Brief Behavioral Health Interventions for Older Adults

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Mountain Plains MHTTC

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Mountain Plains (HHS Region 8)
MHTTC Mental Health Technology Transfer Center Network
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Disclaimer and Funding Statement

The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).
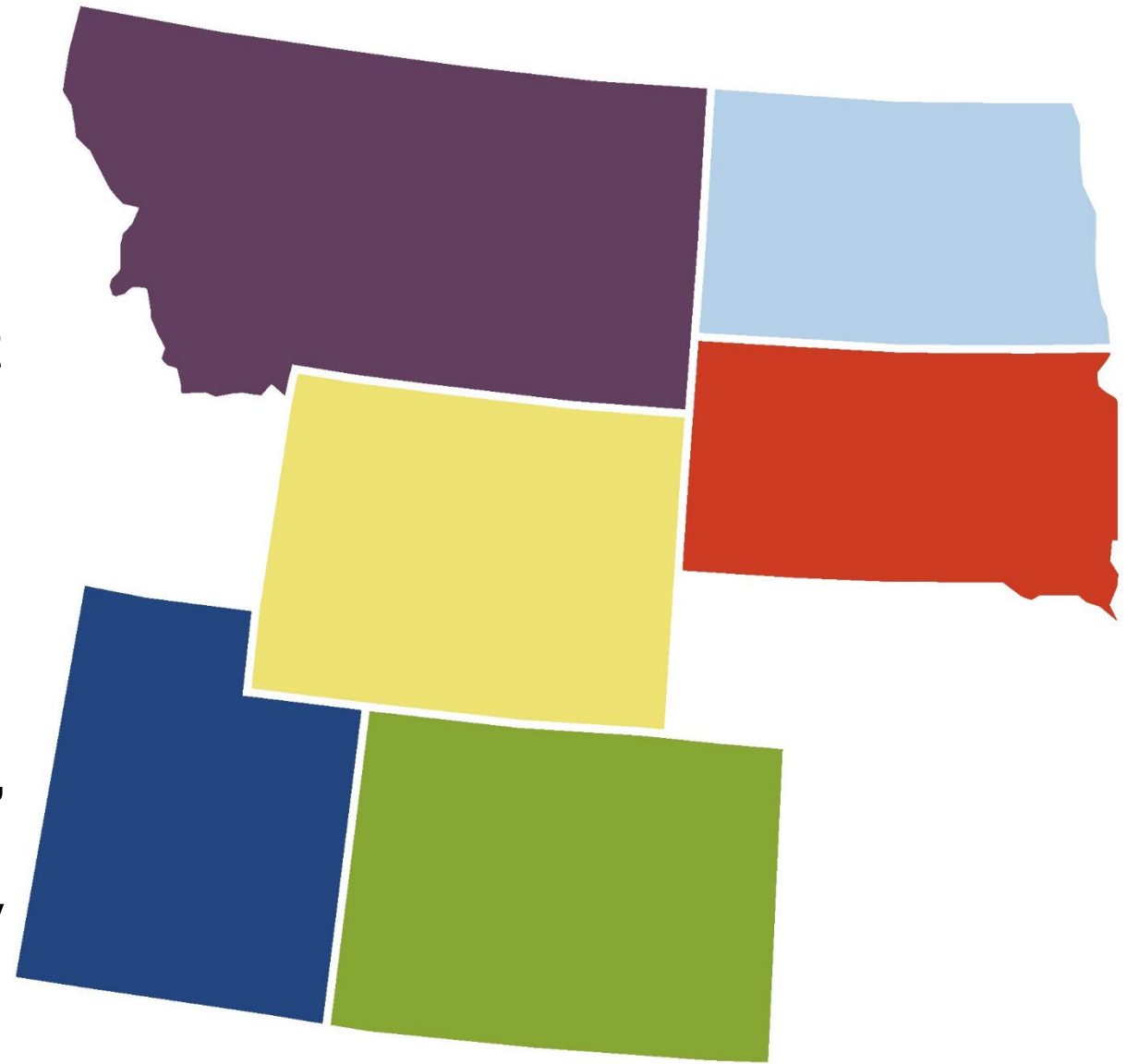
Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

