

# WELCOME

National Older Adult Mental  
Health Awareness Day 2019  
#OAMHAD19



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Older Adults Mental Health Awareness Day 2019

May 20, 2019

1:00p.m. – 3:30p.m. ET

Hubert H. Humphrey Building, Great Hall  
200 Independence Avenue, SW  
Washington, DC 20201



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# #OAMHAD19 Resources

Please know help is available:

- ACL Eldercare Locator:

<https://eldercare.acl.gov>

**1-800-677-1116**

- SAMHSA Helpline:

<https://www.samhsa.gov/find-help/national-helpline>

**1-800-662-HELP (4357)**

- SAMHSA National Suicide Prevention Lifeline

**1-800-273-TALK (8255)** <https://suicidepreventionlifeline.org/>

# Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

# Older Adults Mental Health Awareness Day 2019

## OLDER PERSONS:

SMI

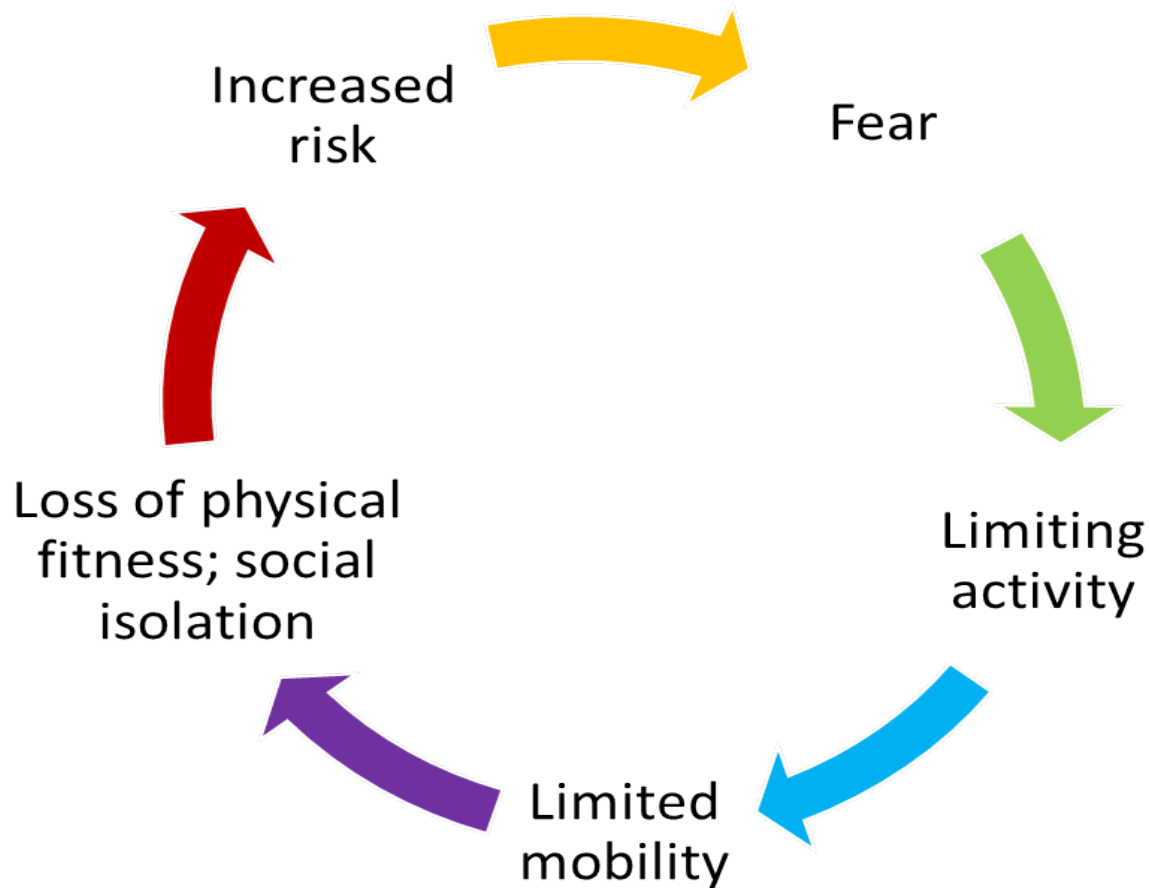
CO-OCCURRING

VETERANS ISSUES

Brian R. Sims, M.D

National Association of State Mental Health Program Directors

# Older Adults Mental Health Awareness Day 2019



# Older Adults Mental Health Awareness Day 2019

## Mental Health and Aging in America

- 20% of people age 55 years or older have mental health issues
- The most common mental health conditions for older adults are:
  - Mood disorders
  - Anxiety
  - Severe cognitive impairment
- Depression is the most common mental health condition among older adults

