

Wisconsin Coalition for Social Connection

Mind Matters: Navigating Mental Health in Older Adulthood



About WIHA

- **Mission**: To improve the health and well-being of all people as we age by disseminating evidence-based programs and practices and by engaging in collaborative public health strategies in Wisconsin and beyond.
- <u>https://wihealthyaging.org</u>
- Age Well Newsletter





About WCSC

- **Mission**: To engage diverse partners in reimagining how we can combat the root causes and adverse consequences of social isolation and loneliness among older adults and people with disabilities in our state.
- <u>ConnectWI.org</u>





Introduction to Speakers

- Dr. Rebecca Radue, Geriatric Psychiatrist
- Danette Hopke, Behavioral Health Program Manager, UW-Madison Division of Extension
- Mark Miller, Outreach Coordinator, 988 Wisconsin Lifeline



Welcome...

• Dr. Rebecca Radue, Geriatric Psychiatrist

Mental Health for Older Adults

Mind Matters: Navigating Mental Health in Older Adulthood

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May 20, 2025

Rebecca Radue, MD Geriatric Psychiatrist Clinical Adjunct Assistant Professor of Psychiatry, UWSMPH

What we'll cover today:

- Cover "normal" aging and development
- Highlight the importance of social connection for Older Adults
- Review common mental health concerns among Older Adults
- Summarize key points
- Questions and discussion

What is Aging?

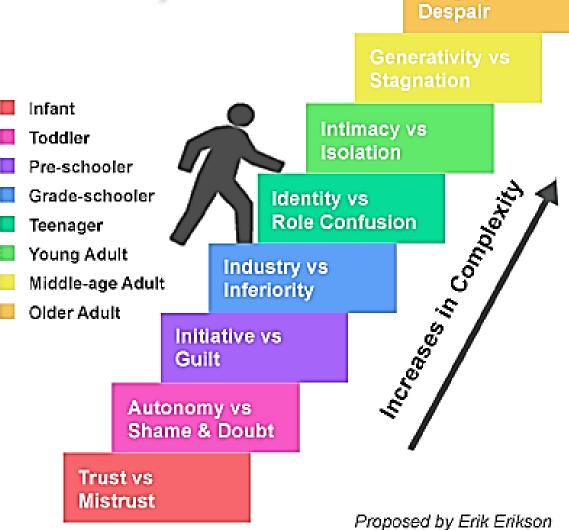


Aging is the process of growing older.

Aging is to mature.

Aging happens due to a complex interaction of genetics, chemistry, physiology, and behavior over time.

Stages of Psychosocial Development



Erik Erikson's Final Developmental Stage: Integrity versus Despair

≻ Age 65+

Did I live a meaningful life?

➢ Focused on life reflection

Celebrating wisdom

Depression and dementia are NOT inevitable with aging...

Though there are many stresses associated with aging, most people demonstrate high levels of resilience in the face of these challenges +

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While we can't always avoid physical decline, losses and transitions, and sometimes cognitive impairment and mental health issues, our goal in geriatric psychiatry is to work towards optimal quality of life

Goals of Mental Health Treatment for Older Adults



What changes should we expect with "normal" aging?

Some of the "normal" changes of aging

Hearing and vision changes

Increased body fat and decreased muscle mass

Decreased kidney and liver efficiency

Decreased digestive speed

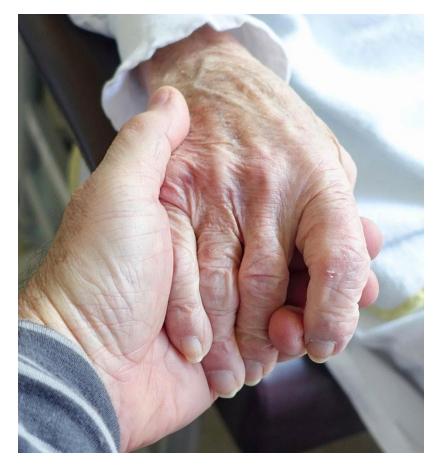
Decreased processing speed Decreased ability to multi-task Decreased working memory