STRENGTHS-BASED AND HOPEFUL

PERSON-FIRST AND FREE OF LABELS

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE
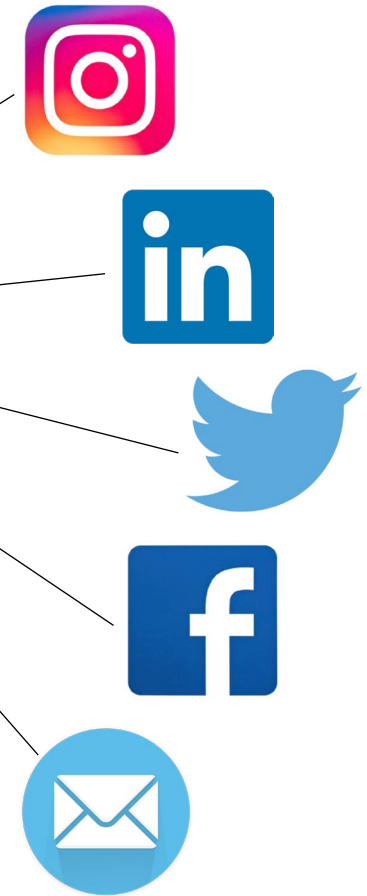
HEALING-CENTERED AND TRAUMA-RESPONSIVE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

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SCAN ME

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Introduction

Older adults are accessing behavioral health and substance use services in increasing numbers.

This increase is due to several factors, these include the aging of **baby boomers** who have been more open to addressing behavioral health issues in the past and are doing so now as older adults. Baby boomers comprise a generation that used substances in their youth and continue to do so and may now be encountering challenges related to their usage.

A significant number of older adults seek assistance through primary care and contact with a variety of health care providers. Several brief evidence-based approaches have been developed that can be delivered in health-related settings and the response to these approaches has been positive.

This webinar will highlight common behavioral health and substance use disorders encountered by the older adult population and provide approaches that can be employed by healthcare and community-based professionals.

Learning Objectives

01

Describe the aging process as it relates to the physical, emotional, and social areas of development

02

Identify and explain common behavioral health and substance use issues that older adults encounter during the aging process

03

Identify misconceptions of aging and stigma and how it impacts addressing behavioral health and substance use among older adults

04

Identify brief strategies that can be used to address behavioral health and substance use issues and can be employed by practitioners in healthcare and community-based agencies.

