WHO & PHAC

World Health Organization (WHO) Mental Health definition: state of wellbeing in which the individual realizes her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his/her community. **(is controversial because people in good mental health can be angry or unhappy or ill because these are normal aspects of life, people can also be mentally well if they can't work productively or fruitfully.)**

Public Health Agency of Canada (PHAC) Mental Health definition: the capacity of each of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnect-ions, and personal dignity

Treatment for Depression

combination of pharmacotherapy and psychotherapy (SSRIS are 1st choice)

ECT electroconvulsive therapy has high efficacy for treating severe depression

ECT

Primary & secondary psychotic disorders

psychosis can be caused by: psychiatric illness (primary) or medical or neurological condition (secondary)

60% of psychotic disorders in older adults are due to medical or neurological conditions

poor health staus, cognitive problmes, visual impairment, negative life events are **risk factors**

schizophrenia

men more likely to have the illness before the age of 40 and women are more likely to be diagnosed after 60

for those chronically institutionalized symptoms get worse

studies have found improvement in symptoms for individuals not institutiona-lized but... antipsychotic medication is first line, evidence on effectiveness of CBT & psychosocial skills training

Determinants of Mental Health

Factors that effect mental health: unhealthy lifestyle, rapid social change, poverty, stress, social exclusion, risks of violence, ill physical health, human rights violations.

2 main diagnostic systems: DSM - 5 & ICD - 11 (WHO): focus on secondary psychiatric care in high-income countries. **Contro-versy= initially little collaboration between the two, DSM focus is on mental disorders while ICD includes all ailments.**

Depression

MDD is most common mood disorder, more women than men

loss of interest in activities that one perviously enjoyed and low mood.

negative triad = negative views of the self, future, and world

Depression (cont)

risk factors: physical illness, low social support, isolation, poor subjective health, recent bereavement

Depression in LTC

high rates of depression in LTC: worldwide = 11-85% & Canada = 14-44%

peer mentoring program may reduce symptoms of depression and loneliness

sub-syndromal depressive symptoms: older adults may display less severe symptoms of depression

stress and coping paradigm: problem-f-ocused coping, emotion-focused coping

suicide rates are highest in those 70 yo and older for men and women worldwide

Substance use disorders (alcohol)

females are more likely to be abstainers.

the wealthier the country = more alcohol consumed

78% Canadians drank alcohol in last year.

older adults have similar rates of alcohol use (more time to drink, less responsibili-ties)

Canadian Coalition for Seniors (2019) : recommends less alcohol use due to physical changes that occur with age, recommends even less use if medical comorbidities are present

2 patterns of alcohol abuse: 1. those who began abusing alcohol before age 60 have poorer outcomes. 2. alcohol abuse started after 60

treatment is effective if it is age-specific

Alcohol

Beer 341 ml (12 oz.) 5% alcohol content
Cider/Cooler 341 ml (12 oz.) 5% alcohol content
Wine 142 ml (5 oz.) 12% alcohol content
Distilled alcohol (rye, rum, vodka, etc.) 43 ml (1.5 oz.) 40% alcohol content.

Mental Illness

syndrome defined by clinically important issues regarding cognition, emotional regulation, or behaviour that portrays dysfunction in psychological, biological or developmental processes.

3 criteria that mental health professional consider when determining if an individual has a mental illness:

1. how disruptive is the behaviour?

2. to what degree is the person distressed by the behaviour?

3. how different is the behaviour from what is considered socially acceptable?

Assessment Methods

systematic approach to assessing behaviour, cognition, or emotion.

1. multidimensional 2. essential first step 3. clinical interview

Mental Illness or dementia should not be made using only one assessment method.

Performance -based assessment - allows clinical to observe how a person functions in their own environment (assess IADLS; instrumental activities of daily living. and ADLS; activities of daily living)

factors that can influence assessment: positive and negative biases by clinicians. environment that the assessment occurs in. english being their seocnd language or no relevant norms to compare cognition performance too.

Anxiety & treatment

Most common mental disorder & start at young age

difficulty assessing in older adults & GAD is associated with a host of poor health outcomes in older adults

Treatment: medication & psychotherapy. SSRIs, CBT, relaxation therapy, worry groups

Hoarding disorder

severity can increase with age

hoarders tend to be unmarried, live alone, have low SES

depression is most common comorbity

CBT shows some promise as a treatment

positive psychology

scientific study of strengths, wellbeing and functioning

interventions have shown to decrease depressive symptoms and pessimism

Pikes Peak Model Competencies

core elements needs in geropsychology training

attitudes: recognizes attitudes and bias influencing assessments

knowledge base: understanding aging and development

Skill: understand older adult functioning