

# Mental Health and Well-being in Aging

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What you can do to help

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College of Health  
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Gerontology



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Part 1:  
Understand that good mental health is a critical component of older adults' overall well-being.

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Part 2:  
**Be familiar with mental illnesses that may occur in elderhood; have tips for investigating an individual's mental wellness.**

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Part 3:  
Have a toolkit for promoting good mental health for older adults in care communities.

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Part 4:  
Be able to link individuals and families to necessary and appropriate community mental health resources.

# SERIES OBJECTIVES

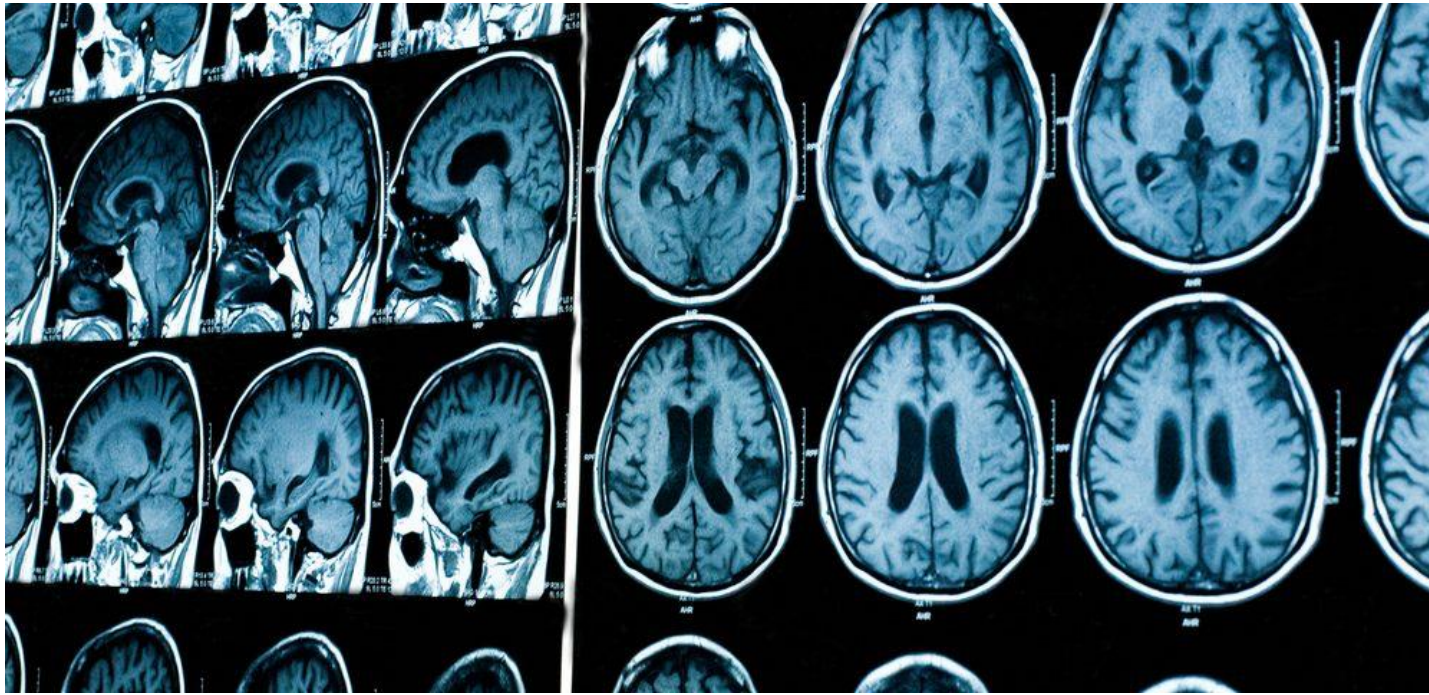
## **Part 2 – Objective**

Be familiar with mental illnesses that may occur in elderhood and have tips for investigating an individual's mental wellness .

Being aware of common mental health problems in aging can help you identify them.



Serious mental illnesses include schizophrenia, schizoaffective disorder, bipolar disorder, and psychotic depression.



Serious mental illness negatively impacts brain structures

Antipsychotics are not approved by the FDA to treat psychosis/agitation in people with dementia.



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# Symptoms of psychotic illnesses:

## Delusions

- Beliefs that aren't reality

## Hallucinations

- Vivid perceptions that aren't real

## Disorganized thinking/speech

- Conversation is broken and disjointed
- "Word salad"

## Motor behavior

- Agitation, pacing, silliness
- Catatonia: no reaction to environment

# Is it psychosis or delirium or dementia?

Psychosis can look like delirium or dementia!