### The State of Mental Health and Aging in America



<http://1.usa.gov/HtffqP>

### Mental Health and Aging



<http://1.usa.gov/17GDCNq>

© 2013 Griswold International, LLC

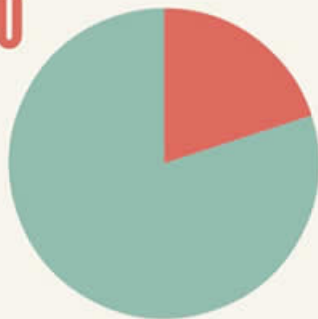
# Older Adults Mental Health Awareness Day 2019

## DEPRESSION

LATE IN LIFE

### Depression in Americans 65+

**20%** of suicides per year  
are people 65+



About 1 in 15 people 65+ suffer from depression



Only 10% of those 65+ get help for depression




# Older Adults Mental Health Awareness Day 2019

Approximately a quarter of elderly adults with a substance abuse disorder also suffer from depression.



25%

# Older Adults Mental Health Awareness Day 2019



80%  
of elderly patients  
in long-term care  
settings have  
substantial pain

25% do not  
receive any  
treatment.

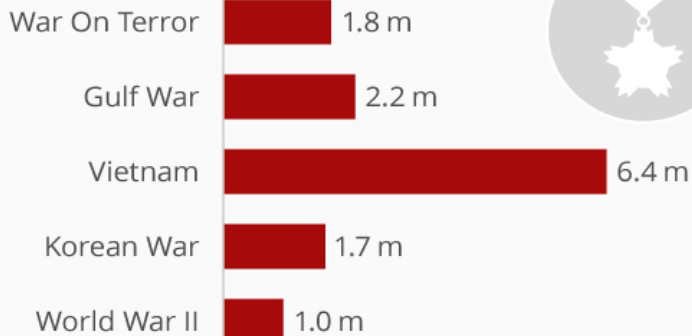
© SHUTTERSTOCK.COM

# Older Adults Mental Health Awareness Day 2019

## Fast Facts On America's Nearly 20 Million Veterans

The number of U.S. veterans from 2010-2014

### U.S. veterans by war in 2014\*



### Interesting fact

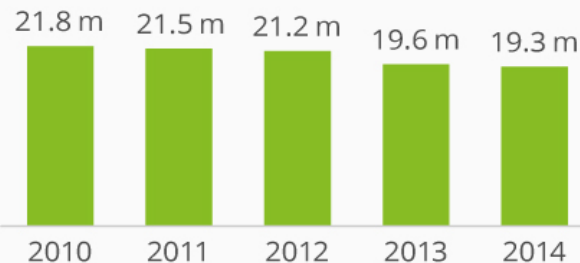
Number of veterans who served in WWII, Korea and Vietnam combined in 2014: 36,396

Number of female veterans in 2014 1.6 m

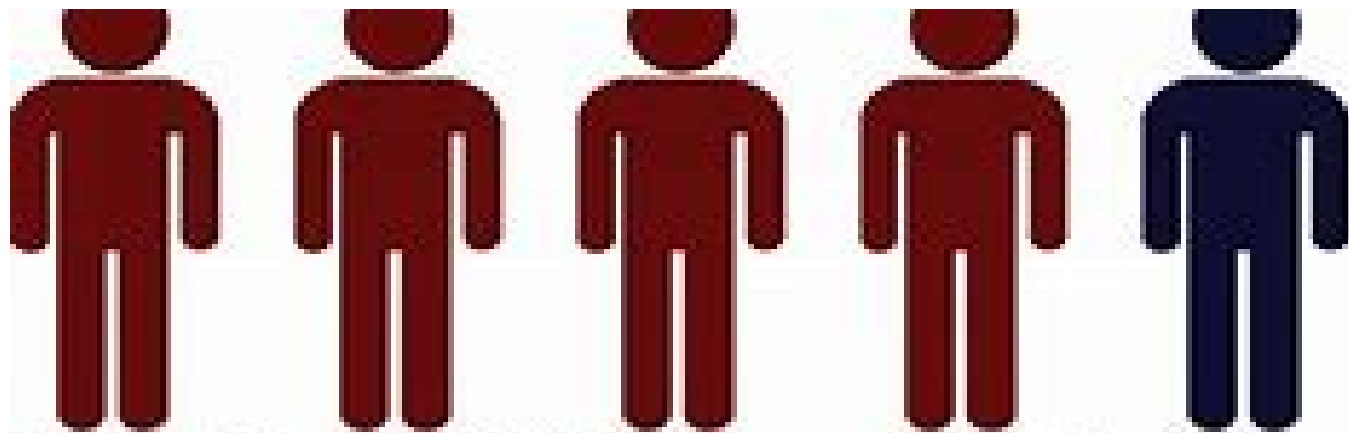
Number of veterans aged below 35 in 2014 1.7 m

