Serious Mental Illness and Older Adults

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Learning Objectives

After this completing this module, learners will be able to:

- Define SMI
- Describe how SMI presents in older adults
- Assess older adults for late-onset symptoms
- Identify differences, commonalities, comorbidities between SMI
- Compare screening tools and evidence-based treatments
- Understand recovery-oriented care
- Describe stigma and identify barriers to treatment for older adults

Background

SMI is an aggregate term for a group of diagnosis that cause significant problems in daily living including Schizophrenia spectrum and other psychotic disorders, bipolar disorders, and major depressive disorder.

Defining Serious Mental Illness

- SAMHSA describes SMI as: "…a diagnosable…disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities"
- Disagreement about what constitutes SMI
    - Veterans Healthcare Administration includes severe Post Traumatic Stress Disorder in the category of serious mental illness

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Life Expectancy and Older Adults with SMI

- Life expectancy reduction of between 10 and 20 years for people with SMI
  - Health behaviors
  - Access to medical services
  - Social isolation

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Major Depressive Disorder as SMI in Older Adults

- Major depressive disorder symptoms
  - Most of the day, nearly every day for a two-week period
    - Depressed mood or anhedonia
    - Four or more additional symptoms:
      - Change in appetite, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness or excessive guilt, poor concentration, thoughts of suicide
- Older adults with major depressive disorder are more likely to report memory problems, generalized physical pain, decreased functioning
- Symptoms need to result in significant impairment of life activities to be considered SMI

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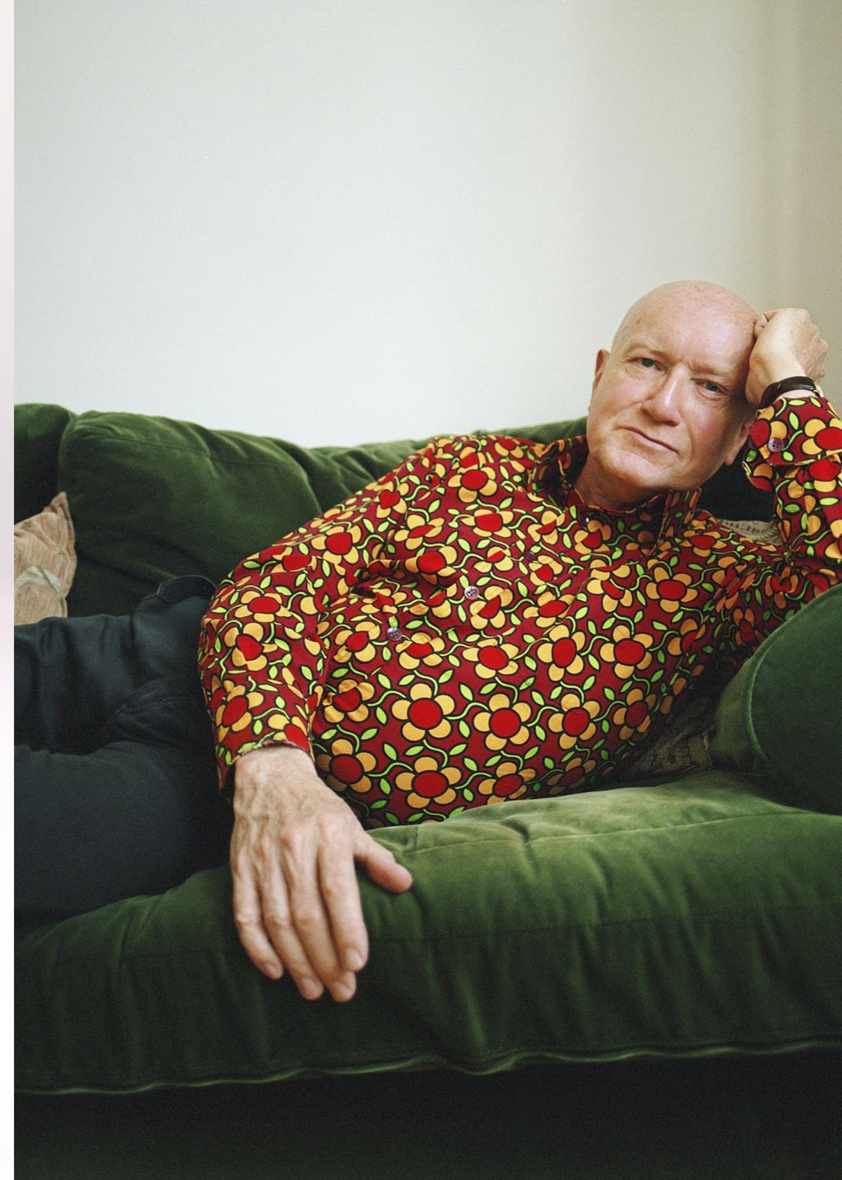
Major Depressive Disorder with Psychotic Features

- Older adults with major depressive disorder with psychotic features may:
    - Present with more severe symptoms
    - Be misdiagnosed with dementia
- For more information on depression, please refer to our module on depression and older adults



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Post-Traumatic Stress Disorder in Older Adults

- Four symptoms of post-traumatic stress disorder that occur after exposure to actual or threatened death, serious injury, or sexual violence
  - Intrusive thoughts
  - Persistent avoidance
  - Negative changes in thoughts or mood
  - Significant changes in arousal and reactivity

- Individuals who experience trauma at an earlier age have symptoms that remit and recur as older adults
  - Periods of healthy coping followed by periods of heightened symptoms
  - Cycles can last for several years

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PTSD as SMI

- Those with traumas at a later age have different symptoms patterns
  - More avoidance, sleep disturbance, crying spells, preoccupation with target trauma
- PTSD is categorized as a SMI when symptoms result in significant impairment in life activities
- PTSD is associated with a greater risk of developing dementia
- For more information on PTSD, please refer to our module on trauma and PTSD in older adults

Use the forward arrow to continue.

