Making Sense of S.I.L.V.E.R. Research: “Old Before Their Time” with Michelle R. Zechner, PhD, LSW, CPRP.

*This call is being recorded.*

Jane Burke-Miller:

Get started. Um, welcome everyone. My name is Jane Burke Miller, and I am a senior, uh, mental health training and implementation associate at the Center for Psychiatric Rehabilitation at Boston University. And the moderator for today's making Sense of Silver Research Webinar. Silver stands for supporting individuals to live as Vibrant Elders in Recovery and is the name of the rehabilitation research and training center. Hosting this webinar, which is funded by the National Institute on Disability Independent Living and Rehabilitation Research or leer. The webinar content does not represent the views or policies of the funding agency, and you should not assume endorsement by the federal government. The territory on which Boston University stands is that of the Wampanoag and Massachusetts people, and we honor and respect the history and current efforts of native indigenous communities. This webinar is being recorded so that you can access it later. Also closed captioning has been turned on, and you can access this by clicking the button at the bottom of your screen. In case this is your first webinar with us, I'm going to introduce our speaker. They will share their research with you, and then we'll have a question-and-answer session, uh, at the end. And Michelle has some interactive activities today, uh, during the webinar, if you have a question during the presentation, please post your questions in the q and a box and I will pose them, uh, to Michelle at the end. If you have a technical question, please send a chat to me directly using the chat feature. Also, we would really appreciate your feedback about this webinar, so we'll be posting a survey at the end of the session. Now, I'd like to welcome Dr. Michelle Zener, who's going to present her work on old before their time, recent research on premature aging and declining physical functioning among middle aged adults with serious mental health conditions. Michelle is an associate professor at Rutgers School of Health Professions in the Department of Psychiatric Rehabilitation and counseling Professions, where she conducts research, teaches and has special expertise in aging with mental health conditions. Her research focuses on multidimensional wellness interventions and interprofessional initiatives to improve health outcomes for people with mental health conditions. Dr. Zahner has worked in outpatient and inpatient mental health nursing homes and community aging services. She develops multi-platform educational content for various workforce development initiatives and is passionate about mental health recovery and aging well for all people. Dr. Zahner, welcome. We are really excited to hear from you.

Michelle R. Zechner:

Thank you so much, Jane, and as I'm so excited to be here. Uh, I was remembering, I think I actually visited the BU center in 2013 or something like that, so it was awfully fun to kind of know physically where that is, is I am having some weird issues with my audio, so if I start breaking up, I do hope that you'll let me know, and I may have to jump off camera. But, um, before I, I jump into my, my research today, I do want to say thank you to all of you and thank you for the invitation to talk about my research. I want to also acknowledge my collaborators on this project. Um, Dr. Ellen Anderson, a physical therapist, uh, from who's now retired from Rutgers, but has been very influential in my thinking and has been a, uh, a partner in many ways, and my chair, Dr. Ken Gill, who's been, um, very influential in thinking about all this. So, I want to start with a story. I know it's a story, but I think stories are important. I think all of us think stories are important. Why did this study come about? Um, and the story is that we had a health promotion initiative that I was coordinating in 2013, um, about 11 years ago, that we were developing a pilot health promotion intervention called Wellness for Life. Um, and during that, uh, as the coordinator, I would often do the physical activities and the stretches and the baseline initiatives with everybody. So, we would get on the floor, we would do sit-ups, we would do all these kinds of physical assessments, and I noticed that people could not get off the floor. I, and I was looking, and I was like, how old are these folks? And they were like my age. And, you know, granted, we were all middle aged, but, um, they really, they needed like two people to help them get up off the floor. And I, I kept thinking, you know what? This is wrong. This is wrong. There's something wrong here. We're not thinking about this. So that was kind of like why, uh, this, this, um, study began was I really started to become curious about why people were having so many problems, um, with their physical functioning. So, we're going to talk a little bit about that today. We're going to talk about some, what we found in our study. Um, we're going to talk about some practical implications and clinical strategies, um, well, practical implications, program strategies and policy suggestions. And then I'm going to ask you to, uh, apply some of the information that we talked about. cause I'm curious to think how it might, uh, impact your setting and what you do or how, how you do things you do. So, I've set this up. So, I am a clinical intervention researcher, um, but I wanted to make sure that this really had accessibility to everybody. I don't know if everybody can see what's on my screen, but, um, the rationale or why was this study important? We know that people living with mental health conditions have health problems. And that's been documented, gosh, since 2000. And you, you all at Boston have a, a wonderful pioneer in this, uh, Dr. Dory Hutchinson, um, who I'm just such a fan of, uh, talking about the health problems that people have experienced. And there's a lot of documentation that, uh, things like cancer, breathing problems, heart issues, and even, I'm, I'm working on a study now to look at oral health and dental health, and that's really, really a big problem as well. We also know that people have a hard time accessing care. Um, you know, whether it's insurance, whether it's transportation, whether it's stigma and discrimination, it's not always easy for folks to get the kind of healthcare that they need. Uh, we also know that people are not walking as much, um, as the general population. I did my dissertation looking at, uh, motivating physical activity, uh, in, in people with, uh, mental health conditions. And I found, and, and, uh, like many other studies that people are walking less, uh, they're not as moving as much, and there's a lot of reasons for that, but it contributes to health problems down the road, like heart problems and all of this combined to have a risk for a shorter lifespan, which I think everyone, uh, is aware of at this point. So, this was sort of the background, and then put it into this context of seeing people struggling who were in their forties, uh, in a way that that looked a lot older to me. And I, you know, because I've worked in nursing homes, I've worked in different settings, I was like, these folks really are moving in a way that looks a lot older. So, I sort of kept throwing around this idea. And the question I came, uh, to in my research was, do people living with mental health conditions function at levels older than their chronological age? And of course, you all are experts in aging. Um, we know that chronological age is like our number, you know, how, what number are you? 50, 55, 60, 70? Um, and then there's functional aging, which is, um, are you moving in a way that's the same number as your chronological age? Or are you moving at a number that's higher? And my theory, my hypothesis based on, um, my experiences and engaging with folks was that people were moving at ages older than their chronological age. So please feel free to drop any questions or comments in the chat. I welcome that. So, so what did we do? The methodology, um, I mentioned that this program called Wellness for Life. So, we, uh, we collected some data, um, and refined our, our protocol, which was kind of, it was a kind of cool program. It was a three-pronged approach to health promotion. Um, it had peer wellness coaches, it had interprofessional kind of didactic information from nutritionists, dentists, physical therapists and people, uh, in psych rehab and, and peers. And then we did, uh, physical activity together, 30 minutes. We did it once a week for eight weeks. And we found that people improved their physical functioning, so their ability to move got better. And the way we measured it, I'll, I'll talk about that in a second, second, but we measured that very, very specifically in terms of strength, um, and using our muscles flexibility or stretching, um, and endurance, which is like, how far can you go? So, we measured in different ways. Um, the, the exciting thing is we saw some changes, significant changes in all our, um, functional measures after eight weeks, which was cool. We didn't, you know, people didn't lose weight, which was kind of expected. We didn't expect that would necessarily be the case, but the idea that you could in eight weeks do 30 minutes of exercise, uh, once a week and have some changes. I mean, I think also, uh, the, because of the peer wellness coaching, a lot of folks were making other lifestyle changes. So that's just a little bit in a nutshell what Wellness for Life was about. Um, and I put the citation in if anyone wants to look at that study, but that was cool. And then, you know, this question kept buzzing around are what were people like at baseline? So, we thought, well, we have this data we collected on 67 people, um, over two years that were involved in the program, and they were all interested in being, you know, more fit or, or thinking about their health and wellness. Um, but so we use the baseline data, uh, the, the data that when we first met them, um, from 67 people and our average age was 50, right? Which there's a lot of discussion. We could probably all have a, a healthy, rigorous discussion about what is older adulthood for people living with mental health conditions. I've talked about it, thought about it for several years, probably more than I ever should. Um, but based on the literature, many people are saying that older adulthood really begins for people living with mental health kid, uh, health conditions at about 50 or 55. Some folks have even reported 40, which I'm a little shocked and stunned by. But I, I think the general agreement in, um, most studies are it's about 50 years old. So, our, our, uh, cohort was 50, uh, an average of 50 years old. And, um, our standard deviation was 11 years. So, we had some younger people, we had some older people. So, we had, I think the oldest person who participated was 70, uh, in that study. So, we looked at that group and we said, because we had my amazing co uh, colleague, Dr. Zoa Anderson, a physical therapist, who it's just ama, it's really, I think everyone should have a collaborator who's a physical therapist, <laugh>. They're so wonderful. And so, they think in such a different way. And in rehab, we have similar goals. We want folks to get better and move on with their lives, but they think very differently, and their approaches are very different. Um, so Dr. Anderson said, you know what, let's look at, cause she's a specialist in, uh, gerontological Physical Therapy. And she said, you know, there are these standardized measures of strength and fitness for people who are 65 and older. So, I was like, oh, really? And so, we compared our cohort to these standards. We looked at three measures. So, we did some additional testing that isn't reflected here, but these are the things that we could find, um, the, what they call standardized values for. Um, and that's the sit to stand test, which is literally, um, it's, it's a really easy way to measure, uh, strength. You ask someone to sit in a chair and not use their hands and stand up and sit down repeatedly. I believe it's 30 seconds or a minute. And, and the number of times indicates the measure of strength and physical functioning. So that was one, the six minute walk test. It's