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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

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Promoting Behavioral Health and Preventing Suicide in Older Adults

Enhancing Training for Staff at an ADRC/No Wrong Door System

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Background

This training was prepared by the Human Services Research Institute and Mission Analytics Group, under contract with the Substance Abuse and Mental Health Services Administration (SAMHSA) in collaboration with the Administration for Community Living (ACL), as part of an initiative to help ADRC staff better meet the needs of older adults with behavioral health issues.

The eight participating ADRC grantee states are CT, MD, MA, NH, OR, VT, WA, WI. Each was awarded a Part A: Enhanced Options Counseling Grant by ACL in 2012.

Presenters

- Ed Kako (Mission Analytics)
- David Hughes (HSRI)
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About This Training

This training was developed based on findings from a needs assessment conducted in January 2016. The assessment was performed through:

- Key informant interviews with Federal agency staff, Part A Grantee state ADRC coordinators, and training directors
- An online survey of Part A grantee staff who provide person-centered counseling (PCC) and their supervisors to prioritize topics - received 258 responses

Terminology

- **Behavioral health**
  Throughout this training, we use the term behavioral health to encompass issues related to mental health and substance use. Suicidal thoughts and behavior are also covered.

- **Person-centered counseling (PCC)**
  This umbrella term is used to describe the one-on-one counseling provided by ADRCs in a No Wrong Door System. (Some states use the term “Options Counseling.”) In this training, we use the term PCC and refer to the professionals who provide PCC as Person-Centered Counselors (PCCs).

Assumptions Based on the Needs Assessment

- PCCs typically work with a variety of clients (age, income, disability) over a relatively short time frame. They are required to assess a wide range of client needs and connect with human service professionals who have specialized knowledge in specific areas (behavioral health specialists, child welfare workers, etc.).
- There are a great deal of trainings and other resources related to older adult behavioral health, but these resources are scattered and/or not targeted to the needs of PCCs.

How to Use This Training

- The training content is designed to be adaptable to multiple occupations that perform access functions in a No Wrong Door System and support the specific training needs of NWD programs and individual PCCs.
- The topics are presented in a modular format. The modules can be used independently, depending on state and local training needs.
- The topics are presented as brief, introductory overviews; this training is designed to be used in conjunction with the Resource Guide that provides more detailed information on each topic.

Goals of This Training

1) To provide a brief overview of common behavioral health issues among older adults, as identified and prioritized in the needs assessment, so that PCCs can recognize them and respond appropriately.

2) To provide a Resource Guide for additional learning for individual ADRC systems and/or PCCs who wish to acquire more in-depth expertise in these issues.

Learning Objectives

By the end of this training, participants will:

1) Be able to summarize information on behavioral health issues of older adults.
2) Be able to recognize the presence of these issues when they arise in the context of person-centered counseling.
3) Be familiar with strategies to respond appropriately to these issues.
4) Know where to obtain more in-depth/specialized knowledge as required by individual staff members or NWD programs.

Resource Guide

The Resource Guide is organized by topic, with a direct link to the resource as well as a description and information on the format (e.g. webinar, toolkit), and cost.

Example From Resource Guide

Topic	Resource, Creator, Date	Description	Format	Cost
Behavioral Health and Aging	Older Americans Behavioral Health Series: Issue Brief Series and Webinar Series SAMHSA, AoA and NCOA (2011-2013) https://www.ncoa.org/center-for-healthy-aging/behavioral-health/older-americans-behavioral-health-series/	These resources cover key behavioral health issues that affect older adults, including suicide, depression, anxiety, and alcohol and prescription medication misuse, as well as prevention and treatment programs to address these problems.	Issue Briefs & Webinars	Free
Mental Health and Aging	Mental Health and Aging Issues BU Center for Aging & Disability Education & Research (CADER) (2016) http://www.bu.edu/phpbin/registration-manager-catalogs/cader/app//catalog.php?action=section&course_section_id=3329	This online training course reviews prevalent mental health concerns among older adults. The participant is offered tools and skills to identify symptoms, to intervene appropriately, and to offer referrals.	Online Training Course	$120.00 4 CEUs available
Mental Health and Aging	Online Resources to Support Mental Health Pennsylvania Behavioral Health and Aging Coalition (2013) http://www.olderpa.org/onlineresourcesmh	This webinar reviews information resources for mental health and aging professions.	Webinar	Free

