

Aging Adults: Serious Mental Illness, Substance Use, and Co-occurring Disorders

Indiana Department of Health Leadership Conference
Indianapolis, Indiana
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SAMHSA
Substance Abuse and Mental Health
Services Administration

Introduction



What is SAMHSA?

- The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.
- Our main operational divisions are the:
 - Office of the Assistance Secretary – Miriam Delphin-Rittmon, PhD
 - Center for Substance Abuse Treatment
 - Center for Substance Abuse Prevention
 - Center for Mental Health Services
 - Center for Behavioral Health Quality and Statistics (CBHSQ)
 - Policy Lab
- Final FY 2022 budget \$6.55 billion (including increases for opioid use disorder prevention and treatment, mental health treatment and 988/crisis services) – the FY23 funding process is not completed

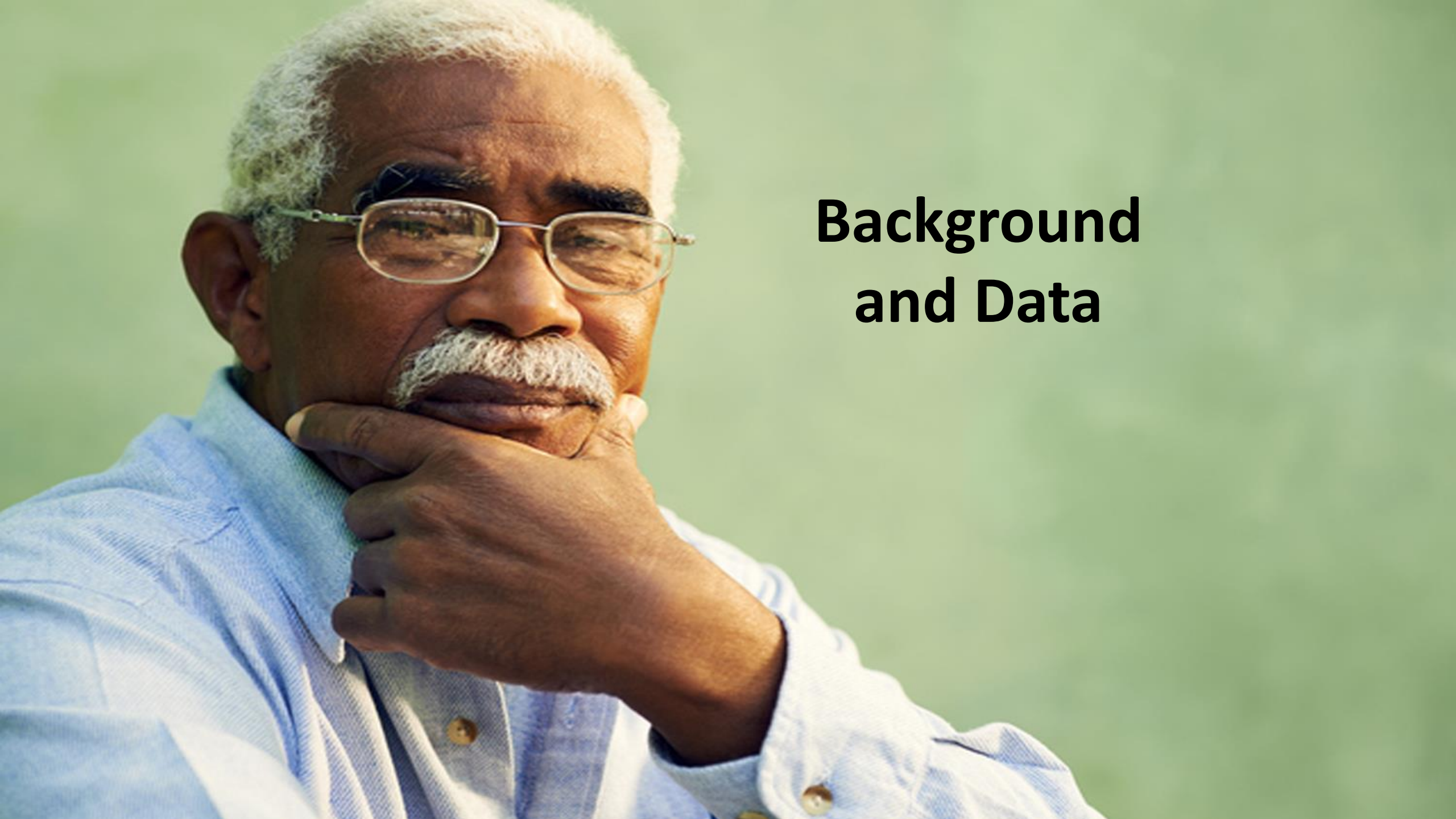


Block Grants

- **Mental Health Block Grant**
 - Grant to all 50 states, DC, and territories
 - Focus on community treatment for adults with serious mental illness and children with serious emotional disturbances
 - Fund priority treatment services for those without insurance
 - Fund those priority treatment and support services for low income individuals
 - Collect performance and outcome data to determine the on going effectiveness
 - Approximately \$857.57 million in FY22
- **Substance Abuse Block Grant**
 - Grant to all 50 states, DC, and territories
 - Focus on community treatment
 - Approximately \$3.43 billion in FY22

Depression of Depression in Older Adults EBP Toolkit

- This kit offers information about an array of evidence-based practices for treatment and services to improve outcomes for older adults experiencing depression, including dysthymia. It considers planning, implementation, and maintenance.
- <https://store.samhsa.gov/product/Treatment-of-Depression-in-Older-Adults-Evidence-Based-Practices-EBP-KIT/SMA11-4631CD-DVD>
- <https://www.youtube.com/watch?v=1aGaVws-ntY>
 - :07 - 4:15



Background and Data

National Survey on Drug Use and Health (NSDUH) - 2020

- NSDUH is a comprehensive household interview survey of substance use, substance use disorders, mental health, and the receipt of treatment services for these disorders in the United States.
- NSDUH is collected face-to-face or by phone by field interviewers who read less sensitive questions to respondents and transition respondents to audio computer assisted self-interviewing for sensitive items.
- NSDUH covers the civilian, noninstitutionalized population, aged 12 or older:
 - Includes: Households, college dorms, homeless in shelters, civilians on military bases
 - Excludes: Active military, long-term hospital residents, prison populations, homeless not in shelters
 - Sample includes all 50 states and DC
 - Approximately 67,500 persons are interviewed annually
 - Data collected from January to December

Mental Health and Substance Use Disorders in America: 2020

- Approximately 14.5% (16.95 million) people aged 50 or older had a mental illness (NSDUH Tables 8.1A and 8.1B)
- About 3.4% (3.96 million) of older adults had a serious mental illness (Tables 8.4A and 8.4B)
- Adults 50+ reported the following substance use disorders for the past year (Table 5.2A)
 - Approximately 3.4 million reported illicit drug used consistent with having a substance use disorder
 - Approximately 8.3 million reported alcohol use consistent with having an alcohol use disorder