Overview

Share of Population Aged 65 or Older in 2018

Legend:
- 12%
- 14%
- 16%
- 18%
- 20%
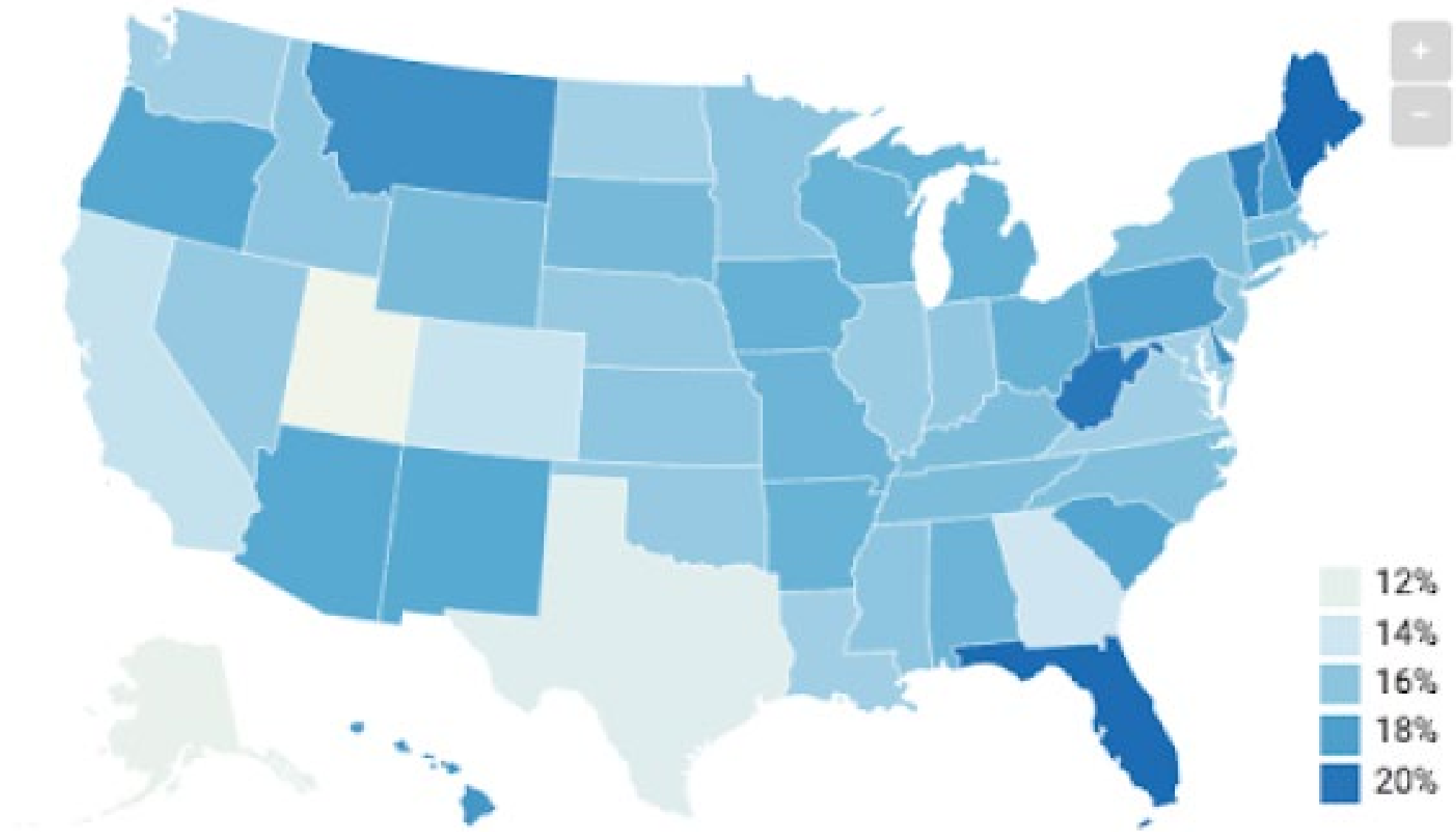
July 2018 population estimates