Course Modules

MODULE 1
Recognizing and Responding to Older Adult Behavioral Health Issues

MODULE 2
Suicidal Thoughts and Behaviors

MODULE 3
Navigating Medicaid Behavioral Health

MODULE 4
Self-Care for Staff

MODULE 1

Recognizing and Responding to Older Adult Behavioral Health Issues

Topics Addressed in this Module

- How to recognize older adult behavioral health disorders–signs and symptoms of disorders most likely to be encountered in person-centered counseling
- How to know when to explore for the possibility of a behavioral health disorder when not specifically identified by a client or caregiver
- How to engage older adults in behavioral health services by addressing barriers and making successful referrals

Note: This training is NOT designed to provide staff with clinical skills to diagnose and treat behavioral health disorders

"I have been working with Mr. B. for several weeks now, but we are getting nowhere with his person-centered plan. He seems unmotivated, distracted, and confused….I wonder if he might have a behavioral health problem? If so, what might it be—a mental disorder, or perhaps substance abuse? Or maybe it's Alzheimer's?

"What should I do?"

First Things First: Refer for a Thorough Medical/Diagnostic Assessment

Example:

Medicare Annual Wellness Visit (reimbursed under the Affordable Care Act)

- Health professional obtains patient history
- Patient completes Health Risk Assessment (motivate behavior change)
- Review of functional ability
- Depression screening and cognitive assessment (Alzheimer's or other dementia)
- Recommendations for specific diagnostic tests, specialist referrals, and goals for positive health behavior change
- Follow-up plan including a screening schedule for 5 to 10 years, referrals for any other necessary services

Dementia (including Alzheimer's) vs. behavioral health disorders

- Dementia is not a disease but a group of symptoms involving brain functioning (memory, behavior, and reasoning) caused by various diseases.
- Alzheimer's (60%-80% of dementia cases) is progressive and incurable. Effects range from mild memory loss in early stages to an inability to care for oneself in later stages. Survival can range from 4 years to 20 years.
- Care for dementia is typically provided through the long-term care system rather than the mental health system.

What behavioral health disorders might PCCs encounter in older adults?

- **Affective disorders**: Depression, anxiety, bipolar disorder, compulsive hoarding
- **Psychotic disorders**: Schizophrenia, paranoia
- **Personality disorders**: Borderline, obsessive-compulsive, avoidant, schizotypal, antisocial, narcissistic
- **Post-traumatic stress disorder** (PTSD)
- **Alcohol and prescription drug misuse**

Factors/behaviors that may flag a need for further exploration or referral

What triggers might suggest a need for further exploration or referral for behavioral health disorders?

- Currently prescribed psychiatric medications
- Current or past behavioral health treatment
- Repetitive or inappropriate requests, with inability or unwillingness to collaborate on person-centered plan (BUT: first review to insure that the plan and collaborative process are truly person-centered!)
- Signs and symptoms of disorders (affective, psychotic, personality, PTSD, alcohol and drugs)

What are some indicators of a possible behavioral health disorder?

- There are a variety of *physical*, *social* and *behavioral* signs and symptoms.
- These may be long-standing (chronic) or more recent (recent onset).

Note: The indicators we mention can also be caused by a chronic or acute physical illness; therefore, physical illness should be ruled out through a careful physical examination.

Physical signs and symptoms

What are some of the physical signs and symptoms of older adult behavioral health disorders?

- Sudden weight loss or gain
- Deterioration of physical appearance
- Tremors, slurred speech, impaired coordination

Social signs and symptoms

What are some of the social signs and symptoms of older adult behavioral health disorders?

- Isolation or withdrawal
- Intense and unstable relationships
- Change in friends or interests
- Unexpected legal or financial problems
- Unexplained need for money

Behavioral and emotional signs and symptoms

What are some of the behavioral and emotional signs and symptoms of older adult behavioral health disorders?

