



# Ohio Mental Health Consumer Outcomes System Using Consumer Outcomes with Elderly Adults

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## Introduction

Why administer the Consumer Outcomes forms to elderly consumers? Since most of their problems are due to old age and physical ailments, rather than mental health disorders, why bother them with another form to complete?

- ✓ According the US Department of Health and Human Services: Healthy People 2010-Conference Report: “Mental disorders occur across the lifespan, affecting persons of all racial and ethnic groups, both sexes, and all educational and socioeconomic groups.” (1).
- ✓ In the September 2005 issue, the American Journal of Geriatric Psychiatry reported that 598 out of 1,226 patients aged 60 and above had been diagnosed with depression in a two-year study in New York City, Philadelphia and Pittsburgh. (2).
- ✓ 20% or more of adults aged 55 and older “experience specific mental disorders that are not part of ‘normal’ aging.” Some experts estimate the actual rate is closer to 40%. “The most common disorders, in order of prevalence, are anxiety disorders such as phobias and obsessive-compulsive disorder; severe cognitive impairment, including Alzheimer’s disease; and mood disorders, such as depression.” Some adults “have suffered from serious and persistent mental illness most of their adult life”. “A substantial number experience mental health disorders or problems for the first time late in life.”(3)
- ✓ Older adults have a greater risk of successful suicide than the general population. Dr. Loebel reported, “The rate of completed suicide among older persons continues to be the highest of any age group in the United States.” (4)

This is a population group that is growing in size. The Healthy People 2010 Conference Report stated, “As the life expectancy of Americans continues to grow longer, the sheer number—although not necessarily the proportion—of persons experiencing mental disorders of late life will expand” (1). In less than ten years the baby-boomers will be reaching the age of 65 years. This population will add an extra burden to an already overburdened mental health care system (5).

Various geriatric professionals recommend using the following domains to assess adults over age 65, regardless of mental health status (3).

- Quality of life
- Economic welfare
- Safety
- Symptom distress
- Functioning
- Activities of daily living
- Independence/Competence
- Social support network
- Medication management

The Adult Consumer Form A and the Provider Adult Form A in combination can be effective tools in assisting mental health care providers in meeting the unique needs of their older clients. Many of these domains can be monitored directly from the consumer or the provider forms.

## Recommendations for the Survey Environment

As noted in Chapter 3 of the Consumer Outcomes Procedural Manual (8), the presentation style and environment for the instrument is crucial to every successful administration. This is even more important when dealing with older adults. At intake and subsequent administrations, it is important to take into consideration any mental or physical barriers which may be present when dealing with adults over the age of 65. For example, the time of day may affect the ability of individuals to fill out the Consumer A form, and the perception of functioning that the clinical worker records on the Provider A form. If the goal is to determine the consumer’s highest level of functioning, then the assessment should be conducted in the morning (6).

Additional factors to be aware of:

- Reaction time and speed (6)
  - Performance suffers if clinicians give the instructions for completion too quickly or do not give clients an adequate amount of time to respond.
  - It may be helpful to allow older adults more time (7) or allow them to complete the form in two sessions.
- Sensory problems (6)
  - Vision and hearing problems can interfere with test performance in pronounced ways.
  - The instrument should be conducted under optimal conditions.
    - Background noise and poor acoustics make hearing problems worse (7).
    - Glare and low illumination hamper visual functioning. To reduce vision problems, lighting should be adequate and focused on the survey that the client reads.
  - Remind older clients to bring eyeglasses, other vision devices, and hearing aids to the initial session.
    - It is better to reschedule an administration rather than to try to conduct it when the client does not have eyeglasses or a hearing aid.
    - Probe to make sure that the client is not trying to hide a reading disability.
- Test anxiety (6)
  - Lack of familiarity with the survey can interfere with performance.
  - Older adults may also have anxiety over what the survey will reveal about them.
  - Assure the client that the form is not going to be used to show that the client is “crazy” or otherwise seriously disturbed (7).
  - Review the findings from the form with the client during the session to allay the client’s fears (7).
  - Establishing good rapport before starting the survey and demonstrating a supportive and encouraging manner go a long way to reducing anxiety.
- Setting for completing the survey (6)
  - Make sure the client is comfortable and relaxed before beginning the survey.
  - The client’s fears could adversely affect the responses on the survey.
  - Older clients may do better completing the survey at home than in a clinical setting.