Map: U.S. News & World Report · Source: U.S. Census Bureau · Get the data

U.S.News

U.S. Population Predictions for Seniors and Children

Population values in millions

Over 65

Under 18
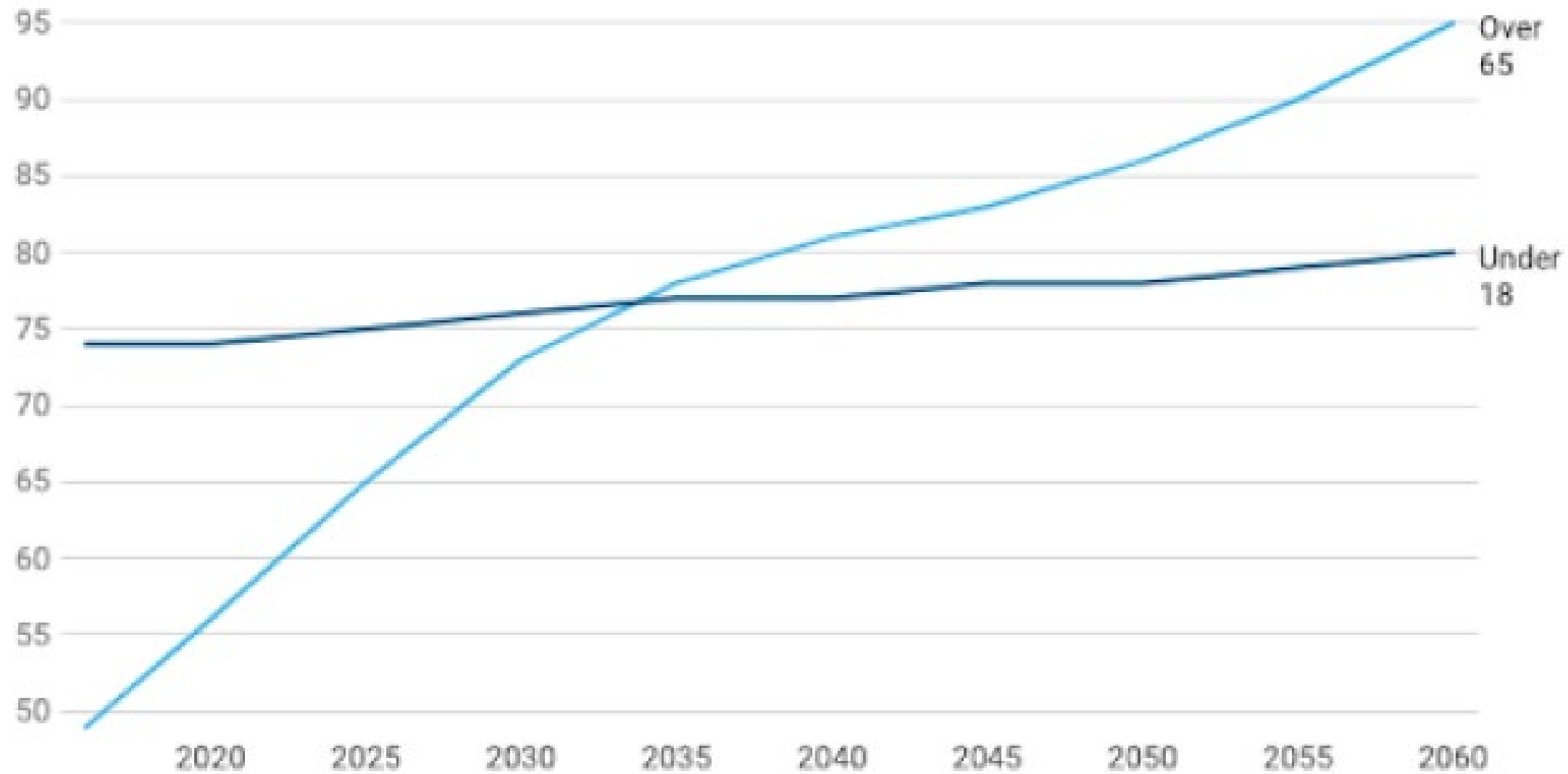
Chart: U.S. News & World Report • Source: U.S. Census Bureau • Get the data

The Aging Process

Biological

↓

Psychological

↓

Behavioral

↓

Social

↓

Environmental
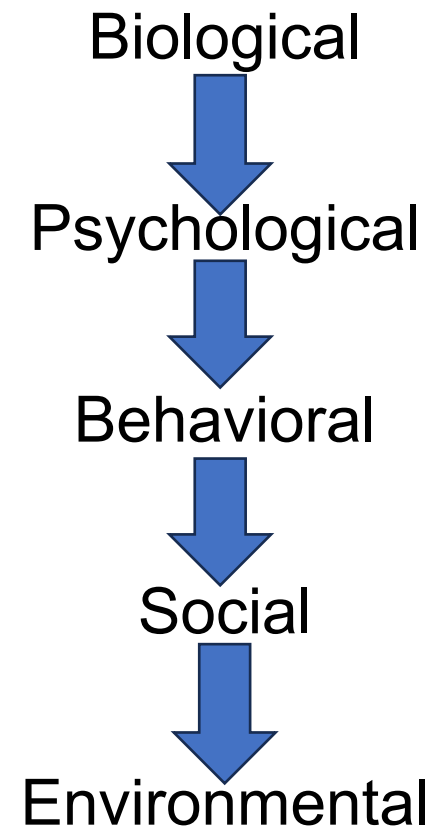
Ageism

Ageism refers to the stereotypes (how we **think**), prejudice (how we **feel**) and discrimination (how we **act**) towards others or oneself based on age.

