

# Key Issues in Older Adult Mental Health

Presented by

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- *The older adult population is increasing at record rates – average 20% of residents in WA are over 60. Expected to rise to at least 25% by 2040.*
  - *Service delivery not kept up*

Older Adults bring a Complexity we don't see in younger folks – in Geriatric Mental Health cannot separate out mental/emotional from medical/physical

- 14-20% Mental health conditions
- 6-21% Prescription drug complications
- 13-17% Alcohol/substance problems
- 20-30% some type Adjustment disorders due to life changes

# Complexities with Older Adults

- *Increased risk for medical problems by nature of aging process of the body - cardio diseases, heart/stroke/htn/diabetes/surgeries where elder cannot return to prior level of functioning - have depression as a co-occurring symptom*
- *Increased likelihood of cognitive decline - person does not recognize changes. Age is single greatest risk factor for dementia*
- *Won't go or ask for help/assist - elder has to go - does not work in all cases - best to go to them.*
- *Increased vulnerability - gives rise to exploitation where elder is more easily taken advantage of - financial, emotional, physical*

# More complexities:

*Limited financial resources - limits choices for services. Increases risk for exploitation by family, friends, callers for sweepstakes etc.*

*Isolation - Huge risk factor for depression*

*Grief and Loss Issues/Compounded Grief - “Aging is not for sissies.” Losses - career, loved ones, home, driving, physical and mental abilities. Too many losses and have not been able to process. Another huge risk factor for depression.*

*Substance Use and Misuse - older bodies do not process substances like they used to.*

*Isolation, fear, depression and anxiety - increases use of substances*

# Most common MH disorder seen in older adults

- #1 Depression – about 15% of general elder pop meets criteria for depression –
- #2 Anxiety
- NeuroCognitive Disorders: dementia and medical delirium –
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- Delusional Disorders/Late Onset Schizophrenia
- Substance Abuse Disorders

## Some Older adult mental health facts

over 65 pop is #1 group for completed suicide;  
greatest risk older white males

Highest risk of murder-suicide with male  
caregivers

# Depression

Older Adult – presents at a MD or counselor's office

More likely to report **physical symptoms** rather than psychological ones -  
Disturbed sleep (too much or too little) Withdrawal from activities, social isolation; Weight loss or gain (changes in appetite), Fatigue or lack of energy, Feelings of worthlessness or extreme guilt, Difficulties concentrating or making decisions, Noticeable changes in speech or movement , Frequent thoughts of death or suicide, or a suicide attempt

Primary care providers see them the most but may lack training to identify issues and then to refer for follow up

## Some Risk factors for depression

Chronic medical illness i.e. heart disease

Female

Disability

Poor sleep

Lonely or socially isolated - Depression is more than twice as common among LGBTQ older adults than among older adults in general, and suicidal ideation is also greater.

Neurological disease - dementia

Alcohol or drug misuse

Stressful life events/unresolved grief and loss

# Anxiety disorder symptoms

- feelings of worry, anxiety or fear that interfere with one's daily activities
- ongoing worry and tension accompanied by physical symptoms like
  - restlessness, feeling on edge or easily fatigued, difficulty concentrating, muscle tension or problems sleeping

## Risk factors for anxiety similar to depression:

- an increase in physical health problems/conditions e.g. heart disease, stroke, Alzheimer's disease, COPD
- chronic pain
- side-effects from medications
- losses: relationships, independence, work and income, self-worth, mobility and flexibility
- social isolation
- significant change in living arrangements e.g. moving from living independently to a care setting
- admission to hospital
- particular anniversaries and the memories they evoke
- history of anxiety disorder/OCD/OCPD

## Neurocognitive disorders:

Includes any disorder that causes a decline in mental ability severe enough to interfere with independence and daily life - dementia and medical delirium.

Can actually look the same – gather hx. Acute vs. chronic condition, needs medical assessment asap

*If dementia is present, changes everything.*

*Memory issues, inability to communicate, decline in executive functioning - frontal part of the brain which governs ability to plan, organize, abstract.*

*Lack of sequential thinking*

## Delirium: common and often missed –acute change vs. chronic condition

- 85% of ICU patients have delirium at some point before discharge
- 14% to 56% incidence during general hospitalizations
- Up to 50% of older patients postoperatively
- 10-30% of older patients presenting to emergency departments
- 16% in post acute care settings
- 14% in community among 85+ years old
- 1-2% prevalence in general community

# Delirium causes

## **Medical conditions**

- Infections (UTI)
- Alcohol or drug-related
- Dehydration, electrolyte imbalances
- Urinary retention, fecal impaction
- Medication issues/ complications
- Surgery/anesthesia
- Poison or toxin
- Stroke
- Undiagnosed medical problems

## **Other causes:**

- Unrecognized pain
- Sleep deprivation
- Immobility
- Environmental change
- Hospitalization/surgery
- Just being in the hospital (bells, lights, people coming in and out all the time, etc.)
- End of life

# Many health issues can mimic dementia symptoms

- Hypothyroidism
- Hypercalcemia
- Hypoglycemia
- Nutritional deficiencies (B-12/folic acid)
- Kidney and liver disorders
- Infections
- Brain tumors
- Hearing or vision issues

# LGBTQ pop info

- Higher levels of psychological distress compared to older adults in general with greater substance abuse and cigarette smoking ....so important to allow space for the older LGBTQ person
- APA - labeled “homo- sexuality” a psychiatric disorder until 1973 and defined transgender identities as disordered until 2013.
- According to minority stress theory, stigma and discrimination contribute to negative health behaviors and outcomes such as family/community rejection, bullying and harassment, concealment of identity, and partner abuse. These stressors can raise cortisol levels, cause unhealthy coping behaviors, and eventually lead to a range of medical issues
- An increasing number of people over the age of 50 are living with HIV, including many gay and bisexual men. HIV is associated with a greater risk of depression and cognitive impairment.
- Finally, most studies of LGBT older adults report worse behavioral health status for transgender and bisexual people compared to cisgender and lesbian and gay people.