

# **Aging with Chronic Mental Illness**

*Friday, October 22, 2010*

**Handout Materials**



**New York State  
Office of  
Children & Family  
Services**

New York State  
Office of Children and Family Services  
and  
PDP Distance Learning Project

# AGING WITH CHRONIC MENTAL ILLNESS

**October 22, 2010**

**Teleconference**

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## ***What is Mental Illness?***

Mental illness or mental disorder refers to behavior or mental patterns that cause the individual distress or disability beyond what is expected within cultural norms or as part of normal development. There are many categories of mental illness. Manuals such as the International Statistical Classification of Diseases and Related Health Problems (ICD) and the Diagnostic Statistical Manual IV (DSM IV) are usually employed to identify and define these categories. Over one-third of all people are believed to have suffered from a mental disorder at some point in their lives. Although not typically seen as diagnostically central, aches, pains, and other physical symptoms can be symptoms of a mental illness. Therefore, when working with older adults, physical symptoms should not be overlooked as diagnostic criteria.

Mental illness and symptoms associated with various mental disorders are often overlooked or neglected among the elderly. One reason is that old age is often associated with certain negative attributes that are accepted as “normal.” Some examples are that older adults are sad, in pain, irritable, always complaining, not understanding what is going on, and are unable to hear well. These negative attributes are then incorporated into how we see older adults so that we accept these behaviors and symptoms as “normal,” when in fact they may not be. In fact, they may be symptoms of mental illness. Therefore, when thinking about the mental illnesses discussed in this manual, please take note of the symptoms associated with the mental illnesses described.

## ***What is Depression?***

Depression is a mood disorder that affects individuals of all ages and ethnicities. People with Depression experience negative moods and are “down” a great deal of the time. Depression affects thought, behavior, and physical health. It can be biologically and/or environmentally based. Examples of biological factors are: genetics, vascular disorders, and chemical levels within the brain. Examples of environmental factors are: social stress, and negative life events such as a loss or death of a loved one.

### **Depression Facts**

- According to the National Institute of Mental Health (NIMH), Depression is a debilitating and common medical condition that costs billions of dollars in healthcare costs and lost productivity each year.
- Depressed individuals feel hopeless, worthless, and experience a loss of interest in everyday activities such as work, hobbies, or sex. Signs and symptoms of Depression especially characteristic of depressed older adults are: feelings of helplessness, hopelessness, sadness, boredom, lack of energy, irritability, worthlessness, pessimism, sleep disturbance, and withdrawal from social and self-care activities. Somatic symptoms include sleep problems and loss of appetite.
- As many as 25 % of the adult population suffers from Depression at some point in their lives. This percentage is higher for medically ill older adults.
- Antidepressant medications are widely used, alone or in combination with psychotherapy, and are effective in treating Depression. More than 80% of people with Depression improve when they receive appropriate treatment.

- Other forms of Depression include dysthymia and adjustment disorder. These tend to be milder than what is called Major Depression. Depression can appear alone or can co-occur with anxiety and post-traumatic stress disorder (PTSD).

## **Depression and Aging**

- Depression is not an inevitable part of aging. Nonetheless, as many as 5 to 10% of adults 65 years and older suffer from Depression.
- The incidence of Depression is thought to be higher among nursing home residents than community-dwelling older adults. The prevalence of major Depression among nursing home residents is between 15 and 19%, with as many as 50% suffering from minor Depression. (Hyer & Blazer, 1982; Sayhoun et al., 2001)
- Depression rates among nursing home residents may be higher than some studies report because residents are not appropriately evaluated. (Parmelee et al., 1989)

## **Causes of Depression among the Elderly**

- **Medical condition** – physical conditions, illness, and Depression often co-exist. Some of the physical diseases and conditions that may co-exist with Depression are: strokes, hip fractures, diabetes, hypothyroidism, Addison’s disease, carcinoma, intra-cranial tumor, congestive heart failure, pernicious anemia, intermittent porphyria, uremia, systemic lupus erythematosus, and Parkinson’s disease. Depression is twice as prevalent in post-stroke patients as in community-dwelling older adults. (Lamberg, 1996; Lichtenberg et al., 1998) Within a week of experiencing a stroke, more than half of stroke victims suffer from Depression. (Lamberg, 1996) Hip fractures and orthopedic injuries are also associated with Depression. (Lichtenberg et al., 1998) As many as 70%

of individuals who suffer from Type 2 diabetes may become depressed. Major Depression is also present in 20% of patients following a myocardial infarction. (Lamberg, 1996)

