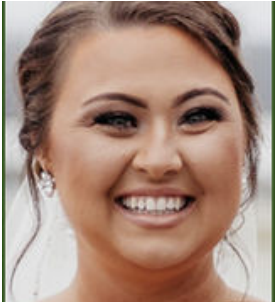


THE
BRAINIAC



Greetings from
Cognitive and Mental Health SIG Chair:

Hello Members of the CMH SIG,

Thank you to all those who attended CSM and networked, as well as those who gave lectures and platform presentations/posters. We had so many CMH topics with great turnouts at each lecture. Which brings me to my next point of growth. CMH SIG is growing and we aren't stopping any time soon. We have a new CMH SIG Student Liaison, Riley Hogge. We are so excited for Riley to join the team and help the CMH SIG grow with resources and student involvement. CMH SIG is working on many projects right now including a informational video taskforce focused on providing educational videos on standardized measures related to CMH for members. We also have many new fact sheets that are coming out on various topics which were recommended by members. As always, my email is open, feel free to email any ideas and feedback!

Alex Alexander, PT, DPT GCS

In This Issue:

Mental Health Problems in
Older Adults

Patient Care Clinical
Resources on Mental
Health

Kick-start the
Conversation:
Tips for Leading the
Mental Health Discussion

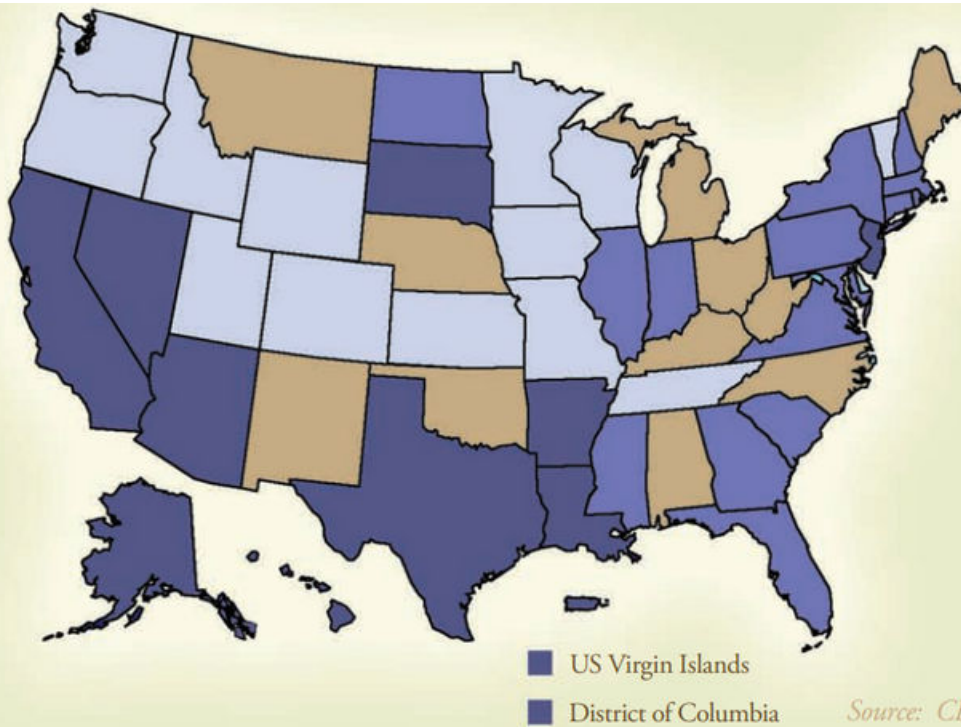
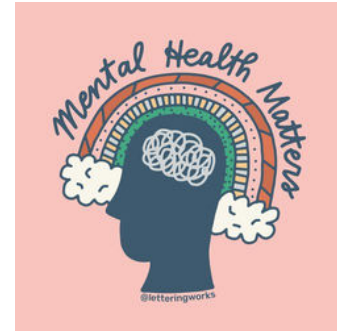
Mental Health Screens

The Effects of Physical
Activity on Mental Health
for Aging Adults

Mental Health Resources
for PT Professionals

Mental Health Problems in Older Adults

- Estimated 20% of people 55 years or older experience some type of mental health concern
- By 2030, it is predicted that nearly 14 million aging adults will experience one or more mental or substance abuse conditions
- Most common conditions: anxiety, cognitive impairment, mood disorders (depression, bipolar disorder)
- Nearly 6% of adults age 65 or older report that are "dissatisfied" with their lives, while nearly 4% report "very dissatisfied"
- Frequent mental distress that interferes with ADLs and IADLs and sustaining personal relationships is experienced by 6.5% of adults 65 years old or older