simple. It's how far can you walk in six minutes? How many steps do you take? Um, and we had physical therapists and physical therapy students, uh, helping us with people measuring that. And the other one is called the single legged stance. And that's literally you're standing on one foot, and how long can you stand on one foot? I believe it's also 30 seconds. So those are how we defined physical functioning. You know, it's, it's different in different, um, it's, it's defined differently in different programs, different thinking, but that's how we defined it. Physical functioning was sort of these, these basic elements of, um, uh, physical performance. So, what did we find? Um, I have, if I did find a, a picture of what the single Legg stance looks like, and sometimes, you know, after I did this study, I would, sometimes while I was shopping with a shopping cart, I would stand on one foot <laugh> and practice the single Legg stance to improve my balance, because it's, it's an easy thing you can do even at the grocery store. Um, but what did we find? What we found was shocking. It was kind of worse than what I thought. Um, so in the sit to stand that our population, uh, our cohort of folks who were in our project, they performed worse on average than 80 to 89-year-old adults in the general population. So, if our average age of our folks, you know, was 50, if you were 50, you were sort of performing functionally at a level of 80- to 89-year-olds. Um, which is shocking. And if you think about it, you know, we have probably had a lot of folks that we engage with who are, um, in their forties, you know, or thirties, they may be already experiencing some of this impact depending on the length of time. You know, it's very complicated. Things like, um, the impact of medications over time, the impact of, uh, poverty, the impact of, uh, health problems. So, it’s kind of, it's dependent on a lot of different factors that I can't really address, because this was sort of a retrospective analysis. We looked back in time, we looked at the six minute walk test. It was worse in, um, our population than most 80- to 89-year-olds. Again, this is, these are strength measures. Um, and I'm just looking at the chat now. Yes, absolutely. Thank you, Lee. That, that, now we've got folks that are, are living over the ages of 60. That's something that a very important point. Um, previously people were, were dying much earlier. Yeah. So, I, I think that that's, that's a wonderful point that we do need to, to consider that. Um, also, the medications have changed over time, right? We've got had, you know, sort of the, the classical, uh, first generation, um, antipsychotic medications, and we got the second generation. Now we're kind of in the third generation, uh, range. I see a question. Did these difficulties have much to do with comorbid conditions? Yeah, I think that that's a huge limitation to our study, um, is that we didn't exclude anyone. And the important thing that you need to know is that a lot of the previous research on physical functioning and exercise, a lot of researchers say, you know what? If you've had a heart condition, if you have diabetes, if you have these other health conditions, we don't want you in our study, in our study, my philosophy and, and that of, um, uh, Dr. Gill, who was then, the PI is we wanted a real-world sample. We wanted to know, these were folks who were receiving services in, in outpatient common, uh, community services, or in New Jersey, we call it, um, partial care. And I know that the terms are different by state. Um, but these were folks who were receiving services, did they? Yes. They absolutely had comorbid conditions. And I, it's been a while I have the article, um, I think off the top of my head, we had about a third is what I recall, of folks who had, um, diabetes. Um, but there were a lot of health conditions, um, lung problems. Um, I know one gentleman had just had a heart situation, had, um, uh, you know, had a heart attack. And we had our PT there and our PTs were assessing for safety, what you must do, uh, before, and we adapted each cohort. We had five cohorts, and each cohort, we really had to adapt the, uh, physical program because people were in different shapes. You know, the younger folks much more, had much more energy, much more, uh, physically able, hadn't been on medications as long. And then we had folks who'd been in the system who'd been taking medications a long time, um, had multiple health conditions, and they were really, impaired. And a lot of, um, Parkinsonism, you know, some stiffness and difficulty. Uh, some folks had significant tremors and, and things like that. So, I appreciate those questions. Um, yeah, so the single leg stance, I was a little bit surprised that that was sort of the best, um, because folks were kind of at the range of 60- to 69-year-olds, and that's about balance, right? And I really had thought that a lot of the medications that, and, and we're, we have the data, I was, I want to do a follow-up study on, um, did me, what was the role of medications, self-report medications on physical functioning. Um, because what we noticed is a lot of people reported like three to four to five. I think the range was like three to seven, um, psychotropic medications. And we really, I would've expected that people's balance would've been worse, but it was not, it was not as bad as I expected. Uh, so at any rate, so let's talk about the practical implications for a moment. Um, I think you all probably know, uh, uh, can, we're, I'm going to ask you to think about this in the people that you know, in, in the settings that you're in, what this might have, uh, what kind of implications this might have for, for your settings. But we know that people are experiencing challenges with physical activity and movement, so people aren't walking as much or moving as much. And that's partly because they have more problems with it. They have more problems with walking and moving. Um, there's also some, you know, concern and we need to be thinking about, uh, difficulty with activities of daily living and instrumental activity of daily living. That really, that question really, really hits me. Um, I am a family member of an older adult who has a mental health condition. And I see this every day, uh, in my family, in my life. And I see it in the folks that I've, uh, supported in the past is things like going up steps, um, like being able to, you know, the housing stock in New Jersey is very old, I imagine in, in Massachusetts it's very similar. There are a lot of steps, uh, a lot of like retrofitted, kind of funky apartment and housing situations and high cost of living. So, the housing has been really, really a problem for people to navigate, um, what get the help they need, and being able to navigate that. Even things like carrying the laundry basket up and down the steps, being able to reach up on the top shelf to put away your groceries or carry your groceries from the bus stop to your house or from your car to the house or bus where however, people are, are getting transportation. So, it has a lot of impact in these areas. I think we must be thinking about, um, independent living, you know, a lot of, we want people to be as independent as possible in their communities in that, in the housing of their choice. And think about that. Um, what's interesting is there's not a lot of research. I, I may be wrong. I, I teach a class on aging and psychiatric rehabilitation, and I make my students do light searches every time I teach the class. I keep asking them, are you, you know, look for, for papers on housing for older adults living with mental health conditions? They haven't so far. We found one, um, that was written, I think in 1990 was interesting though, because that, uh, that study found that a lot of older, uh, the, the participants in that study really preferred not to live in scattered site, um, sort of settings. They would rather or living all over the place. They wanted roommates, they, or not roommates. They wanted to be sort of like in a centralized setting with someone, you know, companionship and access to people and talking to people. So, I think we need to understand, given the limitations and challenges that people have physically, how that impacts their housing and what that means for them to be able to be as independent as possible. Um, and then that leads into housing accessibility. I've, I've talked to some supported housing providers here, and many of them are struggling with, people are aging in those services. And how do we, um, uh, sort of, how do we make sure those, those settings have services? If it's a place, a long-term setting, it's a place that person's living, how can they stay there as long as they can? And then there's all these kind of complicated, we'll talk about the policy, uh, uh, components in a second, but there's all these complications, like if someone's wants hospice services or if they need nursing home level services, can they stay in their supported housing where people know them and they're sort of part of that community if they choose to, or if they want to live independently, um, outside of, you know, any of these kinds of structured systems. How can they get the care that they need? And then, you know, we'll, we'll talk about that a little bit, but there's a lot of discrimination and, and stigma in aging services. cause I do a lot of work, uh, in aging services. Aging services are