*There can be hallucinations and delusions with both.*

## **Delirium:**

- A TEMPORARY and REVERSIBLE condition (NOT a long-term mental illness).
- First consideration when there is a very fast onset of hallucinations or delusions.
- Acute medical emergency that requires FAST medical attention to rule out UTIs, blood infections, dehydration, and other biological causes.



# Medications as a cause?

Review medications with MH professional (*Psychiatrist or PNP is recommended*)

- Any new?
- Sudden discontinuance?
- Possible interactions?
- Negative side effects?
- Overdose? (intentional or accidental)
  - Body composition, weight, metabolism and absorption rates all change with age.

# Diagnostic Overshadowing

Happens when health providers attribute physical health symptoms or unrelated mental health symptoms to the underlying severe mental illness.

Dismissing health complaints as symptoms of depression or anxiety (stomach aches, muscle pain, lethargy). Thyroid conditions can present with same symptoms as depression.

Disregarding reports of plausible abuse as delusions.

Contributing sudden onset of hallucinations as dementia or related to SMI.

Be aware of dual diagnosis with substance abuse

# PERSONALITY DISORDERS

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Defined by the **DSM-5** as “an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.”

# Cluster A symptoms (odd, eccentric)

Symptoms include pervasive patterns:

## Paranoid:

- distrust and suspiciousness of others (motives are interpreted as malicious).

## Schizoid:

- disinterest in social relationships and restricted range of emotions in social/interpersonal settings

## Schizotypal:

- social and relational deficits, issues with developing close relationships, cognitive distortions and eccentric behaviors

# Cluster B (dramatic, emotional, erratic)

Symptoms include pervasive patterns:

**Antisocial**

disregard or violation of other's rights

**Borderline:**

instability in relationships, self-image, affect, impulsive

**Histrionic:**

excessive emotionality, theatrical and attention-seeking behavior.

**Narcissistic:**

grandiosity, need for admiration, lack of empathy.

# Cluster C Symptoms

Symptoms include pervasive patterns:

## Avoidant

- social inhibition, feelings of inadequacy, hypersensitivity to negative evaluation

## Dependent

- excessive need to be taken care of leading to submissive and clingy behavior, fear of separation

## Obsessive-Compulsive

- preoccupied with orderliness, perfectionism, mental and social control at the expense of flexibility, openness and efficiency.

# Depression

According to the American Psychiatric Association:

- “Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act.”
- Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed.
- It can lead to a variety of emotional and physical problems and can decrease a person’s ability to function at work and at home.

# Depression

Symptoms must last at least two weeks for a diagnosis of depression.

- Feeling sad or having a depressed mood
- Loss of interest or pleasure in activities once enjoyed
- Changes in appetite — weight loss or gain unrelated to dieting
- Trouble sleeping or sleeping too much
- Loss of energy or increased fatigue
- Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others)
- Feeling worthless or guilty
- Difficulty thinking, concentrating or making decisions
- Thoughts of death or suicide



# Depression has far-reaching impacts for adults *(of any age)*

- Most prevalent mental health problem in aging
- More than just a passing mood
- Complicates treatment of other diseases
- Not normal aging
- Very treatable!

# Elder suicides do occur in assisted living settings



**This provides  
24/7 free and  
confidential  
support for  
people in  
distress and for  
those offering  
help to others.**

# Anxiety

Having some anxiety is normal, but excessive anxiety interferes with a person's functioning.

Pain

Reduced quality of life

Poor problem-solving skills

Increased use of medical services

Difficulty with daily life

Higher medical costs



Anxiety may be overlooked because symptoms resemble other ailments.



Psychological



Physical



Behavioral

# Most Common Treatments for Mental Illness

## Medications

Antipsychotics

Anti-anxiety

Anti-depressants

## Psychotherapy or Talk-Therapy (many different models)

- Cognitive Behavioral Therapy (CBT)
  - Thoughts-Feelings-Behaviors
  - Evidenced based and well known for efficacy

# Some residents may experience **complicated grief.**

## TYPICAL GRIEF

“Pangs of grief”

Diminish over time

Interspersed with happy memories and good thoughts

## COMPLICATED GRIEF


Yearnings and despair

Low self-worth

Guilt; self-criticism

Avoiding people or being “clingy”