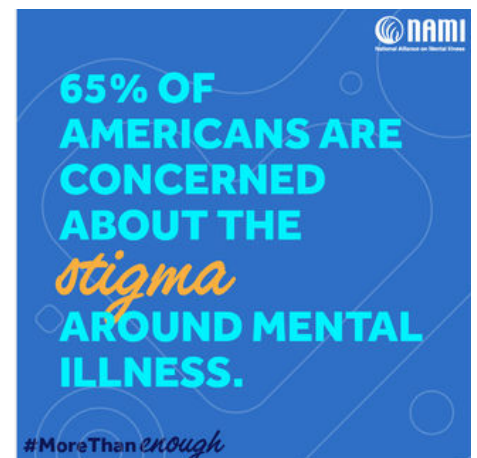


Social and Emotional Support

Percentage of adults aged 50 or older who reported that they 'rarely' or 'never' received the social support that they needed



Source: CDC, Behavioral Risk Factor Surveillance System, 2006





Physical Therapy and Mental Health: Scoping Review

Authors: Sophie E Heywood, PT, PhD, Joanne Connaughton, PT, DPT,
Rita Kinsella, PT, MSc, Susie Black, PT, Nadia Bicchi, PT, Jenny Setchell, PT, PhD

November 2022

Objectives: Co-existence of mental and physical health conditions is prevalent. To achieve optimal physical therapy outcomes, neither should be treated in isolation. This review aims to map intersections between physical therapy and mental health.

Methods: Scoping review searching MEDLINE, CINAHL, PsycInfo, Cochrane and PEDro databases. Two independent researchers screened studies of physical therapy practice with adolescents/adults with mental health disorders or research using primary mental health outcomes in physical health conditions or clinicians' perspective. Data were extracted on study type, participants, topics, publication year and country.

Results: The search yielded 3633 studies with 135 included. Five studies included adolescents. More than half were published since 2015. Studies specific to participants with mental health diagnoses included schizophrenia ($n = 12$), depressive disorders ($n = 8$), eating disorders ($n = 6$), anxiety disorders ($n = 4$), bipolar disorders ($n = 1$), somatic disorders ($n = 5$), and trauma and stressor-related disorders ($n = 8$) or varied mental health diagnoses ($n = 14$). Forty-one studies had primary mental health outcomes or clinical practice approaches with a mental health emphasis with participants with physical health conditions (musculoskeletal [$n = 13$], neurological [$n = 7$], other [$n = 21$]). Systematic reviews or randomized controlled trials predominantly involved exercise therapy and/or physical activity. Descriptions of physical therapists as participants ($n = 35$) included 4 main topics: (1) mental health screening; (2) knowledge, attitudes, and experiences; (3) key practice components; and (4) research priorities.

Conclusions: Physical therapy intersects with people experiencing mental health disorders across a broad spectrum of diagnoses, covering a range of interventions with a small but growing evidence base.

Impact: Exercise and physical activity studies dominated the highest levels of evidence and future focus although economic evaluations and consumer-driven or patient experience studies are needed. There is a contrast between the confidence and knowledge of specialized physical therapists working within mental health settings and those in general practice settings. Inspiring, integrated education is required to further improve healthcare outcomes following physical therapy for people with mental health disorders or symptoms.

To investigate this article further, check it out here:

Heywood SE, Connaughton J, Kinsella R, Black S, Bicchi N, Setchell J. Physical Therapy and Mental Health: Scoping Review [published online ahead of print, 2022 Aug 4]. Phys Ther. 2022;pzac102. doi:10.1093/ptj/pzac102

KICK-START the CONVERSATION

Many older adults may not know how to start a discussion about their mental health. As physical therapy professionals, we have the opportunity to start the conversation about the quality of life of patients in our care and how that pertains to their mental and emotional health. Just talking with someone and having an open and authentic conversation can be an important step in helping them get the support or treatment they may need.