Serious Mental Illness

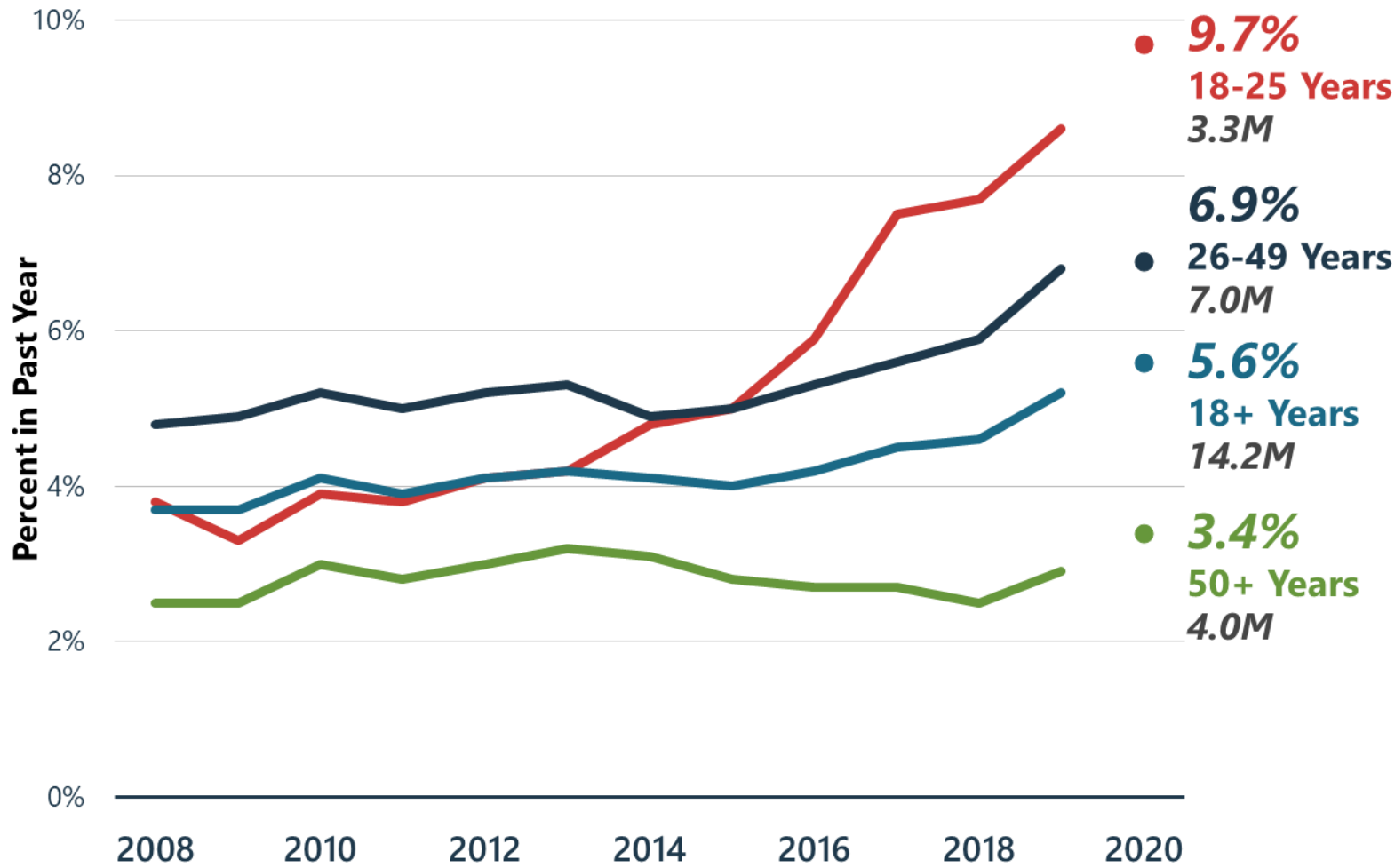
- About 5.6% of the adult population reported having a serious mental illness in 2020, including 3.4% of adults 50+ (NSDUH Table 8.4B)
- What is serious mental illness
 - *For adults aged 18 and over*
 - *Who currently or at any time during the past year*
 - *Have a diagnosable mental illness according to the Diagnostic and Statistical Manual (DSM)*
 - *That has resulted in functional impairment which substantially interferes with or limits one or more major life activities*

Serious Mental Illness

- According to a 2009 review conducted by Brown University, the rates for older adults in nursing homes with schizophrenia (3.6%) and bi-polar disorder (2.8%) and any mental illness (56.8%) is higher than those living in the community. (Shaping Long Term Care in America Project and Brown University, unpublished data provided to the IOM committee, funded in part by the National Institute on Aging (1P01AG027296), 2011 cited in the National Academies of Sciences, Engineering, and Medicine. 2012. The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?. Washington, DC: The National Academies Press. <https://doi.org/10.17226/13400>.
- State mental health systems do not serve older adults in proportion to their prevalence in the population – older adults typically comprise 2.5% - 7% of people using state mental health systems

Serious Mental Illness (SMI) in Past Year: Among Adults Aged 18+

PAST YEAR, 2008-2020 NSDUH, 18+



1.9M Adults Aged 18-25 with SMI Received Treatment in 2020
42.4% got NO treatment

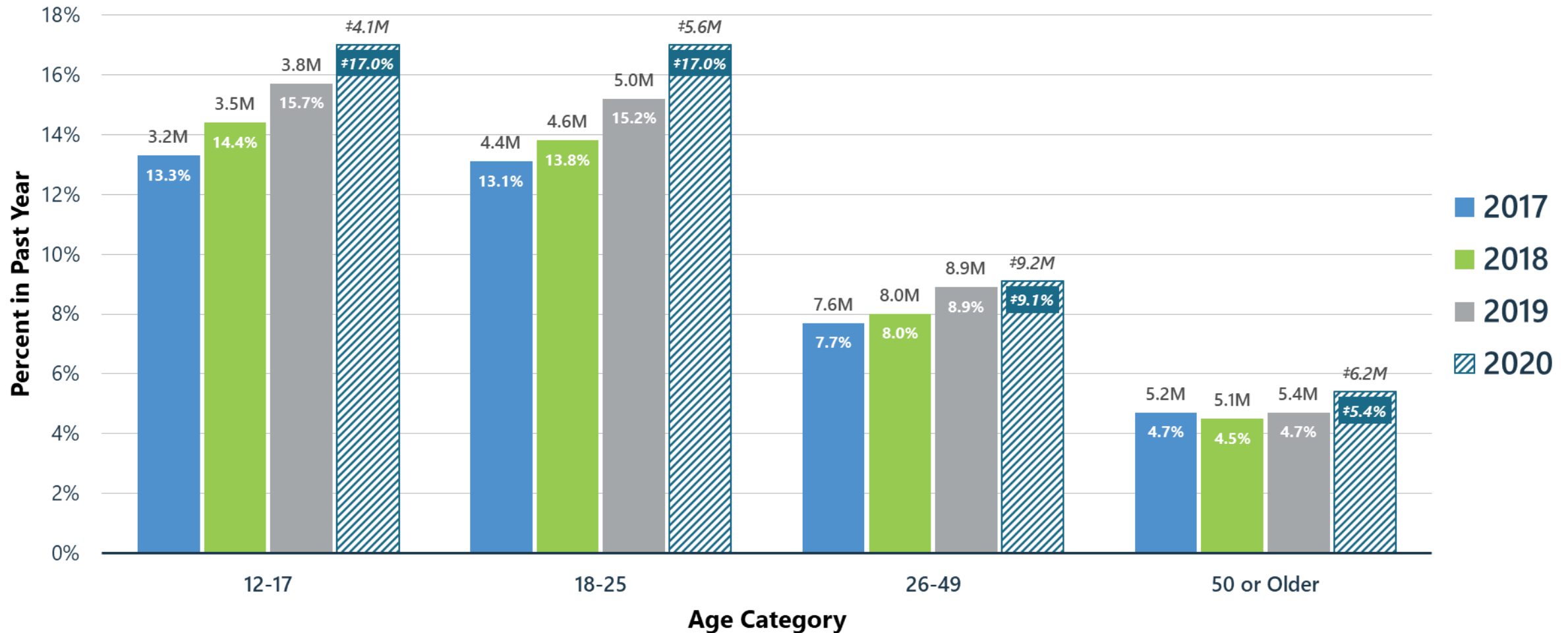


4.4M Adults Aged 26-49 with SMI Received Treatment in 2020
37.0% got NO treatment

There is no line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed. See the 2020 National Survey on Drug Use and Health: Methodological Summary and Definitions for details.

