

## Region 4 Benchmark and DBHDD Community Collaborative



### *Our Mission*

The mission of the Community Collaborative Partnership is to unify community resources and stakeholders in a dedicated effort to transform lives by ensuring the provision of quality mental health and substance abuse crisis services that promote recovery and resiliency.



## Region 4 News

**Jennifer Dunn**

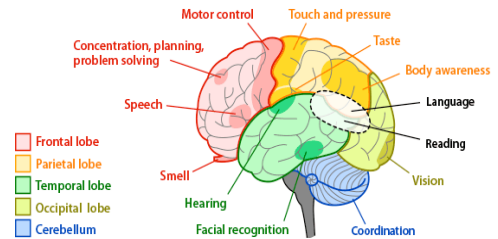
Region 4 Department of Behavioral Health  
and Developmental Disabilities



### Understanding Dementia

PRESENTED BY:  
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AMANDA RAMSHEAD, LMFT

## How is the Brain affected?



## Normal vs. Abnormal Brain



## Normal Aging Brain

- Reasoning skills slow
- Shrink in Size
- Less efficient accessing knowledge
- Inflammation around Hippocampus

## Abnormal Brain

- Reduced or Blocked blood flow
- Protein Deposits
- Fast shrinkage of tissue

	Normal Aging	Possible Indicators of Dementia
Memory Loss	Temporarily forget names or where you left your keys.	Difficulty remembering familiar names, places, or recent or important events.
Disorientation	Forget the day of the week or why you entered a room.	Get lost on your own street or forget where you are and how to get home.
Challenged by Mental Tasks	Make a mistake when balancing a checkbook.	Unable to complete tasks that may be familiar to you such as balancing a checkbook or following a recipe.
Difficulty Completing Activities of Daily Living	Sometimes need assistance with an electronic device.	Need assistance with brushing teeth, getting dressed or using the phone.
Trouble Using Words Appropriately	Occasionally struggle to find the right word.	Difficulty completing sentences and following directions/conversations.
Poor Judgment	Make questionable or debatable decisions at times.	Unsure how to dress or giving money to solicitors excessively.
Changes in Mood and Personality	Fatigued by obligations or irritable when a routine is disrupted.	Increased suspicion, withdrawal and disinterest.

## Neurobiological Perspective

## Neurotransmitters

- Decrease in:
  - Acetylcholine
    - Memory and learning
  - Dopamine
    - Behavior, cognition, movement, sleep, mood

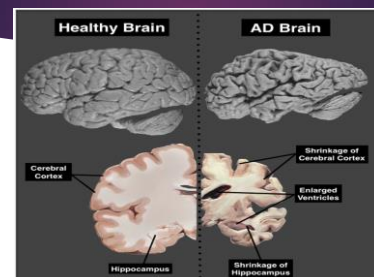
## Types of Dementia

### Dementia Defined

- ▶ A chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning.
- ▶ Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—and behavioral abilities to such an extent that it interferes with a person's daily life and activities.
- ▶ Major neurocognitive disorder, known previously as dementia, is a decline in mental ability severe enough to interfere with independence and daily life. (DSMS)

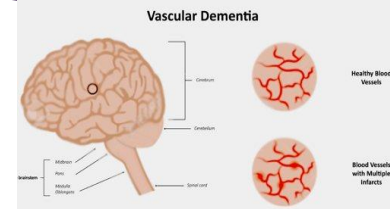
### Alzheimer's Dementia

- ▶ Most common form
- ▶ Nerve cells deteriorate due to plaque buildup
- ▶ Developed due to small changes in the brain over time
  - ▶ Signs of memory loss become apparent after the changes have already begun
- ▶ Symptoms start gradually and worsen over time



## Vascular Dementia

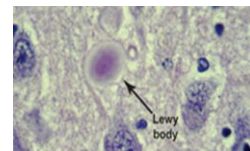
- ▶ Caused by injuries to vessels supplying blood to the brain
  - ▶ Strokes
  - ▶ Aneurysm
  - ▶ Head injury
- ▶ Symptoms
  - ▶ Urinary incontinence
  - ▶ Unsteady gait
  - ▶ Lack of facial emotions