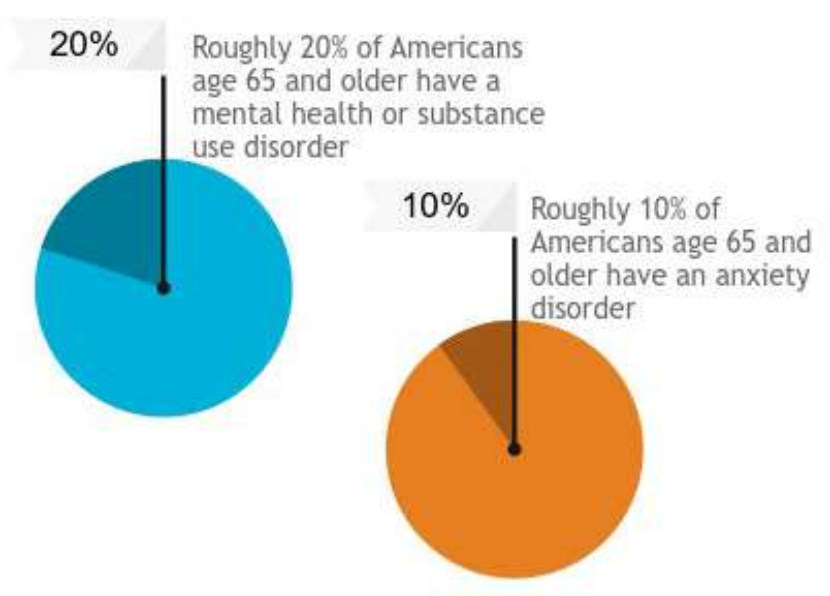
- Impaired performance of daily tasks not due to physical or developmental disability
- Memory loss or confusion
- Poor or impulsive judgment and decision-making
- Difficulty with familiar tasks
- Risky or hazardous behavior
- Difficulty concentrating, restlessness
- Disrupted sleep or eating

Behavioral and emotional signs and symptoms, continued

What are some of the behavioral and emotional signs and symptoms of older adult behavioral health disorders?

- Mood swings
- Lack of motivation
- Fearfulness or anxiety
- Thoughts of death or suicide
- Secretiveness, suspiciousness, and other personality changes
- Rigid and disruptive patterns of thinking and behaving (recognized as such by the individual or not)

How common are behavioral health disorders in older adults?

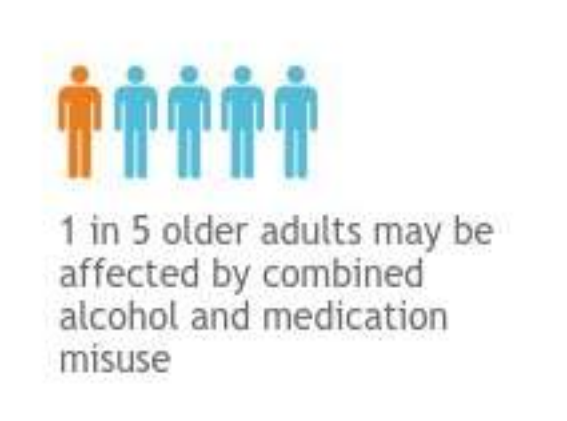


- 6 to 8 million US adults age 65 or older have a mental health or substance use disorder; this number is expected to nearly double by 2030.
- 3% to 14% of older adults have an anxiety disorder.

- Up to 5% of older adults in the community meet diagnostic criteria for major depression.
- Up to 15% have clinically significant depressive symptoms that impact their functioning.
- Depression is substantially higher in older adults with medical illnesses and those who receive services for the elderly.

How common are alcohol and prescription drug misuse?

- Alcohol and psychoactive medication misuse are the most common substance use problems in older adults.
- 1 in 5 older adults may be affected by combined alcohol and medication misuse.
- Medication misuse results in falls, confusion, and delirium, leading to high rates of emergency hospitalizations and mortality.



What about compulsive hoarding?

How is compulsive hoarding defined?

1. Acquisition and failure to discard items of little or no value
2. Clutter that interferes with use of the space
3. Distress/ Impairment of functioning[1]

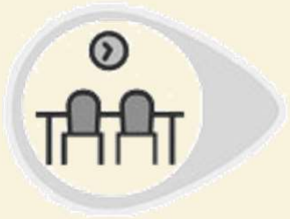
- Experienced nearly 3 times as much by people ages 55 to 94 compared to younger adults (DSM-5)
- Treatment is challenging: cognitive behavioral therapy (CBT), structured support in cleaning the environment, community hoarding task forces (mental health, social services, public safety)
- Poor response to medication for obsessive compulsive disorder

[1] http://www.wpic.pitt.edu/oerp/online/A043Webcast.htm

"Mrs. B has signs of depression—anxiety, poor appetite, insomnia-- but she refuses to accept any kind of evaluation or treatment.