Major Depressive Episodes in Past Year: Among People Aged 12+

PAST YEAR, 2017-2020 NSDUH, 12+



Note: The adult and youth MDE estimates are not directly comparable.

‡ Estimates on the 2020 bars are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

Substance Use and Older Adults

- Among adults aged ≥ 65 years, 25.0% had at least one opioid prescription filled in 2018, including 23.5% of men and 26.1% of women.
CDC Schieber LZ, Guy GP Jr, Seth P, Losby JL. Variation in Adult Outpatient Opioid Prescription Dispensing by Age and Sex — United States, 2008–2018. MMWR Morb Mortal Wkly Rep 2020;69:298–302. DOI: <http://dx.doi.org/10.15585/mmwr.mm6911a5>
- In 2019, approximately 10,292 opioid overdose deaths were people aged 55 and older (Northwestern University study of older adult overdose deaths <https://news.northwestern.edu/stories/2022/01/older-adult-opioid-overdose-death-rates-on-the-rise/>)
- The National Survey on Drug Use and Health (NSDUH) data indicates prescription pain reliever misuse was at 2.5% (2.96 million) in 2020 for older adults 50+ (Table 1.13B)

What is Illicit Drug Use

- NSDUH includes nine illicit drug categories: marijuana, cocaine (including crack), heroin, hallucinogens, and inhalants, as well as the nonmedical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives.

Substance Use and Older Adults

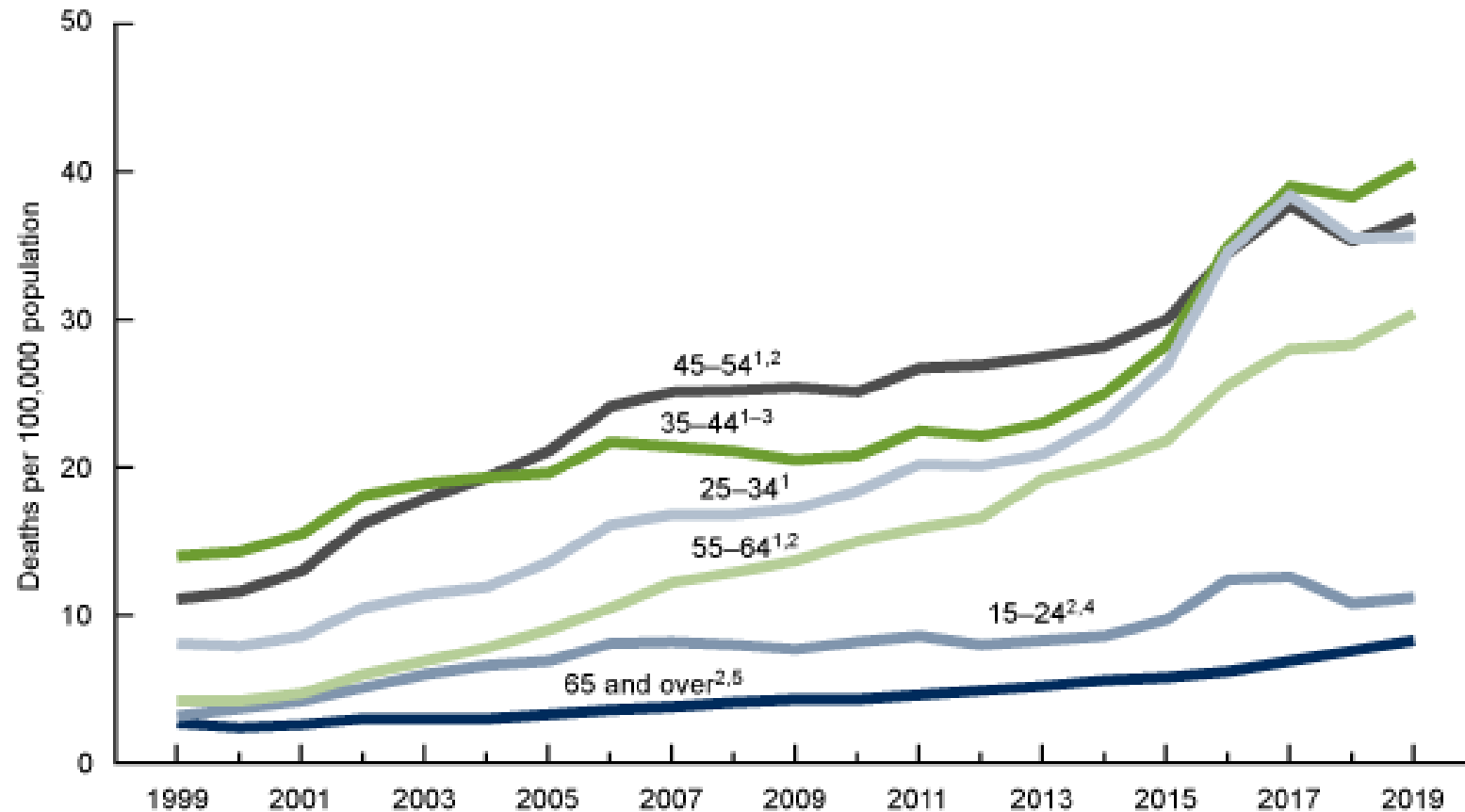


Figure 2. Drug overdose death rates among those aged 15 and over, by selected age group: United States, 1999–2019

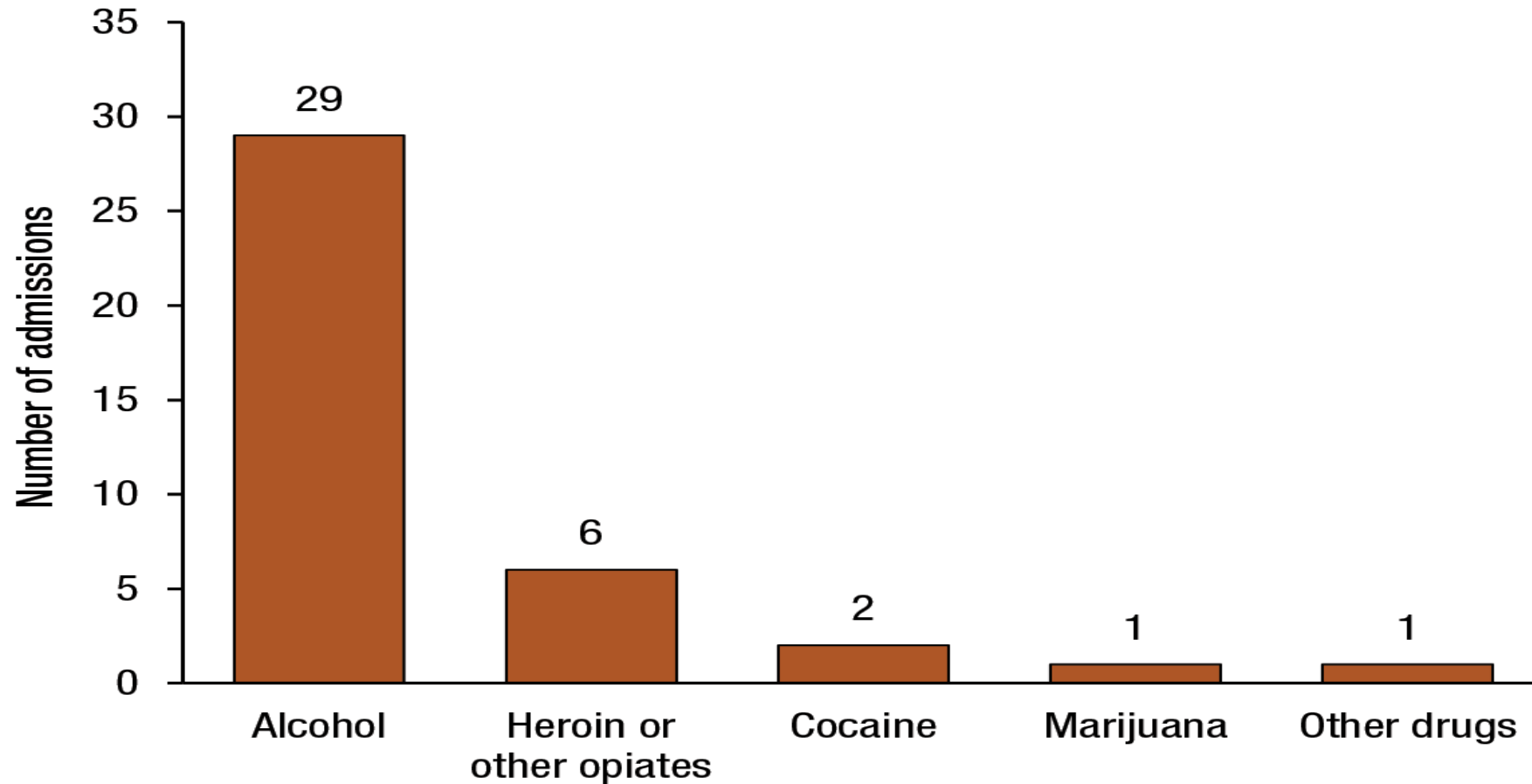
Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999– 2019. NCHS Data Brief, no 394. Hyattsville, MD: National Center for Health Statistics. 2020.