## Lewy Body Dementia

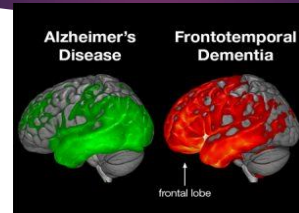
- ▶ Abnormal deposits of a protein
  - ▶ these deposits are called Lewy Bodies
- ▶ Two types of LBD
  - ▶ Dementia with Lewy bodies
  - ▶ Parkinson's disease dementia
- ▶ Symptoms
  - ▶ Visual hallucinations, slow movement or rigidity, REM sleep behavior disorder, more trouble with mental activities than memory

## Lewy Body



## Frontotemporal Dementias

- ▶ Caused by a cluster of brain diseases
- ▶ Affects either one or both of the frontal / temporal lobe
- ▶ Symptoms
  - ▶ Short term memory unaffected
  - ▶ Unable to plan or place things in sequence
  - ▶ Unable to multitask
  - ▶ Lack of filters
  - ▶ Trouble with communication



## Less Common forms of Dementia

- ▶ HIV- associated Dementia (HAD)
  - ▶ Damage to white matter
    - ▶ leads to memory problems, social withdrawal, trouble concentrating
- ▶ Huntington's Disease
  - ▶ May affect judgment, memory, other cognitive functions
  - ▶ Progression leads to cognitive problems worsen
- ▶ Head Injury
  - ▶ Repeated traumatic brain injury (TBI)
    - ▶ Boxers, people that suffer from multiple concussions

## Types of Symptoms

Cognitive	behavioral
Confusion	Aggressive-physical / verbal
Decision Making	Anxious
Repetition	Agitation
	Changes in mood

## Interacting with Dementia Patients

### Person-Centered Care

- ▶ Focusing on the individual's personal needs
  - ▶ Getting to know the person
  - ▶ Help them be as independent as possible
  - ▶ Engage he/she in meaningful ways
  - ▶ Provide an environment that reflects his/her own personalities

### Tips to Minimize Cognitive Symptoms

- ▶ Be a part of his/her "reality"
- ▶ Do not argue
- ▶ Give compliments
- ▶ Try not to embarrass
- ▶ Avoid using phrases such as "don't you remember" or "remember when"

### Tips to Minimize Behavioral Symptoms

- ▶ Provide Simple choices
- ▶ Offer apologies
- ▶ Redirection
- ▶ Remove stimuli from environment

## Activities

- ▶ Personalization to his/her life
- ▶ Try to use all 5 senses
  - ▶ sight, sound, touch, smell, taste
- ▶ Simplicity

## Communication

- ▶ Eye level with person
- ▶ Make sure face (lips and eyes) are in view
- ▶ Turn off back ground noise
- ▶ Talk loud, clear, and slow
- ▶ Avoid elder speak
  - ▶ Baby talking
  - ▶ Talking down to elders
- ▶ BEHAVIOR = COMMUNICATION

## Challenges and Legal Considerations

## Care Giver Stress

- ▶ Family caregivers have an increase in depression
- ▶ Caregivers can become isolated
- ▶ Frustration towards other family
- ▶ Denial about disease
- ▶ Sleep deprived → physical / mental exhaustion
- ▶ Health issues



## Safety Concerns

- ▶ Consider medical alert button / bracelet
- ▶ Safety concerns in home
- ▶ Evaluate driving
- ▶ Living alone
- ▶ Wandering
- ▶ Abuse
- ▶ Misuse of Medications

## Legal Considerations

- ▶ Planning for disability / retirement
- ▶ Power of attorney
  - ▶ Care facilities
  - ▶ End of life decisions
  - ▶ Types of treatments
- ▶ Guardianship / Conservatorship

## Treatments and Resources

## Medications

- ▶ Cholinesterase inhibitors- treat cognitive symptoms
  - ▶ Aricept
  - ▶ Exelon
  - ▶ Razadyne
- ▶ Antipsychotics- treat delusions / hallucinations
  - ▶ Zyprexa
  - ▶ Risperdal
  - ▶ Seroquel

## Stabilization

- ▶ Short term inpatient facilities that specialize in dementia, aggression, delusions, hallucinations, and / or other psychiatric illness
  - ▶ The Sylvia Barr Center, Adel GA
  - ▶ Dogwood, Nashville GA
  - ▶ Silver Lights, Fitzgerald GA