Take Home Message

- SMI is a general term for a group of diagnoses that cause significant problems in living
- Major depressive disorder with and without psychotic features and PTSD can be considered SMI depending on the severity of symptoms and impact on daily activities

Use the forward arrow to continue.

Schizophrenia

Schizophrenia has unique symptom presentations in older adults and requires specific treatment considerations.

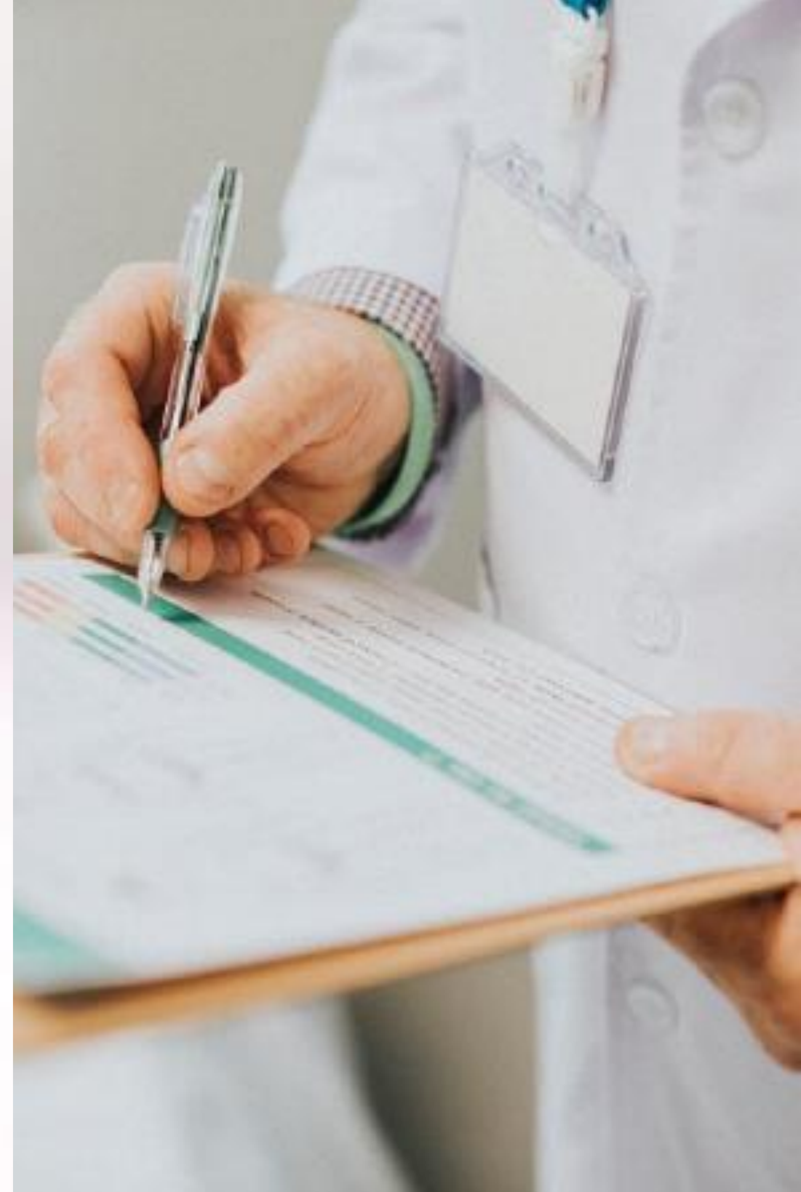
Schizophrenia and Older Adults

- Described by the National Institute of Mental Health as “disruptions in thought processes, perceptions, emotional responsiveness, and social interactions”
- Course varies, typically life-long
- Lifetime prevalence rate ~ 1% - 3% in general population
- Prevalence rate in older adult population ~ 0.1% - 0.5%
- People with schizophrenia and other SMIs live longer than in past

Use the forward arrow to continue.

Schizophrenia Onset

- Early onset before age 18
- Typical onset is in mid-20s to mid-30s
- Late onset is between ages 40-60; 20-29% of those with schizophrenia
- Very late onset occurs after age 60
- Most older adults with schizophrenia have symptoms since young adulthood
- Disagreement related to accuracy of late onset and very late onset schizophrenia
- Symptoms interpreted as schizophrenia could be hallmarks or prodromes of dementia or other disorders