Tips on How to Start (and Continue) a Conversation About Mental Health

- Facilitate a safe and welcoming space for them to be open and honest with their feelings.
- Assist them in writing down the major points the individual wants to address at their appointment, including symptoms, medical conditions, and questions.
- Listen actively and let them know that you are concerned and appreciate their willingness in sharing with you.
- Offer and educate them on support services and resources that may assist them in decreasing their stress, finding medical support, and how (when appropriate) to have conversations with their family members.
- American Foundation for Suicide Prevention Crisis Hotline:
Call or Text 988

Source: American Foundation for Suicide Prevention



MENTAL HEALTH SCREENS

- **Geriatric Depression Scale (GDS)**

- 15-question screening tool specifically designed to screen for depression in the geriatric population
- Duration: 5-7 minutes, Administered in writing to patient or verbally making it a tool excellent for use in those with hearing or visual impairments.
- Interpretation of Results:
 - 0-9 = Normal
 - 10-19 = Mild depression
 - 20-30 = Major depression
- Nonproprietary, can be used within inpatient, outpatient, and community settings
- Sensitivity: 82%, Specificity: 77% (Mitchell 2010)
- Tool PDF: https://geriatrictoolkit.missouri.edu/cog/GDS_SHORT_FORM.PDF

- **Patient Health Questionnaire (PHQ-9)**

- 9-question depression screening tool.
- Duration: 3 minutes
- Interpretation of Results:
 - 0-4 = Minimal or None - Monitor patient, may not require medical treatment
 - 5-9 = Mild - Repeat the questionnaire at Progress Update
 - 10-14 = Moderate - Refer to physician, consider counseling, support group
 - 15-19 = Moderately Severe & 20-27 = Severe
 - Warrants referral back to the physician, initiate psychotherapy, mental health specialist for counseling, and/or likely medications
 - A total of 10 or above out of 27 is suggestive of the presence of depression
 - Take note: the last question item is not scored but is useful to assess the impact of the patient's symptoms on their life
- Sensitivity: 81%, Specificity: 85% (Daray 2019)
- Instructional Video: <https://www.youtube.com/watch?v=F0j0OdG6sI4>
- Tool PDF: <https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf>
- Also available as the PHQ-2: Score of 3 or greater indicates major depressive disorder is likely. Patients who screen positive should be further evaluated with the PHQ-9.

- **Hospital Anxiety and Depression Scale (HADS)**

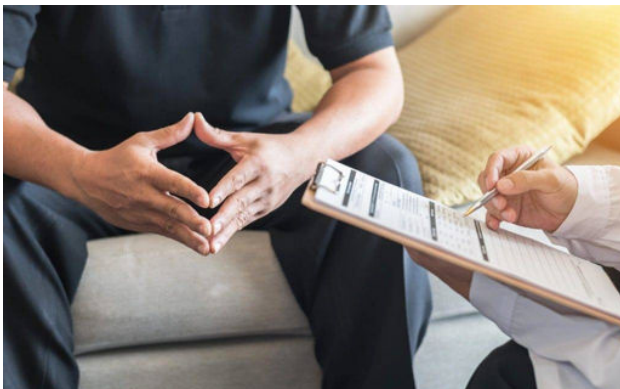
- 14-question anxiety and depression screening tool for all adults over 16 years old
- Duration: 2-5 minutes
- Cost is associated with use, contact: PROinformation@mapi-trust.org
- Scoring as 2 separate subscales categories between anxiety and depression
- Interpretation of Results, per subscale:
 - 0-7 = Normal
 - 8-10 = Borderline abnormal
 - 11-21 = Abnormal
 - Summed total score = global measure of psychological distress
- Tool PDF: <https://www.svri.org/sites/default/files/attachments/2016-01-13/HADS.pdf>
- Instructional video: <https://mapi-trust.org/resources/webinars/#6236787490001>

MENTAL HEALTH SCREENS, continued

- **Short Form 36 (SF-36)**
 - 36-item Patient-reported outcome measure that quantifies health status and measures health-related quality of life
 - Duration: 10 -60 minutes, depending on the population
 - Cost: Must agree to terms then available for public use
 - https://www.rand.org/health-care/surveys_tools/mos/36-item-short-form.html
 - Physical & Mental domains & 8 Subscales: physical functioning, role limitations due to physical problems, general health perceptions, vitality, social functioning, role limitations due to emotional problems, general mental health, and health transition
 - Scoring: The higher the score, the more favorable health state
 - Tool PDF: <https://clinmedjournals.org/articles/jmdt/jmdt-2-023-figure-1.pdf>
- **Depression Anxiety Stress Scale -21 (DASS21)**
 - 21 item questionnaire designed to assess depression, anxiety, and stress
 - Duration: 5-10 minutes
 - Cost: Questionnaire is free; Manual is \$55
 - Scoring: 3 subscales: anxiety, depression, and stress are scored separately. A higher score indicates greater severity or frequency of these negative emotional symptoms.
 - Tool PDF: <http://www2.psy.unsw.edu.au/dass/Download%20files/Dass21.pdf>

