

MANAGING DIFFICULT EMOTIONS: SUPPORTING AND ENHANCING SKILLS OF WORKSHOP LEADERS OVERVIEW OF OCTOBER 17TH, 2011 WEBINAR

How does mental distress affect health?

Frequent mental distress (FMD) may interfere with major life activities, such as eating well, maintaining a household, working, or sustaining relationships. FMD can also affect physical health. Older adults with FMD were more likely to engage in behaviors that can contribute to poor health, such as smoking, not getting recommended amounts of exercise, or eating a diet with few fruits and vegetables.

Reference: McGuire, LC, Strine, TW, Okoro, CA, Ahluwalia, IB, & Ford, ES. Modifiable characteristics of a healthy lifestyle in U.S older adults with or without frequent mental distress, 2003 Behavioral Risk Factor Surveillance System, Am J Geriatr Psychiatry 2007; 15(9):754-761.
<http://apps.nccd.cdc.gov/MAHA/IndicatorsDetails>

What is the most prevalent mental health problem among older adults?

It is estimated that 20% of people age 55 years or older experience some type of mental health concern. Depression is the most prevalent mental health problem among older adults. The presence of depressive disorders often adversely affects the course, and complicates the treatment, of other chronic diseases.

Reference: Healthy Aging and Depression Action Brief, 2009 University of Washington School of Public Health

How many older adults are depressed?

The majority of older adults are not depressed. Some estimates of major depression in older people living in the community range from less than 1% to about 5% but rise to 13.5 % in those who require home healthcare and to 11.5% in older hospital patients. A larger number of older adults have some milder symptoms of depression.

Reference: Depression is Not a Normal Part of Growing Older
www.cdc.gov/aging/mentalhealth/depression.htm

What is the significance of depression?

Older adults with depression symptoms visit the doctor and emergency room more often, use more medications, incur higher outpatient charges, and stay longer in the hospital than older adults without such symptoms. Depressive disorders are widely under-recognized and often are untreated or under-treated among older adults.

Reference: Healthy Aging and Depression Action Brief, 2009 University of Washington School of Public Health

How is depression different for older adults?

Older adults are at increased risk. 80% of older adults have at least one chronic health condition, and 50% have two or more. Depression is more common in people who also have other illnesses (such as heart disease or cancer) or whose function becomes limited.

Older Adults are often misdiagnosed and undertreated. Healthcare providers may mistake an older adult's symptoms of depression as just a natural reaction to illness or the life changes that may occur as we age, and therefore not see the depression as something to be treated. Older adults themselves often share this belief and do not seek help because they don't understand that they could feel better with appropriate treatment.

Older adults need to understand that everyone feels blue now and then. It's part of life. However, being "down in the dumps" over a period of time is not a normal part of getting older. For most people, depression will get better with treatment. There is no need to suffer.

Reference: Depression is Not a Normal Part of Growing Older
www.cdc.gov/aging/mentalhealth/depression.htm

Reference: AgePage - Depression Health Information from the NIA
www.nia.nih.gov/HealthInformation

What causes depression?

There is no one cause...and sometimes no clear reason. People with serious illness, such as cancer, diabetes, heart disease, stroke, or Parkinson's disease, may become depressed. Depression may also be caused by:

- Medications
- Genetics
- Getting used to retirement - feeling lonely
- Death in the family or serious illness
- Changes in the brain can affect mood and cause depression (e.g. stroke)
- Pain or other disease symptoms
- Under a lot of stress, like caregivers

What are some common signs of depression?

(more in Session 5, Activity 4 of CDSMP)

- "Empty" feeling, ongoing sadness, and anxiety
- Tiredness, lack of energy
- Sleep problems
- Being irritable
- Crying too often or too much
- Feeling guilty, helpless, worthless, or hopeless

- Suicidal thoughts
- A hard time focusing, remembering, or making decisions
- Eating more or less than usual

Excerpted from: Health Information from the NIA www.nia.nih.gov/HealthInformation

What are some of the methods for treating depression?

- Your doctor or mental health expert can often treat your depression successfully.
- Support groups can provide new coping skills or social support
- Talk and other therapies
- Medicine to treat depression can also help

Resource: Excerpted from: Health Information from the NIA www.nia.nih.gov/HealthInformation

How can someone prevent depression?

(more in Session 5, Activity 4)

- Friends can help ease loneliness
- Develop a hobby
- Stay active
- Break jobs up into smaller jobs that are easy to finish
- Regular exercise
- Gardening, dancing, swimming
- Do something you like to do
- Being physically fit and eating a balanced diet may help avoid illnesses that can bring on disability or depression

Resource: Excerpted from: Health Information from the NIA www.nia.nih.gov/HealthInformation

Is anxiety a difficult emotion for older adults?

Anxiety, along with depression, is among the most prevalent mental health problems among older adults.

Resource: American Association of Geriatric Psychiatry. Geriatrics and mental health - the facts. 2008. Available at http://www.aagponline.org/prof/facts_mh.asp (accessed June 23, 2008)

Late-life anxiety is not well understood, but is believed to be as common in older adults as in younger age groups (although how and when it appears is distinctly different in older adults). Anxiety may be underestimated because older adults are less likely to report psychiatric symptoms and more likely to emphasize physical complaints.

Resource: Anxiety Disorders Association of America. New thinking on anxiety and aging: Anxiety disorders common in the elderly. (<http://www.adaa.org/ADAA%20web%20fin/articles/aging.pdf>)

Is anger a common response to chronic illness?