World Health Organization (2021)

Stigma & Aging

https://doh.wa.gov/community-and-environment/health-equity/stigma
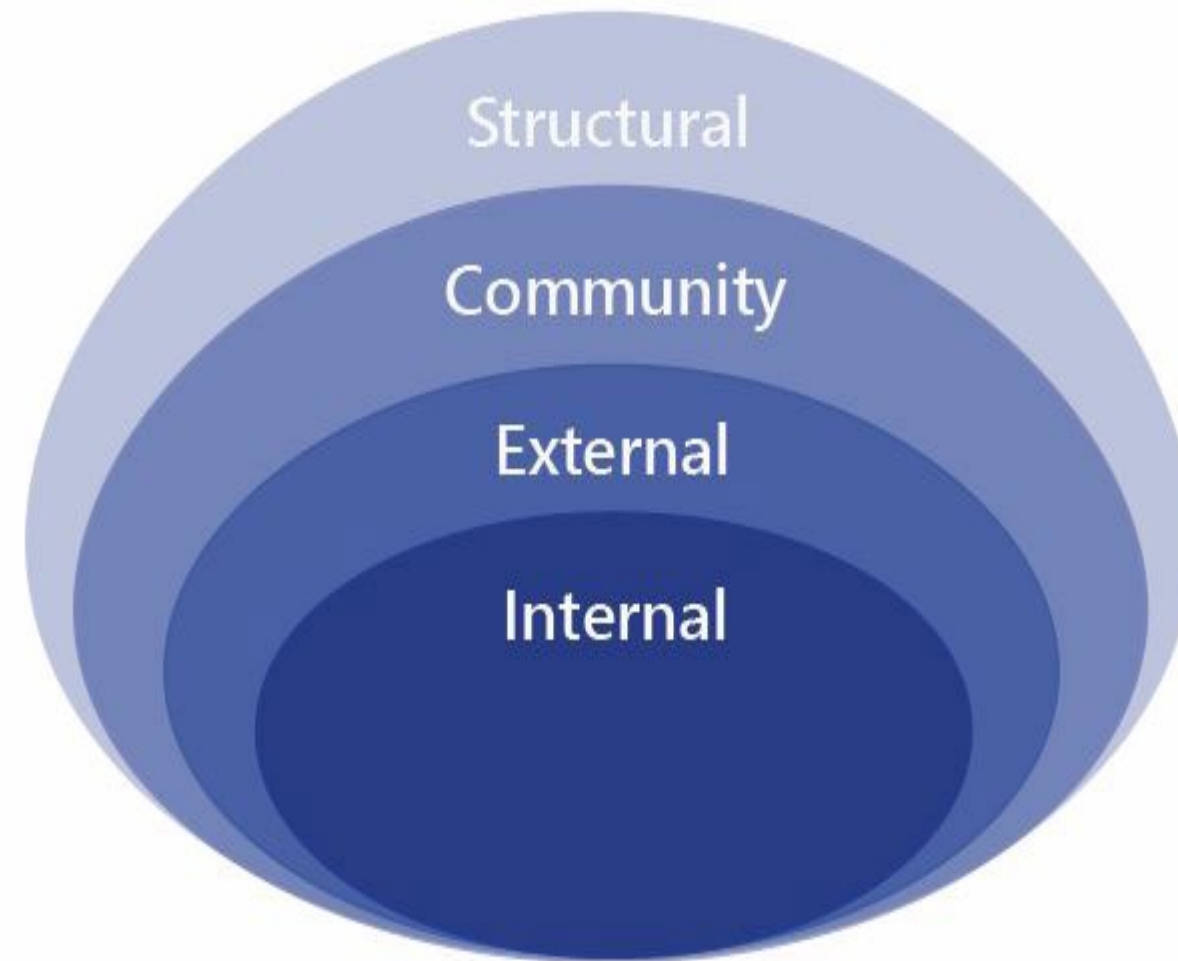
Social Isolation

- Social isolation vs. loneliness

- Social isolation refers to having few social contacts and relationships (objective measure). » Loneliness is the sense of being alone that includes distress or unpleasant feelings associated with having fewer-than-desired social relationships (subjective concept).
https://sprc.org/sites/default/files/Reducing%20Loneliness%20and%20Social%20Isolation%20Among%20Older%20Adults%20Final.pdf

- One-third of adults aged 45 and older feel lonely, and nearly one-fourth of adults aged 65 and older are considered to be socially isolated.