## Long Term Facilities

- ▶ Facilities that have dementia units
  - ▶ Skilled Nursing Home
    - ▶ Rehab Center of South Georgia, Tifton GA
    - ▶ Pruitt Health Crestwood, Valdosta GA
    - ▶ Riverbrook Health and Rehab, Homerville GA
    - ▶ Life Care Center, Fitzgerald GA
    - ▶ Presbyterian Home, Quitman GA
  - ▶ Assisted Living
    - ▶ Fellowship Home, Valdosta / Nashville GA
    - ▶ Presbyterian Home, Quitman GA
    - ▶ Legacy Village Tifton / Moultrie / Thomasville GA
    - ▶ Cypress Pond, Tifton GA

## Resources for Families

- ▶ Confidence to Care Book
  - ▶ Family caregivers providing Alzheimer's Disease and other Dementias care at home
- ▶ Alzheimer's and Other Dementias Daily Companion App- FREE
  - ▶ 24/7 support, searchable tips, links to home care
- ▶ Facebook: Remember for Alzheimer's Families
- ▶ Helpforalzheimersfamilies.com
- ▶ Alzheimer's Association
  - ▶ Alz.org
  - ▶ 1-800-272-3900

## Dementia from the Inside

- ▶ <https://www.youtube.com/watch?v=Erja1W18yQ>

## References

- ▶ Alzheimer's Association
  - ▶ <https://www.alz.org/>
- ▶ American Society on Aging
  - ▶ [www.asaging.org](http://www.asaging.org)
- ▶ National Institute on Aging
  - ▶ [www.nia.nih.gov](http://www.nia.nih.gov)

# Geriatric Psychiatric Crises

**Selina Popovich Evans, LCSW**  
Region 4 Blended Mobile Crisis Team Director



## Mental Health in Older Adults

CDC reports 20% of adults over aged 55 experience some form of mental health problem.

Men aged 85 yr + suicide rate is 45.23/100,000.

For comparison, the overall rate for the general population is 11.01/100,000

Depression in older adults is treatable, but often overlooked or viewed as normal part of aging.



## Risk factors for Suicide in older adults

1. Depressive sx
2. Perceived health status
3. Sleep quality
4. Social isolation- absence of close friend or relative to confide in.

(Turvey et al 2002)



### Depression in Older Adults

Only 7.7% of adults over 50 report current depression, compared to 15.7% of the general population.

Risk Factors for late onset depression include: death of spouse, physical illness, impairment in daily living skills, lower educational attainment, heavy alcohol consumption  
Depression and impair self care and med compliance and worsen physical illness



### Increased Risk of Suicide

Health factors, rational choice  
Life changes  
Grief and loss  
Depression  
Feeling a burden  
Highest rate of suicide among all age groups



### Psychosis

Average age of onset of first episode psychosis is 18-24, with most occurring between age 13 and 30.  
Look for alternative causes if it appears to be a first episode psychosis in older individuals.  
Consider referral to neurologist for evaluation.



### Potential Causes of Altered Mental Status in Older Adults

Medication induced:  
Geriatric population more at risk of having complex medical issues  
More likely to be on multiple medications  
Physiological changes may result in altered metabolism of meds that were previously tolerated. (Reverse tolerance)  
New medications, medication interactions, medications no longer effective due to tolerance



### Environmental

82 yr. old "Marge" brought to ER via EMS after neighbor noticed she was passed out in her yard.  
Presented with delirium, talking about a child in a wheelchair.  
MD called for MCT to assess, reported individual psychosis.  
When MCT arrived individual had been given IV fluids was A&Ox4



### Environmental Continued

Marge articulated that she was fasting for a boy with health issues from her local church, had not eaten or had anything to drink for over 12 hours, and was working in her flower beds, in her yard, in August in South Ga. Marge presented as and was believed to be experiencing psychosis and in need of inpatient by ER staff.  
Marge's delirium was a result of heat and dehydration.



### Medical Causes

Delirium can be associated with medical causes such as infections like UTI  
Dementia is categorized as an organic brain dysfunction, and not classified as a mental illness. Dementia is exclusionary from many MH resources such as CSU/BHCC. Medical clearance often needed even when MH is cause of psychosis



### ICU Delirium

2/3 of patients in the ICU experience delirium  
7/10 of those on respirators experience delirium  
Believed to be caused by reduced oxygen to the brain, brain's inability to use oxygen, chemical changes in the brain, medications, sedatives/ pain meds, severe pain, withdrawal, sleep disruption.