## Outcomes Data Use

### *Diagnostic Assessment*

Mental Health Providers particularly need to take into consideration the interrelationship of physical health, mental health, and social situation when assessing older adults (11).

“Assessment and diagnosis of mental disorders in older people can be particularly difficult. Older people with mental disorders may present with different symptoms than younger people--emphasizing somatic complaints rather than psychological troubles. . .it can be difficult to determine whether certain symptoms--like sleep disturbances--are indicative of mental disorders or another health problem” (3).

“All too often symptoms of mental disorders escape detection and treatment by health professionals who are treating older persons for physical ailments. . .potential adverse effects of medications, and specifically of drug interaction effects, are more likely among older persons, who tend to use more prescription drugs, and should thus be a point of routine inquiry by health care professionals.” (3).

Possible Stressors (3)

- Health-related events such as a heart attack or a fall that results in a broken hip may lead to a depressive episode.
- Loss of loved ones such as a spouse, family members and friends can result in loneliness which can be a risk factor for depression.
- Relocation to a new residence, whether moving to a smaller home after the children move away, with relatives, assisted living or a nursing home; this can be a stressful event. This may adversely affect activities of daily living as well as safety and social support.
- Strains in family relationships due to the older adults’ increasing needs.
- Major obstacle that may develop due to the older adults’ deteriorating physical abilities.
- The “old age” stereotypes.

### Potential Strengths (3)

- “Emotion-focused coping” skills.
- Ability to “universalize” their situation, realizing that their peers are also getting older and are facing the same challenges.
- Social support from family, friends, neighbors and other organizations such as senior centers and churches is important to older adults.
- An inherent sense of control over their lives. Professionals working with older adults need to reinforce this and take care to respect their right to initiate, withdraw or terminate treatment.

The SCL-90 is an example of a reliable instrument for use with older adults (12). All 15 items in the Adult Consumer Form Symptom Distress Scale were taken directly from the SCL-90. This 15-item scale has been shown to correlate favorably with the other versions of the scale including the SCL-25, SCL-10, SCL-5 and MHI-5 (SF-36). (13)

## ***Treatment Planning***

### Treatment Barriers (3)

- Stigma
- Denial of problems
- Access barriers
- Funding
- Lack of collaboration and coordination
- Gaps in service
- Shortage of geriatric health care professionals and paraprofessionals
- Lack of organized consumer advocates

Older adults’ strengths and weaknesses need to be identified in order to create an effective treatment plan. Older clients’ maturity and experience is often an asset. They often possess knowledge and abilities or strengths that can be used in treatment. (6) The treatment plan should include all physical health, mental health, and social resources necessary to minimize the individual’s deficits while simultaneously maximizing his or her capabilities (11). Older mental health consumers are more likely to also have serious medical conditions, e.g., cardiovascular, endocrine or pulmonary problems (9).

“Because general-medical conditions may affect the treatment course and prognosis of older patients with serious mental illness, it is important to ascertain the prevalence of general-medical conditions among older as well as younger patients with serious mental illness in order to customize treatment strategies.” (9)

“[Few] treatment strategies have been developed to manage coexisting medical conditions in [older mental health consumers].” (9)

Strategies for dealing with this population should include (9):

- Improved access to medical services
- Coordination between medical and mental health services

Older mental health consumers are more likely to experience the increased burden on their mental and physical health caused by “allostatic load”. This is the “wear and tear” on the body and brain caused by the interaction of environmental changes, physical health problems and mental illness (10).

“[High] allostatic load is associated with increased risk and mortality from cardiovascular disease, the decline in physical and cognitive function during aging and mortality.” (10)

Treatment goal selection should include (6):

- Identify treatable aspects in the situation
- Support the client’s autonomy
- Family involvement
- Coordination of psychotherapy with medical care
- Give clients control
- Above all “Minimum intervention”--treatment that is least disruptive to the client’s usual functioning (14)

Most of these selection criteria are supported by the Outcomes domains.