- **Disability** – Disability refers to the failure to function in tasks associated with independent living and to a compromised quality of life. Disabilities that may affect older adults are physiological, socioeconomic, mental, environmental, and psychological. Examples of disability include decline in activities of daily living, such as bathing, toileting, and dressing.
- **Environment** – a reaction to the multiple and cumulative stresses, chronic conditions, losses and bereavements associated with aging and institutionalization.
- **Pre-existing History** – a person who has a history of emotional problems in young adulthood and middle age is pre-disposed towards Depression before he or she enters a nursing home.
- **Medications** – many medications used to treat illnesses (such as some heart and arthritis medications) have side effects that are linked to Depression. Some of the medications that may precipitate Depression are: antihypertensive agents, sedative-hypnotic agents such as barbiturates, anti-Parkinsonian agents, corticosteroids, hormones such as estrogen and progesterone, anti-tuberculosis agents, anticancer agents, potassium-depleting agents, and anti-dyspeptics.

## ***What is Schizophrenia?***

Schizophrenia is a chronic brain disorder affecting more than 2 million people. Schizophrenia can be genetically (biologically) and/or environmentally based. Genetically- based Schizophrenia is usually seen in a person's family history, with a family member such as a parent, sibling, aunt or uncle, etc. with Schizophrenia. Environmentally-based Schizophrenia happens as a result of one's environment and can include environmental hazards such as malnutrition while in the womb, exposure to viruses, and stressful environments.

### **Schizophrenia Facts**

- According to the National Institute of Mental Health (NIMH), the onset of symptoms for Schizophrenia usually occurs in early adulthood.
- Approximately 1% of the American population is affected.
- Schizophrenia is most often manifested as auditory hallucinations, delusions, and disorganized speech and unusual thinking along with social and occupational dysfunction.
- There is a serious risk of suicide for those suffering from Schizophrenia.

### **Violence – Myth and Truth**

- ***Myth*** - Just because an individual might be suffering from Schizophrenia does NOT mean they are violent. It is a myth to think that you must fear all individuals suffering from Schizophrenia.
- **Truth** - You should be cautious if there is a history of violence, or if there is an indication in the history provided about the individual that they have been or might become violent. This would be true no matter what illness is affecting a person. Just

remember – there are approximately 1 million individuals suffering from Schizophrenia in the United States. The vast majority of these individuals do not commit crimes, violent or non-violent.

## *What are Dementia and Alzheimer's Disease?*

### **What is Dementia?**

Dementia is a term that describes someone with severe memory loss and impaired cognitive function. For example, the impairments are serious enough to interfere with daily life.

### **What is Alzheimer's Disease?**

Alzheimer's disease is a specific kind of Dementia. It is a progressive disease, and develops slowly over many years.

#### **Stages:**

**Mild:** Very few signs of problems — The individual might have a hard time remembering things (short-term memory loss).

**Moderate:** More than just short-term memory function loss — The individual will have difficulty performing complex tasks such as grocery shopping, balancing a checkbook, or planning a dinner party.

**Severe:** Gradually becomes more impaired — The individual may lose the ability to speak, may repeat words over and over, or may fail to recognize family.

### **Is Dementia different from Alzheimer's disease?**

Yes. Dementia is a symptom of Alzheimer's disease. There are other conditions that can cause Dementia. For example, a blow to the head, vitamin deficiency, a brain tumor, Depression, Parkinson's disease, or a stroke can all cause Dementia.

## ***What is Bipolar Disorder?***

Bipolar Disorder has also been known as Manic-Depressive Disorder and affects about 5 million Americans. Bipolar Disorder is a brain disorder. Its symptoms are extreme mood, energy, and activity shifts. These shifts differ from the normal ups and downs we all experience. These shifts are unusually intense mood states such as being overly joyful or excited or extremely sad or hopeless. Bipolar Disorder often begins in the late teens or early adult years, but can develop late in life. At least half of cases begin before age 25.

### **Bipolar Disorder Facts**

- Bipolar Disorder is a lifelong disease requiring treatment.
- Powerful medications are usually prescribed and must be monitored and managed constantly.
- Many people who suffer from Bipolar Disorder, and are between episodes, are symptom free.
- The frequency and severity of the episodes may increase if not treated.
- Substance abuse is very common among those suffering from Bipolar Disorder.
- Anxiety disorders and social phobias are also common among those suffering from Bipolar Disorder.
- According to the NIMH, “Bipolar Disorder tends to run in families...children with a parent or sibling who has Bipolar Disorder are four to six times more likely to develop the illness, compared with children who do not have a family history of Bipolar Disorder.”