Importance of Social Connection for Older Adult Wellbeing

- Loneliness actually peaks in middle-age older adults are less likely to be lonely past middle age
- Social isolation and loneliness have negative health sequelae (rival smoking in terms of mortality!)
- Social connection is associated with health benefits (increased survival, better able to tolerate stress)
- Certain health and lifestyle factors are associated with decreased loneliness in later life
 - Sleep, exercise, sexual activity
 - Religion, neighbors, volunteer work
- While all this is wonderful and true, support for interventions that target loneliness are limited
 - Best data is for animal therapy and technological interventions, but specifically in LTC settings

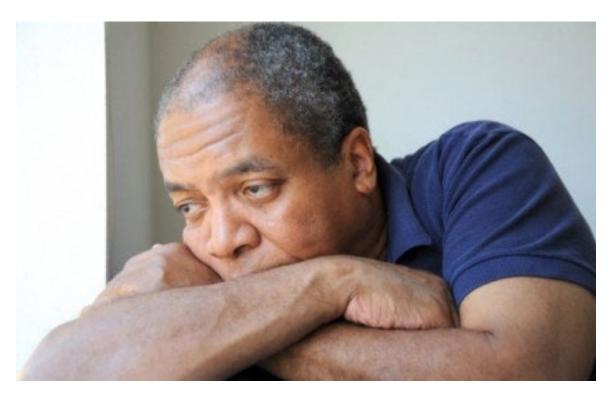
Importance of Social Connection for Older Adult Wellbeing

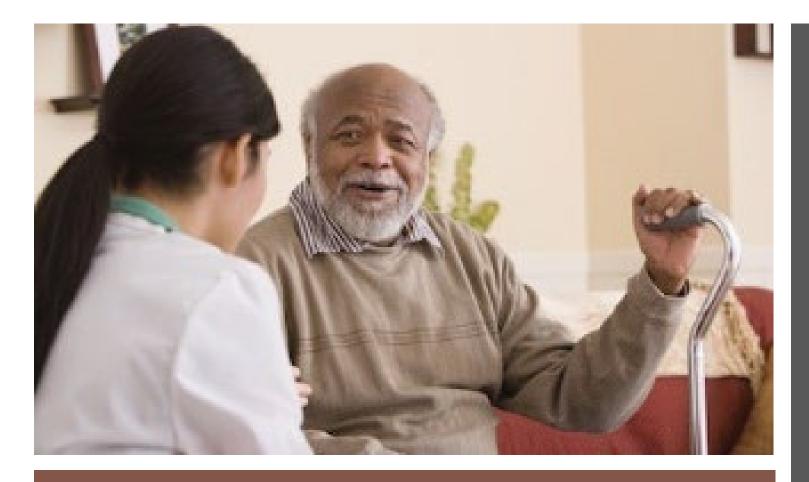
- We know that better social connectedness predicts better outcomes for older adults living with mental illness
- Not just family chosen family, friends, community
- As a geriatric psychiatrist, I see many "unbefriended" older adults – these folks almost always have a harder time
- Important to remember this is not the "norm" – my "sample" is biased



Social Connectedness is a key to Wellbeing

Mental Health Concerns Among Older Adults

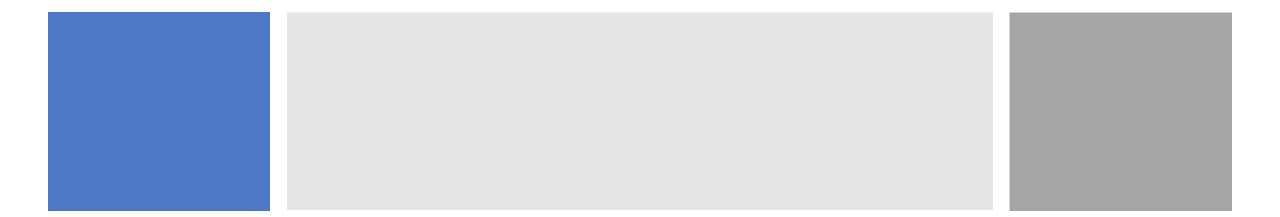




What are the most common reasons people come to see a geriatric psychiatrist?