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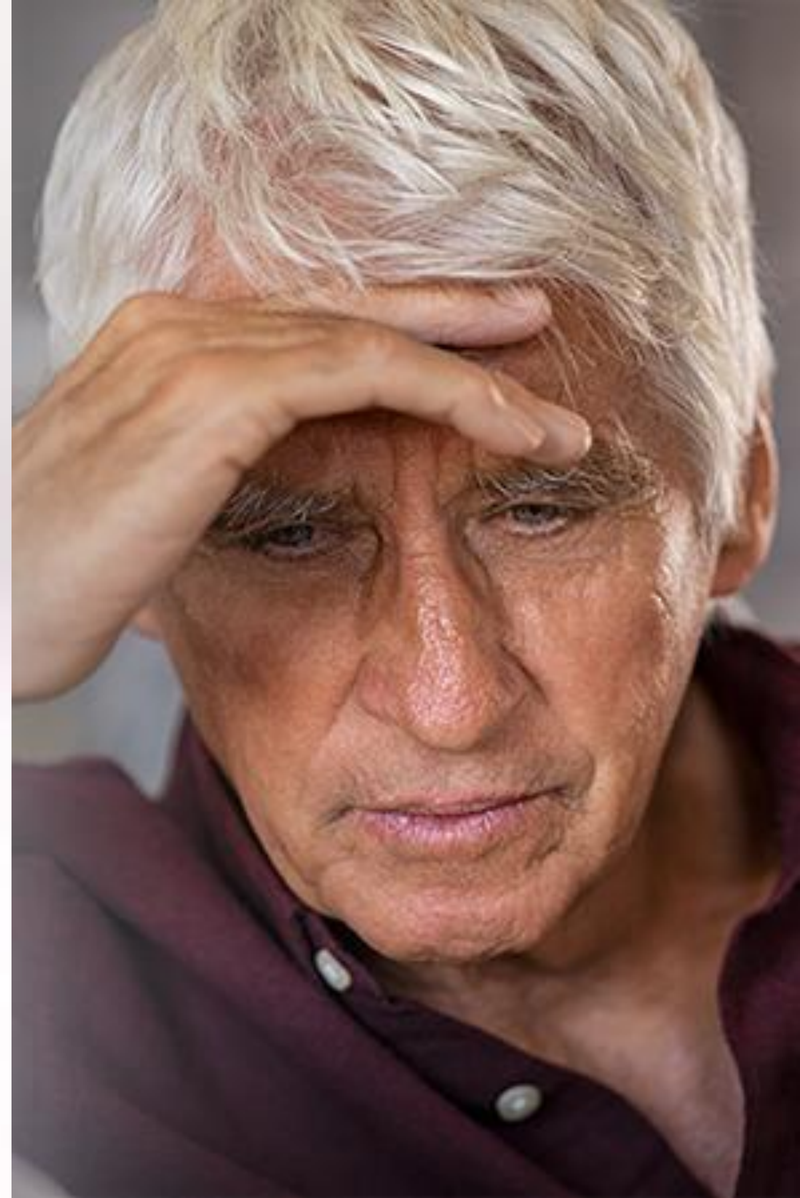
Psychotic Disorders and Older Adults

- Psychotic disorder is term applied to many diagnoses that include delusions and/or hallucinations
- Experiences of delusions and hallucinations have a lifetime prevalence rate of 25%
- Disorders with these symptoms are much less common
- Psychiatric disorders that have psychotic symptoms:
  - Schizophrenia, bipolar disorder, schizoaffective disorder, depression
- Psychotic symptoms may be caused by non-psychiatric conditions
  - Dementia, delirium, drug interactions or responses, other physical diseases

Use the forward arrow to continue.

Schizophrenia Symptoms

- Positive symptoms
  - Delusions, hallucinations, disorganized speech, grossly disorganized behavior
- Negative symptoms: The Five As
  - Affective flattening
  - Alogia
  - Anhedonia
  - Asociality
  - Avolition
- Treatment for schizophrenia symptoms
  - Antipsychotic medications
  - Psychotherapy
  - Psychosocial interventions



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Early-Onset Schizophrenia and Aging

- Older adults with schizophrenia likely began experiencing symptoms as young adults
- Symptoms and related concerns may evolve with age
  - Hallucinations, bizarre behavior, and inappropriate affect tend to decrease with age
  - Insight into illness can increase with age
- Little change in negative symptoms

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Physical Aging and Schizophrenia

- People with schizophrenia may experience a 10 to 25-year reduction in life expectancy compared to general public
- Social determinants of health can affect people with schizophrenia
  - Poverty
  - Unstable housing
  - Poor medical care

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Cognitive Aging and Schizophrenia

- Decline in cognitive functioning for up to a decade before onset of psychotic symptoms is common
- People with schizophrenia have similar trajectories of cognitive aging as other older adults
- Older adults with schizophrenia have greater cognitive difficulties because cognitive decline starts earlier

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Aging, Schizophrenia, and Social Connections

- Social networks of people with schizophrenia are not as robust as people without this illness
- Social connections have been found to help coping, preserve a sense of identity, and improve quality of life
- Psychosocial functioning of people with schizophrenia tends to improve with age
    - Doesn’t translate into improved social connections and the related benefits

Use the forward arrow to continue.

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Medications in Older Adults with Schizophrenia

- Antipsychotic medications are first-line treatment for schizophrenia
  - Treat positive and negative symptoms
- Concerns with antipsychotic medication side effects
  - Need to discuss cost vs. benefit
  - Side effects may increase with age
  - Most of these medications are on Beers List of Potentially Inappropriate Medications for Older Adults

Use the forward arrow to continue.

Treatment Issues

- Older adults with schizophrenia are subject to:
  - Depression, anxiety, dementia, grief, trauma, substance use
  - Any other issue that could apply to older adults in general

Use the forward arrow to continue.