(National Academy of Sciences, 2020)

Impact

- Social isolation significantly increased a person's risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.
- Social isolation was associated with about a 50% percent increased risk of dementia.
- Poor social relationships (characterized by social isolation or loneliness) was associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.
- Loneliness was associated with higher rates of depression, anxiety, and suicide.
- Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.

(National Academy of Sciences, 2020)

# Behavioral Health Substance Use Issues

Common Behavioral Health Issues

More than 20 percent of patients older than 60 have a neurological or mental disorder. The most common conditions that lead to disability in this population are dementia and depression. Other common behavioral conditions include anxiety and substance abuse.

World Health Organization. (2016). Mental Health and Older Adults
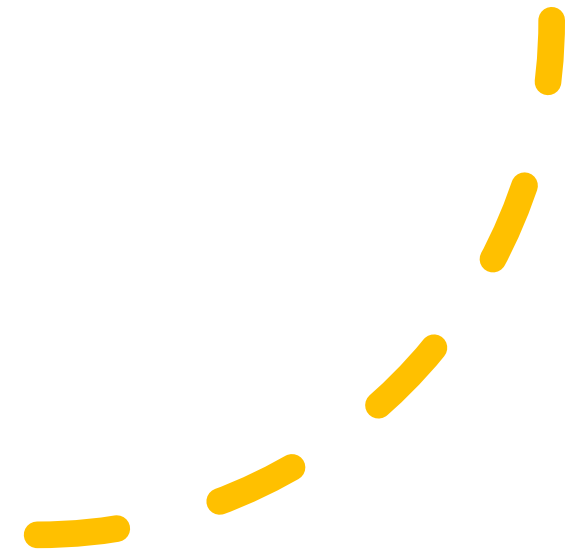
Symptoms of Behavioral Health Issues

- Noticeable changes in mood, energy level, or appetite
- Feeling flat or having trouble feeling positive emotions
- Difficulty sleeping or sleeping too much
- Difficulty concentrating, feeling restless, or on edge
- Increased worry or feeling stressed
- Anger, irritability, or aggressiveness
- Ongoing headaches, digestive issues, or pain
- Misuse of alcohol or drugs
- Sadness or hopelessness
- Thoughts of death or suicide or suicide attempts
- Engaging in high-risk activities
- Obsessive thinking or compulsive behavior
- Thoughts or behaviors that interfere with work, family, or social life
- Engaging in thinking or behavior that is concerning to others
- Seeing, hearing, and feeling things that other people do not see, hear, or feel

https://www.nimh.nih.gov/health/topics/older-adults-and-mental-health

Substance Use

Increasing number of adults aged 65 and older live with a substance use disorder.

Contributors:

- Pain and other prescription medications
- Cannabis usage
- Alcohol
- Nicotine

https://www.drugabuse.gov/drug-topics/older-adults

Increasing Trajectory

50-54 - lifetime illicit drug use = 60.1%

54-59 - lifetime illicit drug use = 60.9%

60-64 - lifetime illicit drug use = 53.6%

65+ - lifetime illicit drug use – 25.6%

2016 NSDUH Data

Care
Response

Integrated Care

Integrated health care, often referred to as interprofessional health care, is an approach characterized by a high degree of **collaboration and communication** among health professionals. What makes integrated health care unique is the sharing of information among team members related to patient care and the establishment of a comprehensive treatment plan to address the biological, psychological and social needs of the patient.

