

FC50: Development of a novel psychoeducational intervention promoting mental health in older adults: survey collection and curriculum design

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Objectives: 1) To evaluate interest, logistics, and content for a curriculum to promote well-being in older adults by gathering data through surveys of nursing home populations. 2) To design a curriculum syllabus that can be carried out and shared by analyzing our survey data and combining it with evidence-based practices from the literature including positive psychiatry approaches and elements of different psychotherapies.

Methods: Long-term and short-term care patients from Budd Terrace and A.G. Rhodes nursing homes were recruited to participate in a survey. Categorical frequency calculations were used to evaluate participant interest and logistical preferences. Ranked scores and distribution columns were used to evaluate course content.

Results: 100 participants completed the survey. 55.1% expressed interest in attending this type of course. For class length, frequency, duration, and size, average preference was for 30 minutes, once a week, 2–4 weeks, and 6–10 people, respectively. Between pillars, in order of priority, preferences were: meaning in life (ranked score 215), mindfulness (198), and social connection (157). Within the meaning in life pillar, preferences in order of priority were: gratitude for life lived (268), life priorities (249), sources of meaning (235), and goals (188). Within the mindfulness pillar, preferences in order of priority were: emotional stability (272), focusing awareness on the present moment (261), acknowledging and accepting thoughts and feelings (240), and self-compassion (187). Within the social connection pillar, preferences in order of priority were: increasing opportunities for social connections (266), enhancing social support (245), improving social skills (240), and addressing worries about social situations (169).

Conclusions: By combining logistical and content preferences from our population sample with evidence-based practices from the literature, we have developed a psychoeducational course to promote mental health in older adults, centered around three pillars: meaning in life, mindfulness, and social connection. A curriculum syllabus complete with course description, learning Objectives, weekly topics/timelines, materials needed, notes, and handouts will be included with the final manuscript. The handouts can also be selected and distributed outside of a course context, such as outpatient clinics or inpatients settings, and curriculum elements can be incorporated into group or individual therapy.

FC51: A Big BIT: Utilizing Behavioral Intervention Team Approaches to Improve the Care of Older Adults on Med-Surg Units

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Background: Older adults may exhibit behavioral disturbance while medically hospitalized. Restlessness, removing medical devices, or wandering may lead to sentinel events including falls, elopements, or violence. The traditional consultation-liaison model addresses challenging or high-risk behaviors but is often reactive and may lead to missed opportunities. The interdisciplinary Behavioral Intervention Team (BIT) was implemented on the campus of Prisma Health Baptist Hospital in Columbia, SC to address and anticipate the need for behavioral health support on medical units.

Methods: A pilot BIT program was implemented in September 2019. Two psychiatric nurses were embedded on med-surg units as a part of medical and psychiatric interdisciplinary teams. After obtaining approval from the Prisma Health Institutional Review Board, a retrospective review was conducted to evaluate the correlation between BIT interventions and patient safety events. Two time periods were examined: six months with early-BIT efforts and six months with expanded-BIT efforts. Medical records and safety reports were reviewed, and statistical analysis was conducted in SAS Enterprise Guide 8.3. Statistical significance was based on associated p-values ($p < 0.05$).

Results: Of admitted patients during the study period ($N = 1413$), almost half were age 65+. Pre-existing psychiatric diagnoses were present in 58% of cases with mood, anxiety, and neurocognitive disorders being most common. A majority of patients were on psychotropic medications during both study periods; however, there was a significant decrease in the use of psychotropic medications with expanded-BIT efforts (71.2% vs 61.3%, $p < 0.001$). In comparing early-BIT efforts to expanded-BIT efforts, significant reductions in workplace aggression (6.7% vs 2.3%, $p < 0.001$), use of restraints (5.8% vs 3.4%, $p = 0.034$) and need for security (4.2% vs 0.8%, $p < 0.001$) were observed. Geriatric subgroup analysis demonstrated a significant decrease in the need for security only (4.6% vs 0.6%, $p < 0.001$).

Conclusions: Engaging BIT significantly reduced aggression, restraint use, and security interventions. As psychiatric comorbidities continue to impact overall treatment plans, care teams will need to prevent high-risk behaviors and events. Implementing an interdisciplinary BIT is feasible and effective in reducing negative outcomes.

FC52: Post-pandemic Characterization of Social Isolation and Perception of Loneliness in a Group of Chilean older people

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Introduction: This study explores the psychological effects of the COVID-19 pandemic on elderly Chileans, focusing on the role of social isolation (SI), loneliness, depressive symptoms, and pandemic-related concerns. With 150 participants, our cross-sectional descriptive study revealed significant relationships between SI, loneliness, depressive symptoms, and gender differences in their experiences. Despite no longer being in a restrictive phase of the pandemic, the findings highlight the interconnectedness of these factors and their ongoing impact on the mental health of the elderly population.

Methods: Utilizing a cross-sectional descriptive design, this research involved 150 elderly participants from Santiago, Chile. We assessed SI, loneliness, depressive symptoms, and pandemic-related concerns using the Steptoe Social Isolation Index, the Three-item UCLA Loneliness Scale, the Yesavage Geriatric Depression Scale (GDS-15), and a Likert scale for pandemic concern, respectively. Statistical analyses were conducted using JAMOV 2.36, employing chi-square tests, U-Mann Whitney tests, and Spearman correlations.

Results: Our findings indicate a significant portion of participants experienced SI (42%) and loneliness (26%), with women showing higher frequencies of loneliness and depressive symptoms. Significant correlations were found between SI and loneliness, and both were closely linked to depressive symptoms. Interestingly, a significant negative correlation was observed between pandemic-related concerns and loneliness, suggesting an active coping mechanism among the elderly.