terrified of working with people with mental health conditions. Um, and so they don't always get the resources that are available because of this sort of, you know, like, it's almost like nimby, but I don't know what it would be called. It would be like NIMBY for aging services. Like, don't, let's not, we can't, we can't offer services in a way that meets folks' needs. I don't know. Um, I'm just, you know, sort of thinking about this from an advocacy perspective. I can't help myself. Um, and then really, you know, the bottom line is, can how does functioning, physical functioning impact someone's ability to achieve their goals? The things that meaning, you know, meaningful life, a purpose in working education and social arenas. Like how does this impact someone's ability to make friends, to connect to, um, a faith community, to engage in the community? If you're not able to walk very far, um, or you're uncomfortable standing, that could really limit like your choices and your options, um, in terms of what's available. Um, okay. Oh, I see. Another interesting comment, Lee, you are, you are just on top of it. Lee is amazing. Um, and folks who are, um, have social security income limited and they can't afford groceries and people delivered to, uh, medications delivered. Yes. Very nice. Yeah, I that's, that sounds like a really, nice, um, a nice setting. So Lee is, is offering some suggestions on, um, a local, uh, uh, service in Brookline, which is wonderful. Thank you. Um, and we need to look at these models and replicate them and think about how we can, uh, do a little more, uh, integration, which is I think an important recommendation as well. So, some program recommendations. I'm thinking that some of you are involved in, um, either volunteer programs or ser you know, providing care for others. I think that in mental health, in peer services, we need to be thinking about what PT has been talking about for a long time, which is individualized exercise prescriptions, which is looking at what, where is a person at? And the National Institute on Aging has a really, wonderful, uh, free program. I think it's called move and the number four Life Move for Life. And they have a great, like, how to safely start as an older adult moving, um, and how to even measure yourself with the sit to stand with the six-minute walk test. One thing I do want to mention is we need to be thinking about these issues at a much younger age in mental, in mental health services than we ever did. So, we think, you know, I, I thought, I mean, I worked, as I said, in aging services, and we always defined older adults, 65 and older. 60 and older. Uh, now, now A RP is sort of like 50 and over, but we need to kind of translate our thinking and say that, you know, as the Gerontological Society of America, they sort of say we're aging every day. Um, and we need to be talking about aging issues at a much earlier age, um, in, uh, the services that we provide to sort of help people and, and navigate the skills, um, and resources they may need. Also, thinking about weekly walking, Tai Chi, yoga and dance programs, I was so fortunate to be involved in a, a program evaluation of some folks who looked at using Tai Chi, a modification of Tai Chi in a state psychiatric hospital in the geriatric units. And I was just stunned I would attend those, uh, groups and folks really loved them. I mean, it was powerful that everyone was able to engage regardless of sort of where they were at cognitively, where they, what was going on for them that day. Um, I think that's a powerful intervention that needs to be looked at more, uh, anything to get people moving. We should also be looking, I said, as I said, uh, at younger adults and thinking about it as prevention, um, for functional challenges later. I, I sort of tease my family member and I'm like, we must take a walk a day. That's our prescription. Like, we go for walks, like sometimes twice a day. Um, and in this heat, we've been going, you know, early in the morning, late at night. But I know that that's the key to keeping both of us healthy and well, and, and have positive aging and healthy aging. We need to look at the A DL and IADL strengths and deficits in our programs. So, we need to sort of make sure that we're tending to those issues in a meaningful way and using personal recovery goals to inform functional, uh, needs. So, I always used to, you know, I, I did a lot of, I've done a lot of wellness presentations and I always joke, you know, my personal goal is I have three cats. They're all 10 pounds. I, when I take 'me to the vet, I need to be able to lift 30 pounds and go up and down five steps. cause that's how many there are in my house. Um, so we need to know what's important to the person and why they should be thinking about these things and how it connects to other things like, uh, positive aging and, and good brain health. As we get older for everyone, uh, movement is really, critical to good health. Some of the policy implications we must be thinking, and I think you all are probably on the forefront of this, I'm guessing, uh, of how we can integrate aging mental health and community health services. There's some overlap, there's some wonderful, you know, initiatives. I, I've seen, um, there's some different programs across the country that are doing interesting work. California, Illinois, Oregon, I'm sure you all are doing some great stuff in Massachusetts. Uh, I would love to say that we're doing great stuff in New Jersey, <laugh>, but I, I think we're still learning <laugh>. Uh, it's hard. It's a, it's hard policy work. Um, also expanded housing services and options. So, looking at the types of things that people want and, and offering the supports that they need. We also need to be looking at, um, additional supportive services for independent living, making sure that people can live where they want to live, um, safely. And, and as you know, in gerontology, we often think about safety versus independence. And I think that, that those conversations, those end-of-life conversations, those safety conversations need to happen, like, you know, a little bit earlier than, than, uh, in the general population. We should really be thinking about reimbursement for physical activity and mental health services. Um, I, you know, I think walking is so powerful. There's so much evidence that it, it changes your brain, it changes your body, it changes, improves your health. Uh, we really need to find ways to incorporate safe. And I don't say exercise because I think a lot of people hear exercise and they're like, I'm not going to the gym. You know, and I've heard, I've had people gimme the list, like, I don't have tennis shoes, I don't have socks. Like, I can't even do this. And, you know, sort of making it accessible for people in a way, you know, like I just, maybe you all heard this study too. I, I participated in a study with, uh, from Columbia in New York City, and it was literally like, break up your sedentary behavior, standup and walk or move, do something for five minutes for every hour that you're sitting. And I tried it. I felt amazing. I was like, wow. And they found a lot of changes, um, in focus and concentration and mood in that, that study. And there were like thousands of people who participated. So, we need to be, I think, in mental health, thinking a little in psych rehab, thinking, how can we use some of these, um, ideas in our own, uh, field, and paying people for them. And then collaboration with physical therapists, exercise physiologists or kinesiologists, occupational therapists and other allied health professionals. Our colleagues have a lot of interesting perspectives, and they know about rehabilitation in a different way than we know, and they can really support us in the work that we do and promote healthy aging and, um, good functional mobility in folks. So, I've been talking a while, um, and, um, I'm just seeing, okay, I, I, and thank you Lee brought up the important role that older adult peer specialists come into play. That is really, important. I, I've had some wonderful, um, collaborations and discussions with peer supports in New York City, um, work. And they're just, they're just amazing, amazing. We need to do more of that. And I think that peer supports have a role in, uh, functional mobility as well, to be talking about, like how important it is to get up and move and, um, how we can, by moving just a little bit each day, we’re, uh, helping ourselves with positive aging. There's a great, I I'm going off track for a moment, but I was involved in a project with the Academy of Peer Services, uh, which is funded through ERs and Rutgers. Um, but they have a new certificate program for older adults, and it's a five-course kind of seminar on older adults. And I was part of this amazing team with like these amazing, uh, peers, specialists, uh, who created that content. And it's free for anybody. Um, you do have to kind of give them your email and register. If you're in New York state, you get a certificate. If you're not, you, you get free education basically on a topic that very few folks are talking about this topic. So Lee, you're, you're al as always. You are ahead of the game, an advocate. So now I'd like to stop my talking, um, and I would love to get to the questions that you have and or we can, uh, I, I'd like for you may, I don't know, what do you think, Jane? Should we do questions first or should we do the activity first?