- Anxiety
- Depression
- Memory Concerns
- Substance Use
- Trauma
- Sleep Concerns
- Bipolar Disorder
- Psychotic Illness

When we talk about older adults with mental illness, we are talking about **both** those who developed their illness **earlier in life** and have grown old, and those who develop **later-onset** illnesses



Some Statistics: Mental Health in Older Adults



- WHO suggests that 15% of adults over age 60 are living with a mental health disorder
- Anxiety is the most common psychiatric symptom in older adults
- SAMHSA estimates depression affects 3-7% of older adults
- In 2004, older adults were 13% of the US population but 18% of suicides, and older white men remain at greatest risk
- SAMHSA reports over 1 million US adults over 65 met criteria for a substance use disorder in 2014

Psychosocial Considerations in Older Adults

- Retirement
- Changes in Housing
- Distance from Family
- Financial Stressors
- Grief and Loss
- Elder Abuse

- Losses in Functioning
- Losses in Independence
- Hearing Loss
- Vision Loss
- Mobility Issues
- Transportation Issues

Medical Issues that May Mimic Mental Health Symptoms

Thyroid problems

Cardiac or other vascular problems

Medication side effects or drug interactions

Urinary tract or other infections

Vitamin deficiencies

Be sure to see your doctor if you or your loved one has a sudden change in behavior

Anxiety in Older Adults

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Anxiety Across the Lifespan

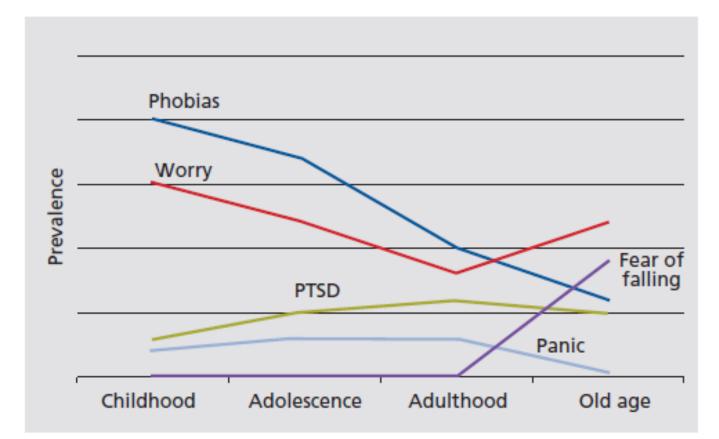
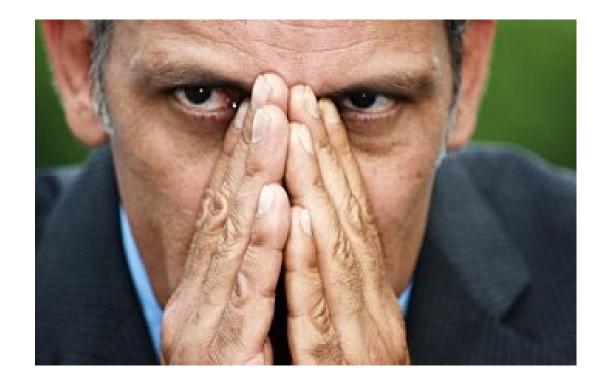


Figure 1. Changes in anxiety disorder presentation across the lifespan. PTSD, post-traumatic stress disorder

What can anxiety look like in older adults?

- Excessive worry
- Poor sleep
- Restlessness or agitation
- Poor concentration
- Fatigue
- Irritability
- Muscle tension or non-specific physical complaints



Anxiety: Tips for Older Adults and Caregivers

- Anxiety disorders are the most common among all mental health conditions at all ages – You are not alone!
- Work with your doctor to find the best treatment for you
- Keep close with social supports



Treatment Options for Anxiety



- Psychotherapy
- Exercise
- Antidepressants and other medications

A note about PTSD...

