



# COVID-19: THE MENTAL HEALTH OF OLDER ADULTS CHALLENGES & OPPORTUNITIES

**DEBORAH MORGAN, DNP, APRN, PMHNP-BC**  
**NURSE PRACTITIONER – GERIATRIC PSYCHIATRY & COGNITIVE DISORDERS**  
**ADJUNCT INSTRUCTOR – CLINICAL**  
**UNIVERSITY OF UTAH COLLEGE OF NURSING**

# OVERVIEW OF COVID-19

- First case diagnosed December 2019 in Wuhan, China
- Currently > 3.5 million cases worldwide >248,000 deaths (Johns Hopkins University, 2020)
- Older adults disproportionately impacted - 8/10 deaths according to the CDC (CDC, 2020)
- Older adults disproportionately impacted by prevention & containment measures

# PREDICTIONS RE: MENTAL HEALTH

- Second *front line* – mental health providers
- Little known re: broader impact of COVID-19 on mental health
- Potentially significant implications across the lifespan
- Considerable increase in anxiety and depression for those without pre-existing conditions
- Those with pre-existing depression, anxiety & substance use at higher risk
- Literature suggests mental health consequences more significant later in/after crisis

# PREVIOUS EXPERIENCES

- No directly comparable experience with data related to mental health
- Sparse literature on mental health consequences of epidemics, even less on impact of mitigation measures
- Look to large-scale disasters (natural, terrorism or environmental) for data
- Disasters almost always lead to increases in psychiatric symptoms
- Hurricane Ike - 5% of the population met criteria for MDD the next month (Holmes et al., 2020)
- 9/11 attacks – 10% of adults in NYC had symptoms of MDD, 25% had increased alcohol use in the following month (Holmes et al., 2020)

# PREVIOUS EXPERIENCES

- SARS epidemic (2003) associated with a 30% increase in suicide in the over 65s (Holmes et al., 2020)
- SARS quarantine led to a 2-3 times increase in PTSD symptoms (Douglas, 2020)
- SARS much more time limited and lower prevalence than COVID-19 (CDC, 2013)
- Consider these figures in the context of wide-ranging restrictions over longer time frame

# GLOBAL EXPERIENCES - CHINA

- China had the first known outbreak of COVID-19 in December last year
- Web-based cross-sectional survey of over 7000 volunteers in China assessed mental health burden over a 2 week period during COVID-19:
  - GAD general prevalence 35.1%
  - Depressive symptoms 20.1%
  - Insomnia 18.2% (Huang & Zhao, 2020)
- Experience of dementia/caregiver dyads during the outbreak:
  - Community Dwelling
    - Irrational analysis of the epidemic
    - Change in home care arrangements
    - Unscheduled home life
    - Declining memory and comprehension
    - Deterioration of existing cognitive problems
  - ALF/NH Dwelling
    - Reduced face-to-face interactions with family
    - Reduced interactions with care-givers
    - Essential medications/interventions interrupted (Wang, 2020)