## ***INTERVIEW/ASSESSMENT OF MENTAL HEALTH ISSUES***

### ***WHEN VISITING THE HOME***

#### **When entering the home, scrutinize the environment:**

- Is it clean, tidy, and safe? Are there clothes or items on the floor, is there garbage on the floor or table? Is there clutter? Can you move around and can you sit without moving things out of your way? Is it easy for the individual to move around without having to walk around objects? Or is there a potential risk of falling because of wires on the floor, or bags or piles of things on the floor?
- Does the house smell clean (or are there unpleasant odors)?
- Is there evidence of tasks begun, but not completed (such as a floor half-swept)?
- Is the food kept properly – refrigerated items in the refrigerator, food not left out or improperly stored?
- Is the television or radio on? What is the volume? Is it really loud?
- Can the individual understand and respond to you without you raising your voice?

#### **Some questions you can ask:**

- How's your hearing and vision?

Note whether the individual is wearing glasses. If they are not, ask if they usually wear glasses. If they do, ask when they last had their prescription updated.

- If you aren't sure about their visual acuity, give them something to read. You can carry a sheet of paper with basic information and ask them to verify information on it.

- Ask to check their medications. See if any are for Schizophrenia, Bipolar Disorder, Dementia, or Depression. If you have not already checked their medical history, or if it is unclear, ask if there is any history of Schizophrenia, Bipolar Disorder or Depression.
- Ask if they have problems with their neighbors or others who live in the neighborhood. If so, ask them to describe the problems. See if their description has symptoms relating to mental health issues. Do they have misperceptions or delusions of people in their environment that lead to problems (such as picking fights with neighbors or the landlord)?

**If the client appears to be suspicious or to mistrust you, you may want to do the following:**

- Talk to neighbors to see if the TV or radio is very loud. If so, ask if it is on late at night as well.
- Does the individual speak loudly? This can be a sign of hearing loss.
- Try to figure out if the person has a reliable system for taking their medications at the same time each day to determine if there are any medication problems (e.g., taking the wrong combination of medications).
- Note if the person is slurring.

**Finally, use your symptom checklists when scrutinizing the environment and asking questions. The checklists will help with determining if there is a potential mental health issue and will help with documentation of the assessment and interview.**

## **Vignette #1**

### **Mrs. Jones**

Mrs. Jones was referred to PSA because of a complaint of a bad odor reported by her neighbors. The caseworker knocked on the door and it took almost 5 minutes for Mrs. Jones to respond. She opened the door a crack, peeked through, and the caseworker could see that her hair was dirty and uncombed, and her eyeglasses were smeared and smudged. Her clothes were wrinkled. She moved very slowly – opened the door slowly, spoke slowly, and was hesitant to let the caseworker come in. When she did let the caseworker in, the caseworker noticed that the floor of her entry hall was clean of debris, but there was a definite foul odor.

They went to her den, where she stated she spends most of her time. She sleeps on the couch rather than using the bed in her room. The caseworker noticed dirty dishes on the side tables, and blankets and piles of clothes on the floor next to the couch. Mrs. Jones had two medication bottles on the side table, one for high blood pressure and one for high cholesterol. She said her other medications were in her bathroom and on the kitchen table. She stated she usually takes them, but if she falls asleep on the couch at night, she sometimes forgets. She said this probably happens two or three times per week. The other medications are for a stroke she had a few years back, medication for constipation, and medication that was prescribed for back pain.

The kitchen sink and table were also piled high with dirty dishes and partially eaten, rotting food. Mrs. Jones said she just doesn't have the energy to do the things she used to and spends the majority of her time on the couch napping or watching television. She doesn't clean like she used to, doesn't go out, and doesn't read the newspaper any more. Papers were piled high on the floor in the kitchen. Mrs. Jones said that after her stroke a few years ago, she was doing okay when the home care worker was in her home, but now she feels old, has backaches, and doesn't feel like she needs to bother with anything because of her age. When asked if Mrs. Jones has anyone coming in to help her, she said no, it would be too much effort to have someone come into the house.

### Depression Symptom Checklist

Check the symptoms listed below which you feel might be an indication of Depression in adults 65 and older.