https://www.apa.org/health/integrated-health-care

https://aims.uw.edu/collaborative-care/implementation-guide
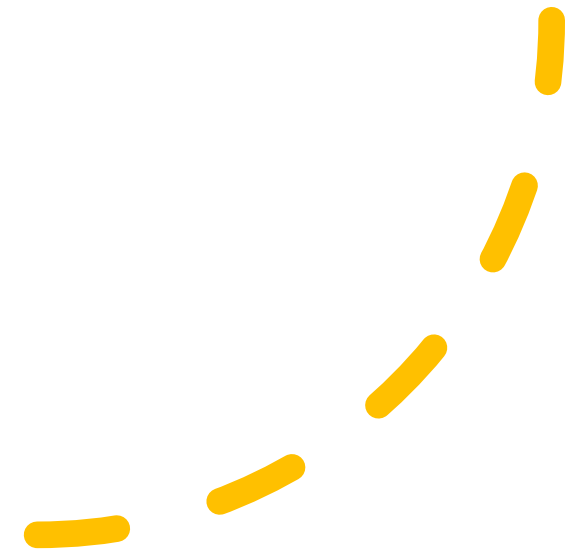
Integrated Care

Integrated behavioral health care blends care in one setting for medical conditions and related behavioral health factors that affect health and well-being. Integrated behavioral health care, a part of "whole-person care," is a rapidly emerging shift in the practice of high-quality health care. It is a core function of the "advanced patient-centered medical home."

https://integrationacademy.ahrq.gov/about/integrated-behavioral-health

Common Elements

- team-based care, where multiple types of providers collaborate to address a range of patient care needs

- universal screening for common behavioral and physical health disorders

- shared information systems, such as electronic health records, to improve coordination across providers while maintaining patient privacy

- measurement of patient outcomes using patient registries or tracking tools

- engagement with social and community behavioral health services, such as opioid use treatment programs

- individualized, person-centered care that incorporates family members and caregivers into the treatment plan.

https://www.commonwealthfund.org/publications/explainer/2022/sep/integrating-primary-care-behavioral-health-address-crisis

Effectiveness

Decrease level of symptoms

Improved health care status

Increased satisfaction with the care delivery system

Evidenced-Based Approaches

Screening Tools

- Patient Health Questionnaire (PHQ-9)
- Geriatric Depression Scale
- Geriatric Anxiety Scale
- Suicidality
- MAST
- CAGE
- CUNDIT-R

Patient Health Questionnaire -9

The PHQ-9 is the nine- item depression scale of the patient health questionnaire.

The nine items of the PHQ-9 are based directly on the nine diagnostic criteria for major depressive disorder in the DSM-IV.

The PHQ-9 can function as a screening tool, an aid in diagnosis, and as a symptom tracking tool that can help track a patient's overall depression severity as well as track the improvement of specific symptoms with treatment.

https://aims.uw.edu/resource-library/phq-9-depression-scale

Geriatric Depression Scale

The Geriatric Depression Scale (GDS) is a screening tool used to identify symptoms of depression in older adults.

Originally developed by J.A. Yesavage and colleagues in 1982, the GDS is a self–report instrument that uses a "yes/no" format.

It consists of questions that assess a person's level of enjoyment, interest, social interactions, and more.

https://www.verywellmind.com/geriatric-depression-scale-98621

Geriatric Anxiety Scale

The Geriatric Anxiety Inventory (GAI) consists of 20 "Agree/Disagree" items designed to assess typical common anxiety symptoms. The measurements of somatic symptoms with the instrument are limited in order to minimize confusion between symptoms common to anxiety and general medical conditions.

https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/geriatric-anxiety

https://gai.net.au/

Suicide

- Suicide is one of the leading causes of death in the U.S., affecting people of all ages.

- Older adults are especially vulnerable to suicide for a number of reasons. These range from grief over the passing of loved ones to chronic illness.

- While older adults comprise just 12% of the population, they make up approximately 18% of suicides.[1]

- In 2020, among the nearly 46,000 suicides that took place in the U.S., 9,137 were attributed to people age 65 and up.[2]

- Older adults tend to plan suicide more carefully. They are also more likely to use more lethal methods.[3]

- Among people who attempt suicide, one in four seniors will succeed, compared to 1 in 200 youths.[1] Even if a senior fails a suicide attempt, they are less likely to recover from the effects.