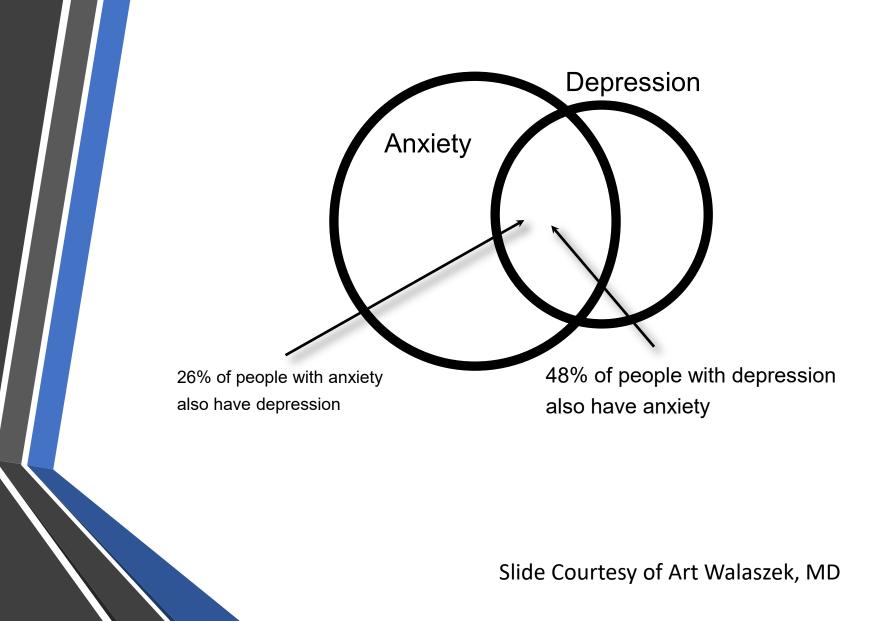
- Trauma is incredibly common
- Older adults may suppress or hide their trauma experiences from younger years
- PTSD symptoms can emerge, or reemerge, later in life
- Trauma-informed care across the lifespan is important
- Sites of care for older adults should practice trauma-informed care



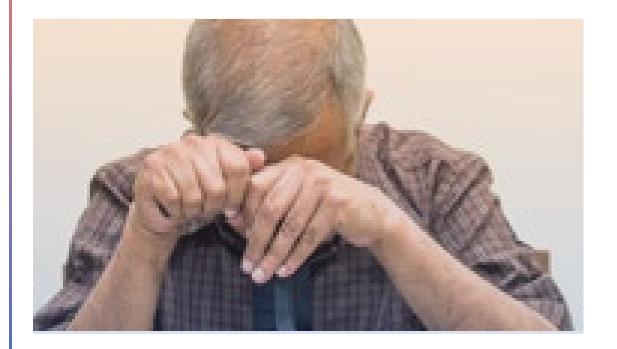
Depression in Older Adults

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Anxiety and Depression Overlap

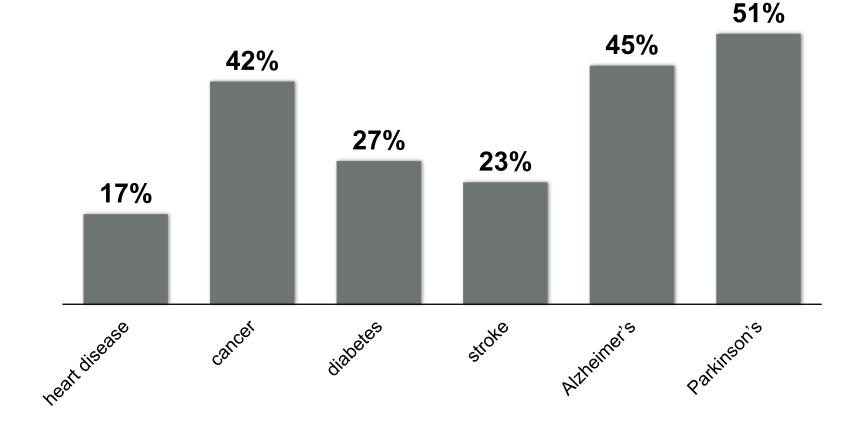


What can depression look like ° in Older Adults?