# GLOBAL EXPERIENCES – UNITED KINGDOM

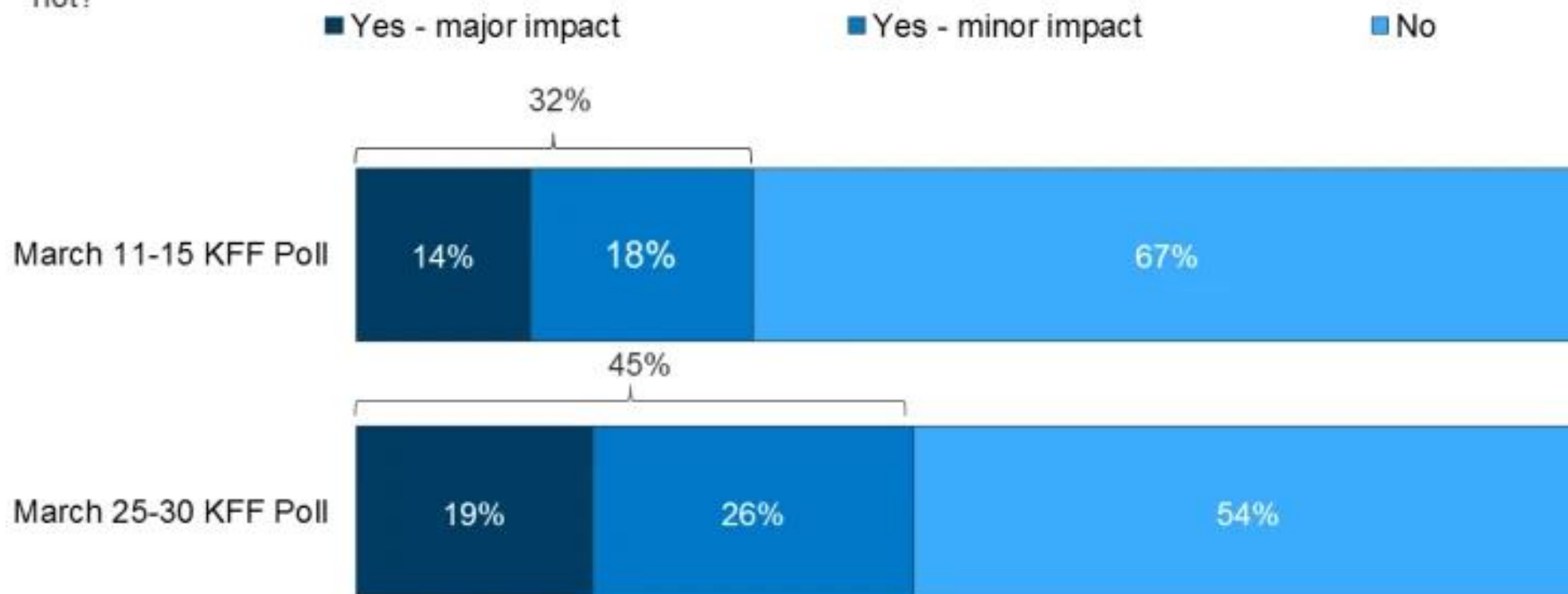
- First transmission within the UK documented on 28<sup>th</sup> Feb
- Mental Health UK survey of loneliness among adults at different phases of lockdown
- Initial survey in March just before full lockdown – 10% of adults reported loneliness
- Follow up survey ~10 days into lockdown – 24% of adults reported loneliness (Mental Health UK, 2020)
- Initial blanket lockdown for 12 weeks >70s
- Emergence of backlash against homogeneity of this approach

# USA EXPERIENCE

Figure 7

## Larger Share Now Reporting Negative Mental Health Impacts

Do you feel that worry or stress related to coronavirus has had a negative impact on your mental health, or not?



SOURCE: KFF Health Tracking Poll (conducted March 25-30, 2020). See topline for full question wording.





# CHALLENGES & BARRIERS TO MENTAL HEALTH ASSESSMENT & TREATMENT IN OLDER ADULTS

- Depression “is an inevitable part of old age”
- Depression in old age is “not treatable”
- Stigma – reluctance to talk to family members/friends about MH issues
- Reluctance to seek professional help
- Availability of PMH providers willing/able to see older adults
- Technology adding new challenges to OA during COVID

# MH RISK FACTORS COVID-19

- Concern re possible infection/preexisting conditions
- Inconsistent messaging/ever-changing landscape
- Fear of seeking medical help for non-COVID-19 conditions
- Fear of NOT seeking medical help for non-COVID-19 conditions
- Economic/financial implications
- Consequences of social distancing/self-quarantine
- Providing childcare/homeschooling for children/grandchildren with parents who are key workers

# MH RISK FACTORS COVID-19

- Stigmatization of older adults
- Feelings of being a burden, lack of meaning
- “Sacrifice” the old to save the economy
- “Boomer Remover”, “God’s waiting Room”
- Resource allocation – Italy >65 last on list for ventilators
- “Benevolent” ageism can lead to feelings of marginalization and separation
- Tendency to see older adults as one homogenous unit and treat all the same

# MH RISK FACTORS COVID-19 - DEMENTIA

- Persons Living With Dementia (PLWD)
  - Changes to daily routine
  - Lack of access to stimulating activities
  - Social isolation can increase cognitive difficulties
  - Responding to anxiety within the home
  - NH/ALFs – lack of access to family member/friends
  - Difficulty understanding/acting on prevention methods
  - Higher risk for stigma
  - Increased risk of delirium if become sick/hospitalized
  - Navigating technology to stay connected

# MH RISK FACTORS COVID-19 - DEMENTIA

- Care-partners of PLWD
  - Lack of respite/daily help
  - Fears re: seeking help for non-COVID issues (infections)
  - Anxiety relating to care-partner sickness
  - Increasing behavioral symptoms from loved ones
  - Crisis response: to hospitalize or not?
  - Separation from loved ones in NH/ALFs

# COVID-19 & UTAH

- May 2nd, Utah stats :
  - 4981 Total COVID-19 confirmed cases
  - 418 Hospitalizations
  - 49 Deaths (Johns Hopkins University, 2020)
- Utah currently ranks 34<sup>th</sup> in US States
- So, anything to worry about in terms of mental health implications?

