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

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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\textsuperscript{th} 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 \(\text{(Mental Health UK, 2020)}\)

• 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?

- Yes - major impact
- Yes - minor impact
- No

March 11-15 KFF Poll
- 14% Yes - major impact
- 18% Yes - minor impact
- 67% No

March 25-30 KFF Poll
- 19% Yes - major impact
- 26% Yes - minor impact
- 54% No

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 34th 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 Gero-Psych 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 1st 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

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- **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
Cognitive Disorders Clinic – Wednesdays
Caregiver Mental Health Clinic – Fridays
Captain Tom Moore completed 100 laps of his garden during lockdown in the week before his 100th birthday – raised over 31 million GBPs for the NHS
REFERENCES


Questions?