Higher drug use of the boomer generation

- 50-54 - lifetime illicit drug use = 56.2%
- 55-59 - lifetime illicit drug use = 56.9%
- 60-64 - lifetime illicit drug use = 57.7%
- 65+ - lifetime illicit drug use – 39.0%

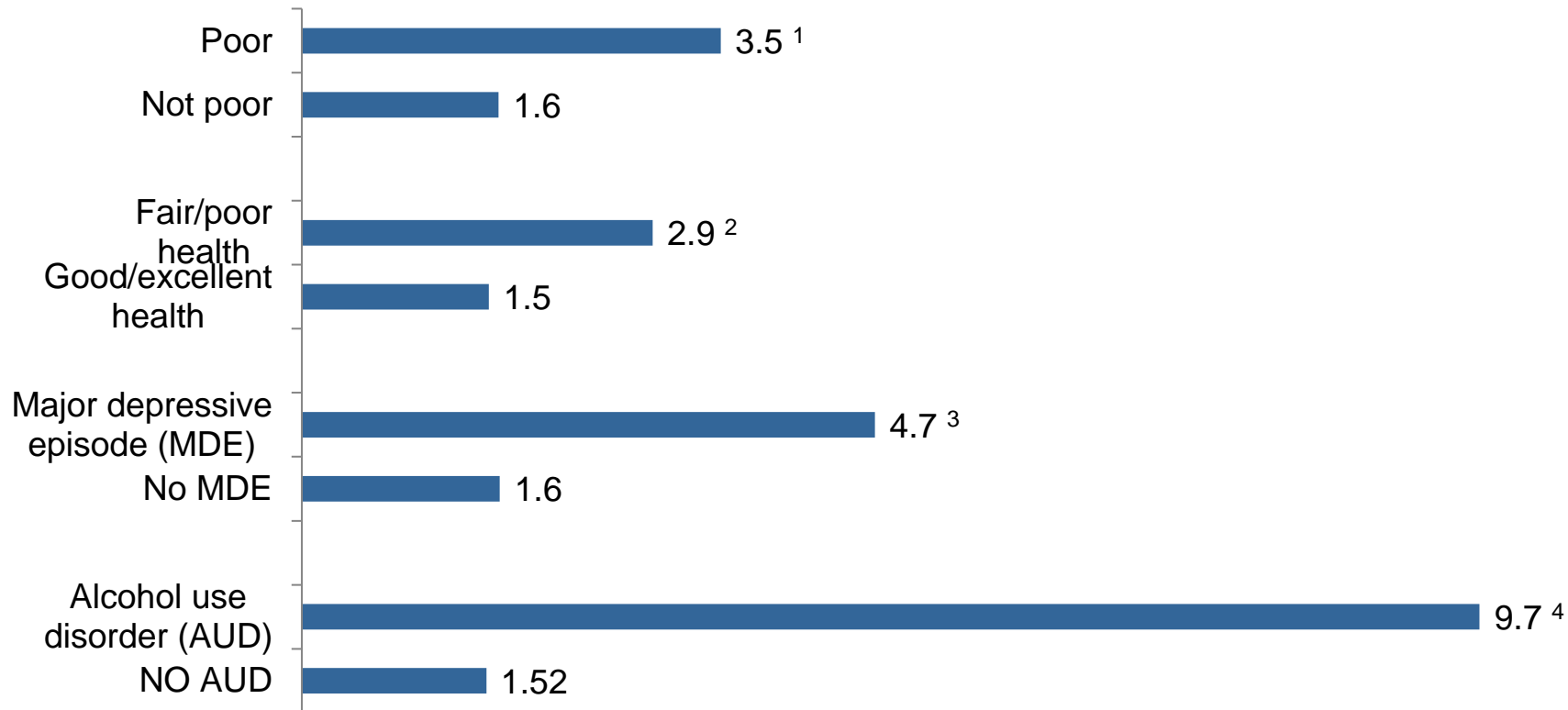
2020 NSDUH Data (Table 1.6B)

Older Adults: Opioids and Substance Use



Number of admissions aged 65 or older admitted substance abuse treatment on an average day, by primary substance of abuse

Past year opioid misuse among adults aged 50 or older, by selected other characteristics: Percentage, 2011-2014



