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"I am not crazy"....

Working with Older Adults with Serious Persistent, Mental Illness



Am I Crazy?

- Have you ever had even fleeting thoughts of suicide?
- Have you ever thought others were talking about you?
- Have you ever had extreme moods swings; had difficulty getting out of bed, or little need for sleep?
- Have you ever made what others thought were poor decisions?

What does a person with a serious and persistent mental illness look like?



Is it her?



Or them?



Chronically Mentally Ill vs. Severely & Persistently Mentally Ill vs. Severe Mental Illness

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|---|--|--|
| <p>Chronically Mentally Ill (CMI)</p> <ul style="list-style-type: none"> In 1981 the term (CMI) was used and included those with a diagnosis for a major mental illness, severe disability, and a duration of illness for at least one year | <p>Severely and Persistently Mentally Ill</p> <ul style="list-style-type: none"> Includes all mental illness diagnoses and a severe disabilities with a one year duration. | <p>Severe Mental Illness</p> <p>which includes all diagnoses, substantial disability, and no required duration.</p> |
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Kuntz, C., (1995) *Persons with Severe Mental Illness: How Do They Fit Into Long-Term Care*. Report by the Office of Disability, Aging and Long-Term Care Policy, U.S. Dept of Health and Human Services

People Treated with Diagnoses in Community Mental Health

- Schizophrenia, Schizoaffective Disorder
- Bipolar Disorder
- Major Depressive Disorder
- Post Traumatic Stress Disorder
- Delusional Disorder
- Personality Disorders

CO-Morbid Conditions

- Delirium
- Dementia with psychosis
- Substance Abuse
- Medical Conditions

Psychosis of Alzheimer's Disease vs. Schizophrenia in Elderly Adults
Distinguishing between the two when evaluating older patients with psychotic symptoms

	Psychosis of Alzheimer's Disease (AD)	Schizophrenia
Prevalence	Occurs in as many as 50% of patients with AD	Occurs in less than 1% of the general population
Typical hallucinations	Visual	Auditory
Typical delusions	Not bizarre	Bizarre, complex
Misidentification of caregivers	Occurs frequently	Occurs rarely
Past History of psychosis	Rare	Very Common
Eventual recovery from psychosis	Frequent	Uncommon
Length of maintenance on antipsychotic medication	Brief	Long Term
Recommended adjunctive psychosocial treatment	Environmental modification, behavior therapy, and work with caregivers	Cognitive-behavior therapy, social skills training

Early-Onset Schizophrenia, Late-Onset Disease, and Very late-Onset Schizophrenia-Like Psychosis

	Early-Onset Schizophrenia	Late-Onset Schizophrenia	Very late-Onset Schizophrenia-Like
Age of onset	Younger than age 40	Middle age (40-65)	Late life (65+)
Predominant Gender	Men	Women	Women
Paranoid subtype	Common	Very common	Absent
Negative symptoms	Marked	Present	Absent
Thought disorder	Present	Present	Absent
Minor physical anomalies	Present	Present	Absent
Brain Structure abnormalities (strokes, tumors)	Absent	Absent	Marked

Early-Onset Schizophrenia, Late-Onset Disease, and Very late-Onset Schizophrenia-Like Psychosis- continued

	Early-Onset Schizophrenia	Late-Onset Schizophrenia	Very late-Onset Schizophrenia-Like
Neuropsychological impairment:			
Learning	Marked	Present	Probably Marked
Retention	Absent	Absent	Probably Marked
Progressive cognitive deterioration	Absent	Absent	Marked
Family history of schizophrenia	Present	Present	Absent
Early childhood maladjustment	Present	Present	Absent
Risk of tardive dyskinesia	Present	Present	Marked
Daily neuroleptic dose	High	Lower	Lowest

Adapted from Palmer BW, McClure FS, Jeste DV. Schizophrenia in late life: findings challenge traditional concepts. *Harv Rev Psychiatry* 2003; 11: 212-23.

Older Adults with Schizophrenia

Positive symptoms are often less severe in later life

- Delusions
- Hallucinations
- Disorganized Speech
- Disorganized behavior

Negative symptoms often continue

- Flat affect
- Lack of initiative
- Alogia (poverty of speech)

Case study: Bob Dylan (not his real name)



Treatment approaches

- Build rapport with person slowly. Gradually increase time spent with the person as they allow. Follow the person's lead.
- Empathize with the feelings around the psychotic material.
- Work with the caregiver or family.
- Medication management

More treatment approaches

- Cognitive-behavioral therapy
- Skills (social, independent living, communication) training
- Transportation

Treatment approach-case management

- Medical resources-Doctors, hospitals
- Vocational rehabilitation,
- Education,
- Financial management
- Housing

Treatment approaches: Life Review

- Martin Method, originated by Lillian Martin, in which the client is asked to relate life history in detail
- Life Review therapy, promulgated by Myrna I. Lewis and Butler;
- Guided Autobiography, described by James E. Birren; and reminiscence
- Structured life review therapy, described by Irene Burnside, Barbara Haight, and others.

The Grief Recovery Handbook

- Gaining Awareness- that an incomplete emotional relationship exists.
- Accepting Responsibility- that in part you are the cause of its existence.
- Identifying Recovery Communication- that you have not delivered.
- Taking Actions- to communicate them.
- Moving Beyond Loss- through sharing with others.

James, JW, & Cherry F., (1988) *The grief recovery handbook: A step-by step program for moving beyond loss.* New York, Harper & Row

Different stages of Aging

- Young old (60-64)
- Middle Old (65-84)
- Very Old (85+)

Facts on Aging Quiz

Manchester Regional Area Committee on Aging & New Hampshire Seniors Count (Feb 2007) *Teachers guide for aging sensitivity curriculum*

Evidence Based Treatment

Lack of Evidence based treatment for older adults with Schizophrenia, Bipolar Disorder or Post Traumatic Stress Disorder

Evidence Based Treatment

- Multi-disciplinary community based geriatric mental health treatment teams
- Cognitive therapy, behavior therapy and cognitive-behavioral therapy in late life depression, problem solving therapy, brief psychodynamic therapy, reminisce therapy

Bartel, S.J., Dums, A.R., Oxman, T.E., Schneider, L.S., Areal, P.A., Alexopoulos, G.S. et al. (2003). *Evidence-based practices in geriatric mental health care: An overview of systematic review and meta-analyses and strategies for implementation.* Psychiatric Clinics of North America, 26, 971-990.

Severe Bipolar Disorder

- Those who have had bipolar disorder their whole lives, and now they're having more of it.
- Those who have had one or more episodes of "unipolar" major depression early in life, for example, before 60, and then have one or more manic episodes later in life.
- Those who develop manic and depression symptoms late in life. People with late onset of bipolarity tend to have less family history of mood disorder and more frequent medical/neurological disorders or treatments that can cause mood problems.

Key clinical issues among older adults prescribed psychotropic medications

- Older adults generally have a reduced capacity to metabolize drugs
- Older adults are relatively sensitive to medication-associated side effects
- Occurrence of medication-associated side effects among older adults may lead to significant complications (e.g. falls, hip fracture)
- Older adults are likely to be on concomitant medication for medical illness, thus increasing risk of drug to drug interaction
- Older adults may have age-related psychosocial problems that potentially complicate treatment (e.g. loss of ability to drive to clinic appointments)

Sajatovic, M., Treatment of bipolar disorder in older adults. *Int J. Geriatr Psychiatry*, 2002;17: 865-873