Serving Older Adults with Behavioral Health Needs

Module 7: We Have Another Call about Nell!

Presented by Oregon Health Authority, Health Systems Division, and Portland State University Institute on Aging
Introductory Modules

1. The Everyday Experience of Aging

2. Behavioral Health Partners in Older Adult Behavioral Health

3. Aging Services Partners in Older Adult Behavioral Health
Clinical Modules

4. What’s Happening with Gladys?
5. Bill’s Search for Lois
6. Has Anyone Seen George?

7. We Have Another Call About Nell!

8. Behavioral Health Issues and Advance Care Planning
Meet Our Multidisciplinary Team

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Judy Hart, PsyD, Mental Health Clinician

Liz Bartell, MSW, LCSW, Consultant
Nell’s Team

Maureen C. Nash
Nurse Practitioner

Judy Hart
ACT Team Member

Liz Bartell
Aging Services
Objectives

• Identify information needed to assess mental and physical status of an older person with a history of serious mental illness.

• Describe the gaps in services (i.e., behavioral health, aging services, primary care) for many older adults with serious mental illness.

• Recognize the early onset of aging-related changes that co-occur in an individual with serious mental illness.

• Describe how aging services, primary care, and behavioral health providers can work together and with other providers and family members to support older adults with a serious mental illness.
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Nell
Nurse
What did you notice?

• Auditory hallucination
• Disorganized behavior
• Self-neglect
• Oozing wound
• Smells of alcohol
Prevalence of schizophrenia

• Occurs in 1% of Americans
  • Approximately 3.5 million people in the U.S. have been diagnosed

• Onset
  • Men show symptoms in late teens or early to mid-20s
  • Women show symptoms in the late 20s
  • Late-onset schizophrenia (40—65)
    • 15%–20% of all older adults
    • Uncommon for adults older than 45

• Genetic component
  • With population aging, the number of older adults with schizophrenia is expected to increase.

(Generentech, Schizophrenia)
(National Institute on Mental Health, Schizophrenia Harvey, P. [2005] Schizophrenia in Late Life)
Schizophrenia

- Usually a lifelong condition
- A leading cause of disability (50% within first 6 months)
- Considerable diversity in clinical presentation
- Similar rates among all ethnic groups
- Most research has excluded patients over the age of 55

(Harvey, 2005)
Presentation

• Hallucinations
  • Seeing or hearing things that don’t exist

• Delusions
  • False beliefs not based on reality

• Thought disorders
  • Disorganized thinking and disorganized speech

• Negative symptoms
  • Flat affect
  • Speaking little
  • Lack of pleasure in every day life
  • Inability to begin and sustain activities

Negative does not refer to a person’s attitude, but instead to a lack of characteristics that should be present.

(Genentech, Schizophrenia)
Presentation

• Reduced ability to function normally

• Abnormal motor behavior
  • Movement disorders (e.g., childlike silliness, unpredictable agitation)
  • Complete lack of response or excessive movement

• Anosognosia
  • Lack of awareness of illness
  • 50%
  • Biggest reason why people with schizophrenia do not take their medications

• Increased vulnerability
Consequences

• Increased dependency on others for care
• Social isolation
• Inability to work
• Increased risk of depression and bipolar disease
• Increased risk of suicide and death from accidents
• Accelerated aging
  • Unhealthy lifestyle
  • Increased risk for multiple chronic conditions
  • Poor health care
• Lower life expectancy (but improving)
Co-occurring disorders with schizophrenia

• Increased prevalence of chronic conditions
  • Cardiovascular disease
  • Neurological disorders
  • Pulmonary disorders
  • Endocrine disorders
  • Renal failure
  • Gastrointestinal
  • Genitourinary

(Carney, Jones, and Woolson, 2006)
Schizophrenia and diabetes

Lifestyle choices + medication = increased risk for Type 2 Diabetes

• Medication

• Lifestyle
  • Difficulty managing physical and mental illness

(Mayo Clinic)
Health Care Utilization

• 12 month
  • Health care use: 60%
  • Any service use (including health care): 64.3%

(National Institute of Mental Health: Schizophrenia)
Co-occurring disorders with schizophrenia

• Polysubstance and alcohol abuse (47%)
• Anxiety and depressive symptoms (50%)
  • 15% panic disorder
  • 29% posttraumatic stress disorder
  • 23% for obsessive-compulsive disorder