Number of veterans aged 65+ in 2014 9.4 m

### Number of veterans by year



# Older Adults Mental Health Awareness Day 2019



**4 out of 5 Vietnam Veterans  
reported recent symptoms  
of PTSD 20-25 years after  
Vietnam.**

## Case Example:

*Dr. Aris T. Allen*

# Older Adults Mental Health Awareness Day 2019

## THINGS TO REMEMBER



**Underlying  
question =**

**“What  
happened to  
you?”**

**Symptoms =**

**Adaptations  
to traumatic  
events**

**Healing  
happens**

**In  
relationships**

# Older Adults Mental Health Awareness Day 2019

## THE FOUR R'S

### Realizes

- *Realizes* widespread impact of trauma and understands potential paths for recovery

### Recognizes

- *Recognizes* signs and symptoms of trauma in clients, families, staff, and others involved with the system

### Responds

- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices

### Resists

- *Seeks to actively Resist* re-traumatization.

## Protective Factors

- Married
- Supportive, safe living environment
- Gerontologist trained in addiction supervising diverse medications
- Adequate income to meet needs (medical expenses likely to far exceed those of younger adult)
- Annual substance abuse screening including psycho-education. (SAMHSA recommends for 60+)
- Wellness factors including eating, sleeping, exercise, spirituality.
- Linkage to age-specific groups and activities
- Access to transportation

(SAMSHA, 2012)



# Older Adults Mental Health Awareness Day 2019

- All behavior has meaning
- Symptoms are ADAPTATIONS
- Comfort vs. Control
- We build on success not deficits

# Thank You!

Brian R. Sims, M.D.

National Association of State Mental Health Program Directors

[Brian.Sims@nasmhpd.org](mailto:Brian.Sims@nasmhpd.org)

443-871-9261

# #OAMHAD19 Resources

Please know help is available:

- ACL Eldercare Locator:

<https://eldercare.acl.gov>

**1-800-677-1116**

- SAMHSA Helpline:

<https://www.samhsa.gov/find-help/national-helpline>

**1-800-662-HELP (4357)**

- SAMHSA National Suicide Prevention Lifeline

**1-800-273-TALK (8255)** <https://suicidepreventionlifeline.org/>

## Certified Older Adult Peer Specialists: Massachusetts Experience

Robert Walker  
MA Department of Mental Health  
[Robert.Walker@massmail.state.ma.us](mailto:Robert.Walker@massmail.state.ma.us)

# The Issues

- DMH serves persons who are aging in the system.
- Older adults with mental health issues account for the highest costs in the healthcare system due to co-morbid mental health and physical health conditions
- Executive Office of Elder Affairs serves older adults including those who have behavioral health needs.

# Circle of Care for Older Adults



# Elder Mental Health Collaborative

- Collaboration with State Agencies touching older adults
- Providers and stakeholders working with older adults
- Local Schools of Social Work
- Geriatric researchers
- Older adults

# What are COAPS?

- Certified Older Adult Peer Specialists (COAPS)
- 3-day, 18 hour training, developed by Dr. Cynthia Zubritsky of University of Pennsylvania
- In MA, trainees are either Certified Peer Specialists or Recovery Coaches
- Provide targeted recovery services to older adults with behavioral health diagnoses



# How COAPS Got Started in Massachusetts

- EMHC asked DMH to apply for Block Grant TA to get UPenn to come to MA
- The older adult mental health advocates worked with the state legislature for further funding
- DMH funding positions at two providers for COAPS

## Current Status

- 100+ individuals trained, plus in-state trainers
- COAPS are now covered by the Medicaid Frail Elder Home and Community Based Waiver
- Working with private insurers and PACE providers for coverage
- COAPS working with mental health providers to support older adults with serious and persistent mental illness (SPMI)

# What do COAPS do?

- Empower older adults
- Provide validation and normalize feelings
- Build relationships
- Model strength and resilience
- Support both the older adult and the caregiver(s)
- Liaison to clinical team, family, and other supports

# The Future

- Workforce shortages coupled with the fact that many older adults want to work.
- COAPS is one solution.
- It is more than one agency: SAMHSA, HRSA, ACL, CMS, Legislature all need to work on this issue.
- Medicare coverage discussion.

# Final Words

## David's Story



# Thank You!

Robert Walker

MA Department of Mental Health

[Robert.Walker@massmail.state.ma.us](mailto:Robert.Walker@massmail.state.ma.us)

# #OAMHAD19 Resources

Please know help is available:

- ACL Eldercare Locator:

<https://eldercare.acl.gov>

**1-800-677-1116**

- SAMHSA Helpline:

<https://www.samhsa.gov/find-help/national-helpline>

**1-800-662-HELP (4357)**

- SAMHSA National Suicide Prevention Lifeline

**1-800-273-TALK (8255)** <https://suicidepreventionlifeline.org/>

# Trauma Informed Person Centered Care for Older Adults

Alessandra Scalmati, MD PhD

Associate Professor Psychiatry and Behavioral Sciences

Associate Director Division of Geriatric Psychiatry

Bronx, NY



Albert Einstein College of Medicine

**Montefiore**



# Disclosures and Conflicts of Interest (COI)

- Grant support from:
  - UJA Caring Commission
  - The Fan Fox and Leslie R. Samuels Foundation
  - Albert Einstein College of Medicine (AECOM) Excellence in Medical Education
- No COI with the current presentation
- No off label medication use

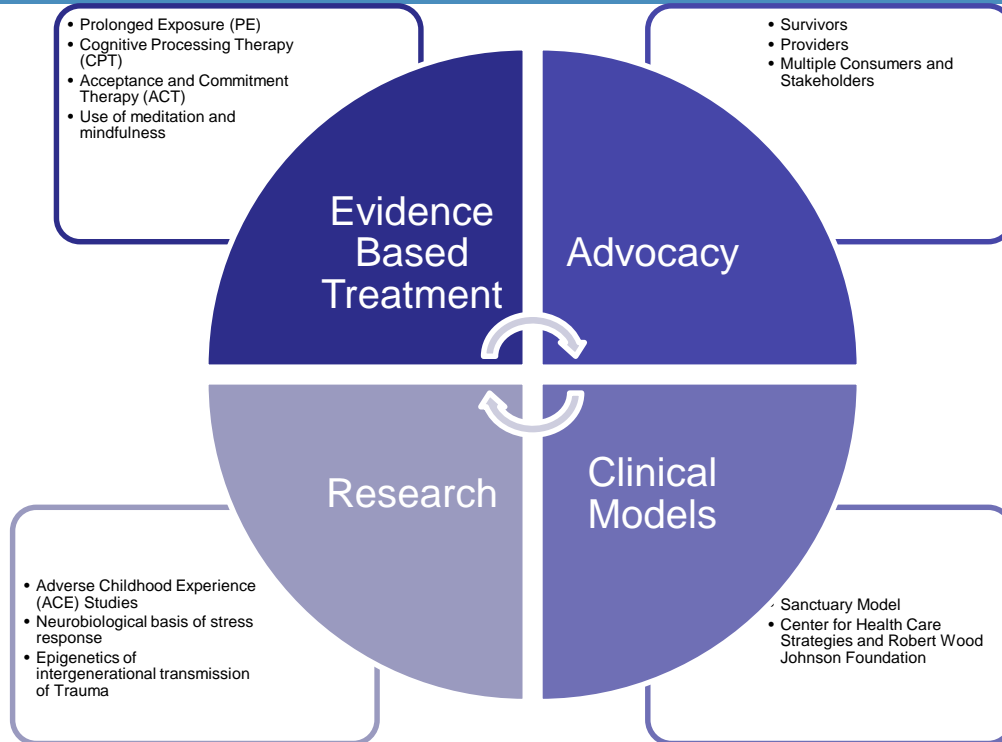
# Goals

- What is Trauma Informed Care
- What are the special needs of Older Adults with history of trauma
- How do we adapt the principals of trauma informed care to meet those needs
- A quick description of some programs I am involved in

## Let's meet a few older trauma survivors

- Mrs. A. is an 87 year old cognitively impaired Holocaust survivor residing in a skilled nursing facility, she becomes agitated every time she is escorted to the shower.
- Mr. B. is a 80 year old man who immigrated from Russia, who refuses to fill out paperwork his social worker needs to apply for home care.
- Mrs. C. is a 76 year old woman with a history of sexual abuse who refuses to undergo a needed colonoscopy
- Mr. D. is a 79 year old African American man raised in the South who is not sure he can trust the doctor who is treating him for severe heart problem, therefore he is not taking his medications.

# Trauma Informed Care (TIC)



## The 4 **Rs** of TIC. (SAMHSA)

- A program, organization, or system that is trauma informed:
- **Realizes** the widespread impact of trauma and understands potential paths for recovery
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
- Actively seeks to **resist re-traumatization**

## More data

- Both PTSD and sub-syndromal PTSD have high level of **comorbidity** with other mental health disorders, chronic medical problems, and functional disability
- **Take Home Message:** Provide care to older adults with a history of trauma even when they do not meet full criteria for PTSD, because the presence of some symptoms may predict a worse outcome
- *(Pietrzak RH, et.. J Am Geriatr Soc. 2012; 60(2):296-303).*

# Trauma and the Life Cycle

The working through of trauma is a work in progress.

Poorly processed trauma causes more rigid coping.

Successful aging requires flexibility.

Many normative life events can reactivate painful memories or cause a loss of sense of agency and control.



- Death, and loss
- Illness, and disability
- Relocation, and retirement.

