Depression - Lived Experience

- [http://www.youtube.com/watch?v=d-CEj271Kxo](http://www.youtube.com/watch?v=d-CEj271Kxo)
Mental Health is Complex!

Changes $, Home, Abilities

Social Supports

Resiliency Coping, Culture

Physical Health

Mental Wellness

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Physical & Mental Health

Aging

↑ Risk Health Prob

↑ Risk MH Sxs

↑ Risk MH Health Prob

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Impact of Culture

- **Culture**: A set of shared values, attitudes, beliefs, traditions that shape an individual’s worldview and way of responding to the world.

- Culture influences response to mental illness and mental health care, including:
  - Risk for mental illness
  - Meaning of mental illness
  - How symptoms are expressed
  - Whether person seeks or accepts help, and what type of help
  - Coping styles and social supports available
  - Attitudes toward mental health professionals and MH care
Strength-Based Perspective in Geriatric Mental Health Care

- Based on belief that each individual has personal gifts and capabilities that has not only helped them survive but will be critical to their recovery.

- Focus on identifying and building upon client strengths and enabling clients to play an active role in determining the course of their treatment.
Common Losses in Later Life

- Retirement
- Social networks (friends, clubs, church, etc.)
- Loss of spouse through death or divorce
- Relocation from home
- Loss of independence and personal freedom
- Changes in body image
- Loss of health (sensory, motor function, etc.)
- Loss of economic stability
- Cognitive impairment
Emotional Responses to Loss:

- Sadness/depression
- Anger
- Anxiety and fear
- Social withdrawal
- Increased dependency on drugs or alcohol
- Decreased interest in living
- Physical changes
- Psychosomatic illness or complaints
Improves with Age

- Mental Flexibility
- Knowledge gained through life experiences
- Judgement
- Conceptual abilities
- Cool-headedness during crises
- Able to bounce back from bad mood more quickly
- Wisdom = Dense, rich network of associations developed through lifetime
Challenges to Good MH Care

- Stigma – Internal and External
- Lack of Providers
- Cost
- Pre-existing health problems
- Culture
- Ageism
Risk Factors

- Head Injuries
- Down Syndrome
- Family History
- Low Education
- Diabetes
- Race
- Cardiovascular Disease

Alzheimer’s Disease

Age
Memory Loss: Not Normal

• Asking the same questions over and over again.

• Becoming lost in places you know well.

• Not being able to follow directions.

• Getting very confused about time, people, and places.

• Not taking care of yourself — eating poorly, not bathing, neglecting personal hygiene.
Major Factors for Depression in Older Adults:

- Reaction to **life changes** and **loss** - most common factor
- Acute and chronic illnesses
- Medication side effects
- History of psychiatric illness
- Social isolation and loneliness
- Substance abuse

**Physical illness, perception of unmet needs, low sense of control and social isolation are major predictors of depression**

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“Dementia” Symptoms of Depression (AKA “Pseudodementia”)

- **Reversible** syndrome of cognitive impairment.
- More rapid onset and course.
- Personal and or family history of depression.
- Patient aware of and distressed by cognitive impairment.
- Concentration/motivation, retrieval deficit (clues needed to help with memory).
- Reversed by antidepressant therapy.
- Absence of motor, language and visuospatial difficulties.
Treatment of Depression:

**Primary** treatment approaches include:

- Antidepressant medications
- Psychotherapy
- Electroconvulsive Shock Therapy (ECT)

Most **effective** approach is combination of **psychotherapy** and **medication**, as per research studies.
Treatment of Depression:

- Establish “therapeutic alliance” with client.
- Utilize a “strengths perspective” approach.
- Stress need for medical evaluation to rule out organic reasons.
- Encourage reestablishment of normal daily routine.
Treatment of Depression:

- Encourage **social interaction/activities**.

- Educate and support family caregivers - caregiver support groups.

- Help client to **take action** by teaching:
  - Problem-solving strategies
  - Stress management techniques
  - Cognitive-behavioral techniques
Delirium and Dementia

- Delirium often **overlooked** in persons with dementia due to similarities in some symptoms (e.g. apathy, social withdrawal, agitation).