¹ Significantly different from “Not poor” at $p < 0.05$

² Significantly different from “Good/excellent health” at $p < 0.05$

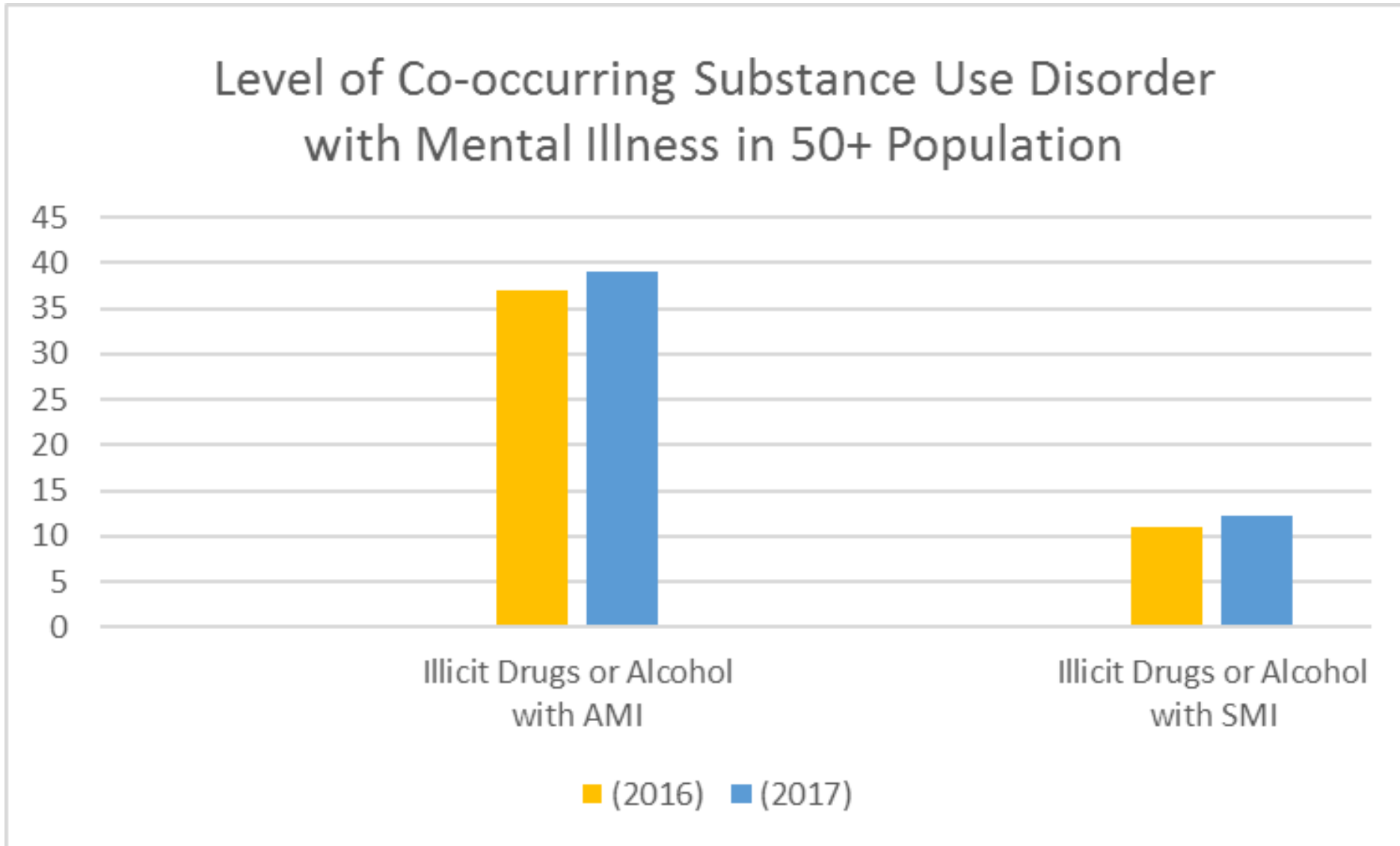
³ Significantly different from “No MDE” at $p < 0.05$

⁴ Significantly different from “No AUD” at $p < 0.05$

NOTE: Opioid misuse refers to heroin use or nonmedical use of prescription pain relievers.

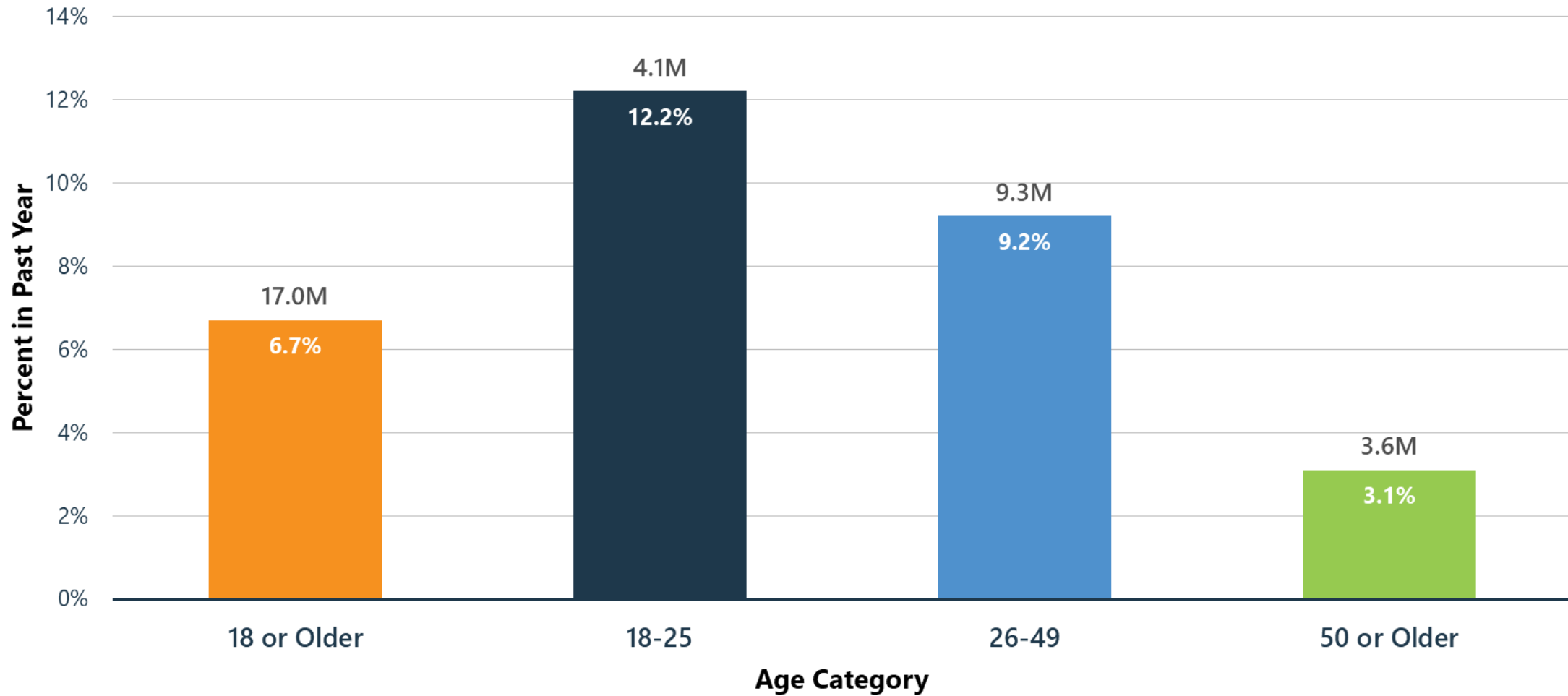
SOURCE: SAMHSA/CBHSQ, National Survey on Drug Use and Health, 2011-2014

Older Adults, SMI, and Co-occurring



Co-Occurring Substance Use Disorder and Any Mental Illness in Past Year: Among Adults Aged 18+