- |  |  |
|--|--|
| <input type="checkbox"/> loss of energy, fatigue                             | <input type="checkbox"/> irritability                                    |
| <input type="checkbox"/> crying spells                                       | <input type="checkbox"/> boredom   |
| <input type="checkbox"/> insomnia  | <input type="checkbox"/> constipation                                    |
| <input type="checkbox"/> agitation   | <input type="checkbox"/> memory loss                                     |
| <input type="checkbox"/> weight loss   | <input type="checkbox"/> suicidal thoughts                               |
| <input type="checkbox"/> weight gain   | <input type="checkbox"/> feelings of isolation                           |
| <input type="checkbox"/> confusion   | <input type="checkbox"/> anger and hostility                             |
| <input type="checkbox"/> impotence   | <input type="checkbox"/> problems with digestion                         |
| <input type="checkbox"/> feelings of hopelessness                            | <input type="checkbox"/> early morning wakefulness                       |
| <input type="checkbox"/> dirty or slovenly appearance                        | <input type="checkbox"/> loss of sexual desire                           |
| <input type="checkbox"/> excessive substance use<br>(including alcohol)      | <input type="checkbox"/> feelings that others get<br>preferred treatment |
| <input type="checkbox"/> disorientation                                      | <input type="checkbox"/> feelings of worthlessness<br>or guilt           |
| <input type="checkbox"/> loss of pleasure or interest<br>in usual activities | <input type="checkbox"/> difficulty concentrating                        |
| <input type="checkbox"/> preoccupation with physical ailments                |  |
| <input type="checkbox"/> poverty of speech                                   |  |

## **Vignette #2**

### **Ms. Smithers**

Ms. Smithers was referred to PSA because of concerns that she was talking to herself and wandering around the streets late at night waving at cars as they drove by. The caseworker arrived at the apartment but was told by a neighbor that Ms. Smithers was outside. The caseworker found Ms. Smithers on the street in front of the apartment building talking to herself and pacing back and forth. At one point Ms. Smithers wandered into the roadway, but retreated back onto the sidewalk when car horns began to blare.

The caseworker approached Ms. Smithers, but before she could reach her Ms. Smithers began to yell, telling the caseworker to get away and screaming that the caseworker was "the devil." The caseworker backed away, and Ms. Smithers calmed down but continued to talk to herself. Upon questioning the neighbors, the caseworker learned that Ms. Smithers started behaving this way a few weeks ago. Prior to then she had been quiet and hadn't come out of her apartment very often. The neighbors stated on those rare occasions when Ms. Smithers did emerge she would talk to herself, yell at people, and tell neighbors the cat that lived next door was watching her and revealing her secrets.

### Schizophrenia Symptom Checklist

Check the symptoms listed below which you feel might be an indication of Schizophrenia in adults 65 and older.

\_\_\_\_\_ delusions

\_\_\_\_\_ hallucinations

\_\_\_\_\_ medical history of Schizophrenia

\_\_\_\_\_ disorganized speech

\_\_\_\_\_ grossly disorganized behavior

\_\_\_\_\_ catatonic behavior

\_\_\_\_\_ paranoia

\_\_\_\_\_ takes medication for Schizophrenia

\_\_\_\_\_ poverty of speech

\_\_\_\_\_ flat affect/inappropriate emotional responses

## **Vignette #3**

### **Mr. Marks**

Mr. Marks was referred to PSA because of a complaint of a bad odor reported by his landlord. The caseworker knocked on the door and Mr. Marks opened the door wearing a suit that had food stains on the pants and his shirt. He said he only had a minute to talk because he was going to church. The caseworker entered the apartment, which was clutter free, but a distinct rotten odor was clearly present. The caseworker asked Mr. Marks the date and Mr. Marks stated the day, date and year as Sunday, May 29, 1998. It was Tuesday, June 12, 2009. The caseworker asked to see the kitchen and found a package of ground beef stored in the cabinet rather than the refrigerator. Although the kitchen counters were clear of debris, the cabinets contained perishable items such as meat and milk, which had spoiled. When asked if Mr. Marks has anyone who comes in to help him, he said no, he doesn't need anyone. Mr. Marks seemed confused by this and asked if the caseworker was there to clean his home. Mr. Marks was pleasant during the meeting with the caseworker, but the landlord reported that Mr. Marks becomes angry in the evenings and will yell at neighbors if he hears them outside the building.

### Dementia Symptom Checklist

Check the symptoms listed below which you feel might be a symptom associated with Dementia in the elderly.