# Is Aging a Trigger?

## Normative Event

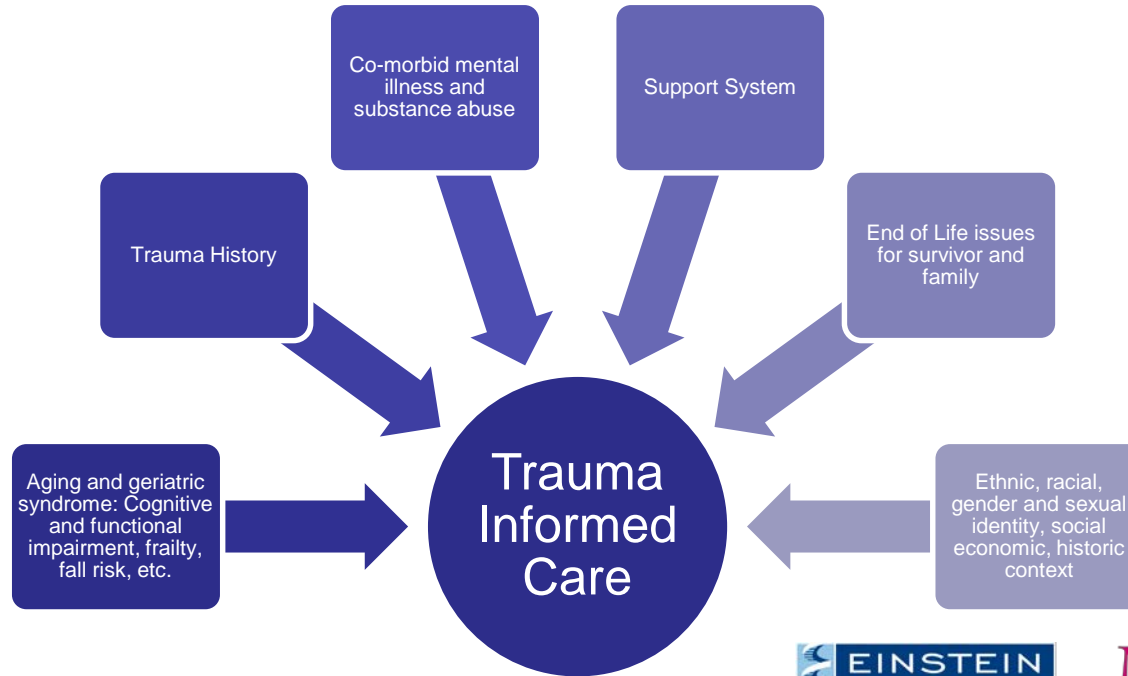
- Increased dependence on caregivers
- Increased vulnerability to medical illnesses, and disabilities
- Increased likelihood to suffer losses
- Decrease in physical strength and vitality, with ultimate unavoidable death

## Challenge

- Self reliance increases a sense of agency and control
- Dependence requires the capacity to trust
- Grief from previously unprocessed losses complicates the mourning process
- Illness and death represent the ultimate loss of control