- Low mood, sadness, irritability
- Trouble with sleep
- Trouble with appetite
- Feelings of guilt or worthlessness
- Poor concentration
- Lack of enjoyment in things that the person used to enjoy
- Low energy
- Thoughts of suicide

Depression and Medical Conditions



Lyketsos et al JAMA 2002; Sutor et al Mayo Clinic Proc 1998; Jiang et al CNS Drugs 2002

Depression or Apathy?

- Apathy is common in dementias and stroke
- What does it look like?
 - Lack of motivation
 - Not wanting to go anywhere
 - Requiring constant prompting to do things
 - If left to their own devices and without prompting, people may just sit on the couch or watch TV
 - May not eat or drink without prompting
- Only Depression will have associated low mood, and may come with feelings of worthlessness or sadness
- Apathy and Depression both can lead to people not enjoying things they used to enjoy doing



Depression: Tips for Older Adults and Caregivers

- Depression is common and treatable
- Work with your doctor to find the right treatment for you
- Keep close with your social supports
- Try to do as many activities as you enjoy – behavioral activation





Medication Options for Depression

- Antidepressant Medications
 - SSRIs (sertraline/Zoloft, escitalopram/Lexapro, citalopram/Celexa)
 - SNRIs (venlafaxine/Effexor, duloxetine/Cymbalta)
 - Bupropion/Wellbutrin
 - Mirtazapine/Remeron
 - Trintellix/vortioxetine and Viibryd/vilazodone
- Augmentation Strategies with Other Meds



Non-Medication Treatments for Depression

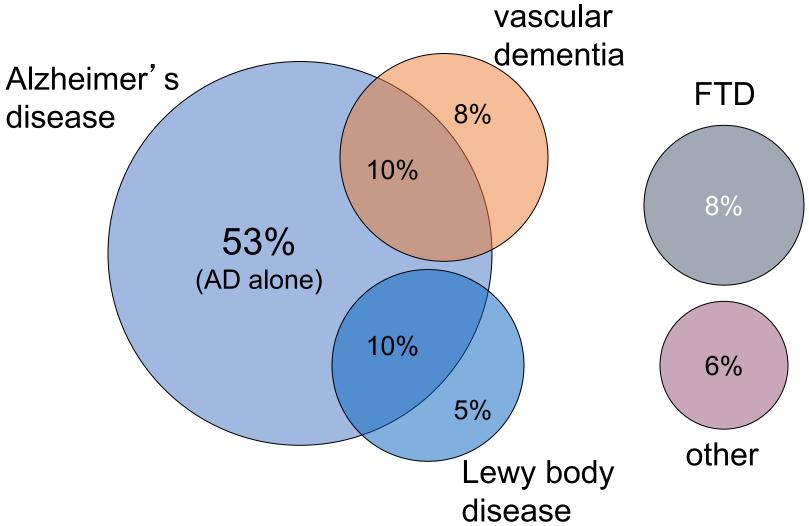
- light therapy
- psychotherapy
- Exercise
- repetitive transcranial magnetic stimulation
- electroconvulsive therapy

Alzheimer's Disease and Other Dementias ⁺.