- |   |   |
|---|---|
| <input type="checkbox"/> memory loss                        | <input type="checkbox"/> language disturbance         |
| <input type="checkbox"/> Depression                         | <input type="checkbox"/> unkempt home                 |
| <input type="checkbox"/> aggressive behavior                | <input type="checkbox"/> impaired ability to carry    |
| <input type="checkbox"/> delusions                          | <input type="checkbox"/> out motor activities despite |
| <input type="checkbox"/> confusion                          | <input type="checkbox"/> intact motor functions       |
| <input type="checkbox"/> difficulty concentrating           | <input type="checkbox"/> anger and hostility          |
| <input type="checkbox"/> dirty or slovenly appearance       | <input type="checkbox"/> difficulties making plans    |
| <input type="checkbox"/> disorientation/confusion regarding | <input type="checkbox"/> difficulty organizing        |
| <input type="checkbox"/> day, date, or place                | <input type="checkbox"/> difficulty sequencing        |
| <input type="checkbox"/> difficulty with abstract thoughts  | <input type="checkbox"/> delirium                     |

## Vignette #4

### Mr. Thomas

Mr. Thomas was referred to PSA because the landlord received complaints from other tenants about loud noises coming from Mr. Thomas' apartment late at night. The landlord noted that there were numerous deliveries and boxes arriving at his apartment every day. The caseworker arrived to find Mr. Thomas dressed in a bathrobe and slippers at noon, arguing with a delivery man about where to put all of his deliveries—more than a dozen boxes in all. The delivery man said he was not allowed to walk through the apartment to put the boxes in his bedroom, but had to leave them in his entry hall, which was already stacked floor to ceiling with unopened boxes from previous deliveries.

Mr. Thomas spoke very quickly, and waved his arms around while he spoke. He told the delivery man that he was a very important businessman and must be given the respect he deserves. The delivery man instead agreed to move the boxes past the entry hall and into his living room.

While the boxes were being delivered Mr. Thomas remained jumpy. He offered the case worker a glass of water, but got distracted and went into another room before the caseworker could answer. Once the delivery was complete and the delivery man had gone, Mr. Thomas described his plans to sell the products he had purchased to people in the neighborhood by putting signs up in the building. He stated that he stays up at night making purchases from the television. While explaining this to the caseworker, he paced back and forth, raising his voice as he described the tenants upstairs who complain about the TV being on too loud at night.

The caseworker asked Mr. Thomas why he was still wearing his bathrobe in the afternoon. Mr. Thomas stated he hadn't yet gone to bed, and just threw on his robe when the delivery man rang the bell. When asked why he hadn't gone to sleep, Mr. Thomas spoke very quickly as he excitedly described the plans he was making to sell all the products he was buying. He said he was sure he would become rich.

Mr. Thomas said he had stopped taking his medication about a month ago because it slowed him down, made him feel "dull," and made his mouth dry. He stated he liked to feel "alive," and that he started skipping his doctor visits. At that point, Mr. Thomas started to get agitated and irritable with the questioning, and ordered the caseworker to leave before he called the cops.

### Bipolar Disorder Symptom Checklist

Check the symptoms listed below which you feel might be an indication of Bipolar Disorder in adults 65 and older.

**Note** – these symptoms should not be due to substance abuse

- |   |   |
|---|---|
| <input type="checkbox"/> elevated mood                                | <input type="checkbox"/> expansive mood               |
| <input type="checkbox"/> irritable                                    | <input type="checkbox"/> inflated self-esteem         |
| <input type="checkbox"/> grandiose                                    | <input type="checkbox"/> decreased need for sleep     |
| <input type="checkbox"/> very talkative or                            | <input type="checkbox"/> foolish business investments |
| <input type="checkbox"/> pressured speech                             | <input type="checkbox"/> distractible                 |
| <input type="checkbox"/> agitated                                     | <input type="checkbox"/> unrestrained buying sprees   |
| <input type="checkbox"/> impulsive sexual behavior                    |   |
| <input type="checkbox"/> ideas not connected logically to one another |   |

**“HALT!”**

*Never become too*

**Hungry,**

**Angry,**

**Lonely,**

or

**Tired.**

--Saying from AA

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## **Web Sites**

[www.imagineage.com](http://www.imagineage.com)

[www.apa.org](http://www.apa.org)

[www.nyspa.org](http://www.nyspa.org)

## **Memoirs, Poetry and Movies**

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DVDs: “The Soloist” (Schizophrenia); “The Savages” (Dementia); “The Hours” (Depression)