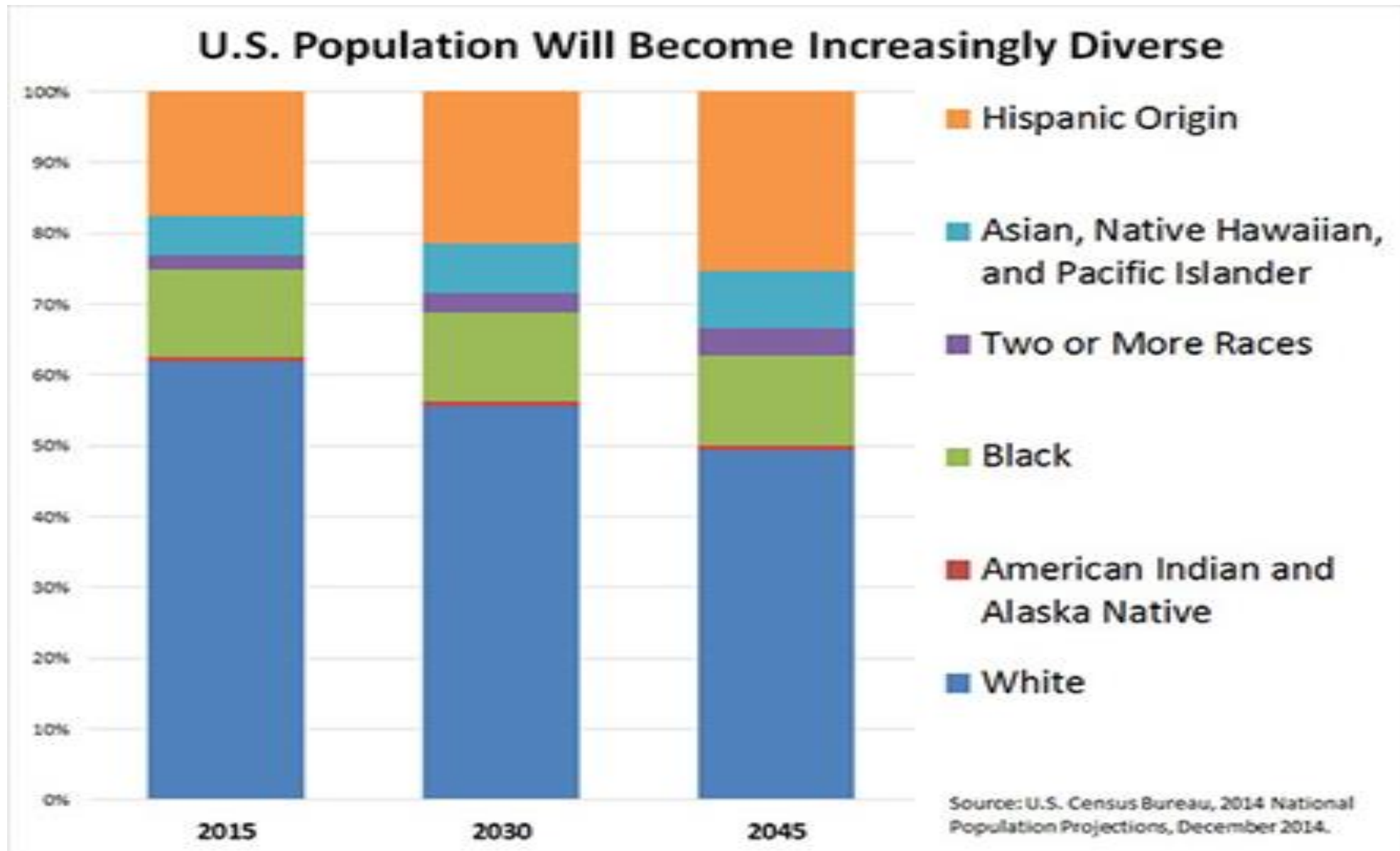
PAST YEAR, 2020 NSDUH, 18+



Treatment and Recovery

- In 2020,
 - 73% of people 50+ said they received treatment for their serious mental illness.
 - About 40% who had a mental illness (but not SMI) said they received treatment (Table 8.17)
 - About 613,000 said they received treatment for illicit drug use – (Table 5.9A)
 - And about 630,000 for Alcohol Use Disorder (Table 5.9A)
- 584,000 people 50 or older considered themselves to be in SUD recovery (Table 6.37C)
- 621,000 people 50 or older considered themselves to be in MH recovery (Table 6.37C)

Increasingly Diverse and Aging Population



Resources



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Medicare Psychiatric Collaborative Care Model - COCM

A model of behavioral health integration that enhances “usual” primary care by adding two key services:

1. care management support for patients receiving behavioral health treatment; and
2. regular psychiatric inter-specialty consultation to the primary care team, particularly regarding patients whose conditions are not improving.

Medicare Psychiatric Collaborative Care Model

CARE TEAM MEMBERS

- **Treating (Billing) Practitioner** – A physician and/or non-physician practitioner (PA, NP, CNS, CNM); typically primary care, but may be of another specialty (e.g., cardiology, oncology)
- **Behavioral Health Care Manager** – A designated individual with formal education or specialized training in behavioral health (including social work, nursing, or psychology), working under the oversight and direction of the billing practitioner
- **Psychiatric Consultant** – A medical professional trained in psychiatry and qualified to prescribe the full range of medications
- **Beneficiary** – The beneficiary is a member of the care team

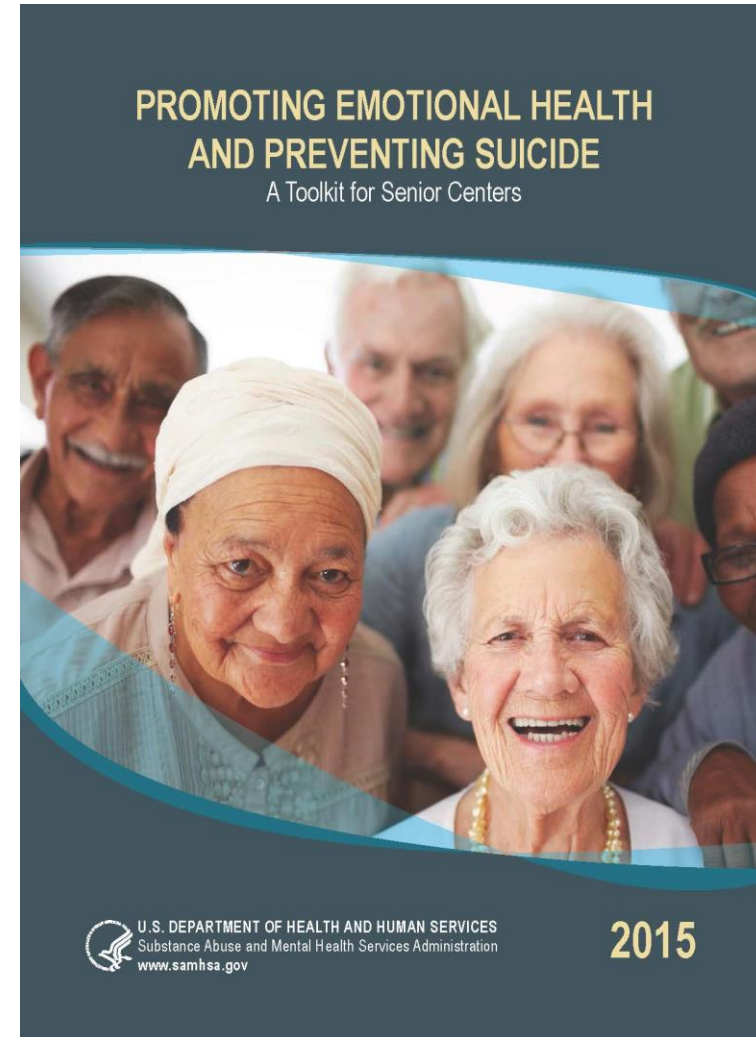
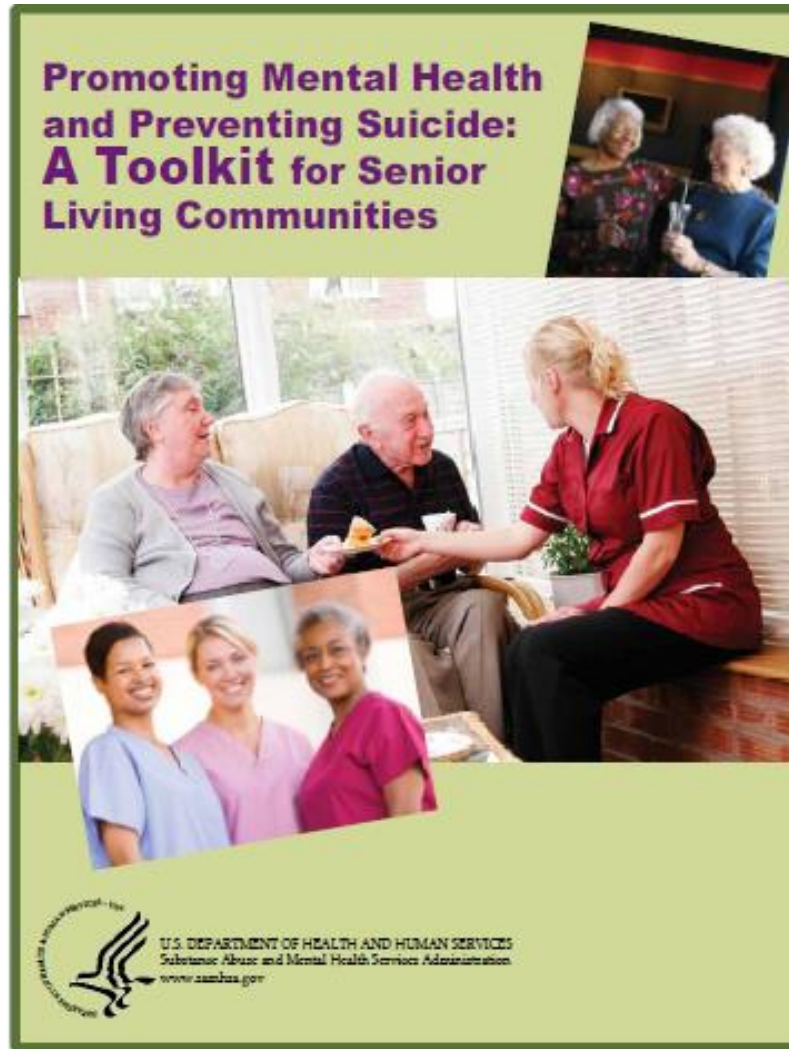
Medicare Collaborative Care Billing

- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf>
- https://aims.uw.edu/sites/default/files/CMS_FinalRule_BHI_CheatSheet.pdf

More Resources for Treating Depression

- The Program to Encourage Active, Rewarding Lives (PEARLS) educates older adults about what depression is (and is not) and helps them develop the skills they need for self-sufficiency and more active lives. The program takes place in six to eight sessions over the course of four to five months **in an older adult's home or a community-based setting** that is more accessible and comfortable for older adults who do not see other mental health programs as a good fit for them. PEARLS also allows for coordination with their current health care providers where appropriate.
- PEARLS Implementation Toolkit
- <https://depts.washington.edu/hprc/programs-tools/pearls/get-started-with-pearls/pearls-implementation-toolkit/>

Suicide Prevention Toolkits



Suicide Rates by Age

- In 2020, the highest suicide rate in the U.S. was among people 85+ (20.86 per 100,000) <https://afsp.org/suicide-statistics> - the age-adjusted suicide rate in 2020 was 13.48 per 100,000 individuals.
- Indiana (all ages) US Rank: 27, 1,024 deaths, Rate: 15.02
<https://afsp.org/facts/indiana>

Why Are Such Toolkits Important?

- Depression is not a normal part of aging
- Normal thoughts about death are different from suicidal thoughts
- It is important to reduce stigma associated with mental health disorders
- Treating depression and treating suicide takes different approaches

Framework for the Toolkits

- **Whole Population - Promote the emotional health of all older adults**
- **At Risk - Recognize and respond to individuals at risk**
- **Crisis Response - Respond to a suicide attempt or death**

Source: Langford, L. 2008. A Framework for Mental Health Promotion and Suicide Prevention in Senior Living Communities

There is Hope and Help

Protective Factors

- **Appropriate assessment and care for physical and behavioral health issues**
- **Social connectedness**
- **Sense of purpose or meaning**
- **Resilience around change**



Audience for the Toolkits

- **Senior Living Communities and Senior Center staff and volunteers**
- **Community service providers for older adults (e.g., meals on wheels, transportation, home care)**
- **Behavioral health professionals**

Identify and Assist Individuals at Risk of Suicide

- ✓ **Train staff and volunteers**
- ✓ **Refer to mental health providers**
- ✓ **Conduct screening**
- ✓ **Provide counseling**



Providing Support after a Suicide

- ✓ **Postvention protocols**
- ✓ **Community support meetings**
- ✓ **Mental health counseling**



Resources in Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Centers

TOOLS AND FACT SHEETS

Tool 1: Suicide among Older Adults	30
Tool 2: Assessment Checklist	33
Tool 3: Connecting to Behavioral Health Resources in the Community	34
Tool 4: Activities to Promote Health and Wellness	37
Tool 5: Strategies for Establishing Social Networks	39
Tool 6: Recognizing and Responding to Depression	40
Tool 7: Recognizing and Responding to Medication and Alcohol Misuse	42
Tool 8: Community Support Meetings	44
Tool 9: Resources List	46

Fact Sheet 1: I
Fact Sheet 2: K
Fact Sheet 3: A

Information Form for Behavioral Health Resources

Name of Organization/Program: _____

Contact Person: _____ Phone Number: _____

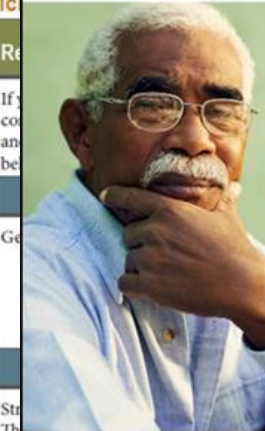
E-Mail: _____

- Do you currently provide services for older adults (ages 65+) with:
 - Mental health issues ___ Yes ___ No
 - Substance use problems ___ Yes ___ No
- Are you able to take new clients that we would refer to you? ___ Yes ___ No
- Do you accept health insurance? ___ Yes ___ No
If yes, check all that apply: ___ Medicare ___ Medicaid ___ Private insurance ___ Other
- What counseling and/or treatment programs do you provide?
- What support groups do you provide?
- Would you be available for consultation with our senior center staff about behavioral health issues?
- What services could you provide at our senior center, for example:
 - ___ Screening
 - ___ Counseling
 - ___ Support groups
 - ___ Speakers/trainings/classes for: ___ Staff ___ Participants
 - ___ Other (please describe):

Tool 2: Assessment Checklist

Promoting Emotional Health and Preventing Suicide

Questions	Yes	No	Don't Know	Re
For each question, circle the answer that best matches your current situation.				
Getting Started				
Do your staff members and volunteers know what factors may increase the risk of suicide among older adults?	Yes	No	Don't Know	Ge
Do you have a list of the behavioral health contacts in your community?	Yes	No	Don't Know	
Promote Emotional Health				
Do you offer a variety of activities that promote intellectual, creative, spiritual, and physical well-being?	Yes	No	Don't Know	Str
Do you offer programs designed to promote social networks and community building?	Yes	No	Don't Know	Str
Recognize and Respond to Suicide Risk				
Have your staff and volunteers been	Yes	No	Don't	Str



Fact Sheet 2: Know the Warning Signs of Suicide

Have you ever heard someone make these statements? Have you thought them yourself?

- "They'd be better off without me."
- "Don't worry I won't be here to bother you much longer."
- "I can't deal with it any more. Life is too hard."
- "I no longer want to live."
- "Death seems like the only way out."

Do either of the following descriptions sound like your neighbor, a friend, or yourself?

- The person has been drinking more than usual. He or she doesn't think life has any purpose now that his or her spouse is gone. He or she yells at food servers or other senior center staff for talking too long.
- The person has stopped coming to exercise class. He or she paces around at night, unable to sleep. He or she reports feeling hopeless and that nothing in life will ever improve.

Know the warning signs of suicide.