Take Home Message

- People who have schizophrenia have shorter life expectancies but are living longer than in past
- Typical onset between ages of 20-30 and late onset between ages 40-60
- Very late onset happens after 60
- Treatment for schizophrenia symptoms include antipsychotic medications and psychosocial interventions

Use the forward arrow to continue.

Additional Serious Mental Illnesses

There are SMIs in addition to schizophrenia which include schizoaffective disorder and bipolar disorder.

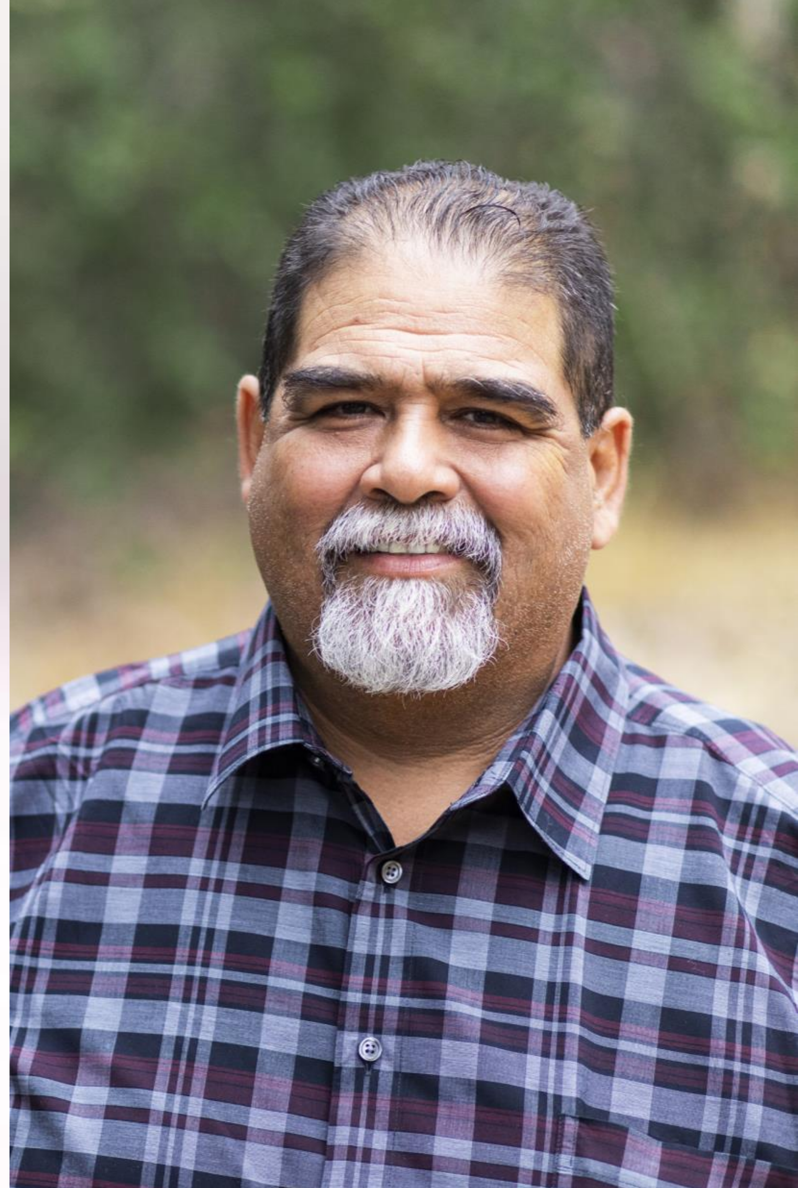
Schizoaffective Disorder

- Diagnostic Criteria
  - Delusions, hallucinations, or disorganized speech
  - Concurrent with a major mood disorder episode
- Lifetime prevalence rate is ~ 0.3%

Use the forward arrow to continue.

Schizoaffective Disorder and Older Adults

- Few studies of aging with schizoaffective disorder
- Some studies have indicated symptoms can ameliorate with age
- Treatment includes antipsychotic, antidepressant, mood stabilizing medications, psychotherapy, and psychosocial interventions
- Concerns with antipsychotic medication
  - Extrapyramidal symptoms, functional capacity, diabetes risk, weight gain, safety issues when used by older adults



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Bipolar Disorder

- Bipolar I disorder
  - Criteria for a manic episode must be met
- Bipolar II disorder
  - Criteria for hypomanic and major depression episode must be met
- Lifetime prevalence rate is ~ 4%
- Majority of people with bipolar disorder had an age of onset in adolescence or early adulthood

Use the forward arrow to continue.

Bipolar Disorder and Older Adults

- 10% of people with bipolar disorder develop symptoms after age 50
- 1-5% of older adults have bipolar disorder
- Early and late onset bipolar disorder
  - Difficult to determine if symptoms are appearing for first time in later life
- Factors that can induce secondary mania
  - Medications
    - Cortisone, antibiotics, chemotherapy, others
  - Neurologic disorders
    - Stroke, tumor, Huntington's disease, multiple sclerosis, others
- Older adults more likely to experience more time in depressive states than manic or mixed episodes

Use the forward arrow to continue.