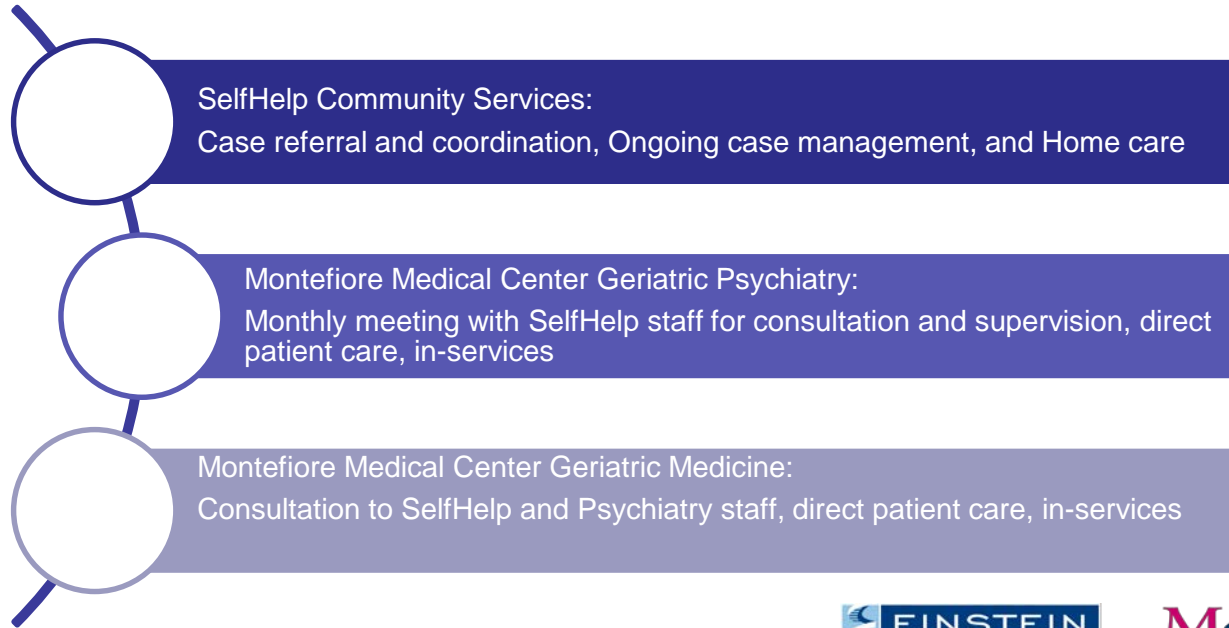
# Trauma Informed Care for Older Adults



# Implementation

- Trauma Informed Care Implementation requires a Trauma Informed Workforce
  - > Focus on workforce training
- Recovery is promoted by regaining a sense of trust, and a sense of agency
  - > Focus on increasing survivors and family engagement and sense of self-efficacy

# Services for Aging Holocaust Survivors



## Description of the Program

- Direct patient care: office and home visits.
- Consultation to community agencies: Monthly meetings with staff, in-service training sessions, support and consultation on as needed basis.
- Development of a staff training curriculum.
- Started in 1999
- Made possible by philanthropic support and by a commitment to community service on the part of both institutions.

# Work with Multidisciplinary team and Trainees

- Ongoing multidisciplinary team and consultation rounds for both geriatric psychiatry, and geriatric medicine trainees and permanent staff, with case discussions, where issues of abuse, neglect, and trauma are discussed and treatment plans devised.
- Staff training on TIC, use of PCL and other screening instrument, detection of elder mistreatment, work with family
- Workshops focused on TIC and improving interviewing and detection skills

# Services Provided at the Clinic

- Individual and Group Psychotherapy
- Family therapy
- Psychopharmacology
- Trauma Sensitive Yoga Group
- Beginning Recovery from Trauma Group
  
- Future plan:
  - > Caregiver support group/training

# Back to Trauma Informed Care

- In order to provide Trauma Informed Care to older trauma survivors we need to:
  - > Be knowledgeable about the long-term effect of trauma
  - > Engage survivors and family in a collaborative manner
  - > Understand the interaction between trauma and aging
  - > Train providers of concrete services to be aware of the above interactions, and its effects during the provision of daily care
  - > Support staff through training, supervision, peer support, and the commitment by administration to the overall goal of providing TIC.

# Acknowledgements

- Dr. Jonathan Alpert and Dr. Gary Kennedy
- Dr. Debra Greenberg and the team of SelfHelp
- The staff of the Psychiatry Outpatient Clinic at MMC
- The staff of the Division of Geriatric Medicine at MMC
- Mrs. Shelley Rood Wernick and JFNA
- All of my patients, my students, and my colleagues



# Thank You!

Alessandra Scalmati, MD, PhD

Associate Professor Psychiatry and Behavioral Sciences

Associate Director Division of Geriatric Psychiatry Bronx, NY

## INNOVATIONS IN NUTRITION: SUICIDE PREVENTION/INTERVENTION WITH OLDER ADULTS

Laura Shannonhouse, PHD, LPC, NCC  
Assistant Professor, Georgia State University

# OVERVIEW

Disclaimer / Acknowledgement

Suicide in Later Life: Facts, Figures, Theory

Research Design

Treatment: Applied Suicide Intervention Skills Training (ASIST)

Questions

# DISCLAIMER / ACKNOWLEDGEMENT

This Research was made possible by the US Department of Health and Human Services (HHS), through the Association for Community Living (ACL)

Grant: 901NNU001-01-00



# SUICIDE IN LATER LIFE

- In the United States, suicide rates among older adults living in communities are comparable to or higher than any other age group and account for approximately 15% of all deaths by suicide (Barry & Byers, 2016).
  - As of 2014, older adults accounted for approximately 14.5% of the entire population (U.S. Census Bureau, 2014)
- As of 2014, the suicide rate for individuals over 70 in the United States was 17.4 per 100,000, compared to the global rate of 13.4 per 100,000 (CDC, 2014).



# SUICIDE IN LATER LIFE

- For those who have been reported to die by suicide, there are five to 25 times more who suicide, due to stigma and suicides that are mis-categorized as accidents (Lang et al., 2013).
- There are 40 – 100 times more suicide behaviors than the number of reported suicides (Lang et al., 2013).

**This means that while we know older adults have one of the highest rates of suicide in the U.S., there are likely even more deaths by suicide that go unreported and/or unnoticed.**



# SUICIDE IN LATER LIFE

- Social isolation plays a key role in the lethality of suicide in later life (Conwell et al., 1998).
- Older adults completing suicide are more likely to be widow(er)s, live alone, perceive their health status as poor, experience poor sleep, experience loneliness, and experience a stressful life event such as financial discord (Blazer 2003).
- Research shows physicians are less willing to treat suicidal older persons compared to younger patients, **and believe that suicidal ideation among older adults is normal** (Uncapher & Arian, 2000). Also, studies have shown that **20% of older adults who die by suicide saw their primary care physician within 24 hours of their death** (APA, 2003).