Jane Burke-Miller:

Oh, sorry. Um, there's only a couple questions. Uh, let's look at those. Okay. If that's all right. Yep. Um, and really it was just, um, because I think you addressed them as we were going along. Um, one interesting question was how, how do we know if we are moving at our chronological age <laugh>? Um, and I was thinking about that, and I was thinking, you know, as soon as we're off, I'm going to try the, the sitting and standing test and see how many times I can do it in 30 seconds. Um, but I don't know if you, uh, could speak to that.

Michelle R. Zechner:

Yeah, that's a, that's an interesting question. So, there are standardized norms. They're called standardized norms for, um, and, and it's, it, it was kind of mind boggling. Uh, Ellen, my Anderson, my, my colleague really had to help me figure this out. But there are norms based on gender, right? And there's norms based on decade of life and different measures. So, it's kind of like, um, probably the easiest way to do it would be look up, sit to stand normed values, um, by, by age. And then you can get the average, of course, you understand, you know, it's important to know that averages are great, but it's sort of like, you know, that means that you've got the super high, high performing folks, the super low performing points folks, and then they're like, we kind of average it together, and it's kind of in the middle. So, then you could see if you're performing, um, at that level, they're better, they're better, um, measures that, that are listed for geriatrics, because there's a lot of concern about functional ability, because functional ability is linked to falls and premature institutionalization in older adults. Um, so there's a lot of thinking and concern about that. There aren't such great, um, comprehensive, uh, information on other generations. So that would be my suggestion.

Jane Burke-Miller:

That's interesting. And Lee was just pointing out, in addition to the, um, New York State and Academy of Peer Services training, UPenn has a certification training for older adult peer specialists as well. So, um, thank you,

Michelle R. Zechner:

Lee.

Jane Burke-Miller:

Let's see, someone's just sharing the difficulty, um, since having cancer of getting out of a coma chair, um, even though generally in good shape.