Treatment of Bipolar Disorder in Older Adults

- Mood stabilizers are commonly used as acute and longer-term treatments
- Antipsychotics, mood stabilizers, benzodiazepines used for mania
- Benzodiazepines and some antidepressants may require reduced dose or change to other medications for older adults
- Adverse drug reactions are of greater concern for older adults
- Psychosocial interventions are effective in improving quality of life, managing stress, and decreasing symptoms of depression

Use the forward arrow to continue.

Take Home Message

- Schizoaffective disorder and bipolar disorder are two additional serious mental illnesses
- Treatment for both disorders include antipsychotic, antidepressant, mood stabilizing medications
- Older adults are at higher risk for side effects and adverse drug reactions to medications used to treat these disorders

Use the forward arrow to continue.

SMI Confounds

Symptom overlap of serious mental illnesses make diagnosis challenging. Other confounds of older adult SMI diagnosis are physical health concerns, substance use, and dementia.

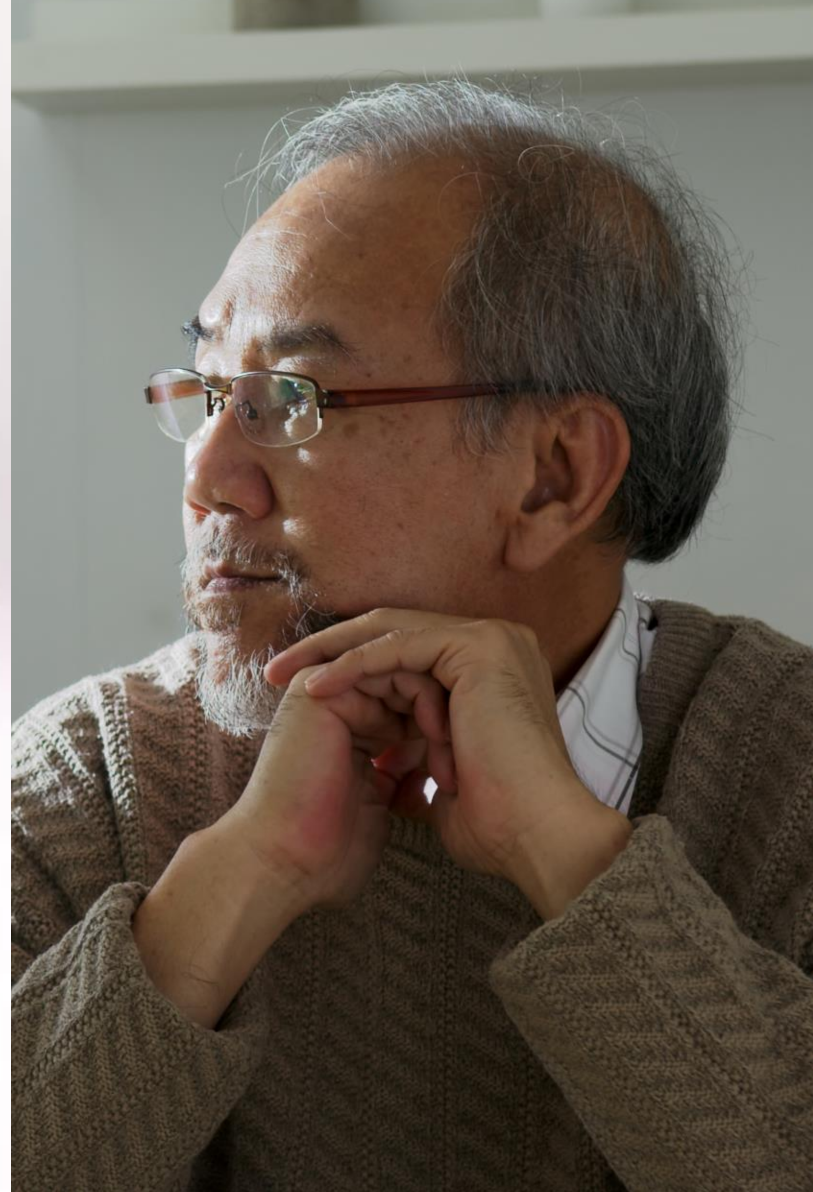
Implications of Confounds between SMI Diagnoses

- Differential diagnosis is important for tracking, treatment, and reimbursement purposes
- Lack of diagnostic clarity can lead to inappropriate or inadequate treatment, or treatment that could be dangerous to health and quality of life for older adults
- Mental health diagnoses often carry stigma that can impact individual
  - Psychological distress, relationship changes, behavior changes, treatment expectations
  - Stigma can greatly impact care

Use the forward arrow to continue.

SMI Symptoms and Physical Health

- Older adults with SMI may not have appropriate physical health care
  - Inaccurate or missed diagnoses
  - Conflation of physical health with mental health symptoms
- Physical complaints may be attributed to mental health symptoms and not investigated
- Older adults with SMI may not trust health care providers, so not seek healthcare as needed