### ICU Delirium

Delirium may last hours, days or may have long term impact  
 Older patients at higher risk  
 Older patients also at risk for being misdiagnosed with dementia  
 50% of critically ill patients in a recent study (N=800) had cognitive impairments in one year. Delirium was the 1 predictive factor for this cognitive impairment



### ICU Delirium

Studies have shown that anti-psychotics in treating ICU delirium are ineffective.  
 Prolonged cognitive deficits after and ICU stay associated with increased mortality within 2 years in older adults.  
 Higher number of days if ICU delirium in older adults  
 (in one study above 3 days) had an increased mortality rate within 1 year, after severity of illness was accounted for.



### Resources For ICU Delirium

[www.icudelirium.org](http://www.icudelirium.org) – has information for families, providers, printable hand outs  
 This is the website of Vanderbilt's research program into ICU Delirium



## Benchmark Human Services

***For information, compliments, or concerns:***

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 Region 4 Blended MCT Director  
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 Phone: 404-938-7190

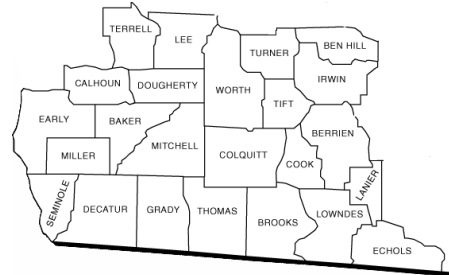


## Dispatch System and Eligibility for Services

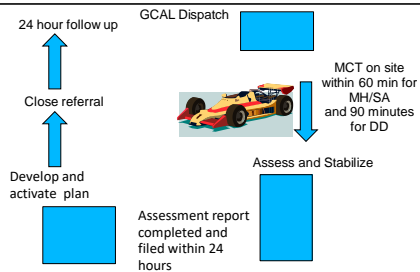


- State-wide 24/7 (1-800-715-4225) access through separate contractor of DBHDD to provide behavioral health hotline and single point of entry
- Any one can call—individual, providers, law enforcement, hospitals, provider agencies
- The person in crisis does not have to already be in service
- Hot line clinician does phone triage and determines DD/MH involvement—dispatches a crisis team to respond on-site

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## Mobile Crisis Team (MCT) Response Cycle



## COMMUNITY ANNOUNCEMENTS



## Save the Date: Trainings

### Addiction and Recovery:

1/17- Addiction Recovery Awareness Day at the Capitol

<https://www.eventbrite.com/e/addiction-recovery-awareness-day-2019-registration-51780728553?ref=ebtn>

2/12 - Faith Based Initiative Training Participation, Albany-Hilton Garden Inn 6-8:30 pm

<https://event.melbyAbon>

### Mental Health First Aid Adult Classes:

2/15 - Mental Health First Aid - Adult in Tifton, UGA Conference Center

<https://www.eventbrite.com/e/2019-adult-mental-health-first-aid-tifton-tickets-53262976998>

2/26 - Mental Health First Aid - Adult in Bainbridge, Kirbo Center

<https://www.eventbrite.com/e/adult-mental-health-first-aid-tifton-tickets-53876620422>

2/27 - Mental Health First Aid - Adult in Tifton, UGA Conference Center

<https://www.eventbrite.com/e/adult-mental-health-first-aid-tifton-tickets-53876720722>

### Mental Health First Aid Youth Classes:

3/20 - Mental Health First Aid - Youth in Tifton, UGA Conference Center

<https://www.eventbrite.com/e/youth-mental-health-first-aid-tifton-tickets-53876779899>



## Region 4 DBHDD Collaboratives

### Albany

02/27/19

05/29/19

08/28/19

11/20/19

### Bainbridge

01/16/19

04/17/19

07/17/19

10/16/19

### Thomasville

01/29/19

04/30/19

07/30/19

10/29/19

### Valdosta

01/31/19

04/18/19

07/25/19

10/31/19

### Tifton

02/14/19

05/09/19

08/08/19

11/14/19



## NOT ON OUR MAILING LIST?

Email: [jfulp@benchmarkhs.com](mailto:jfulp@benchmarkhs.com)



## Mark your Calendars!



**Date for Next Collaborative:**

**October 24, 2019**

*Same time and place!*

**Topic: Understanding and Treating the Effects of Trauma**

**Please remember to fill out surveys and leave them on the table.**

**Thank you for coming!**