(Buckley, Miller, Lehrer, and Castle, 2009)
Substance abuse and schizophrenia

Drug and alcohol abuse

• Smoking
  • Addiction to nicotine 3x the rate of the general population
  • 75%–90% compared with 25%–30%

• Alcohol use disorder (AUD), substance abuse
  • 33.7% meet the criteria for AUD at some point during their lives
  • 47% met the criteria for any substance abuse disorder (excluding nicotine)

(Drake, R.E., & Mueser, K.T. 2002)

(National Institute of Mental Health, Schizophrenia)
Schizophrenia and housing older adults

• Many have no personal or familial financial resources

• Many lack the capacity to find housing and live independently

• Housed in group residences with younger people with schizophrenia:
  • Increases risk for victimization and injury
  • Staff unprepared to assist in medication management or perform medical monitoring of elders

• Many older adults with lifelong history of schizophrenia live in nursing homes

(Harvey, 2005)
More about Nell
Assertive Community Treatment (ACT)

- Multidisciplinary treatment teams; low client to case manager ratio
- Shared caseloads among clinicians
- Direct provision of services
- 24-hour coverage, including emergencies
- Close attention to illness management
- Most services provided in the community, rather than at the clinic
- High frequency of contact with clients; assistance with practical problems in living

(SARDAA, About Schizophrenia)
ACT in Oregon

• Provides training and technical assistance
• Helps programs achieve high fidelity and improve quality
• Measures and reports statewide program outcomes quarterly
• Educates and advises state and local policy makers
Behavioral Health Assessment
Family Nurse Practitioner
Aging Services
Possible diagnosis

• Schizophrenia
• Diabetes
• Pressure ulcer
• Neurocognitive Disorder
• Obsessive-Compulsive Disorder—Hoarder Disorder
• Substance-induced psychosis
• Alcohol Use Disorder / Substance Use Disorder
• Anosognosia (lack of insight into mental illness—not to be confused with denial)
Assessment

- Patient’s recent history (including mental health and substance use)
- Family history
- Thorough physical exam
- Lab tests
- Review of medication
- Cognitive assessment, specifically capacity to make decisions
- Assess for depression, anxiety
Hoarding

5% of people with schizophrenia also struggle with some kind of obsessive-compulsive symptom such as hoarding

(Health Guides/ Healthgrades)

Hoarding may result from OCD, schizophrenia, depression

(Psychiatric Times, 2014)

Occurs at twice the rate of OCD and at almost 4x the rate of bipolar disorder and schizophrenia

(Psychiatric Times, 2011)
Screening for Schizophrenia

• Diagnostic and Statistical Manual of Mental Disorders (DSM)
  • Delusions
  • Hallucinations
  • Extremely disorganized behavior
  • Catatonic behavior
  • Negative symptoms

• Tests and screenings
  • Complete blood count (CBC)
    • Rule out other conditions with similar symptoms
  • MRI or CT
  • Psychological evaluation

(Counseling Resource, Mental Health Library)
(Mayo Clinic)
Risks for Nell

• Misdiagnosis (e.g., dementia when she actually has executive function deficits)
• Inappropriate medications
• Failure to treat the underlying physical cause of symptoms
• Failure to fully consider treatment vs. the right to refuse treatment
• Rapid functional decline
• Poor quality of life
• Nell may stop taking medications
Case Conference
Highlights from the case conference

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Final check-in with ED nurse and Nell
Resources

- Older Adult Behavioral Health Specialist
- Mental Health Community Centers
- Mental Health First Aid
- NAMI Oregon: 800 343-6264

- Addictions and Mental Health Services:
  - Alcohol and Drug Help Line - 1-800-923-4357
  - Mental Health Crisis/Suicide - 1-800-273-8255
Serious mental illness

- Schizophrenia
- Panic disorder
- Major depression
- Post-traumatic stress disorder
- Bipolar disorder
- Borderline personality disorder
- Obsessive-compulsive disorder
What is happening in your community?

• Do you “know” Nell?
• What is the scope and prevalence of serious mental illness?
• What happens in your community?
  • Point of entry
  • Is there a qualified ACT program?
  • Working across agencies
  • Providing support
Additional clinical modules

4. What’s Happening with Gladys?
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Acknowledgments

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**Actors**
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- *ED Nurse*: Wally Zialcita

**Multidisciplinary Team**
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