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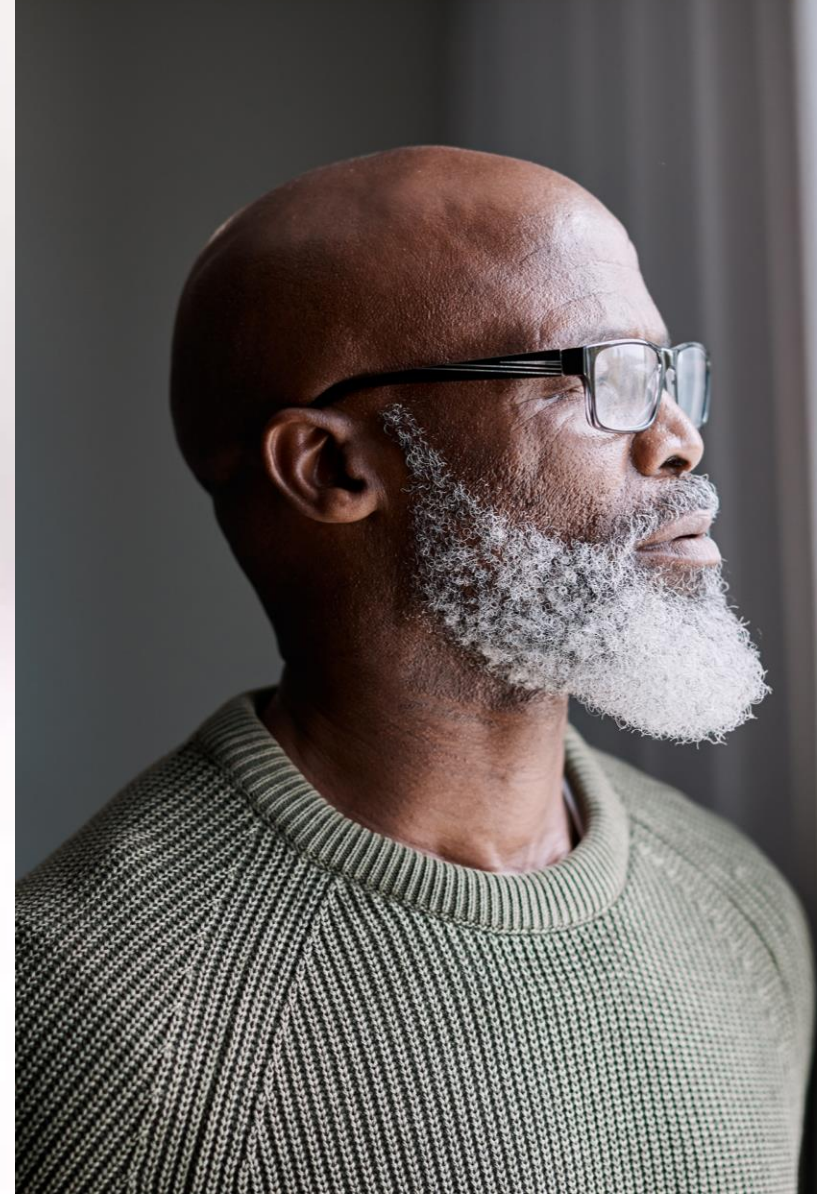
Diagnostic Confounds between SMI and Dementia

- Many SMI symptoms can be confused with dementia
- People who have SMI diagnosis are ~ 3-6 times more likely to develop dementia and develop it an average of six years earlier than those without a mental health disorder



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Commonalities and Differences between SMI and Dementia Symptoms

- Common symptoms between SMI and dementia
  - Hallucinations, delusions, and psychomotor changes
- Symptoms have different etiologies and different expressions
- Not possible to accurately determine SMI or dementia diagnosis based on different experiences of hallucinations or delusions alone

Use the forward arrow to continue.

Implications of Confounds between SMI and Dementia

- Discriminating between diagnoses of SMI and dementia are important for tracking, treatment, and reimbursement purposes
- Impact of a dementia combined with SMI diagnosis
  - Additional stigma, increased psychological distress, relationship changes, behavior changes, changes in treatment expectations
  - Whether or not nursing home care is recommended or available
- Increase in late-life diagnoses of SMI occurring for older adults in nursing homes who already carry dementia diagnosis
  - New prescriptions for antipsychotic medication raise concerns about appropriate diagnosing and prescribing in some nursing homes

Use the forward arrow to continue.

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Take Home Message

- The common symptoms of serious mental illness make accurate diagnosis difficult
- Other challenges to diagnosis are symptom overlap with physical health concerns, substance use, and dementia

Use the forward arrow to continue.

Standardized Assessment Tools

There are no tools standardized specifically in an older adult population to screen or assess for SMI. There are scales that can be used to assess for symptoms of SMI.

The Positive and Negative Syndrome Scale (PANSS)

- Often used in clinical trials of antipsychotic medications
- Rigorously tested
- Includes training and guidelines
- Clinician-rated 30-item measure
  - Items rated on 1-7 Likert scale
  - Items assess positive symptoms, negative symptoms, neuromotor symptoms, depression and anxiety symptoms
- Criticized for its lack of sensitivity and specificity for global cognitive functioning

Use the forward arrow to continue.

The Clinical Global Impression-Schizophrenia Scale (CGI-SCH) and the Clinical Global Impression-Bipolar Scale (CGI-BP)

- CGI-SCH
  - Adapted from Clinical Global Impression Scale (CGI) and CGI-BP
  - Items clinician-rated on 1-7 Likert scale
  - Two categories: severity of illness and degree of change over time
  - Four symptom clusters: positive and negative symptoms, depression, cognitive functioning, global score
- CGI-BP scale
  - Modified from CGI
  - Assesses manic and depressive episode severity, change compared to last episode, worst illness episode
  - Symptom clusters: mania, depression, overall score

Use the forward arrow to continue.