Michelle R. Zechner:

Yeah, yeah. And I, I think that, you know, when, and, and I think that that's, I know for me too, like when you don't feel well, it's hard to get moving. Um, and what I think is helpful for us to consider is that a lot of us, and I know myself included, I'm like, I never go to the gym, but it's important to sort of say, oh, wow, you know what? I stood up. I'm, I'm mindfully, intentionally standing up five times in a day for, you know, and you need to work yourself up. Like, you know, I, I don't know if any of you have had this experience. I go to the gym, the trainer works me out, I'm so sore, I can't move for a week. And then I'm like, this is not helping. Um, and that's one approach, right? <laugh>, but another approach, which would be build yourself up. Like that's more motivational. Start with what you can do and then increase it in tiny increments. The book booklet I was talking to you all about, the National Institute on Aging's Mo, or I think it's called Move for Life, or Fit for Life. I'm sorry, I don't remember, um, the name of it. Uh, but if you Google that, you'll find it and it's really, helpful, like how to get started. Don't overdo it. Stay safe. Talk to your doctor before you get started. Um, think about like, touching on the different areas. So, there are three areas in functioning, physical functioning and, and movement that you want to consider. And that's, do you stretch? Are you, uh, using your muscles and are you sort of getting your heart rate up a little bit safely? But you need to do that under the care of a doctor if you have had cancer or other heart conditions or other health conditions, you want to talk to your provider before you start anything. But I think the important thing is that everyone can do something, um, to, you know, and I had really, I really shifted my mindset for myself personally. And the way I think about it with my family is, you know, I don't think about it as I'm exercising. I think about this as, there's so much evidence that, um, when you, um, exercise, when you walk, when you move, you're building new synapses, you're building new connections in your brain. There, there's some fascinating research, uh, coming out of the, uh, university of Pittsburgh that looks at, um, for folks who have the Alzheimer's, uh, gene, I think it's, well, one of the Alzheimer's genes. Um, they tested folks who walked, I think, 30 minutes, three times a week. I mean, it was a mod, you know, quote unquote modest amount. Um, but they found that, that they could stay cognitively healthier and, um, uh, well for a longer amount of time than folks who, who walked less. So, I'm convinced, uh, by the research that physical activity is important for brain health, and it's really in cognition and thinking. But it's also really, important for mental health. It's really a lot of evidence that walking supports, uh, reducing anxiety and depression. There's some evidence that suggests that weightlifting, uh, can support, um, uh, and reduce anxiety. Uh, these MINDBODY initiatives, yoga, Tai Chi, um, Pilates, like all anything where you're sort of moving and breathing, um, those can also have been identified to reduce perception of stress and depression. So, there's just an abundance of evidence that suggests that we, we should be thinking about movement and functioning. A functional ability not as like go to the gym kind of thing, but as a lifestyle, to, you know, enjoy life a little bit more, to have a better mood, to have our brains work better. I mean, I, I always sort of laugh at myself a little bit, but I mean, my job is thinking, and I, I don't know if anyone had covid. I had COVI, oh man, I, for three months, my brain was just not working. Um, and I was like, okay, I need, I know I need to continue walking because I knew that that was going to help my brain, uh, heal a little bit. So that was my own opinion that there's no research behind that. I want to say a disclaimer, <laugh>,

Jane Burke-Miller:

There was just one more question and then we can do your activity. Yeah. Um, it was just, does the presidential fitness test apply here? Um, I think that's something we had to do in school. I seem to remember. I think that's more, it's probably a little more vigorous than, than the measures, the other measures. The sit stands and the, the one leg stand and

Michelle R. Zechner:

The right. Yeah, I think the presidential fitness test, I, and I, you're right, I don't know the specifics on it, but I think it's for younger generations. Um, the, the measures that we looked at, the sit to stand, the six minute walk test, the, and another one that we started doing later, but we didn't have enough data really to include was the, uh, hand test, hand strength test. Because there's a, a strong correlation in hand strength and, um, health <laugh>. And so, uh, those are standardized for older adults. And we really wanted to look at it from what's already being used in, uh, older adults. Um, I'm trying to think of any others. There's, uh, some, uh, something called a reach test where you sit in the edge of a chair and you reach forward, and it's, again, another kind of a balance test. We did, uh, do that for a couple of cohorts, but we couldn't standardize it. We did another measure where we asked people to jump up, which was, that only lasts in one cohort, where that was like, I didn't want to do, I didn't feel safe, like jumping up, you know? Um, but, uh, yeah. So those are the typical kinds of measures. And again, if you look at that national institute, uh, on aging, the fit, is it fit for life or move for life? I, sorry, I just can't recall. Um, they have the measures listed and how to do them safely for yourself. Again, always talk to your, you know, a health provider or recommend that someone talk to a health provider before they get started, um, particularly if they've had a lot of health conditions. But I think there's just a lot of evidence that people with a lot of health conditions can move. And it, it isn't that they're running five miles, it's that they're starting out by standing up a few times a day and maybe they go for a two-minute walk. Um, it's, you know, we need to sort of look at, in, in, from a rehab perspective, like how do we sort of one step at a time to build people's endurance and abilities. All right. Well, so, oh, thank you, Jane. I was, I, I can't, I'm not able to multitask. That's,

Jane Burke-Miller:

It's get fit for life, exercise and physical activity for healthy aging.

Michelle R. Zechner:

Thank you. That's

Jane Burke-Miller:

Linked to the guide. So yeah.

Michelle R. Zechner:

Thank you so much. That's a great resource. It's a really, really, it's a great resource to, we, we talked about using that maybe in, um, with peer supporters and self-help. Like, like how can people use these tools, uh, for themselves? So let me ask you, um, I want to hear from you. I've been talking a lot. Um, how does physical functioning impact the people in your life? Uh, if you could drop that in chat, like what do you notice? What kinds of problems or challenges or, um, adaptations even have you seen of folks, um, who are aging and may have some, uh, physical mobility, uh, challenges, I will say, you know, some of the adaptations that, um, I've used in my house is, uh, put additional railings in, put a, a tub rail in. Um, also sort of like prompting my family member, uh, to, you know, when I, sometimes the, my family member tends to kind of get up fast, and then there's kind of a, a moment and I'm like, oh, dear. And I'm like, let's just take our time. You know, I try to, to be a support and be like, we are not rushing here. There's no rush. We don't need to move too fast. Uh, anything else that people have seen.

