



Emerging Factors: Impact on an Aging Population

One quarter of the U.S. citizenry is projected to be aged 65 or older by 2060. This jump in proportion of seniors to younger people generates a host of challenges for treatment providers, communities, and entire state systems. To ensure service equity, access, and effective outcomes for this growing segment of our population, it is important to understand the overall context of good health, significant changes related to mental health and substance use that are occurring among older individuals, and implications of these changes.



This document offers considerations for planning and implementing system and organizational changes to improve mental and substance use disorder treatment outcomes for older adults.

Social Determinants of Health

The rise in interest in integrated healthcare—the systematic coordination of services addressing mental health, substance use, and primary care—is testimony to the connection between a sound body and a sound mind. A “whole person” approach to health care must also consider the social determinants of health, which have been shown to be real factors in an individual’s well-being.

Healthy People 2020 identifies five determinants that affect a person’s health, functioning, and quality-of-life outcomes and risks:



While these determinants apply universally to all ages, there is often an added layer of complexity for older people. For example, poverty makes securing the nutritious food necessary for anyone’s physical health more difficult, but has also been linked, among older adults, to mental health. Low-income older adults are more likely to be lonely, a condition that has been linked to depression, cognitive decline, and Alzheimer’s disease, as well as a host of physical conditions.

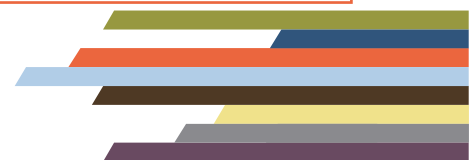
Loneliness, however, is not to be confused with independence, which is highly valued among many older adults. Older adults with low income, compared to those with higher income, are less confident about their ability to secure the support (e.g., preparation of healthy meals, house maintenance, transportation) they will need to remain in their homes and community as they age.

FOR MORE INFORMATION

The [National Resource Center on Nutrition & Aging](#) offers a portal to toolkits, issue briefs, and other resources on social determinants of health.

The Centers for Disease Control and Prevention (CDC) offers [Tools for Putting Social Determinants of Health into Action](#) to help practitioners address social determinants of health.

The [Administration for Community Living](#) works to maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers.





Aging Population, Changing Needs

Mental Health

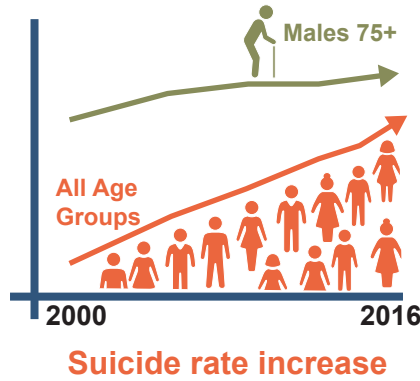
Depression

Depression is less prevalent among those who are 65 and older than those ages 55-64, although research indicates that it is underdiagnosed among older adults. It is important to be alert for signs of depression and other serious mental illness because of their association among older adults with more frequent falls and emergency department visits, longer hospitalizations, and higher rates of substance use disorders.



Underdiagnosed among older adults

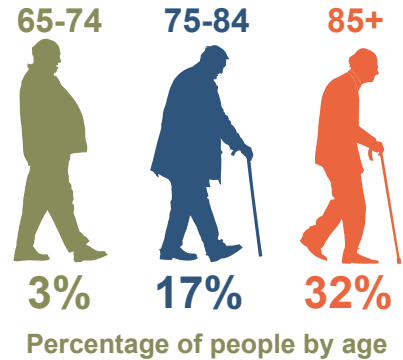
Suicide



The strong association between depression and suicide cannot be left unaddressed, particularly as suicide rates in this country continue to climb. Between 2000 and 2016, suicide rates increased for all age groups except males over the age of 75; however, the suicide rate for this age cohort has consistently remained significantly higher than that of younger age groups throughout that time span.

Alzheimer's Dementia

Dementia, as either patient or caregiver, increases. Proper diagnosis of dementia is key; in some cases, for example, symptoms suggesting dementia are actually related to treatable late-onset bipolar disorder. Often, dementia is accompanied by significant depression and anxiety, for both patients and caregivers. Those providing care to dementia patients are more than twice as likely to suffer depression than their non-caregiving peers. More than 40 percent of dementia caregivers report anxiety.

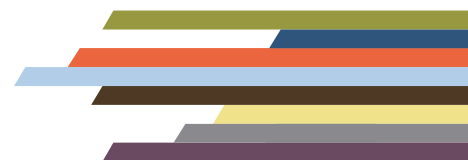


FOR MORE INFORMATION

The CDC's [Healthy Brain Initiative](#) is a multifaceted approach to cognitive health that incorporates a Public Health Road Map series, surveillance, research, policy and partnerships, and reports and resources.

The [Suicide Prevention Resource Center](#) lists risk and protective factors, and recommends resources on preventing suicide among older adults.