The Scale for the Assessment of Negative Symptoms (SANS) and the Scale for the Assessment of Positive Symptoms (SAPS)

- SANS
  - 25-items that clinicians rate on 1-6 Likert scale
  - Five domains: avolition, alogia, affective blunting, anhedonia, attention
- SAPS
  - 34-items that clinicians rate on 1-6 Likert scale to assess positive symptoms related to hallucinations, delusions, bizarre behavior, and disorganized thinking

Use the forward arrow to continue.

Negative Symptoms Assessment (NSA-16)

- Developed from the 25-item version to assess the presence, severity, range of negative symptoms of schizophrenia
- Five factors: communication, social involvement, affect or emotion, motivation, retardation
- Intended to be used as a structured interview
- Clinician rated using a 1-6 Likert scale
- 4-item version has been developed as a practical clinical tool

Use the forward arrow to continue.

Clinical Assessment Interview for Negative Symptoms (CAINS) and Brief Negative Symptom Scale (BNSS)

- Developed during a 2005 NIMH conference on negative symptoms in schizophrenia and schizoaffective disorder
- Semi-structured interviews
- 13 items
- Domains: blunted affect, alogia, avolition, anhedonia, asociality
- BNSS includes an assessment of pathological lack of normal distress
- In-depth training materials
- Translated into several languages

Use the forward arrow to continue.

Montreal Cognitive Assessment (MoCA)

- 30-item screening instrument
- Originally designed to detect mild cognitive impairment in older adults
- Helpful in screening people who have experienced stroke, learning disabilities, and sleep disorders
- Studies have used to assess cognitive difficulties in people with SMI
- MoCA can be used as screener sensitive enough to detect cognitive impairment with lower cut-off scores in these cases

Use the forward arrow to continue.

Take Home Message

- There are no SMI screening tools standardized for older adults
- The majority of people with SMI develop the illness early in their lives and age with it
- There are screening tools developed for general adult population that can be used to assess older adults for symptoms of SMI

Use the forward arrow to continue.

Evidence-Based Treatments for SMI

Psychosocial treatments in combination with medication often produces the best outcomes for people with SMI

Psychosocial Rehabilitation

- Helps people with SMI:
  - Understand symptoms and diagnosis
  - Learn coping and other skills to reach individualized life goals
- Treatments or services that are designed to improve functioning
- Can assist with social integration and involvement in meaningful activities, cognitive functioning, and depression symptoms related to isolation and loneliness

Use the forward arrow to continue.

Assertive Community Treatment (ACT)

- Community-based, multi-disciplinary team intervention intended to support community living, reduce mental health hospitalizations
- Designed to comprehensively address needs of people with SMI
  - Psychotherapy, substance use treatment, medication, facilitating physical health care, case management, employment, housing
- Not designed to be time-limited
- ACT model was designed for adults, not specifically older adults
- Including team members with geriatric expertise is helpful, particularly for prescribers

Use the forward arrow to continue.

Cognitive Behavioral Social Skills Training (CBSST)

- Includes cognitive behavioral therapy and social skills training
- Specifically designed for older adults with schizophrenia
- Three modules target cognitive, social, and problem-solving skills
- Modules delivered in weekly group sessions
- Treatment lasts either 24 or 36 weeks
- Delivered in outpatient or residential settings
- Designed to help participants problem solve and set goals

Use the forward arrow to continue.

Social Skills Training: FAST and PEDAL

- Functional Adaptation Skills Training (FAST)
  - Designed for adults age 40+ with schizophrenia or schizoaffective disorder
  - Targets six areas of functioning: medication management, social skills, communication skills, organization and planning, transportation, financial management
  - Delivered in group format in weekly two-hour sessions over the course of 24 weeks in outpatient clinics or other settings
  - Goal to improve participants' independence and quality of life
- Programa de Entrenamiento para Desarrollo de Aptitudes para Latinos (PEDAL)
  - Culturally relevant adaptation of FAST for Latino older adults with schizophrenia or schizoaffective disorder

Use the forward arrow to continue.

Integrated Illness Management and Recovery (I-IMR)

- Modification of the Illness Management and Recovery program
- Designed for adults living with SMI and chronic medical conditions with specific information about how chronic conditions relate to aging
- Designed to be delivered either individually or in groups, weekly or twice weekly, consists of about 40 sessions
- Delivered by professionals trained to provide skills training and someone trained in healthcare management
- Goal is to help improve functioning and symptom management using psychoeducation, cognitive-behavioral techniques, social skills training

Use the forward arrow to continue.

Helping Older People Experience Success (HOPES)

- Designed to help older adults with SMI improve independent functioning
- Teaches skills related to social interactions, community living, healthy living
- Seven skills modules, designed to rotate and repeat, allowing individuals to join at any time
- Monthly meetings with nurse to help manage chronic medical conditions
- Runs for two years
- First year includes weekly, hour-long sessions
- Second year includes monthly maintenance sessions in addition to meetings with a nurse and community outings to practice social skills

Use the forward arrow to continue.

CBT for Psychosis (CBTp)

- Manualized treatment used with individuals or groups
- Designed to reduce stress related to symptoms of psychosis and to improve functioning
- Centers on collaboratively identified goals of individual with psychosis
- Delivered in 16 or more weekly sessions over minimum six-month period by a trained CBT therapist
- Shorter and targeted versions of CBTp, group CBTp have been tested

Use the forward arrow to continue.