Jane Burke-Miller:

Just your, when you mentioned the hand strength test, I was thinking about, um, it's so important in to be able to live independently, that you can open things and lift things, which is, uh, a, a challenge for many people as they get older. Um, you know, having to make sure that you have food delivered, but you can't open it, or you have medications delivered, but you can't open the medications because they're childproof. Um, yeah,

Michelle R. Zechner:

Yeah. Oh, that's, that's a great point. And someone has just dropped in that, uh, sometimes people have, don't have a lot of stamina when trying a new physical, physically demanding activity and they give up that activity. Yeah, that's a great point. So, I'm just thinking about something like bowling, you know, maybe someone loves bowling, and bowling is physical, right? You got to lift this heavy ball. You got to have some manual dexterity to sort of hold the ball. You must walk with the ball and not, you know, kind of lean to the side. And I mean, that, you know, that can be very discouraging. Um, and then thinking about how can we break that, you know, as, as a rehab, as a psych rehab person, I'm always like, how would we break that into small steps? How would we help people start to build their balance and their upper body strength, some so that, and they could build, you know, build it up gradually and then practice with, you know, some weights and things until they could, uh, do the bowling. Um, okay. Um, I, yeah, I, I think it, it is all kinds of complications. And the interesting thing also is that a lot of the, the people that I've talked to do walk a lot. They take public transportation. They may not have a car, uh, they do walk a fair bit, um, but they may walk very slowly. Um, they may not be able to walk as far as they used to, things like that. Um, so it's important to think about how that impacts the person, you know, their unique situation. Um, do they have dogs or cats? Do they have great nieces or children or grandchildren, um, that they want to pick up and play with? I mean, one person that, uh, in the Wellness for Life program, their, their real intention was they wanted to get on the floor and play with their niece and nephew, and they were having a hard time getting on the floor and then being able to stand up again. So, knowing what that kind of impacts the person. And then thinking about, I'm curious now, um, how have you adapted any of your services to address the physical functioning of your clients? Like, have you done something, have you installed a ramp? Like, are there, what are some things that you've done? Oh, okay. Wow. It's so, it's somebody's, uh, oh, somebody's pointing out, um, a special kind of bowling. I did not know that. Thank you again. Had no idea. Um, not being a northeasterner, I didn't know. Um, folks don't always qualify for some physical health classes. Absolutely. Again, this idea of exclusionary criteria, and I think this is an advocacy issue that we need to be thinking about in mental health, is that everyone needs to, uh, move a little bit more. And we shouldn't be excluding folks who need it the most, right? Because a lot of medications that people are talking, uh, are taking, have an impact on, you know, we, things like tardive dyskinesia, right? Or, or involuntary movements are a side effect, or Parkinsonism, which is sort of the trembles that people get from some of the medications. Those really impact all kinds of things. Preparing food, you know, coffee, oh my gosh, what a big thing. Coffee, pouring milk into coffee. It's such a drama in my house. I, it's, it's hard. Um, and frustrating brushing your teeth. Um, and wonderful. I see yoga is starting, yeah. That, yeah. How people feel versus how they can perform and how, how tight they are. Because some of the medications also, I didn't know this, maybe you all knew this, but, uh, certain medications tighten the muscles and it's, it's, it, it, then there's sort of like a, you know, a tightening not just in the face, which is pretty common, but it can also be in the body, in the back and the arms and the legs, which makes it harder to bend over. If tie your shoes to, if you drop something on the floor, how do you pick it up? Things like that. Um, some. And <inaudible>, um, and Medicaid doesn't pay for health club memberships. That's a great point. That's needed. And in vocational training, needing to adjust hours and duties because our folks are deconditioned. Absolutely. Maybe they're so tired, uh, that they can't stand if they need to stand on the line or if they get, you know, what I see also is people get tired. Um, and just doing the work, particularly for folks who may have been, you know, sort of in recovery from a mental health condition or a recent change in medications, they're not able to focus for eight hours. They need a break. And that's, you know, not necessarily physical functioning, but it's part of it. Uh, invocational yes. And chair yoga definitely very, very helpful. And we are bowling. Oh, that's interesting. Yeah. We, uh, is, is a great way, uh, for folks to have fun and sort of get involved in that way. So, last question. I'd like to, to ask you to consider, how might you use some of what we've talked about today in your setting or in your life or in general, how might you use what we've talked about? Oh, and someone else is talking about the, the impact of functional ability and stamina on, on presidential voting. You know, that makes sense. cause people must stand in line. Um, yet too, I mean, you know, my, my voting sent site is, I'm lucky it's two blocks from my house, but I wouldn't drive, but I'd have to walk. But then walking is, you know, could be a problem. Um, oh, sneaking in more movement into passive activities. Yes. AKA Lauren, I would say have fun, right? Have fun. Because when we talk about ex, like I just, when we talk about exercise, people shut down. They're like, thank you. No, goodbye. Um, but when we talk about what's your favorite dance move, um, you know, or we do some of the mind body stuff. People really seem to be much more engaged and interested in that. I'm more engaged and interested in that. And I, I met these, I was in, um, I went, I presented at a international physical therapy association. So internationally, physical therapists are very involved in mental health, right? Not so much in the us but in, in Europe it's a thing. And I met this amazing person who was talking about tailoring physical activities to a person's mood. And I'll just give you a quick example. Like for people who are feeling have more depressed or have more depressive symptoms, um, having more energizing activities, you know, kind of waking up and shaking and rubbing your hands and sort of things to kind of activate the body a little bit. And then alternately she was talking about or things, uh, for people who were more, you know, kind of excited or agitated or irritated or upset or maybe a little manic, um, calming activities. You know, things like breathing and moving and slower kind of yoga things to calm things down. Um, yes. Oh, Andrea, you hit the nail on the head. Physical functioning in our initial assessment of clients. Absolutely. I think physical functioning should be, and there, there are, um, there's one called the who das, the World Health Organization Disability Assessment, something. Um, but there are functional, functional, um, things that you, assessments that you can use. But we should be talking to people about pain. I mean, that's, my colleague was always like, do we talk to people about pain? Because people often have, you know, I have foot pain, people have knee pain. We don't necessarily in mental health ask people, are you, are you in pain today? Um, are you working with a doctor for pain? Um, you know, it makes sense that people would have more pain and we should know also what, you know, where they're at and where they might want to go because their physical functioning may get in the way of, as we were, as you were mentioning, getting a job, uh, getting a date, um, living independently. Um, and oh, hey, before you do bingo, let's do a couple of quick stretches. Absolutely. Or do maybe a bingo <laugh>. I don't know how you would do like a act, like a movement bingo. You know, like maybe it would be on the card or something. I don't know how that would work, but I'm sure there's something out there. I think that's brilliant. Mm-Hmm. <affirmative> and I, for any of us who it is a thing. Oh, cool. I'll have to check that out. Um, back in the day, a million years ago, my very first job was in a nursing home. And it was a nursing home that had a lot of folks who had been deinstitutionalized and those folks were in their sixties and seventies and been in state hospitals in Illinois for decades. Um, it really sparked me on this path, right? Because I kept thinking, wow, you know, physically people have a lot of challenges, and how can we help people not end up in nursing home? How can we help them stay as independent as possible? And there are all those fun activities, you know, in other nursing home settings I've seen they, they do this thing with the balloon where you throw the balloon around and then the parachute thing, you know? So, there are some things, but absolutely. And, and I really also like to talk to people a lot about the value of movement for brain health as well as physical health, so that it becomes kind of like this is, this is, um, this is a both, and like you're going to, you're not only helping your body, but you’re also helping your brain, uh, stay young, right? Um, so the more we can have these conversations in a fun way, in a light way, not as another, like sort of finger pointy, I remember, you know, you learn things in your career. And one of the one thing that I learned, I, I went to a community wellness center, and I was talking about physical health, and somebody just put their head down on the table and they cried. And they were like, people are always telling me that I'm overweight, that I must do these things, and I don't know what to do. I feel so overwhelmed. And I was like, you're right. This is the, the wrongs way to start this. I mean, you know, I, I've said that wrong, but it, this is the worst way to, to start this. Uh, so we really must also consider a person's readiness, you know, as we sometimes call that the, you know, how ready are they, how motivated, how interested, and then how does that connect to what they love to do? Like, you know, I, I know, I don't know if any of you know, uh, Peggy s Berg, but she's one of my, um, mentors. She used to love to swim, and she would swim a lot. I hate swimming. I don't want to be, I don't want to put my head in the water. No, that's not something for me. I love yoga and I know people who are like, I, they will not do yoga. They don't like yoga. Um, so it's important to sort of find the thing that makes sense, but also maybe make it like applied in someone's life. So, um, you know, cleaning house, I used to have a calorie, uh, thing on how many calories you burn when you scrub a floor in your hands and knees and vacuum and wipe the walls and dust and things like that. Um, we must think more and more, I believe, uh, about movement as a harm reduction. We need to be thinking not as if you, you sort of change your, your entire, uh, abilities. You basically start a little bit at a time and move.