"What should I do?"

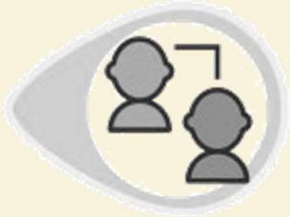
Strategies for Overcoming Barriers and Engaging Older Adults in Treatment



- Use nonjudgmental motivational, prevention approach
- Engage in decision-making; empowerment
- Avoid stigmatizing terms (e.g., alcoholic, addict)
- Work with older adults in the setting they prefer

Strategies, continued

- Establish partnerships between PCC agency and behavioral health providers
- Engage professionals who have a trusted relationship with the older adult to help
- Ensure person has their glasses/hearing aids (if needed) so they can participate fully

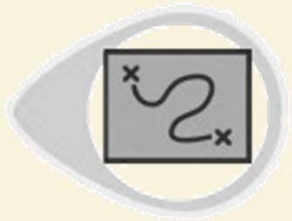


Strategies, continued

- Ensure “warm hand-off” (i.e., a direct referral/connection) between PCC and behavioral health clinician
- Address physical barriers (e.g., help arrange transportation)
- Tailor approaches to varying cultural views

Strategies, continued

- When referring for behavioral health, provide detailed information about signs, symptoms, concerns (including safety), past treatment and medical issues, BUT…
- Encourage comprehensive physical and behavioral health diagnostic evaluation
- "Close the loop" – follow-up on referral



Important to remember…

- Behavioral health issues, including depression, are NOT a normal part of aging.
- Older adults are often misdiagnosed or undertreated for behavioral health issues.
- Treatment is effective. Recovery is possible.

Summary

- ✓ Mental health and substance abuse issues are common among older adults and NOT an aspect of normal aging.
- ✓ These issues are not always obvious and may require some exploration to identify.
- ✓ These issues usually respond to appropriate treatment, once physical causes have been ruled out.
- ✓ Older adults may be reluctant to accept mental health treatment and may require considerable outreach and support to engage them.

MODULE 2

Suicidal Thoughts and Behaviors

"The daughter of my client Mrs. D. called to say she thinks her mother is 'giving up on life' and worries that she may be thinking about suicide.

What are some things I should consider?"

Definitions

- **Suicide:** Death caused by self-directed injurious behavior with the intent to die as a result of that behavior.
- **Suicidal ideation:** Thoughts of engaging in suicide-related behavior.
- **Suicidal behaviors:** Suicide, suicide attempts, suicidal ideation, and planning/preparation done with the intent of attempting or dying by suicide.

**Definitions from Centers for Disease Control and Prevention*

http://www.cdc.gov/violenceprevention/pdf/self-directed-violence-a.pdf

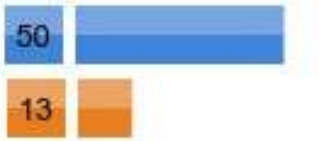
Acceptable and Unacceptable Terms

Acceptable: suicide
suicidal thoughts
suicidal behavior (preparatory acts)
suicide attempt

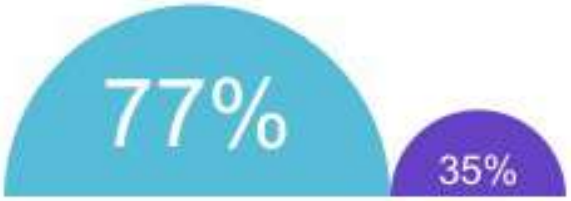
Unacceptable: successful or completed suicide
failed attempt
suicidality → conjoins thoughts and behavior, which are vastly different and should be considered separately

How common is suicide among older adults?

- Rates of suicide are high among older adults compared to other age groups, particularly among men
  - *Men age 85+ have the second highest suicide rate of any group (after middle-aged men).*
  - *Women are more likely to attempt suicide, but men are more likely to die by suicide.*
  - *Transgender older adults are particularly at risk.*



In 2014, the suicide rate among men age 85+ was 50 per 100,000 compared to 13 per 100,000 in the overall population



In 2014, 77% of the suicide deaths among older men (ages 65+) were carried out with firearms compared to 35% among older women.

