

Co-Occurring Disorder-Related Quick Facts: ELDERLY

Elderly: In 2004, persons over the age of 65 reached a total of 36.3 million in the United States, an increase of approximately nine percent over the past 10 years. Women over the age of 65 outnumber men by almost six million. A total of 18.1 percent of persons over 65 in 2004 were minorities, 8.2 percent were African American, 6 percent were of Hispanic origin, 2.9 percent were Asian or Pacific Islander, and less than one percent were American Indian or Native Alaskan. The elderly population is anticipated to increase by 15 percent from 2000 to 2030.¹

Epidemiology:

Substance Abuse: Substance use trends among the elderly are changing, and may increase among the aging Baby Boomer cohort, the next generation of elderly Americans.² Admissions to substance abuse treatment, as reported in the Treatment Episode Data Set (TEDS), showed that 10 percent of admissions involved individuals aged 50 or older. Alcohol was the most frequently reported substance of abuse for admissions of this same population, with opiates accounting for the second most frequently reported substance of abuse.³ Community surveys report a range from one percent to 15 percent of problem drinking among older adults.⁴ Older adults also face the risk of misusing over-the-counter and prescription medications, the most frequent form of substance abuse problems among the elderly, and “combined difficulties with alcohol and medication misuse may affect up to 19 percent of older Americans.”⁴

Mental Disorders: “One in four older adults has a significant mental disorder (26%), including 16 percent with a primary psychiatric illness, three percent with dementia complicated by significant psychiatric symptoms, and seven percent with uncomplicated dementia.”⁴ The number of older adults affected by mental disorders is expected to “more than double from an estimated seven to 15 million individuals” over the next 25 years.⁴ Depression, anxiety disorders, and dementia are among the most common mental health problems in older persons, and older adults are at a higher risk for suicide than any other age group.⁴

Homelessness: An estimated “9.9 percent of the nation’s citizens aged 65 and older live below the poverty line. Among this growing population of older adults living in poverty are people forced to grow old in the streets and in shelters, elderly persons who have recently become homeless or who remain at constant risk of losing housing. The number of elderly adults who have become homeless has increased around the country. An example of this increase has occurred in Massachusetts, where from 1999 to 2002, the number of people over age 55 using shelters increased by 60 percent.”⁵ Although the proportion of older persons among the homeless population has declined over the past two decades, their absolute number has grown.⁶ “Between February 1 and April 30, 2005, 10.3 percent of the nation’s sheltered homeless persons were between 51 and 61 years old.”⁶ Individuals aged 62 and older constituted only two percent of the country’s sheltered homeless population from February to April 2005, compared with 15 percent of the housed population.⁷

Treatment Approaches: Without adequate and effective treatment, substance abuse and mental disorders in older persons are associated with significant disability and impairment, including impaired independent and community-based functioning, compromised quality of life, cognitive impairment, increased caregiver stress, disability, increased mortality, and poor health outcomes.

Commonly documented barriers to services for older adults are listed below:

1. Transportation to and from treatment for the elderly
2. Homebound older adults
3. Shrinking support systems
4. Lack of individuals with expertise in this field
5. Financial
6. Age-related economic
7. Physical barriers to care
8. Gaps in services
9. Inadequate financing of mental health treatments and services
10. Fragmentation of services

The following approaches have demonstrated effectiveness for the elderly population.

- Brief alcohol interventions,⁴
- Home and community-based mental health outreach,⁴
- Integration of substance abuse, mental health, and primary care services,⁴
- Geriatric mental health consultation and treatment teams in nursing homes,⁴
- Support interventions for families and caregivers of persons with dementia,⁴
- A variety of pharmacological and nonpharmacological interventions,⁴
- Cognitive-behavioral approaches,⁸ and
- Group-based approaches.⁸

In addition, the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Registry of Evidence Based Programs and Practices (NREPP) lists five interventions for older adults, including:

- Cognitive behavioral social skills training (CBSST): A program for middle-aged and older outpatients with chronic schizophrenia. The program teaches cognitive and behavioral coping techniques, social functioning skills, problem-solving, and compensatory aids for neurocognitive impairments;
- Cognitive behavioral therapy (CBT) for late life depression: An active, directive, time-limited, and structured problem-solving approach program that follows the conceptual model and treatment program developed by Aaron Beck and his colleagues;
- IMPACT: Improving mood – Promoting Access to Collaborative Treatment: An intervention for patients 60 years or older who have major depression or dysthymic disorder. The intervention is a one-year, stepped collaborative care approach in which a

nurse, social worker, or psychologist works with the patient's regular primary care provider to develop a course of treatment;

- Program of All Inclusive Care for the Elderly (PACE): Features a comprehensive and seamless service delivery system and integrated Medicare and Medicaid financing. Eligible individuals are age 55 years or older and meet the clinical criteria to be admitted to a nursing home but choose to remain in the community.; and
- Prevention of Suicide in Primary Care Elderly (PROSPECT): A collaborative trial, PROSPECT aims to prevent suicide among older primary care patients by reducing suicidal ideation and depression. The intervention components are: (1) recognition of depression and suicide ideation by primary care physicians, (2) application of a treatment algorithm for geriatric depression in the primary care setting, and (3) treatment management by health specialists (e.g., nurses, social workers, and psychologists).

All of the above programs can be found on the NREPP Web site at:

<http://nrepp.samhsa.gov/index.htm>

Major SAMHSA Activities/Resources:

- *Mental Health: It's a Part of Aging*- An online brochure that offers information for older adults about how to seek treatment for mental illnesses:
<http://stopstigma.samhsa.gov/audience/adults/brochures.aspx>.
- *Do the Right Dose* campaign, including two print ads, one television public service announcement, two radio public service announcements, two posters, and an update of SAMHSA's brochure, *As You Age*:
<http://www.asyouage.samhsa.gov/dotherightdose/default.aspx>
- *As You Age* education materials that help draw attention to the need to manage prescription medication intake as well as the dangers of mixing some medications with alcohol: <http://www.asyouage.samhsa.gov/default.aspx>
- Targeted Capacity Expansion (TCE) Grant Program: Meeting the Mental Health Service Needs of Older Adults: http://www.samhsa.gov/OlderAdultsTAC/tce_program.aspx
- Older Adult Practice Implementation Resource Toolkits – (*document under development*)
- Policy Academy on Rebalancing Long Term Care Systems Toward Quality Community Living and Health Aging
- Get Connected! Toolkit: Linking Older Adults With Medication, Alcohol, and Mental Health Resources: <http://www.samhsa.gov/Aging/docs/GetConnectedToolkit.pdf>

- Older Adult Stigma Roundtables:
http://www.samhsa.gov/aging/age_03.aspx
- New State Initiatives and Partnerships in Aging and Substance Abuse (State Prevention Advancement and Support Project): http://www.samhsa.gov/aging/age_04.aspx
- Targeted Capacity Expansion (TCE) Grant Program: Implementing Evidence-Based Mental Health Services for Older Adults
- Prevention Pathways Online Courses - SAMHSA's Center for Substance Abuse Prevention's (CSAP's) Prevention Pathways offers three online courses for geriatric professionals as well as members of the general public. The courses are *At Any Age, It Does Matter: Substance Abuse and Older Adults* (for professionals), *Alcohol, Medication and Older Adults: For Those Who Care About or Care for an Older Adult*, and *Out of the Shadows: Uncovering Substance Use and Elder Abuse* (for professionals):
<http://pathwayscourses.samhsa.gov/index.htm>
- Older Americans Substance Abuse and Mental Health Technical Assistance Center:
<http://www.samhsa.gov/OlderAdultsTAC/index.aspx>
- Primary Care Research in Substance Abuse and Mental Health Services for the Elderly (PRISM-E) – This study hopes to identify differences in clinical and cost outcomes between models referring consumers to enhanced specialty mental health and/or substance abuse services outside the primary care setting and those providing such services within the primary care setting itself: http://www.samhsa.gov/aging/age_07.aspx
- Treatment Improvement Protocol (TIP) Series 26: *Substance abuse among older adults*. (1998). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- Publications available through the National Mental Health Information Center (<http://mentalhealth.samhsa.gov/>) and the National Clearinghouse for Alcohol and Drug Information (<http://ncadi.samhsa.gov/>).

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