MANAGING MENTAL HEALTH CONDITIONS AT END OF LIFE

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WHAT IS KAHOOT.IT?

Q1. HOW ARE YOU INVOLVED IN HOSPICE AND PALLIATIVE CARE?

- **A** • Nurse
- **B** • Chaplain/Spiritual Leader
- **C** • Volunteer
- **D** • Social Worker
Q2. HOW LONG HAVE YOU BEEN INVOLVED IN HOSPICE AND PALLIATIVE CARE?

- A  • 25 or more years
- B  • 15 - 24 years
- C  • 5 - 14 years
- D  • 0 - 4 years

Q3. WHAT IS THE MOST COMMON MENTAL ILLNESS?

- A  • Depression
- B  • Substance Use Disorders
- C  • Anxiety Disorders
- D  • Bipolar Disorder

Q4. 75% OF PEOPLE WHO DEVELOP A MENTAL ILLNESS SOMETIME IN THEIR LIFETIME, HAVE EXPERIENCED SYMPTOMS BY AGE 24.

True  False
Q5. THE #1 REASON PEOPLE WAIT AN AVERAGE OF 10 YEARS TO RECEIVE HELP FOR THEIR MENTAL ILLNESS SYMPTOMS IS...

- A. Access to mental health services
- B. Feel they can manage it themselves or the symptoms will pass
- C. Stigma
- D. Not insured/cost of out of pocket health care expenses

Q6. PEOPLE LIVING WITH A MENTAL ILLNESS ARE MORE VIOLENT THAN THE GENERAL POPULATION...

- True
- False

Q7. WHAT IS THE PRIMARY RISK FACTOR FOR SUICIDE?

- A. Having a previous suicide attempt
- B. Death of a spouse, child or friend; especially by suicide
- C. Diagnosis of a serious or terminal illness
- D. Untreated depression
MENTAL ILLNESS DEFINED

Mental illnesses are medical conditions that disrupt a person’s thinking, feeling, mood, ability to relate to others, and affect daily functioning.

WHAT CAUSES MENTAL ILLNESS?

Heredity  Biology  Brain Chemistry  Life Experiences  Environment

U.S. ADULTS WITH A MENTAL ILLNESS IN ANY ONE YEAR

Anxiety Disorders  19.1%  Major Depressive Disorder  6.8%  Substance Use Disorders  8%  Bipolar Disorder  2.8%

Eating Disorders  2.1%  Schizophrenia  0.45%  Any Mental Disorder  19.6%
CULTURAL CONSIDERATIONS

Caucasian patients tend to seek care from mental health professionals, to believe mental health issues are biomedical and to use medication treatment. African American and Latino patients felt mental health symptoms were non-biomedical and tended to seek treatment for their mental health symptoms. They also tended to be frustrated over central use of medications. Latinos were also concerned that clinical diagnoses had the potential to be “very socially damaging.”

Abdullah et al. (2011).

Some American Indian tribes do not stigmatize mental illness, others stigmatize only some mental illnesses and other tribes stigmatize all mental illnesses. Abdullah et al. (2011).

In Asia, where many cultures value conformity to norms, emotional self-control, and family recognition through achievement, mental illnesses are often stigmatized and seen as a source of shame. Abdullah et al. (2011).

ANTICIPATORY GRIEF

- Experienced by most terminally ill
- Mood waxes and wanes
- Normal self-esteem
- fleeting thoughts of suicide
- Worried about separation from loved ones

DEPRESSION

- Decreased energy
- Feelings of hopelessness
- Sleep problems
- Withdrawals, loss of interest
- Change in appetite
- Persistent bodily aches
- Inability to feel pleasure
- Persistent dissatisfaction with life
- Fear of self-worth
- Persistent thoughts of death and suicidal ideation

SUICIDE RISK FACTORS

- A previous suicide attempt
- Dissing a loved one or feeling angry
- Unemployed or underemployed
- Difficulty sleeping
- Hearing a voice or speaking a language that is not heard by others
- Drug or alcohol abuse, or relapse after period of recovery
- Sudden mood lift or unexplained peacefulness
- Loss of a important relationship
- Death of a spouse, child, or best friend, especially if by suicide
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom or fear of punishment
- Anticipated loss of financial security
- Fear of becoming a burden to others
MENTAL HEALTH SYMPTOMS AT END OF LIFE

Psychiatric group homes often are poorly equipped to deal with end-of-life issues and symptoms, while hospice or nursing homes may be poorly equipped to deal with psychiatric symptoms. Patients at the end of life often need more care for medical symptoms, (i.e. pain, nausea and vomiting, depression, trouble sleeping), than their psychiatric symptoms. In one study, 15 of 20 patients did not express a fear of death.

Patients’ desire to continue a relationship they have with previous caregivers at end of life

Often positive symptoms (delusions, hearing voices, paranoia, acting out due to hallucinations) may decline, while negative symptoms (apathy, lethargy, impaired attention, social withdrawal) may increase. However some patients have increased delusions and paranoia.

Patients in recovery are capable of making end-of-life decisions.

MEDICATIONS

Patient’s history of response to medications is an important factor: continue the meds that have worked as long as they can tolerate their administration.

- Convert mode of administration to sublingual if pills cannot be swallowed. Avoid IM administration whenever possible.