# Older Adults Mental Health Awareness Day 2019

## Interpersonal-Psychological Theory of Suicide

Thomas Joiner, PhD

## *Why People Die by Suicide*



Derived from Sketch of a Theory  
Power Point presentation, 2013  
Thomas Joiner, PhD

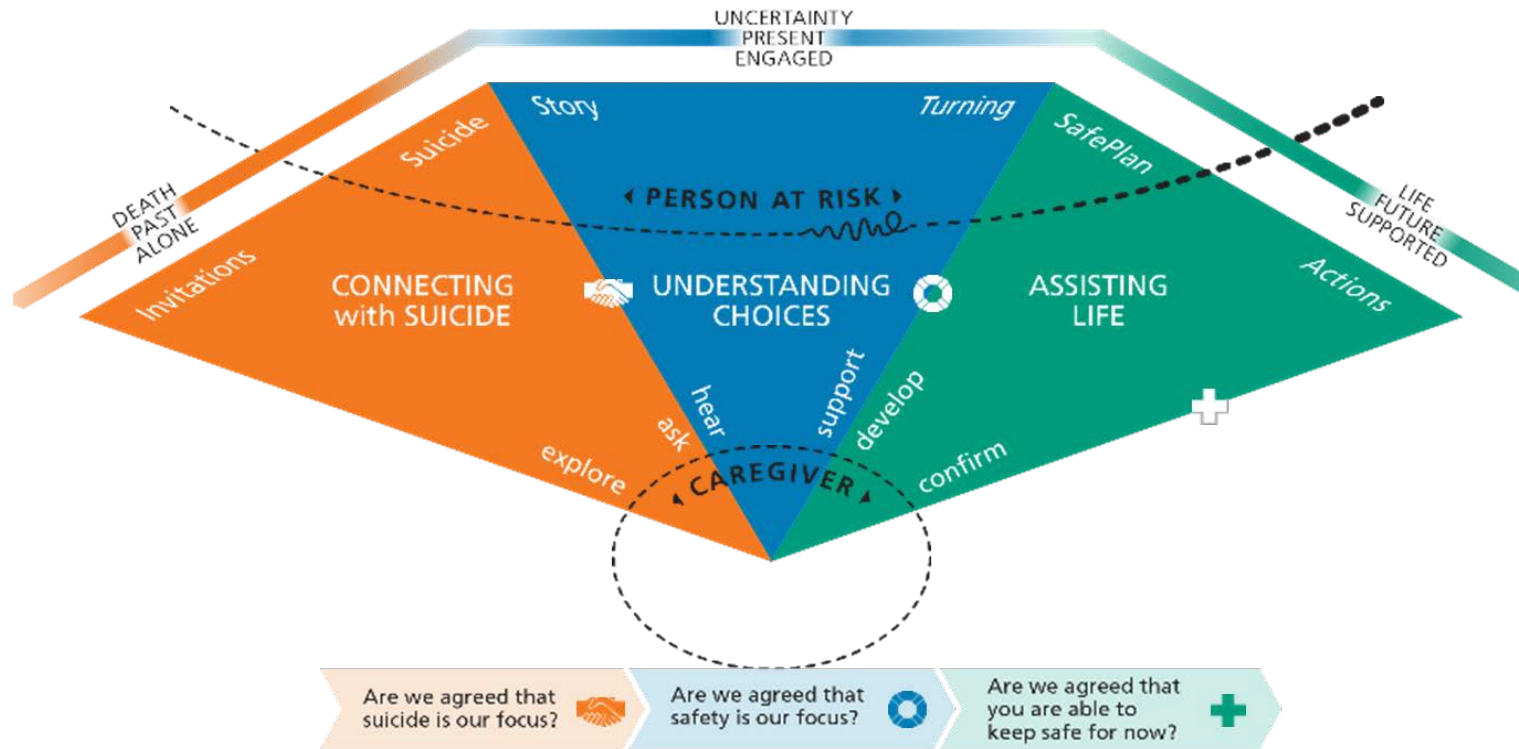


# TREATMENT: APPLICE SUICIDE INTERVENTION SKILLS TRAINING (ASIST)

- ASIST is a 2-day, 14 hour, standardized and manualized suicide ***intervention*** training (11th edition)
- Internationally recognized
- Adopted by branches of the U.S. Armed Forces
- Recognized by the Centers for Disease Control
- Used in crisis centers across the country



# PATHWAY FOR ASSISTING LIFE (PAL)



Taken with permission from LivingWorks, Inc. ASIST Training Materials

# METHODS: DOUBLE BLIND RCT

- 9 Counties in Metro-Atlanta
  - Lab members: background checks, finger printing
- Piloted measure Set
- 1-2 hr. interviews in home seniors (measure set)
- Random assignment of HDM volunteers to one of 3 conditions (i.e. ASIST, SafeTALK, waitlist control)
- Growth Mixture Modeling