Source: CDC 2015:
http://www.cdc.gov/injury/wisqars/

What are common risk factors for suicide?

Risk factors for suicide

- Mental disorders, particularly depression
- Substance use problems (including abuse of prescription medications)
- Physical illness, disability, and pain
- Social isolation
- Stressful life events and losses
- Access to lethal means (e.g., firearms, medications)

What are factors that protect against suicide?

Factors that protect against suicide

- Receiving care for mental and physical health problems
- Social connectedness
- A sense of purpose or meaning
- Skills in coping and adapting to change
- Cultural or religious beliefs that discourage suicide

What are warning signs for suicide?

Warning Signs – **IMMEDIATE RISK!**

- Talking about wanting to die or kill oneself
- Having a plan to attempt suicide
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

Warning signs for suicide, continued

Warning Signs – **SERIOUS RISK**

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increased substance use
- Acting anxious or agitated
- Sleeping too little/too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

How should I respond if I think there is a real risk of suicide?

If you see any of the warning signs that indicate "**immediate risk**":

- Call supervisor NOW, with client present or while client is still on phone
- Consider emergency services—e.g., Emergency Department, 911, Crisis Response Team
- Stay with the person until he or she has been connected with further help
- Include the client in the process

Responding, continued

To help older adults who are not at immediate risk for suicide but about whom you are concerned, take these steps:

- Talk with the person in a supportive and caring way
- Get permission to inform primary care physician
- Urge the person to remove any lethal means
- Consult a supervisor within one to two days

Are there evidence-based programs for suicide prevention?

- Applied Suicide Intervention Skills Training (ASIST)
- Gatekeeper training, e.g., QPR Institute
- Psychogeriatric Assessment and Treatment in City Housing (PATCH)
- IMPACT Collaborative care model for depression
- PEARLS: Community-Integrated Home-Based Depression Treatment for the Elderly
- Healthy IDEAS

Summary

- Compared to other age groups, older adults are at greater risk of suicide
- A variety of factors contribute to increased risk of suicide, while other factors protect against it
- There are numerous warning signs that should be considered in assessing the risk of suicide
- There are appropriate ways to respond depending on whether you are concerned that the person might become suicidal or they are at immediate risk
- There are a variety of community-based suicide prevention programs for older adults

MODULE 3

Navigating Medicaid Behavioral Health

"My client has Medicaid and needs behavioral health services. What do I need to know in making a referral?"

What do I need to know?

- State systems vary within broad principles established by Federal government—and states can modify Federal principles through waivers and state plan amendments (including managed care).
- States have flexibility in defining the types and qualifications of providers and types of services covered by Medicaid (relevant for some behavioral health services such as peer support providers).

What to know, continued

Conventional Medicaid	Waivers
• Regulations require statewide services	• Allow restriction by geographic area (e.g., a county)
• Requires enrollee freedom to choose any Medicaid-approved provider	• Limits choice to specific providers (e.g., managed care organization)
• Requires access to providers and services by any Medicaid beneficiary	• Can allow access to certain services based on eligibility criteria (e.g., case management for persons with serious mental illness

How does Medicaid behavioral health differ from a state mental health agency?

- Medicaid services provided in context of general health care system vs. specialized providers in state mental health system
- Medicaid is a single state agency; specialty mental health often administered locally (e.g., county or city.)

Medicaid behavioral health vs. state mental health, continued

Medicaid eligibility distinguishes between service type, provider type, and treatment setting (sometimes confusing):

Provider Types	Service Types	Treatment Settings
• MDs • RNs • Psychologists • Social workers • Paraprofessionals • Etc.	• Psychotherapy • Medication mgmt. • Inpatient treatment • Etc.	• Primary care • Private practice • Federally Qualified Health Center • Etc.

"A facility won't admit my client with Medicaid because it is an 'institution for mental diseases.'