If delirium occurs, either increase the medication they previously responded to, or add another medication for terminal delirium.
- Although the typical hallucinations for patients managing schizophrenia are hearing voices, they also can develop visual hallucinations during terminal delirium.

Similar to patients who have tolerance to opiates from long-term use requiring higher doses of pain medication, patients managing schizophrenia, or other serious mental health issues, may need higher than expected doses of antipsychotic medications.
- Many require 20-30 mg of haloperidol equivalents per day.

Patients are less likely to receive pain medication:
- Patients often struggle to recognize and report pain.
- Traditional pain rating scales often not useful: some use the “Pain Assessment in Advanced Dementia Scale” even though it was not designed for or validated for patients managing schizophrenia.

Delusions can interfere with the description of pain: one example is a patient in hospice who described that his “tongue and jaw were broken” – he had severe oral thrush.

End of Life Care Perspectives and Expectations of Patients with Schizophrenia. Archives of Psychiatric nursing 2013: 27, p 242-252

Palliative Care for Terminally Ill Individuals with Schizophrenia. J of Psychosocial Nursing and mental health services. 2014: 52(8), p 32-38

Physical, Physician, Pharmacist, Nurse, HHA
- On-going assessment and hands-on care for end-of-life symptom management – with detail to pain management.
- May consider use of pharmaceutical interventions for symptoms of clinical depression.

Social Worker, Chaplain, Guest Caretakers, Community Mental Health Practitioners
- On-going assessment and emotional and spiritual support
- Provide life review and end-of-life counseling to help develop closure
- Promote culturally sensitive practices among all IDT members.

Music Therapy, Massage Therapy, Volunteers, Animals
- Music can energize, soothe, restore and nurture.
- Massage can provide physical touch and aid in comfort and pain.
- Volunteers can provide emotional support and social stimulation.
- Meditation, mindfulness and guided imagery.
MENTAL HEALTH ASSESSMENT AND CARE PLANNING

IDENTIFY NEED

MAKE REFERRAL

ASSESS

INITIATE CARE

PLAN/INTERVENTION

PROVIDE FOLLOW-UP/CHECK-IN

Identify theme

MENTAL HEALTH ASSESSMENT AND CARE PLANNING

EXAMPLE MENTAL HEALTH DEPRESSION CARE PLAN

Patient will express increased peace/comfort.

INTERVENTIONS:
- Assess patient’s mental health as it relates to depression.
- Collaborate with healthcare team members of IDT regarding patient’s mental health needs.
- Complete depression screening tool – see mental health template.
- Evaluate personal strengths, protective factors, and coping strategies the patient may use to decrease frequency or intensity of symptoms related to depression.
- Identify if further therapeutic interventions or referrals to holistic care team are warranted.
- IDT will clarify patient’s goals around emotional health.
- IDT will clarify patient’s goals around possible psychotropic interventions, if appropriate.
- IDT will identify patient’s goals around possible psychotropic interventions. If appropriate.
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- IDT will identify sources of pleasure, hope, self-care and meaning.

EXAMPLE HOLISTIC CARE TEAM INTERVENTIONS

- SOCIAL WORKER: Utilizes depression assessment, finds patient to have symptoms of depression. Initiates depression care plan. Meets with patient 2x/month to provide support visits.
- RN/CM: Reviews depression symptoms. Patient would like to start antidepressant. RN/CM consults hospice MD who is agreeable to start antidepressant.
- CHAPLAIN: Provides culturally sensitive support sessions and encourages patient to address symptoms.
- RESOURCES: Provides therapy and counseling for stress management and possible depression care plan.
- MUSIC THERAPY: Provides therapy to patient for stress reduction and possible depression care plan.
- SUPPORT SYSTEM: Provides support visits through social visit – patient enjoys animals which helps with socialization and depression.

RESOURCES

MENTAL HEALTH ASSESSMENT TOOLS
- Terminally Ill Grief Depression Scale
- Palliative Grief Depression Scale
- Generalized Anxiety Disorder Screener
- CAGE Aid Assessment

CONSULTATION
- Patient’s Mental Health Practitioner
- Professional Consultation
- Peer Support Specialist

PSYCHIATRIC ADVANCE DIRECTIVES
http://www.nrc-pad.org/states/minnesota-faq/

NAMI Minnesota
Education, Support, Advocacy
http://www.namihelps.org/
RESOURCES

SENIOR LINKAGE LINE
http://seniorlinkageline.com/

MENTAL HEALTH FIRST AID – OLDER ADULT VERSION
http://mentalhealthfirstaid.org/

SAMHSA (Substance Abuse & Mental Health Services Administration)
http://samhsa.gov/

COUNTY MENTAL HEALTH CRISIS NUMBERS
List on the DHS website. Every county has one.

NATIONAL INSTITUTE OF MENTAL HEALTH
http://nimh.nih.gov/

REFERENCES

References for slide 12 – Prevalence of types of mental illness (prevalence is not older adult-specific)
12-Month Prevalence Estimates, Harvard School of Medicine (NCS-R), www.hsp.med.harvard.edu/nchs/publications
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Epidemiology of Eating Disorders, Tsuang and Tohen; Wade, Keski-Rahkonen and Hudson (2011)
American Psychiatric Association, DSM-5, 2013
As cited in Mental Health First Aid, 2016