn communication strategies & other techniques to help address those concerns.
- Learn available resources to help address these needs in the older adults population.
## Prevalence of Behavioral Health Problems in Later Life

<table>
<thead>
<tr>
<th>Problem</th>
<th>Prevalence</th>
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</thead>
<tbody>
<tr>
<td>Clinically Significant Depression</td>
<td>15 - 31%</td>
</tr>
<tr>
<td>Clinically Significant Anxiety</td>
<td>14 - 27%</td>
</tr>
<tr>
<td>Prescribed Psychoactive Medication</td>
<td>25%</td>
</tr>
<tr>
<td>At Risk for Problem Drinking</td>
<td>16%</td>
</tr>
<tr>
<td>Combined Alcohol and Medication Misuse</td>
<td>19%</td>
</tr>
<tr>
<td>Post Traumatic Stress Disorder</td>
<td>15%</td>
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</tbody>
</table>

*Substance Abuse and Mental Health Administration Issue Brief 2013*
Changes in Physical Health

- Mobility Changes
  - 40%

- Chronic Pain
  - 39%

- Hearing problems
  - 1/3 of people age 65–74
  - HALF of people 75+

- Vision problems
  - 1/3 of older adults

- Diabetes
  - 1/3 of older adults

- High blood pressure
  - 1/3 of older adults

- COPD
  - 14.2%

- Medications
  - People 65–69:
    - 14 prescriptions/year
  - People 80–84:
    - 18 prescriptions/year
## Chronic Pain

<table>
<thead>
<tr>
<th>Causes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Issues</td>
<td>Reduced mobility</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>Avoiding activities</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>Falls</td>
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<tr>
<td>Pulmonary</td>
<td>Depression</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Endocrine</td>
<td>Sleep impairment</td>
</tr>
<tr>
<td>Nephrology</td>
<td>Isolation</td>
</tr>
<tr>
<td>Immune</td>
<td>Disruption of relationships</td>
</tr>
<tr>
<td>Neurology</td>
<td></td>
</tr>
<tr>
<td>Oncology</td>
<td></td>
</tr>
<tr>
<td>Other (depression, tendonitis, bursitis)</td>
<td></td>
</tr>
</tbody>
</table>
Depression

- Irritability
- Insomnia
- Persistent, vague complaints of pain with no known medical cause
- Loss of appetite
- Memory problems/ confusion/ slower processing
- Social withdrawal—loss of interest in socializing/ hobbies
- Neglect in personal care—skipping meals, neglecting personal hygiene, inconsistent medication intake
- Loss of interest in living or fixation on dying; thoughts of suicide
- Hopelessness about the future
- Loss of self-worth: worry about being a burden
- Low motivation, lack of energy
- Lack of meaning and purpose
Risk Factors – Depression

- Conflict with friends and/or family
- Death or loss
- Major events (moving, divorce, retirement)
- Social isolation
- Serious illness
- Chronic pain
- Reduced sense of purpose; Loss of identity

- Chronic disease(s)
- Fear of loss of independence
- Limited financial resources
- History of abuse/ trauma
- Loss of physical functioning (vision, hearing, mobility)
Anxiety

- Psychological
  - Nervousness
  - Fear
  - Apprehension
  - Worry
  - Compulsive thinking
  - Irritability

- Behavioral
  - Avoidance
  - Obsessive behavior
  - Distress in social situations
  - Phobias

- Physical
  - Physical pain, discomfort
  - Rapid heart beat
  - Chest pain
  - Shortness of breath
  - Dizziness
  - Stomach pain
  - Gastrointestinal problems
Risk Factors – Anxiety

- Increasing frailty
- Chronic medical conditions
- Overall feeling of poor health
- Sleep disturbance
- Side effects of medications
- Alcohol or prescription medication misuse or abuse
- Multiple losses

- Physical limitations in daily activities
- Stressful life events
- Negative or difficult events in childhood
- Financial concerns
- Lack of social supports
- Presence of depression
- Pre-existing anxiety
Grief & Loss

- Common experience in later life
- Reactions vary from person to person, influenced by culture.
- Most will move through their grief unassisted.
- 10% experience prolonged or complicated grief
Reactions to Grief

Psychological
- Searching
- Yearning
- Preoccupation with thoughts of the deceased
- Crying
- Disbelief
- Stunned by death
- Delayed grief
- Absence of grief
- Sense of hopelessness
- Hostility towards those still living

Physical
- Headache
- Chest pain or tightness
- Heart palpitations
- Feeling weak
- Muscle tension
- Change in appetite
- Trouble sleeping
- Fatigue
- Indigestion
Signs and Symptoms—What am I?