Detachment

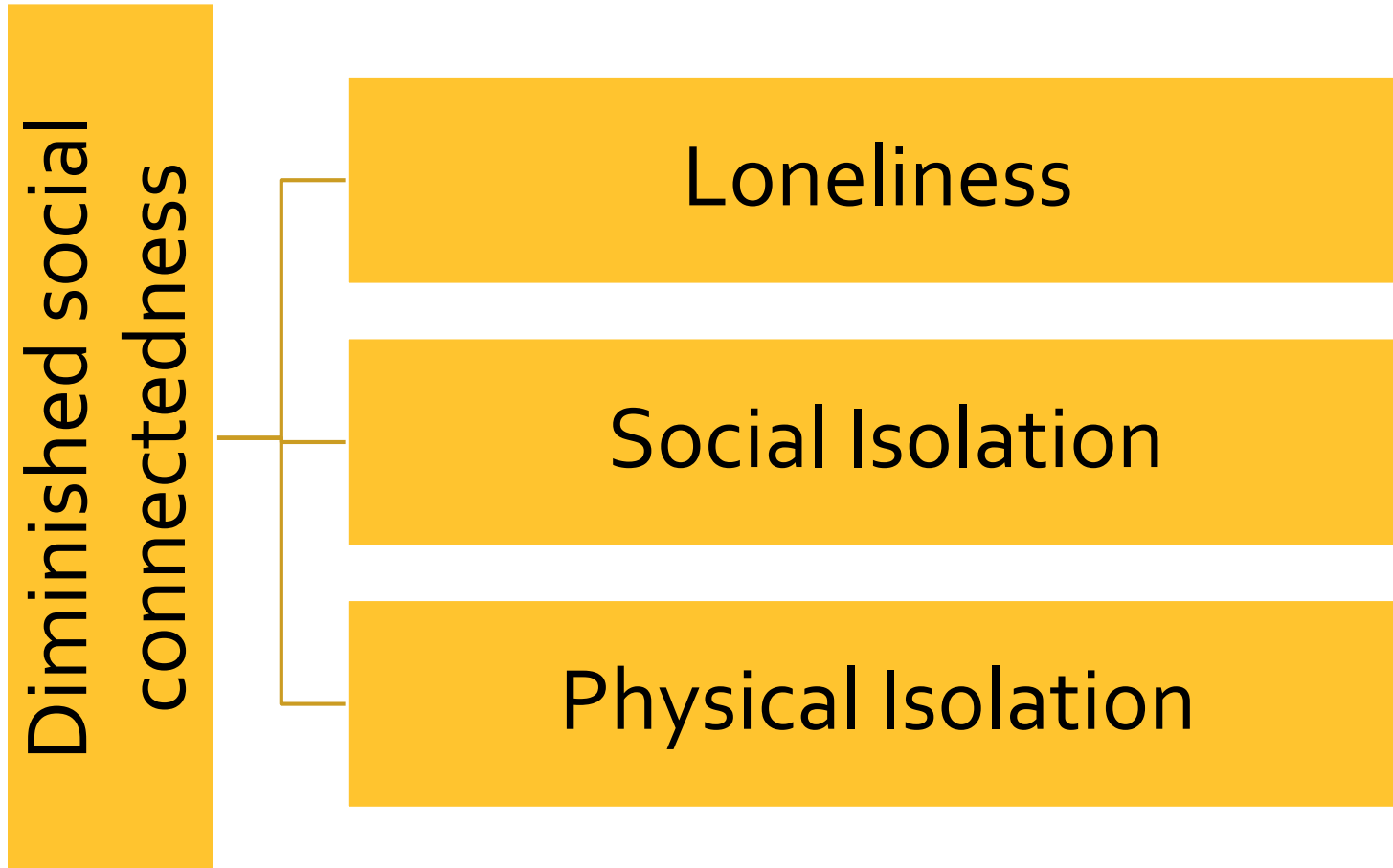


Older adults experience loss on several levels, which can lead to grief.

Grief is a psychobiological reaction

Mourning processes may vary by culture

Feeling **socially connected** is vital to whole-person health.





## LONELINESS

The percentage of American adults stating they are lonely has soared from 20% to 40% in a generation. (U.S. Surgeon General, 2017)

## HEALTH

From immunity to inflammation, cognitive impairment to stroke, our social connections play a role in disease: risk and preventive.

## LONGEVITY

People with strong social connections live longer. And without strong relationships, life expectancy shrinks.

Why is  
**Connectedness**  
Important?

# Social connectedness contributes to positive mental health outcomes.

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## 1. Happiness

70% of our happiness comes from relationships

(Murray & Peacock, 1996).

2

## 2. Self-esteem

Positive relationships help us thrive emotionally, increase our self-esteem and self-acceptance

(Pinker, 2016).

3

## 3. Affinity

Singing in groups improves happiness and well-being and sparks rapid social bonding

(Pearce, Luanay, & Dunbar).

Feelings of shame and social distance are harmful to social connectedness.



May result in social isolation or defensive behaviors

# THANK YOU FOR ALL THAT YOU DO!

Questions/Comments/Concerns?

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