# Methods: Double Blind RCT

- 9 Counties in Metro-Atlanta
  - Lab members: background checks, finger printing
- Piloted measure Set
- 1-2 hr. interviews in home seniors (measure set)
- Random assignment of HDM volunteers to one of 3 conditions (i.e. ASIST, SafeTALK, waitlist control)
- Growth Mixture Modeling

# FINDINGS TO Date

- 216 older persons, Aged: 60-98, Mean = 76.9, mostly Female and Minority,
- Anxiety: 1/2 met criteria on GAD-2
- Depression: 1/4 met criteria on PHQ-2
- Pain: 1/2 had daily pain
  - 1 in 5 were extremely isolated and depressed because of pain
- Suicidality precursor variables
  - Perceived Burdensomeness & Thwarted Belongingness consistent with other samples
  - Fearlessness of Death considerably higher than younger samples
- Risk for suicide
  - SBQ-R: clinical tool used when you can't directly ask about current suicidal thoughts
  - 1 in 7 meet or are within one point of the threshold score
- Wellness (Five Factor Wellness Inventory)
  - Sample is... **More well** on Essential Self (spirituality, culture),  
**Less well** on Social self (Friendship, love), and Physical Self
  - Gender gap on Social self... older men score low while older women do not

# SELECTED REFERENCES

- Barry, L. C., & Byers, A. L. (2016). Risk Factors and Prevention Strategies for Late-Life Mood and Anxiety Disorders. *Handbook of the Psychology of Aging*, 409-427. doi:10.1016/b978-0-12-411469-2.00021-2
- Blazer, D. G. (2003). Depression in Late Life: Review and Commentary. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, 58(3). doi:10.1093/gerona/58.3.m249
- Duberstein, P. R. and Heisel, M. J. (2014). Person-centered prevention of suicide among older adults. In M. K. Nock (ed.), *The Oxford Handbook of Suicide and Self-Injury* (pp. 113–132). New York: Oxford University Press.
- Gamliel, E., & Levi-Belz, Y. (2016). To end life or to save life: Ageism moderates the effect of message framing on attitudes towards older adults' suicide. *International Psychogeriatrics*, 28(08), 1383-1390. doi:10.1017/s1041610216000636
- Gould, S., Cross, W., Pisani, A., Munfals, J. L., & Kleinman, M. (2013). Impact of applied suicide intervention skills training on the national suicide prevention lifeline. *Suicide and Life-threatening Behavior*, 43(6), 676-691. doi: 10.1111/sltb.12049
- Centers for Disease Control and Prevention. (2013) *Web-based Injury Statistics Query and Reporting System (WISQARS)* [Online]. National Center for Injury Prevention and Control, CDC (producer). Available from <http://www.cdc.gov/injury/wisqars/index.html>.
- Gum, A. M., McDougal, S. J., McIlvane, J. M., & Mingo, C. A. (2009). Older Adults Are Less Likely to Identify Depression Without Sadness. *Journal of Applied Gerontology*, 29(5), 603-621. doi:10.1177/0733464809343106
- Lang, W. A., Ramsay, R. F., Tanney, B. L., Kinzel, T., Turley, B., & Tierney, R. J. (2013). *ASIST trainer manual* (11th ed.). Alberta, Canada: LivingWorks Education Incorporated
- Uncapher, H., & Areán, P. A. (2000). Physicians Are Less Willing to Treat Suicidal Ideation in Older Patients. *Journal of the American Geriatrics Society*, 48(2), 188-192. doi:10.1111/j.1532-5415.2000.tb03910.x

# Thank You!

Laura Shannonhouse, PhD, LPC, NCC  
Assistant Professor, Georgia State University  
[lshannonhouse@gsu.edu](mailto:lshannonhouse@gsu.edu)

# #OAMHAD19 Resources

Please know help is available:

- ACL Eldercare Locator:

<https://eldercare.acl.gov>

**1-800-677-1116**

- SAMHSA Helpline:

<https://www.samhsa.gov/find-help/national-helpline>

**1-800-662-HELP (4357)**

- SAMHSA National Suicide Prevention Lifeline

**1-800-273-TALK (8255)** <https://suicidepreventionlifeline.org/>



# #OAMHAD19 Resources

Please know help is available:

- ACL Eldercare Locator:

<https://eldercare.acl.gov>

**1-800-677-1116**

- SAMHSA Helpline:

<https://www.samhsa.gov/find-help/national-helpline>

**1-800-662-HELP (4357)**

- SAMHSA National Suicide Prevention Lifeline

**1-800-273-TALK (8255)** <https://suicidepreventionlifeline.org/>

# Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

[www.samhsa.gov](http://www.samhsa.gov)

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)