- Anxiety
- Depression
- Mood Swings
- Disorientation
- Incontinence
- Memory Loss
- Unusual Medication response
- Difficulty with Decision Making
- Frequent Headaches
- Excessive Fatigue
- Poor Hygiene
- Sleep Problems
- Family Problems
- Financial Problems
- Legal Difficulties
- Social Isolation
- Changes in Appearance
- Frequent & Unexplained Injuries
- Behavioral Changes
Risk Factors: Substance Use Disorders

- Women
- Socially isolated
- History of substance abuse
- Mental health disorder, particularly depression

* Substance Abuse and Mental Health Administration Issue Brief 2013
Consequences: Substance Use Disorders in Later Life

- Falls
- Hip fractures
- Traffic crashes
- Negative health effects
- Interactions with medications
- Increased sensitivity/metabolism (slower metabolism and elimination)
- Diminished intellectual functioning
- Strained relationships
Unresolved Trauma

- 70 – 90% aged 65 better exposed to at least one traumatic event
- 7–15% older adults have sub-clinical levels of PTSD symptoms
- 70% older men; 41% women*
- May not always identify as having experienced trauma
ACE Study: Traumatic Experiences

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce
ACE Study: Outcomes

**Behavior**
- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

**Physical & Mental Health**
- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones
ACE Study: Impact over a lifetime

Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Changes in Coping Skills

- Previous coping techniques may no longer be an option
  - Physical exercise
  - Work as a distraction
Simple Interventions: Communication

- Allow them control
  - Ask how they like to have things done.
  - Ask what they’d like to do first.
  - Offer options whenever possible.

- Listen non-judgmentally
- Avoid giving advice
- Validate their challenges and feelings
- Reinforce their positive qualities
Simple Interventions

- Reduce their isolation
- Assist with tasks or help them prioritize tasks
- Allow the person to reminisce
  - Look at photo albums
  - Ask them to tell you stories
  - Use stories of challenging times to point out their strengths
- Use humor!
  - Funny videos, tv shows
  - Don’t be afraid to use appropriate humor
Simple Interventions

- Exercise
- Sunlight
- Pair activities to increase motivation
  - “Let’s walk around the mall and then go get our nails done.”
- Encourage them to talk to their doctor
- Have a pharmacist do a medication review
- Encourage counseling
- Encourage connection to spiritual support, if appropriate
Simple Interventions: Grief

- Help them mourn
  - Let them talk about their loss
  - Physical activity can help, especially with feelings of anger
  - Journaling
  - Create a memory book
  - Read old letters, do a favorite activity that the deceased person enjoyed
  - Encourage them to eat well and get enough rest
  - Help them find a support group
  - Encourage creative & spiritual expression
  - Help them find counseling
More Advanced Interventions

- Ask them to try meditation or guided imagery
  - Lots of resources online, YouTube, CDs

- Provide education around grief
  - Stages of grief
    - Denial, Anger, Bargaining, Depression, Acceptance
  - Waves of grief

- Behavioral activation
  - Fights the “downward spiral” of isolation & decreased activities
  - Work toward activities that are social, pleasurable, increase sense of productivity, and solve problems
Tips for Caregivers

- Practice good self-care!
- Set boundaries
  - Separate the behavior from the person
- Take breaks
- Get support for yourself
- Continue to educate yourself
  - NAMI.org
- Maintain your social support network
- Prioritize tasks
Setting Priorities

Urgent & Important

Not Urgent, Important

Urgent & Not Important

Not Urgent, Not Important
Interventions

- Make sure they are connected with a primary care provider
- Refer for counseling: For the person or yourself!
  - Senior Reach
    - 866-217-5808 (Jefferson, Clear Creek; Boulder, Broomfield, Gilpin counties)
    - 303-853-3657 (Adams County)
  - For additional referrals:
    - Ask your PCP
    - Colorado Crisis Services
      - 844-493-8255
      - www.ColoradoCrisisServices.org
What Comes Next?
How to Find a Therapist

1. Work With Your Insurance

Use the “Find a Doctor” feature on your insurance carrier’s website or filter results by insurance on sites like PsychologyToday.com.

2. Things to Keep in Mind

Don’t get bogged down in the different professional degrees.

You can learn about different therapeutic approaches online or wait to ask the therapist.

Location is important – finding a therapist who works near your home or work can ease the stress of transportation, scheduling and time.

3. Picking Up the Phone

It can be challenging to call a therapist. A list of talking points or a loose script can help guide the conversation.

“Hi, my name is ____ and I’m looking for a therapist to help me work on ____”

4. Asking Questions

Questions can give you a sense of whether the therapist could be a good fit.

Where did you get your training?
Do you have experience treating such-and-such issue?
What is your therapeutic approach?

5. The First Session

It’s normal for the first few sessions to be scary or awkward. But if the relationship doesn’t feel right, it’s okay to see someone else. Finding the right person is worth the extra effort.

6. Empower Yourself

The code of ethics for social workers and psychologists are available online. You can also report any inappropriate behavior to your state licensing board.

7. When Therapy Isn’t an Option

Integrated care facilities like Certified Community Behavioral Health Centers (CCBHCs) and Federally Qualified Health Centers (FQHCs) are good options for those without insurance.

Hotlines are another source of support in both critical and non-critical situations.

National Suicide Prevention Line
1-800-273-8255

Sexual Assault Hotline:
1-800-656-4673
Questions?