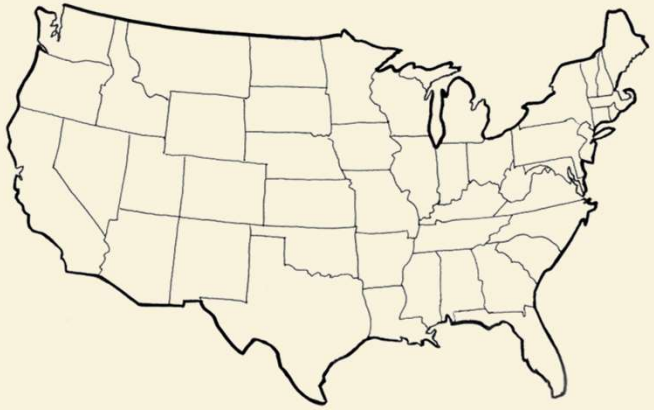
"What is that?"

What's an IMD?

- Complex definitions of what constitutes an institution for mental diseases—or IMD (e.g., state psychiatric hospital)—and rules that limit IMDs from Medicaid reimbursement.
  - *Generally it applies to a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with a mental illness and applies to persons over 21 and under 65.*
- Requires funding from state general fund instead
- Results in complications for inpatient treatment of Medicaid beneficiaries with serious mental illness

Summary

- Medicaid pays for many behavioral health services, but the rules and program structures are often complex and vary among states and even within states.
- Medicaid in many states is separate from the state mental health agency, which complicates responsibility for behavioral health services.



- State psychiatric hospitals and other IMDs have limitations on reimbursement by Medicaid, so many states require that Medicaid enrollees can be admitted only to eligible hospitals

MODULE 4

Self-Care for Staff

"I have always loved my job providing person-centered counseling. My co-workers are great, and it has been rewarding to help people in need. But lately I feel like I have to drag myself to work every morning, and I feel stressed out when I go home.

"What is going on?"

Self-Care: The "Overlooked Core Competency"

- PCC is a commitment to connecting with people who might have difficult or complicated emotional or behavioral issues
- Stress is a natural and unavoidable part of the work, though not always recognized or acknowledged
- Stress affects many aspects of life: physical, emotional, personal, professional, relationships with others and ourselves

Self-Care, continued

- There are many types of stress – PCC professionals may be especially likely to experience ”compassion fatigue” and vicarious trauma
- To be effective and responsive over the long term, staff need to use self-monitoring and self-care tools – ***not just when overwhelmed, but daily, as a self protective measure***

What are signs that I might be stressed or burned out?

- Being afraid to take time away from your daily activities
- Thinking the worst in every situation
- Overreacting
- Never taking a vacation or break
- Forgetting why you do your job
- Decreased performance at work
- Constantly not getting enough sleep
- Increased arguments with your family or friends
- Decreased social life, hobbies, leisure activities

What can I do about it?

- Take one thing at a time
- Solve little problems
- Be realistic
- Be flexible
- Adopt a positive attitude, use humor
- Avoid over-scheduling
- Learn to relax
- Treat your body well; adopt a healthy lifestyle
- Eat healthy food
- Exercise
- Participate in your hobbies and interests

What to do, continued

- See your doctors regularly
- Get enough sleep as often as you can
- Take time off when you are sick
- Watch what you are thinking
- Share your feelings
- Talk about stress with friends, family, doctor, spiritual advisor, or professional
- Learn to ask for help
- Be aware of your limitations
- Personalize your work and home environment
- Take time for self-reflection
- Say “no”
- Limit your exposure to media with sad, violent, or tragic themes

How do “healthy organizations” promote self-care?

- Ongoing self-care monitoring and tools are as important for organizations as for employees.
- As employees become burned out, the organization itself becomes ineffective and unhealthy, breeding further frustration, hopelessness, and lack of commitment among employees.
- Healthy organization checklist: How are employees supported by having control and input, communication and work environment?

Summary

- We may not be aware that we are feeling more stress—important to monitor signs.
- Self-care: what can be done about stress and burnout.
- Healthy organizations support self-care. Unhealthy organizations contribute to burnout.

Additional Resources

To learn more about the No Wrong Door System:

No Wrong Door System Key Elements - http://www.acl.gov/Programs/CIP/OCASD/ADRC/docs/NWD-National-Elements.pdf

To learn more about the National Person-Centered Counseling Training Program:

http://directcourseonline.com/pcc/

Questions / Comments

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