

Belmont Behavioral Health Offers an Integrated System of Mental Health Care for Older Adults

Belmont Behavioral Health, part of the Albert Einstein Health Network, has a team of geriatric mental health experts that works with the growing population of elders with unique mental health needs. Belmont offers an integrated system of care for older patients, including inpatient and outpatient settings, four outpatient group therapy programs, services for those with substance abuse disorders and services for those with significant co-morbidities.

Addressing both recent and longstanding mental health problems

The expected increase in older adults seeking mental health services stems from a variety of needs, says Belmont psychologist William Shapiro, PsyD. Some may have chronic mental health problems, while others may have developed recent problems or are suffering anxiety related to the social and physiological processes of aging.

“After suffering some kind of loss, many older patients come to us with depression,” says Dr. Shapiro. “They may have had recent personal losses, loss of functioning, or may be mourning the loss of youth. Many are struggling with issues common to aging, such as loss of independence and control. At times, anxiety may have led to problems with substance abuse, perhaps abuse of prescription medications, drugs or alcohol.”

Dr. Shapiro emphasizes the importance of primary care physicians being alert for status changes in their older patients, as many will not readily come forward about their emotional issues. A little ‘digging’ may be required to determine if someone is suffering with emotional or mental health issues, issues that might cause depression and impact overall level of functioning.

Seeing through a ‘cloud of medications’

Belmont physicians and staff who treat geriatric patients pride themselves on treating the “whole” person, not just symptoms, to determine what Dr. Zisselman calls the nuances of depression. “A multi-modal approach to figuring out the etiology is required,” says Zisselman. Often, that approach means seeing through a cloud of medications.

Psychiatrist Sook Hee Yoo, MD, is always watchful for patients who come to Belmont overmedicated or those who have been taking their medications inappropriately and have resulting drug-induced depression or other symptoms. “Some older patients come to us taking as many as 20 overlapping medications,” says Dr. Yoo, who has been practicing at Belmont for 34 years and estimates that up to half the older patients she and her colleagues see are overmedicated. “Often we give them a ‘drug holiday’ in order to find a baseline. We will eliminate prescription drugs one by one and carefully watch the response, then start low and go slowly when restarting medications.”

Yet, sometimes the difficulty lies with even appropriate prescription drugs because, as Dr. Yoo explains, older patients metabolize psychotropic drugs differently than younger patients.

Conditions associated with depression in the elderly

Sorting out depression and dementia is another challenge. “Our patients often present with depression and complications from dementia,” says Dr. Zisselman. “Changes in mental status, such as confusion or anxiety, warrant immediate attention.”

Dr. Zisselman emphasizes that he and his colleagues look very closely during evaluations in order to sort out the cause of depression and what might be impacting overall functioning.

Often, says Dr. Shapiro, patients come to Belmont with a dual diagnosis, such as depression and substance abuse problems. Recent statistics estimate that up to 17 percent of older adult patients have substance abuse problems. Physicians and therapists at Belmont are also keenly aware of clinical co-morbidities, such as heart disease, which is now associated with depression.

Many times electroconvulsive therapy (ECT) is prescribed as an adjuvant treatment or in place of pharmacological treatment. “Studies show that ECT is safe and very effective in older adults,” confirms Dr. Zisselman. “It’s recommended for those who have failed two antidepressants. It is a treatment that is always on the table at admittance and early on I explain it to patients and their families as a treatment option. Usually, the positive results come faster than they do with medication.”

A broad range of therapies for older adults

The range of therapies available to older patients at Belmont is broad, whether patients are admitted as inpatients or as outpatients. “Everyone receives an in-depth evaluation,” explains Dr. Shapiro. “The evaluation is by a multidisciplinary care team that includes not only the psychiatrist but a psychologist, social worker and other licensed therapists. The psychiatrist determines the diagnosis and orders treatment of the appropriate intensity and frequency.”

Individual as well a group therapy is available, says Dr. Shapiro. For those for whom it is appropriate, group therapy can be a great help. “Being part of a group, being part of something larger than oneself, can be very therapeutic,” suggests Shapiro. “Seeing that others are struggling with similar issues, or being helpful to someone else can also be therapeutic.” Groups of eight to ten patients – based on what is best for the patients – may constitute a group. If clinically indicated, family members are also seen for family therapy.

Tailoring treatment programs to the individual older adult

At any one time, the geriatric mental health service at Belmont may be treating 200 outpatients in four units designed to meet patient needs. Groups are created based on whether patients are fully ambulatory or less so and whether the patients have been struggling with chronic mental illnesses throughout their lives or are having more recent issues related to aging and mental health.

Inpatient treatment is not always necessary or desirable, and outpatient programs are designed with the patient in mind. Outpatient treatment is tailored to the patient and the patient's problem. Older patients who are recovering from strokes or patients with a lifetime history of bipolar disorder or schizophrenia would not, for example, be placed in group therapy with an older adult who, while suffering from depression, continues to be employed, to drive a car, and to have an otherwise normal life.

"We place people in the treatment program where they are best served," says Dr. Shapiro. "We provide a continuum of care where inpatients may seamlessly step-down to outpatient programs."

Mental health issues for the older adult patient can be not only complicated but easily misunderstood, suggests Dr. Yoo. She and her colleagues are acutely aware that aging in Western cultures is fraught with social issues that can readily affect mental and emotional status and can contribute as an underlying cause for depression.

"Older people often lose respect and, in a youth-oriented culture, may feel shame and a loss of self-respect with aging," says Dr. Yoo. "We provide a caring and supportive environment that can help."

Keeping the lines of communication open

Physicians who refer their older adult patients to Belmont can be assured, says Dr. Zisselman, that the communication lines between them and the physicians and therapists at Belmont will be open and updates will be frequent. For Dr. Zisselman, who oversees the outpatient program at Belmont, such communication with both families and referring physicians, along with a multidisciplinary approach to treatment, is the key to success. "We recognize and treat every patient as an individual," concludes Dr. Zisselman. "Whether an inpatient, outpatient or a patient in a partial hospital program, our goal is to determine the appropriate level of care for each and every patient and deliver it in a caring and supportive way."

Belmont Behavioral Health is one of the largest, most comprehensive behavioral health systems in Philadelphia. For 70 years, Belmont has provided compassionate, quality behavioral health care to people of all ages. To learn more about our services and locations, call 215-877-2000.