Take Home Message

- Research has shown that psychosocial treatments in combination with medication treatment produces the best outcomes for people with SMI
- There are a number of evidence-based psychosocial treatments and practices for older adults with SMI

Use the forward arrow to continue.

Serious Mental Illness, Stigma, and Recovery-Oriented Care

A discussion of SMI would not be complete without a discussion of stigma, valued social roles, and recovery-oriented care

SMI and Social Stigma in Older Adults

- Laws
- Media
- Limits opportunities for people with serious mental illness
- Leads to increasing discrimination and barriers to care seeking
  - Older adults seek care for mental health concerns less often than younger adults

Use the forward arrow to continue.

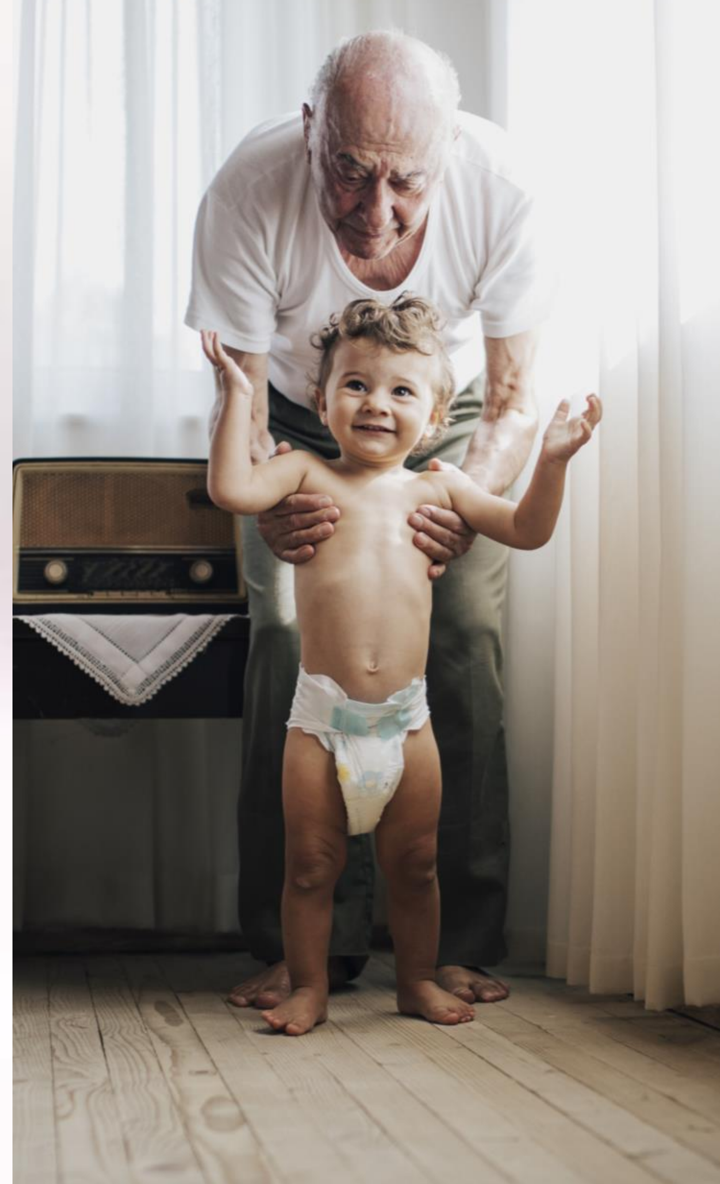
Self-Stigma and Older Adults

- Internalization of negative social/public attitudes, beliefs related shame
- 30% of people with SMI rate themselves high on levels of internalized stigma
- Studies of self-stigma in older adults with SMI are not prevalent and have divergent findings
- Older adults with SMI could be effective could be at greater risk for negative outcomes related to stigma

Use the forward arrow to continue.

Valued Social Roles

- The parts we play within society
- Social roles hold different levels of value within a society
- Roles may change over time
- Role loss or inability to hold a desired valued role can lead to poorer mental health and lower life satisfaction



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SMI and Recovery Oriented Care in Older Adults

- Rooted in the US social justice movements of 1960s
  - Intended to reform mental health care/empower those treated by system
- SAMHSA developed a working definition and outlined ten guiding principles in implementing recovery-oriented care
  - "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."
  - Four dimensions: health, home, purpose, and community
  - Principles include "recovery is person-driven," "recovery is holistic," "recovery is based on respect"

Use the forward arrow to continue.

Take Home Message

- Social/self-stigma related to SMI in older adults can impact medical care
- Older adults with SMI at particularly high risk of experiencing role loss
- Healthcare for older adults with SMI should take into account the dimensions of recovery-oriented care which include health, home, purpose, and community

Use the forward arrow to continue.

In Summary

In this module about SMI and Older adults we learned:

- Diagnoses that are included under SMI umbrella
- Symptoms of SMI change over time
- Physical and cognitive aging can complicate assessment, diagnosis and treatment picture of older adults with SMI
- Effective treatment for older adults with SMI includes medication and psychosocial treatments

Use the forward arrow to continue.

Next Steps

- Please see the reference guide for more information about SMI and older adults
- If you would like to learn more about topics related to older adult mental health, please see our other online modules