



BECOME A MENTAL HEALTH FIRST AIDER for Older Adults by Dan Muxfeld

Between 2005 and 2030, the number of adults age 65 and older will almost double. If the prevalence of mental disorders among older adults remains unchanged, over the next two decades the number of older adults with mental and/or substance disorders will nearly double from approximately 8 million people to approximately 14 million people.

While the majority of older adults go through their years in good mental health, they commonly experience circumstances that elevate their risk for mental illness. Depression and anxiety disorders are among the most common mental health problems that develop in later life. One in four persons age 55 and over experience a mental health disorder that is not part of the normal aging process. Fewer than 40 percent of older adults with mental and/or substance use disorders get treatment—significantly less than younger adults.

Older adults have high rates of late onset mental health disorders (anxiety/depression) and low rates of identification and treatment. Relatives, friends, associates, and care partners are less likely to identify a problem as a symptom of a mental health disorder. Moreover, older adults are less likely to recognize the onset of mental health problems themselves.

Unrecognized and untreated mental health disorders can have a negative impact on older adults. Behavioral health problems, such as depression,

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anxiety, and medication and alcohol misuse, are associated with higher health care use; lower quality of life; increased complexity of illnesses, disability, and impairment; caregiver stress; risk of suicide; and increased mortality.

Unfortunately, many people mistake symptoms of mental disorders as normal experiences of aging. Symptoms of pain, fatigue, sleep, and appetite changes, for example, get attributed to other health conditions. Personality changes and mood swings may be brushed off as “he’s just getting old,” which is an unfortunate result of stereotyping and stigma. A person’s basic personality, behaviors, preferences, and moods do not change because of accumulated birthdays. Changes in those aspects of a person’s life can reflect an emerging or existing mental health disorder.

Common health conditions that raise the risk for late-life mental health problems include heart disease or recent heart attack, COPD, migraines, thyroid disease, stroke, brain injury, diabetes, cancer, arthritis, acute chronic infection, dementia, conditions reducing mobility and function, conditions that are painful, and the use of multiple medications.

In addition, there are many common life circumstances that raise the risk for late-life mental health and substance use problems, including onset of pain or disability, sensory deficits (vision and hearing loss), loss of loved ones, retirement or job loss, financial difficulties, mobility and functional

challenges, change in lifestyle or living arrangements, threats to independence and autonomy, loss of social supports or interpersonal conflict challenges to self esteem, cognitive changes, fear or prolonged distress, sleep disturbances, decline in health status, use of certain over-the-counter or prescription medications (benzodiazepines, opioid or narcotic analgesics, beta blockers, corticosteroids, and hormones) or multiple medication use, a prior depressive episode or family history

of depression, providing care to a dependent person, and extended or long-standing bereavement.

Fortunately, there is help for those who work with, live with, or assist older adults. Mental Health First Aid for Older Adults training is the mental health equivalent of a basic first aid class. Mental Health First Aiders learn to recognize signs, symptoms, and risk factors of an emerging mental health disorder among older adults. The goals of the training are to help





people recognize the onset of mental health disorders in older adults and get them to care and services sooner. Early intervention significantly improves the recovery and overall health among older adults.

Like a basic first aid class, Mental Health First Aid prepares participants to interact with an older adult with symptoms of an emerging mental health disorder or mental health crisis and connect the person with help. First Aiders do not take on the role of professionals—they do not diagnose or provide any counseling or therapy. Instead, the training offers concrete tools and answers key questions. What am I seeing? What do I do? Where can an older adult find help?

Mental Health First Aid for Older Adults also teaches participants a five-step action plan, ALGEE, to support someone developing signs and symptoms of a mental illness or in an emotional crisis:

- A**ssess for risk of suicide or harm
- L**isten nonjudgmentally
- G**ive reassurance and information
- E**ncourage appropriate professional help
- E**ncourage self-help and other support strategies

Journey Mental Health Center staff instructors teach the Mental Health First Aid for Older Adults training. In addition, Journey also offers Adult



Mental Health First Aid; Youth Mental Health First Aid; Mental Health First Aid for Higher Education; and Mental Health First Aid for Law Enforcement, Corrections, and Public Safety.

The eight-hour training can be provided on site (for organizations) or at Journey Mental Health Center's training facility. Journey will also be offering community classes in Mental Health First Aid for Older Adults throughout the year. The cost of training for a community class is \$80 for the eight-hour training. Fees for on-site classes depend on the number of people to be trained and the location of the training. For more information about Mental Health First Aid for Older Adults, please contact Dan Muxfeld at (608) 280-2566 or dan.muxfeld@journeymhc.org.

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Note: All of the information in this article is from Mental Health First Aid—USA training materials developed for Mental Health First Aid for Older Adults.



Photograph submitted by Dan Muxfeld