The following three warning signs suggest that a person could be at immediate risk of suicide:

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

Other behaviors that may also indicate a serious risk—especially if the behavior is new, has increased, and/or seems related to a painful event, loss, or change:

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated, behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

Psychosocial Interventions for Older Adults with Serious Mental Illness

- The guide provides considerations and strategies for interdisciplinary teams, peer specialists, clinicians, registered nurses, behavioral health organizations, and policy makers in understanding, selecting, and implementing evidence-based interventions that support older adults with serious mental illness.
- <https://www.samhsa.gov/resource/ebp/psychosocial-interventions-older-adults-serious-mental-illness>

Importance of the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC)

- To keep federal government focused on SMI needs
- To provide feedback about ongoing issues; participate in SAMHSA activities related to special topics in mental illness
- To help in urgent issues: working with SAMHSA leadership and staff on approaches to problems, media contacts/communications with the public, implementation/dissemination

Behavioral Health Workforce

SAMHSA views access to a sufficient and well-prepared clinicians as critical to meet the nation's behavioral health needs. Current efforts to address the clinical and support staff needs, include:

- Developing a national network of training and technical assistance to assure professionals are equipped to meet patient needs:
 - Repository of evidence-based practices
 - Clinical Support System for SMI/Center of Excellence for Psychopharmacology
 - Regional network of local trainers to assist colleagues in their communities
 - Increase the behavioral health workforce – encourage more psychiatry residency training positions; loan repayment programs for behavioral health professionals
- SAMHSA has definitely heard the call from the Institute of Medicine study – “In Whose Hands” – and is actively working with our federal partners (ACL, HRSA, IHS, NIH (NIA and NIMH), and CMS)

SAMHSA's Role with the Aging Network

Developing stronger ties with ACL and others in order to:

1. Provide Training and Technical Assistance (TTA) to Improve Service Delivery
2. Support Family Caregivers
3. Improve the Workforce
4. Identify Evidence-Based Practices
5. Provide information to the public

Other Co-occurring Considerations

- The intersection of older adults with SMI and cognitive impairment/dementia
- Supports for people with aging adults with developmental disabilities and intellectual disabilities and SMI
- New SAMHSA Center of Excellence for Building Capacity in Nursing Facilities to Care for Residents with Behavioral Health Conditions

Revised TIP 26: *Treating Addiction in Older Adults*

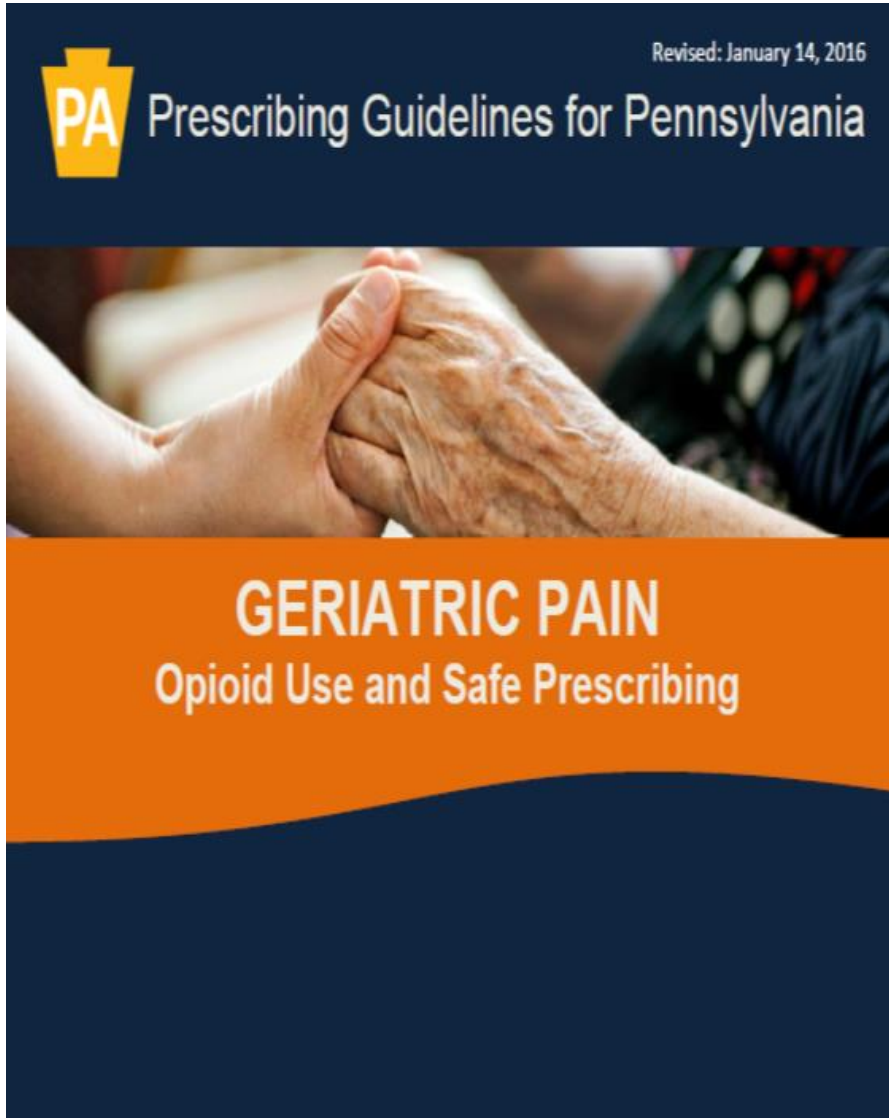
- TIPs are guidelines to ensure provision of the best evidence-based treatments for substance use disorders
- Each TIP conveys current, relevant information in an accessible, user-friendly, toolkit format
- Each TIP has 5-10 core documents, roughly 10-20 pages in length, that can be used individually or in conjunction with one another
- Consensus process used for creating or revising TIPs:
 - Nonfederal panel of clinical, research, administrative, and client advocacy experts participate in consensus-based development of each TIP's content
 - Review and refine the draft outline and supporting annotated bibliography until a consensus is reached regarding best practices and practically applicable information

<https://store.samhsa.gov/product/treatment-improvement-protocol-tip-26-treating-substance-use-disorder-in-older-adults/PEP20-02-01-011>

Medication Management in Older Adults

- Brownbag Toolkit
 - Ohio Hospital Association Medication Safety Page
 - <https://ohiohospitals.org/Patient-Safety-Quality/Innovation-Leadership/Ohio-Patient-Safety-Institute>
 - AHRQ Brown Bag Toolkit
 - https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2_tool8.pdf
- SAMHSA-HRSA Center for Integrated Health Solutions
 - <https://www.thenationalcouncil.org/program/older-adults/>
 - Growing Older: Providing Integrated Care for and Aging Population
 - <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4982.pdf>

Medication Management in Older Adults - Pennsylvania



These guidelines are intended to help health care providers improve patient outcomes when providing this treatment, including avoiding potential adverse outcomes associated with the use of opioids to treat pain.

Center of Excellence for Building Capacity in Nursing Facilities to Care for Residents with Behavioral Health Conditions

- New technical assistance center
- The purpose of this program is to establish a training and technical assistance center that serves as a national center of excellence to build capacity that supports focused resource development and dissemination, training and technical assistance, and workforce development to staff in nursing facilities who serve individuals with Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), Substance Use Disorders (SUD), or Co-occurring Disorder (COD). SAMHSA expects that this will
 - Strengthen and sustain effective behavioral health practices and achieve better outcomes for nursing home residents with SMI, SED, SUD, or COD
 - Ensure the availability of evidence-based training and technical assistance addressing mental health disorder identification, treatment, and recovery support services. Training and technical assistance is needed to support facilities in improving care for this population.

SAMHSA Helplines and Treatment Locators



<https://findtreatment.samhsa.gov/>



<https://988lifeline.org/>



<https://www.samhsa.gov/find-help/national-helpline>

SAMHSA Materials

- [Psychosocial Interventions for Older Adults With Serious Mental Illness](#)
- [Get Connected Toolkit](#)
- [Treatment of Depression in Older Adults](#)
- [Promoting Emotional Health and Preventing Suicide – senior housing](#)
- [Promoting Emotional Health and Preventing Suicide – senior centers](#)
- [Growing Older: Providing Integrated Care for an Aging Population](#) – SAMHSA-HRSA
- [Good Mental Health is Ageless](#) – brochure

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<https://www.dropbox.com/s/ne0jfvj1wqwl65f/Treatment-of-Depression%20video%203.mp4?dl=0>

Attitude

- Mental Health is Essential to Health
- Prevention Works
- Treatment is Effective
- People Recover

Thank you.

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