Loss of control over your body & loss of independence create feelings of frustration, helplessness, and hopelessness, all of which fuel anger. You may feel angry with yourself, family, friends, health care providers, God, or the world in general. Sometimes anger is not just a response to having a chronic illness, but is actually the result of the disease process itself. Many people with chronic pain experience problems with anger.

Resource: Modified from Living a Health Life with Chronic Conditions

What are some unhealthy consequences of anger?

- Negative effects on your physical health.
- Negative effects on your emotional health.
- Negative effects on your relationships with others.

Modified from ANGER AND CHRONIC PAIN by Richard W. Hanson, Ph.D.

What are the implications for the issue of difficult emotions?

Prevention may be the best treatment for mood and anxiety disorders. [The Prevention Intervention for Frail Elderly (PIKO) project (van't Veer-Tazelaar et al., 2011)]

Depression is one of the most successfully treated illnesses. There are highly effective treatments for depression in late life, and most depressed older adults can improve dramatically.

Resource: Geriatric Mental Health Foundation. Depression in late life: not a natural part of aging. 2008 Available at http://www.gmhfonline.org/gmhf/consumer/factsheets/depression_latelife.html

How can someone find help?

- If you are concerned about a loved one being depressed, offer to go with him or her to see a health care provider to be diagnosed and treated.
- If you or someone you care about are in crisis, please seek help immediately.
- Call 911
- Visit a nearby emergency department or your health care provider's office
- Call the toll-free, 24 hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889) to talk to a trained counselor

Resource: Depression is Not a Normal Part of Growing Older
www.cdc.gov/aging/mentalhealth/depression.htm

How does CDSMP address emotional components of chronic conditions?

- Lectures, discussions, modeling, brainstorming
- Difficult Emotions - Session 2, Activity 2
- Pain & Fatigue - Session 3, Activity 4
- Communication - Session 4, Activity 4
- Depression - Session 5, Activity 4
- Positive Thinking - Session 5, Activity 5

...and throughout the curriculum in skill building activities

What other concerns around difficult emotions could arise in a session?

- Leaders need to manage group dynamics, e.g. arguments or angry outbursts. (Suggestion: Leader's Manual, Appendix III, pg. 6)
- During group discussion, if a participant reveals a dangerous living situation, or states a need for social services support, as a facilitator-how do we address the need? (Suggestion: keep a list of local resources and your agency's crisis protocol.)
- From a tribal perspective, some participants still use traditional practices as a way of dealing with difficult emotions such as depression. (Suggestion: Be aware of these practices and honor them.)
- Feeling competent – (The process of helping others reduces stress)
- How to stay out of the way – (Suggestion: emotional support comes from the group)
- Be careful to not put someone on spot – (Suggestion: be careful to be light-footed)

Who are your resources to turn to?

- Co-facilitator
- Program coordinator
- Mentor
- AZLW Institute
- Leader Manual Appendices

Section on Dealing with the different types of people/situations in the CDSMP Leader's Manual, Appendix III, pg. 6:

- The "Too Talkative" Person
- The "Silent" Person
- The "Yes, but..." Person
- The Non-participant
- The "Argumentative" Person
- The Angry or Hostile Person

- The Questioner
- The Know-It-All Person
- The Chatterbox
- The Crying Person
- The Suicidal Person
- The Abusive Person
- The Superior Observer
- The Person Who Doesn't Make Action Plans
- The Person in Crisis

How should you deal with a suicidal person?

Rarely, you may encounter someone who is very depressed and is threatening to take his/her life or expresses severe hopelessness or despair. The following suggestions may help:

Remember your own limits and know in advance a crisis intervention resource to which you can immediately refer the person

Facilitators do not serve in the capacity of providing medical advice or other professional counseling - don't second guess the care they get - do not offer any medical or clinical advice under any circumstances.

Suggestions from the manual:

- Talk to the person privately. One leader can accompany the person out of the room, and urge him/her to get help. This leader may also provide the person with the names, phone numbers and/or addresses of some specific resources in the community that can help.
- If the person refuses to call the crisis center, you can call the center yourself and get suggestions on how to handle the situation.
- Ask the person to call or allow you to call a family member or friend to come get them and take them to the crisis center.

Safety/Crisis/Harm Protocol:

- Take the participant's words seriously and respond with compassion referring them to the professional help they need.
- Be familiar with and refer to your own agency's crisis protocol.
- US National Suicide Prevention Line: 1-800-273-TALK (8255)

What are additional helpful resources?

- American Association for Geriatric Psychiatry www.aagpgpa.org
- American Psychological Association www.apa.org

- Depression and Bipolar Support Alliance www.dbsalliance.org
- National Alliance on Mental Illness www.nami.org
- National Institute of Mental Health www.nimh.nih.gov
- National Library of Medicine Medline Plus www.medlineplus.org
- Mental Health American www.nmha.gov
- West Yavapai Guidance Clinic, 928-445-5211
- For tribal and behavioral health services <http://www.azdhs.gov/bhs/4rbhas.htm>
- National Suicide Prevention Lifeline 1-800-273-8255 (toll-free/24 hours a day) 1-800-799-4889 (TTY/toll-free)
- National Institute on Aging Information Center www.nia.nih.gov www.nia.nih.gov/Espanol
- 1-800-222-2225 (toll free), 1-800-222-4225 (TTY/toll-free)
- NIH Senior Health www.nihseniorhealth.gov

A senior-friendly website from the National Institute on Aging and the National Library of Medicine. This website has health information for older adults. Special features make it simple to use. For example, you can click on a button to have the text read out loud.

AgePage/Depression, National Institute on Aging/National Institutes of Health...U.S. Department of Health and Human Services/May 2008...Reprinted November 2009/Page last updated Apr. 25, 2011