[2018 Alzheimer's Disease Facts and Figures](#) provides an overview and prevalence data on Alzheimer's disease (the most common cause of dementia), as well as information on caregiving.





Substance Use

Alcohol

Older adults who drink alcohol experience higher blood alcohol levels than younger people who drink. Poor nutrition, pre-existing medical conditions, and interactions with prescription medications can exacerbate the effects of alcohol among older adults. Drinking too much over time can worsen the severity of diabetes, high blood pressure, and ulcers. A variety of other problems—balance, memory, and co-existing mood disorders—may also develop. Understanding these issues within the context of a whole health evaluation is critical. Treatment services should take into account individual medical needs, safety, access to care, supportive services, and cultural preferences.



Opioids

Opioids. More than 3.5 million elderly adults, particularly those of lower socio-economic status, are classified as frequent users (filling four or more prescriptions within a year) of opioids. As many as one-tenth of women over 60 misuse prescription medications, and long-term prescription opioid use occurs among more women over age 65 than any other adult age group. Excessive use of opioids for chronic pain, which is often associated with older adults, can heighten risk of falls and other physical difficulties, and can lead to addiction.



Polypharmacy

Seniors seeking relief from any combination of pain, insomnia, and mental illness (such as anxiety or depression) may encounter harmful side effects of simultaneously taking opioids, antidepressants, tranquilizers, and antipsychotics. Risks include driving and thinking difficulties, falls, and even death. A recent report indicated that polypharmacy among adults 65 and older more than doubled within nine years, especially among those who reported pain to their doctor.

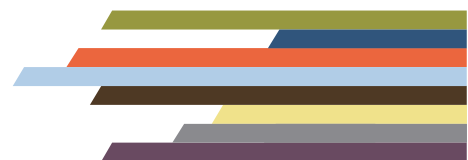


FOR MORE INFORMATION

[Data and other descriptive information on alcohol use among older adults](#) is available at SAMHSA's Center for Behavioral Health Statistics and Quality.

The [American Society on Aging](#) discusses how older adults in rural areas are affected by the opioid epidemic.

The CDC offers information on [adverse drug events in adults](#), including those drugs more likely to cause serious adverse effects.





Organizational Adaptions and Service System Improvements

Best Practices

Best practices for the treatment and recovery of older adults with mental and/or substance use disorders continue to evolve in terms of treatment, recovery, and environmental supports. Organizations and practitioners planning for such services must stay abreast of the evidence base for quality care, continually address workforce development issues, and advocate for service system changes to improve treatment outcomes. Areas of exploration include integrated health care, peer recovery supports for older adults, and technology to support aging in place.



FOR MORE INFORMATION

The Substance Abuse and Mental Health Services Administration (SAMHSA) offers [Get Connected: Linking Older Adults with Resources on Medication, Alcohol, and Mental Health](#) for free download. This toolkit is designed to help service providers for the aging learn more about mental and substance use disorders in older adults.

SAMHSA and the Health Resources and Services Administration jointly prepared [Growing Older: Providing Integrated Care for an Aging Population](#).

The National Institute on Aging provides [information on and resources for aging in place](#).

Funding and Resources for Services



Older adults and those who advocate on their behalf may believe that funding for treatment and support for mental and substance use disorders is complicated, insufficient, or difficult to access. Private and public funding sources—such as Medicare—are available to cover costs of care for many people, but coverage may be limited in time, scope, and provider eligibility to bill for reimbursement. Uncertainty about funding, coupled with older adults' concern about stigma or other chronic health conditions, can create barriers to engaging and continuing care.

Purposefully integrating services and planning for funding can help address the changing needs, health concerns, economic factors, and other issues related to aging. Establishing meaningful financial and organizational ties between medical and social services is a key step in this process.

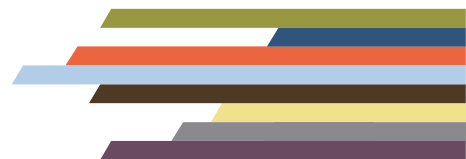
FOR MORE INFORMATION

The Administration on Aging and SAMHSA partnered to develop a series of briefs, including an [overview of financing and sustainability strategies](#) for providers of mental and substance use disorder services to older adults.

The Center for Medicare & Medicaid Services' [Medicare & Your Mental Health Benefits](#) summarizes services covered by Medicare and offers suggestions for accessing care.

The National Council on Aging established [My Medicare Matters](#) to help people with Medicare and those turning 65 make informed and confident choices about their health coverage and to make the most of that coverage.

The Center for Health Care Strategies, Inc. brief on [State Payment and Financing Models to Promote Health and Social Service Integration](#) reviews potential financing mechanisms to facilitate integration, with a particular focus on Medicaid.





Older Adult Select Resources

- SAMHSA-HRSA Center for Integrated Health Solutions. (n.d.) *What is integrated care?* [Webpage]. Retrieved from <https://www.integration.samhsa.gov/about-us/what-is-integrated-care>
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