Alzheimer's Disease International, www.alz.co.uk/info/early-symptoms

Types of dementia



Behavioral & psychological symptoms of dementia

- VERY COMMON
- Can even present in the mild cognitive impairment stage
- Most common:
 - Anxiety
 - Depression
 - Agitation
 - Sleep disturbance
 - Psychosis
 - Wandering
 - Apathy
 - Disinhibition
 - Sexually inappropriate behaviors



Safety Issues to Consider in Dementia

- Driving
- Medications
- Firearms
- Wandering
- Power tools
- Alcohol



Caregivers & Depression

- Depression and burnout are common among caregivers
- 32% of caregivers for people with Alzheimer's disease live with major depression
- Treatment of mental health concerns helps reduce depression in caregivers and leads to better outcomes for those they care for
- Support groups and organizations can be helpful

Substance Use Disorders in Older Adults

Substance Use Disorders in Older Adults

- According to a recent SAMHSA report, over 1 million US adults over 65 meet criteria for a substance use disorder
- Alcohol is the most common substance of abuse
- Older adults are not immune to the opioid epidemic



The good news...

• Treatment for substance use disorders is just as, if not more, **EFFECTIVE** for older adults as for younger populations!



Let's Recap...

Depression, dementia, and other mental health issues are not the norm as we age

Social Connection is protective for Older Adult mental health and wellbeing

Anxiety disorders are the most common mental health concern in later life, others include depression, dementia, and substance use disorders

Mental health concerns are treatable in Older Adults

Thank you!



Questions and Discussion



Welcome...

• Danette Hopke, Behavioral Health Program Manager, UW-Madison Division of Extension

An introduction to self-care & healthy coping through increasing our connection to positive emotions

Danette Hopke UW-Madison Division of Extension <u>danette.hopke@wisc.edu</u>







SKILLS THAT INCREASE POSITIVE AFFECT

- •Notice positive events
- Capitalize on positive events
- Gratitude
- Mindfulness
- Positive Reappraisal
- Focus on personal strengths
- Make and pursue attainable goals
- Acts of Kindness



Judy Moskowitz, Ph.D. Plants and PPIs

DAHLIA: A RCT of a positive affect skills intervention for people with type 2 diabetes
IRISS: A RCT of a positive affect skills intervention for people newly diagnosed with HIV.
LAUREL: A study of a positive affect skills intervention for people with bipolar 1 disorder.
LILAC: A RCT of a positive affect skills intervention for women with stage IV breast cancer.
ORCHID: A RCT of a positive affect skills intervention for HIV-positive people with depressive symptoms.

LEAF 1.0: A RCT of a positive affect skills intervention for caregivers of people with dementia.

LEAF 2.0: A RCT of a positive affect skills intervention for caregivers of people with Alzheimer's disease comparing online and facilitated delivery. (In the field.)



POSITIVE EMOTION IN TIMES OF STRESS



POSITIVE EMOTIONS

ignoring the negative



always feeling good

Emotions are useful in a number of ways, such as



Giving us important information about a situation we are in.



Helping us understand others, and help others understand us.



Motivating our behavior so we can plan for action.

WHAT'S THE RESEARCH?





Research has shown that focusing on positive

emotions helps people

- Cope with negative experiences/stress
- Protect against the negative health effects of chronic stress
- Perceived more positively
- Better problem solving, more successful
- Better performance and higher evaluations at work
- Better teamwork, lower burnout, engagement, empathy
- Increase relationship satisfaction & quality (romantic partner, family, friendships)

Noticing positive events

POSITIVE EMOTIONS CAN BE SMALL, EVERYDAY THINGS

LISTENING TO MUSIC CATCHING UP WITH A FRIEND CATCHING UP

Savoring Positive Events



Gratitude

as a feeling

of thankfulness and appreciation

SKILL #9

Acts of Kindness





What are our outcomes?

96% of participants report that the skills from WeCOPE helped them cope with stress

I joined this class because I'd had many recent very impactful events and expected some upcoming. I learned from her many new ways to help with stress and self awareness but also learned from her the same things that I often coach others and forget to follow those same practices. Her presence was calm, supporting, and reassuring as we went through the sessions. Thank you!





Welcome...