Periodic and comprehensive reevaluation is important. Older adults should be formally assessed concerning their needs on at least an annual basis (7). Periodic assessment is beneficial not only because the older adult's mental status can alter quickly, but because mental status can be an indicator of the effectiveness of treatment (12). The Consumer and Provider Outcomes forms are required to be administered at intake, six months and then annually. This allows for updating or recreating the treatment plan based on the consumer's progress or deterioration.

## ***Consumer Outcomes items particularly useful in assessment and treatment planning***

### **Adult Consumer Forms A & B**

Overall Quality of Life Scale Score

Quality of Life Financial Subscale Score

1. How do you feel about: The amount of friendship in your life?

5. How do you feel about: The amount of meaningful activity in your life (such as work, school, volunteer activity, leisure activity)?

7. How do you feel about: The way you and your family act toward each other?

8. How do you feel about: Your personal safety?

9. How do you feel about: The neighborhood in which you live?

10. How do you feel about: Your housing/living arrangements?

11. How do you feel about: Your health in general?

12. How often do you have the opportunity to spend time with people you really like?

13. How often does your physical condition interfere with your day-to-day functioning?

14. Concerns about my medications (such as side effects, dosage, type of medication) are addressed

Overall Symptom Distress

62. What was the last school grade you completed?

64. What is your marital status?

65. What is your current living situation?

66. What is your employment status?

### **Adult Consumer Form A**

Overall Empowerment Score

Self Esteem Subscale

Power/Powerlessness Subscale

Community Activism & Autonomy Subscale

Optimism & Control Subscale

### **Provider Adult Form A**

Overall Community Functioning Scale

1. Does the client initiate non-professional social contact or respond to others' initiation of social contact?

2. How effectively does this client interact with others?

3. How effective is the client's social support network in helping the client meet his/her needs?

ADL Score

6a. Personal hygiene

6b. Dressing appropriately

6c. Obtaining regular nutrition

6e. Shopping

6g. Housekeeping

9. How frequently is the client's functioning compromised by addictive or compulsive behaviors?

11. Has the client attempted to or actually physically harmed someone?

12f. Has the client been a victim of: Suicide attempt

12g. Has the client been a victim of: Other type of harm to self

"The emotional and economic well-being of older Americans is strongly linked to their marital status. . .all older persons who were alone because they were widowed, divorced, or unmarried were more apt to live alone, to have a lower household income, and to have fewer caregivers available to assist them" (3).

“Living arrangements are closely tied to income, being at risk of poverty, health status, and the availability of caregivers. In 1998, the majority (67%) of older Americans lived in the community. Almost one-third of those in the community lived alone and were more likely to be at risk than those who lived in family settings. While only a small percentage (4.2% or 1.43 million) of older persons lived in nursing homes in 1996, this percentage increases dramatically with age. The majority of nursing home residents have such mental disorders as dementia, depression, or schizophrenia. *Olmstead v. LC* requires states to provide community-based services for persons with disabilities-who would otherwise be entitled to institutional services” (3).

### **Additional Data that would be useful in assessment and treatment planning (6)**

- Sleep and appetite disturbance
- Prior treatment history
- Evaluation of all prescription medications
- Orientation to time, place, person
- Suicide risk

### **Conclusion**

Elderly adults do suffer from mental health disorders at the same rate as the general population and at the same time they are at a greater risk of completing suicide attempts. These two facts alone should make the appropriate assessment and treatment of this population of paramount importance. However, there is solid evidence in the field of geriatrics that using the Outcomes System Consumer and Provider forms for adults would be useful in the care of any adult over age 65. Most experts agree that certain domains should be monitored closely, whether the older adult is diagnosed with a mental disorder or not. Many of these domains are measured by specific items or scales in the Outcomes Adult forms. Perhaps we should be advocating for the use of the Outcomes instruments for older adults in a wide variety of treatment settings, not just mental health services. Many underlying mental health conditions might be discovered and treated earlier, if family doctors and general practitioners routinely used the Outcomes forms.

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