- **Consequences:** Accelerated long-term cognitive and functional decline; premature institutionalization; “revolving door” hospitalizations; increased mortality.
Caregiving Defined

A *caregiver* is anyone involved in arranging, providing and/or monitoring care for a disabled, chronically ill or elderly family member or friend.
The Impact of Caregiving:

- Physical
- Social
- Financial
- Spiritual
- Emotional

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What Is “Ambiguous” Loss?

- Unique loss characterized by **physical presence/** psychological absence or **psychological presence/** physical absence of loved one.

- No certainty that loved one will come back or return to the way that they were.

- Ambiguous loss “freezes” the grief process, prevents sense of “closure”, and can negatively impact marital and family functioning and stability.
Living with Ambiguity

- Not easy in a culture which values certainty, sureness.
- Consumer families wrestle with not knowing what is coming next and how/when it will end.
- Can debilitate the hardiest of persons. Chronic sadness is common, as well as feelings of helplessness, confusion, and anxiety.
- Social support network of family and close friends starts to dwindle – “Can’t handle seeing (loved one) this way”, “Why don’t you just throw him/her out?”, etc.
The Three “B’s” of Caregiving

- “Be Prepared”
- “Be Educated”
- “Be Good To Yourself!”
“Be Educated”

- Knowledge is power!
- Know yourself, your loved one and available resources
- Education is a journey, not a destination

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“Be Prepared at Home and Work”

- Organize! Organize! Organize!
- Use journals
- Establish emergency plans and “Plan B”
“Be Good to Yourself!”

- Don’t go it alone!
- Make changes in yourself
- Nurture yourself
- Claim your rights!
Building Mental Wellness in Older Adults
Promote Your Mental Wellness!

- Collaboration!
- Use strengths
- Celebrate the aging process
- Keep active - mentally, physically & spiritually
- Focus on present and future
Positive Aging Practices

Positive Aging = An appreciation of aging

- Well-being beyond physical functioning
- Focus on strengths
- Gratitude
- Forgiveness
- Altruism

Example: http://www.taosinstitute.net/positive-aging-newsletter

Source: samhsa.gov, www.welltac.org

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Wellness Diagram:

**Emotional**
Developing skills and strategies to cope with stress.

**Financial**
Satisfaction with current and future financial situations.

**Environmental**
Good health by occupying pleasant, stimulating environments that support well-being.

**Social**
Developing a sense of connection and well-being. Developed support system.

**Spiritual**
Search for meaning and purpose in the human experience.

**Intelectual**
Recognizing creative abilities and finding ways to expand.

**Physical**
Recognizing the need for physical activity, diet, sleep, and nutrition.

**Occupational**
Personal satisfaction and enrichment derived from one's work.

Source: samhsa.gov, www.welltac.org

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Personalize Wellness

- Values
- Gender role and sexuality
- Age cohort
- Ethnicity and cultural beliefs
- Spirituality
Best Mental Health Practices

- Antidepressants for depression\(^1\)
- Cognitive-Behavioral Therapy\(^2\)
- Problem-Solving Therapy
- Integration of physical and mental health
- Cognitive Remediation\(^1\)
- Habilitation Model for Dementia
Elements of CBT with Older Adults

- Building a **therapeutic relationship/partnership** with older clients – empathy, warmth, genuineness.
- Dealing with **stereotyped** thinking about aging.
- Setting **realistic** expectations and goals in line with person’s physical/cognitive status.
- Maintaining a sense of **hope** regardless of life difficulties.
- Therapist’s awareness of **own** feelings and possible stereotypes about aging and mortality.

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Dementia Care and Habilitation Therapy

- Developed in 1996 by Paul Raia, PhD and Joanne Koenig-Costa (Alzheimer’s Association).

- Goal of HT is to value “what is” – person’s remaining capacities – rather than dwell on what functions have been lost, through active engagement and treatment of the symptoms of dementia.

- “Habilitation” as opposed to “rehabilitation”.

- Theory that people respond to their disease based on how supportive their environment is.
Tips on Living a Quality Life As We Age:

- Strengthen your ability to “bounce back” from adversity!
- Remember the successes you’ve had in tackling similar problems in the past!
- Surround yourself with positive people who uplift you!
- Perfect the art of “problem-solving” – break problems into manageable parts, “challenges” instead of “problems”
- Stay social throughout your life – important for physical and mental health!
- Be an active partner in your own care and destiny!
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