• Mark Miller, Outreach Coordinator, 988 Wisconsin Lifeline

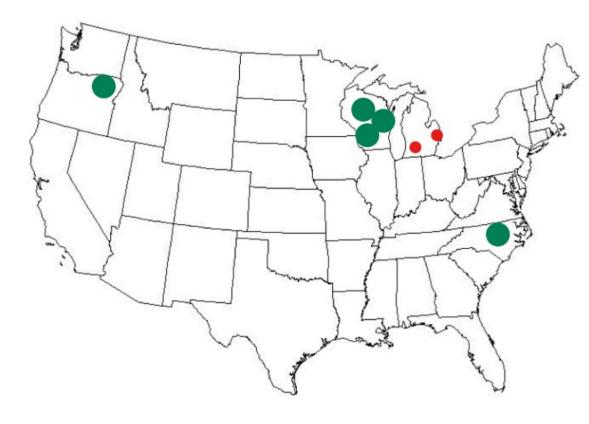
988 calls in Wisconsin are answered by Family Services of Northeast Wisconsin in Green Bay





24/7 CALL, TEXT, CHAT

Mark Miller – Prior to 988 Outreach



1998-2000 Wausau / Marathon County Park Ranger B.S. UWSP Forest Recreation

2000-08 North Carolina State Park Ranger / Advanced Law Enforcement Officer

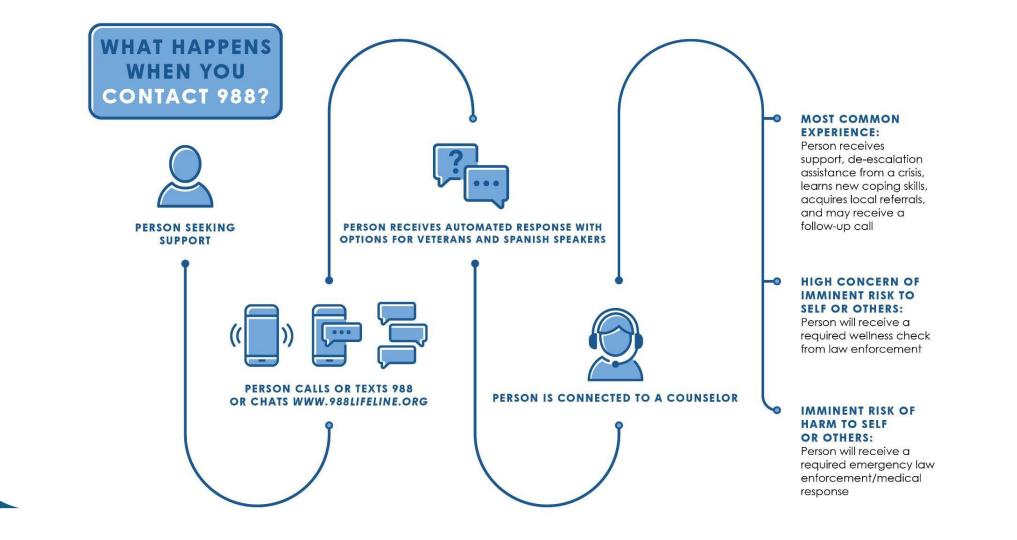
2008-18 Adams County WI Parks Manager and PT City of Adams Police Officer

