

Geriatric Mental Health (Awareness Month)

May 2023

Geriatric Psychiatry

Geriatric psychiatry is a specialized field commonly referred to as **geropsychiatry**, **geripsych**, **geripsychiatry**, **or psychogeriatrics**. Professionals provide care in a variety of settings including private practice, hospitals, assisted living facilities, in-patient care and veteran care centers.¹

Mental health (including emotional, psychological, and social well-being) is important at all stages of life, though older adults face certain life changes that can directly impact mental health. The US Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Academy of Medicine have found that "less than 50% of older adults with mental and or substance use disorders receive treatment."²

The American Association for Geriatric Psychiatry (AAGP) reported that 1...

- 30% of new admissions are among persons with mental illness (NY).
- 50% of all residents have cognitive impairment (NY).
- 65-90% nursing home residents are affected by behavioral health disorders (USA).
- Most common diagnoses of this age group: Depression and dementia (USA).
- Three-fold increased risk of hospitalization in this population (USA).

Geriatric Mental Health Assessment Tools4

- Comprehensive Geriatric Assessment (CGA) is a holistic approach to assess the older adult which considers overall health and wellbeing, and formulates a plan to address issues which are of concern to the individual, their family and caregivers. Psychological Assessment of the older adult includes assessment of four sub-domains, with specific screening tools and resources for management.
 [https://www.cgakit.com/psychological-assessment]:
 - 1. Cognitive Decline
 - 2. Delirium
 - 3. Dementia
 - 4. Depression
- Reminder: Specific conditions (ie. agitation, motor or sleep disturbances) may have their own validated screening tools which are separate from CGA screening.^{1,4}
- Overlap between conditions may require use of multiple screening tools.
- No one tool is perfect → Clinical judgment must augment tool guidance!

Active and Healthy Aging

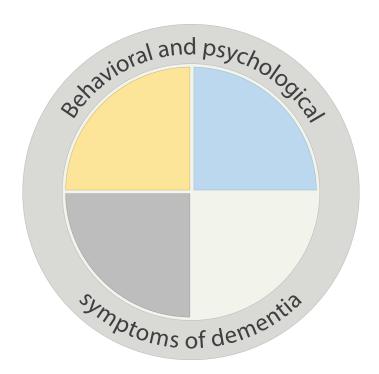
In general...the promotion of **Active and Healthy Aging** can improve the mental health of older adults, specifically by creating living conditions and environments that support well-being. Long-term care facilities must design sustainable policies to ensure access to all necessary resources. In conjugation with SAMHSA, CMS is developing a program to assist LTC centers by providing training and technical assistance with the following:^{5,6,7}

- Mental health disorder identification, treatment, and support.
- Social support for older people and caregivers.
- Health and social programs targeted to vulnerable populations.
- Programs to prevent or deal with elder abuse.



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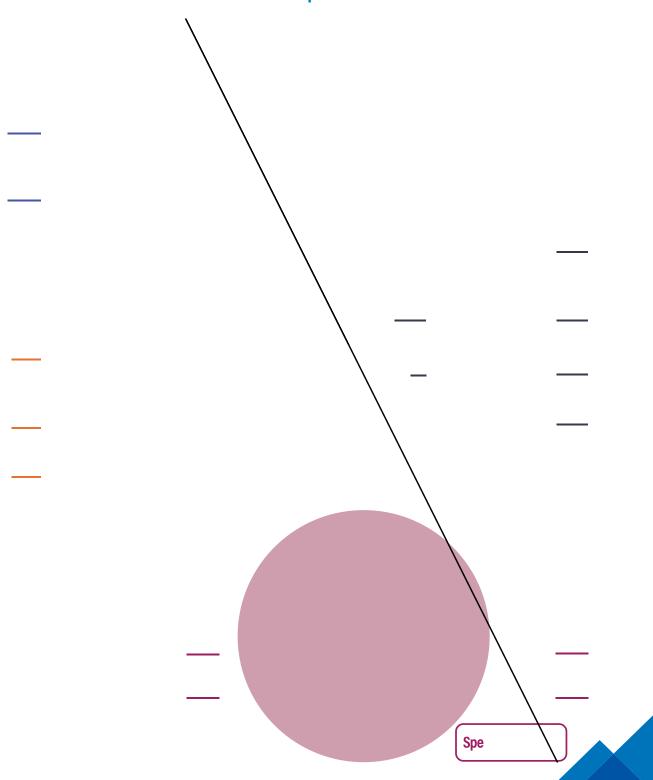




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Behavior is often a response (appropriate or not) to stimuli, assess the individual and environment for causes that are linked to the presentation of their behavior.





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Non-Pharmalogical Management....

Non-drug treatments do not change the underlying biology of a disease or behavior. They are often used to incorporate **Active and Healthy Aging** goals of maintaining or improving cognitive function, overall quality of life and engagement, and the ability to perform activities of daily living.⁶ General strategies are described below.

Various literature publications can be found detailing the efficacy of each strategy as first-line therapy for BPSD, as well as place-in-therapy to improve overall mental health.¹⁵⁻⁸

Psychoeducation with patient, instruction for staff → effective behavior reduction

- "Individualized special instruction" → consisted of 30 minutes of focused individual attention and participation in an activity appropriate for each individual.
 - During the intervention period, their behavior did not deteriorate, compared with deteriorating behavior before the intervention period.



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- Sensory intervention → reduction in agitation immediately, insufficient long-term evidence.89
 - "Expressive physical touch" intervention (5.5 minutes/day of touching, including 2.5 minutes/day of gentle massage and 3 minutes/day of intermittent touching with some talking) over a 10-day period decreased disturbed behavior from baseline immediately and for 5 days after the intervention.⁸
 - O Similar results with massage therapy alone (no touch therapy).9
 - White noise tapes led to immediate decrease in agitation.
 - RCT with simulated "natural elements" while bathing (sounds of birds, brooks, and small animals
 were played and large bright pictures were displayed) found that agitation decreased significantly
 only during bathing.
- Aromatherapy and light therapy → case-by-case benefit only, no statistical efficacy.^{8,9}

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- Environmental Interventions Combined with Staff/Caregiver Education
 - Environmental interventions → such as special care units designed for patients with dementia and staffed by specially trained workers who received ongoing training.^{8,9}
 - The Alzheimer's Association offers both online educational modules and in-person training classes.^{6,8}
 - For example → resident whose behavior occurs primarily during personal care.
 - Training caregivers to deliver a protocol called "Bathing without a Battle" [available at: https://bathingwithoutabattle.unc.edu/] reduced agitation, bathing time, and antipsychotic use in randomized multi-site crossover trial.⁸



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https://www.cgakit.com/psychological-assessment

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- 3. National Institute of Mental Health. Mental Health Information: Older Adults and Mental Health [Internet]. U.S. Department of Health and Human Services, National Institutes of Health; 2022 Aug [cited 2023 Mar 22]. Available from: https://www.nimh.nih.gov/health/topics/older-adults-and-mental-health.

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