Jane Burke-Miller:

Um, we're getting near the end of our hour here, so, uh, just want to note a couple more comments. One about, um, some local hospitals in the Boston area asking about pain is a fifth vital sign that's interesting. Um, and then, uh, at an apartment, um, the management provides residents with plant boxes that they can, uh, you know, do planting vegetables and flowers, and that can be a good activity to do. Um, so that's interesting. Um, we are at three minutes to the end, so I want to, um, thank everyone for taking their time today to participate. I especially want to thank Dr. Zackery for her work and presenting today. The video of this, uh, webinar will be posted online at the Center for Psychiatric Rehabilitation. Um, and I don't, you we're talking about sharing slides. Um.

Michelle R. Zechner:

Yes, I can send, I'll send those to you after. I can, I can send the slides over, no problem. Okay.

Jane Burke-Miller:

Okay. Um, um, so in the meantime, when you exit the webinar, you'll see a brief survey. Please take a moment to provide us with feedback before moving on with your day. Um, and finally, we are in the process of scheduling another webinar for the fall. Uh, so pay attention to your email and thank you everyone so much. Thank you, Dr. Ner. This was an interesting presentation.

Michelle R. Zechner:

Thank you so much. I really appreciate being here today and all your comments.

Jane Burke-Miller:

Thank you. Don't forget to fill out the survey.