# OBSERVATIONS ON A LOCAL LEVEL

- Clark Johnson, MD, Medical Director, SLR Inpatient Geropsych Unit:
  - Influx of patients, much busier than normal
  - Full, but robustly admitting and discharging (more difficult to d/c back to nursing homes)
  - Admissions are a combination of community dwelling and NH/ALF residents
  - Patients unable to tolerate new restrictions at NHs leading to suicidality or behavioral issues

# OBSERVATIONS ON A LOCAL LEVEL

- Community dwelling patients becoming depressed/suicidal under stay-at-home orders
- One patient became suicidal after his family refused to abide by restrictions
- Expresses fear that the mental health implications of the COVID-19 restrictions will last for many months
- Any ideas for outpatient providers? Affirmative action, outreach



# PRAGMATIC APPROACHES

- No clear cut guidance exists
- Targeted psychological interventions critical especially for vulnerable groups such as older adults
- Increased primary care mental health surveillance through routine screening for depression, anxiety, and substance use
- Consider stratifying patients by risk & implement screening/referral protocols accordingly
- Consider need to extend interventions beyond immediate crisis of pandemic

# LOW RISK PATIENTS – SUGGESTED WORKFLOW

- Screen as part of ‘Rooming Process’
- Normalize – “It is ok to not be ok”
- Screening tools – no clear COVID-19 specific tools as yet
  - PHQ2/9, HAM-A
  - open-ended questions r/t COVID-19 stressors
  - Sleep
  - substance use
  - Consider ‘Mentation’ component of ‘Patient Priorities Care’
- Flagged patients – inform provider prior appt, consider psych eval
- Non-flagged patients – validate any concerns, offer resources for future needs, dot-phrase on all AVS

# HIGHER RISK PATIENTS – SUGGESTED WORKFLOW

- Affirmative outreach
- Patients with existing MH diagnosis/previous + depression/anxiety screen or high-risk patients
- Telephone call/encounter, checking in, normalize, open ended questions to establish if screening is necessary
- Screen per previous protocol if deemed necessary
- Flagged patients – offer appt with PCP or mental health referral
- Non-flagged patients – offer resources for future use, dot-phrase info via MyChart

# MENTAL HEALTH CRISIS/INPATIENT RESOURCES FOR OLDER ADULTS

- UNI – see Dr. Ashworth’s clinic update May 1<sup>st</sup> on Pulse
- Lakeview (Bountiful) – 801-299-2428
- Salt Lake Regional –Call for admissions info 801-350-4715
- Marian Center – Call 801-468-6856 for admissions
- Alzheimer’s Association 24 hour helpline – 800-272-3900

# OPPORTUNITIES FROM COVID-19

- Telehealth as a viable option for reaching more older adults, particularly home-bound and rural dwelling
- Relaxing of regulatory, legal & reimbursement barriers to use of telehealth
- Medicare now cover audio-only phone services - psychotherapy, health behavior assessment & interventions
- CMS increasing payments for telephone visits to match similar in-person visits

# OPPORTUNITIES FROM COVID-19

- Ice Breaker - introduce and normalize the subject of mental health
- Highlight the impact of loneliness & isolation among older adults - develop innovative interventions
- Develop best practice guidelines for mental health interventions for future crises

# REFERRALS

[Deborah.Morgan@nurs.Utah.edu](mailto:Deborah.Morgan@nurs.Utah.edu)

General

PCP	SCHLISMAN, ALISON K [6852R]	Sensitivity	
Service area	UNIVERSITY OF UTAH HEALTH CARE	Status date	3/5/2020
Priority	Routine	Type	Referral Internal
Class	Internal	Reasons	1

Referred by  Override referred by and to restrictions

Location/POS	MADSEN HEALTH CENTER	Provider	SCHLISMAN, ALISON K [6852R]
Department	MADSEN GERIATRICS		

Referred to

Vendor		Location	MADSEN HEALTH CENTER
Department	SJHC BEHAVIORAL HEALTH	Provider	MORGAN, DEBORAH ELIZABETH [30]
Department specialty	Behavioral Health	Provider specialty	PSYCHIATRY

Clear

Madsen Geriatric Clinic – Thursdays  
Daybreak Clinic – Mondays  
Cognitive Disorders Clinic – Wednesdays  
Caregiver Mental Health Clinic – Fridays

# REFERRALS

- Depression
- Anxiety Disorders
- Bipolar
- Schizophrenia
- Behavioral Symptoms of Dementia
- Medication Management
- Brief Therapy

Madsen Geriatric Clinic – Thursdays

Daybreak Clinic – Mondays

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# CAPTAIN TOM – KEEP CALM & CARRY ON



Captain Tom Moore completed 100 laps of his garden during lockdown in the week before his 100<sup>th</sup> birthday – raised over 31 million GBPs for the NHS

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# Questions?