2018-22 Oregon State Parks Manager – Blue Mountains Management Unit



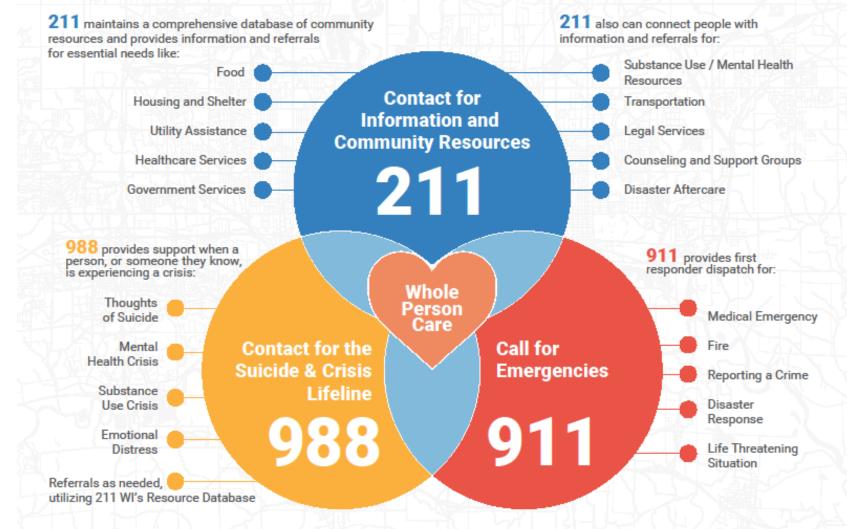
https://youtu.be/HVQXoeMWwIU

Crisis Services: 988 Suicide & Crisis Lifeline | Wisconsin Department of Health Services



In Wisconsin, Help is 3 Numbers Away



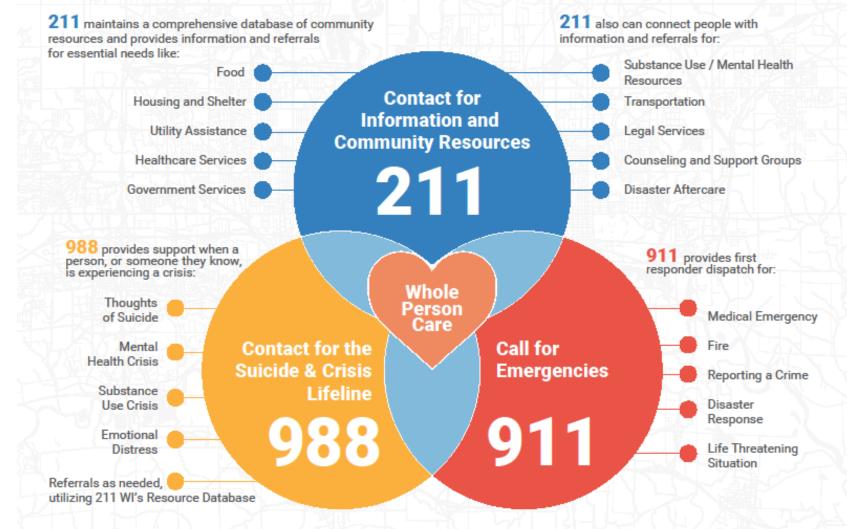


Take aways...



In Wisconsin, Help is 3 Numbers Away





If you have further questions or would like more information, please contact 988 Outreach Coordinator, Mark Miller

email: mmiller@familyservicesnew.org

phone: 920 680 5496

Wisconsin Institute for Healthy Aging

Feedback

- Survey upon exit of zoom
- Share your thoughts
- Those who complete the eval and submit their email address will be entered to win a t-shirt!
 - Winner will be chosen by the end of this week



Next for Age Well Series

Rest & Renewal: Sleep Health As We Age FREE Webinar

Join us for an engaging and informative session with Dr. Sophiya Benjamin as she explores the sleeprelated changes that often occur with aging and the common sleep problems faced by older adults. Dr. Benjamin will shed light on the science of sleep, the challenges that arise as we age, and the critical role that behavioral treatments play in effectively managing insomnia. Discover why sleep hygiene, while helpful, is often not enough on its own -----and what evidence-based strategies can lead to lasting improvements in sleep quality and overall well-being.



Age Well

Presenter: Dr. Sophiya Benjamin, MBBS, MHSc, FRCPC, Associate Professor, McMaster University

June 5, 2025 10-11 a.m. Virtual on Zoom

> Wisconsin Institute for Healthy Aging https://wihealthyaging.org



Global Loneliness Awareness Week

June 9-15th

Connection ideas
Press the button to generate a random connection idea, or scroll down to choose one from the list below
PRESS →
Thank someone you feel grateful for and explain why

Meeting Loneliness Together



Q&A