Suicide Screening

- **NIH Ask Suicide-Screening Questions (ASQ)**
 - 4 brief suicide screening questions designed for people of all ages in ER departments, inpatient units, and primary care facilities
 - Duration 20 seconds
 - Cost: Free
 - Tool PDF: https://www.nimh.nih.gov/sites/default/files/documents/research/research-conducted-at-nimh/asq-toolkit-materials/asq-tool/information_sheet_asq_nimh_toolkit.pdf
 - Suicide Risk Screening Training Instructional Video (general information purposes only): <https://www.nimh.nih.gov/news/media/2019/suicide-risk-screening-training-how-to-manage-patients-at-risk-for-suicide>



*These are certainly not the only mental health screening tools available. It is important that you select the most appropriate screening tool for your patient, practice setting, and body structure, function, and participation level.

Mental Health Resources

- Help your patient develop a Time Management Plan. Help them identify what they value, what barriers may be present, and set priorities & boundaries.
- Identify Life Stressors - investigate what stressors are present, eliminate what stressors can be eliminated, and help your patient with making a commitment for developing a plan to address the stressors
- Discuss a plan for healthy eating and hydration to maintain energy levels and support mental health from the inside out
- Identify and establish a support network for individuals who are trusted, and can offer support on an ongoing or as needed basis
- Check out these additional stress & relaxation behavior change resources:
 - <https://my.clevelandclinic.org/health/articles/16773-stress--relaxation-behavior-change-resources>

Helpful Apps & Websites

Pranayama
Breathing
Saagara
Universal
Breathing App



Insight Timer

- 10-Minute Meditation for Beginners:
 - <https://www.youtube.com/watch?app=desktop&v=U9YKY7fdwyg>
- Daily Calm: 10-Minute Mindfulness Meditation
 - <https://www.youtube.com/watch?v=ZToicYcHIOU>

Mental Health for PT Professionals



A day in the life of physical therapy providers is dedicated to caring for patients, educating care partners, and serving alongside other healthcare professionals. However, for one to be a care partner, we truly must also remember to prioritize our health. The COVID-19 pandemic has contributed to feelings of burnout, fatigue, and anxiety, hitting hard on our well-being as health care providers.

Between October 2021 and February 2022, the APTA Fit for Practice Initiative provided weekly programming available in video, podcast, or article, at no cost to all PTs, PTAs, and students, within four areas:

- Movement: <https://www.apta.org/fit-for-practice/movement>
- Resiliency: <https://www.apta.org/fit-for-practice/resiliency>
- Restoration: <https://www.apta.org/fit-for-practice/restoration>
- Practice Health: <https://www.apta.org/fit-for-practice/practice-health>

Here are some additional tips for prioritizing your health:

1. Spend time with friends and family.
2. Engage in regular exercise and other restorative activities. (Yup, Take your own advice!)
3. Identify the issues that you can and cannot control at work.
4. Keep tabs on your personal emotion and mental health barometer, take the signal when it's time to rest.
5. Look for warning signs of burnout out and seek professional assistance resources like your employer's human resources or mental health professional services.
6. Protect your personal boundaries - home/personal time vs. work time. remember to take time away from work to recharge.



For more information,
visit **APTA Fit for Practice** at:
<https://www.apta.org/fit-for-practice>

<https://healthtalk.unchealthcare.org/6-tips-for-healthcare-workers-facing-burnout/t>

TAKE ACTION

If you or your patient is struggling with mental health concerns, here are hotline numbers to anyone across the country who is in need:

- Substance Abuse & Mental Health Administration Helpline: 1-800-662-4357
- National Suicide Prevention Lifeline: 1-800-273-8255
- Samaritans: 1-877-870-4673
- National Hopeline Network: 1-800-442-4673
- Veterans Crisis Line: 1-800-273-8255



We would love to hear about your good news, too!

To be included in the next edition of *The Brainiac*, for discussion suggestions for the newsletter, or to assist in its development, please send your information to:

Alex Alexander – Chair cognitiveandmentalhealthsig@gmail.com

Rashelle Hoffman – Vice Chair Rashellehoffman@creighton.edu