- Men 65 and older face the highest overall rate of suicide.

https://ncoa.org/article/suicide-and-older-adults-what-you-should-know

Suicide & Primary Care

Suicide rates are higher in older adults compared to most other age groups, and the majority of suicide completers have visited their primary care physician in the year before suicide.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137406/#:~:text=Suicide%20rates%20are%20higher%20in,and%20initiate%20mental%20health%20care

The 4 D's

- Depression, meaning clinical depression;

- Debility, or when chronic illness begins to have an impact on the person's ability to do things that are personally meaningful to them;

- Disconnectedness, or loss of opportunities for social interactions; and

- Deadly means.

Yeates Conwell, co-director of Rochester's Center for Study and Prevention of Suicide

Warning Signs

Loss of interest in activities they used to enjoy.

Giving away beloved items or changing their will.

Avoiding social activities.

Neglecting self-care, medical regimens, and grooming.

Exhibiting a preoccupation with death.

Lacking concern for personal safety.

Substance Use

Estimated rates of substance misuse in older adults vary widely. Substance misuse by this population is underrecognized and undertreated. •

Substance misuse can be very dangerous for older adults.

It is never too late to stop misusing substances, no matter one's age.

extension://efaidnbmnnnibpcajpcglclefindmkaj/https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-01-011%20PDF%20508c.pdf

Michigan Alcohol Screening Test

Michigan Alcohol Screening Test (MAST) was developed in 1971 and is one of the oldest and most accurate alcohol screening tests available, effective in identifying dependent drinkers with up to 98 percent accuracy.

Questions on the MAST test relate to the patient's self-appraisal of social, vocational, and family problems frequently associated with heavy drinking.

The test was developed to screen for alcohol problems in the general population. The following is the 22-question, self-administered MAST.

CAGE

Cut down, Annoyed, Guilty, and Eye opener

CUNDIT-R

The Cannabis (marijuana) Use Disorder Identification Test-Revised (CUDIT-R) is a brief cannabis misuse-screening tool, which is widely used to identify cannabis use problems.

http://screeningtools.peerassistanceservices.org/surveys/cuditr

Brief Pain Inventory

Pain, Enjoyment of Life General Activity Scale

Pain Assessment

Complete history and physical examination, with focus on most pressing pain issues

Review of location of pain, intensity, exacerbating and/or alleviating factors, and impact on mood and sleep

A screen for cognitive impairment such as the Folstein minimental examination

A screen for depression

A review of the patient's ADLs (bathing, dressing, toileting, transfers, feeding, and continence) and instrumental ADLs (use of phone, travel, shopping, food preparation, housework, laundry, taking medicine, handling finances)
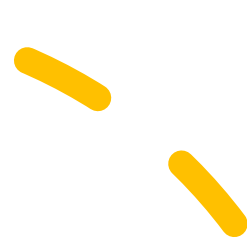
Assessment of gait and balance

A screen for sensory depression to examine basic visual and auditory function

Brief Interventions

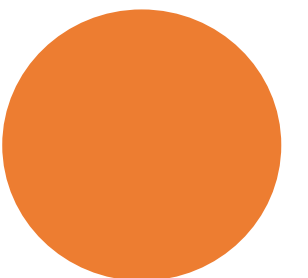Behavioral Activation

Problem Solving Therapy

SBIRT

Motivational Interviewing

Medication Management

Psychoeducational

Interpersonal Therapy

Referral

Behavioral Activation

Increase our level of activity even if we don't feel like it to begin with. Behavioral Activation is a psychological treatment and evidenced–based approach for depression.

What brings pleasure

How we can gain mastery

Build or re-engage with relationships

https://www.psychologytools.com/self-help/behavioral-activation/

Problem Solving Therapy

Problem-solving therapy aims to help individuals adopt a realistically optimistic view of coping, understand the role of emotions more effectively, and creatively develop an action plan geared to reduce psychological distress and enhance well-being.

https://www.apa.org/pubs/videos/4310852

SBIRT
https://www.samhsa.gov/sbirt

Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.

Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.

Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

Motivational Interviewing

Motivational interviewing is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes.
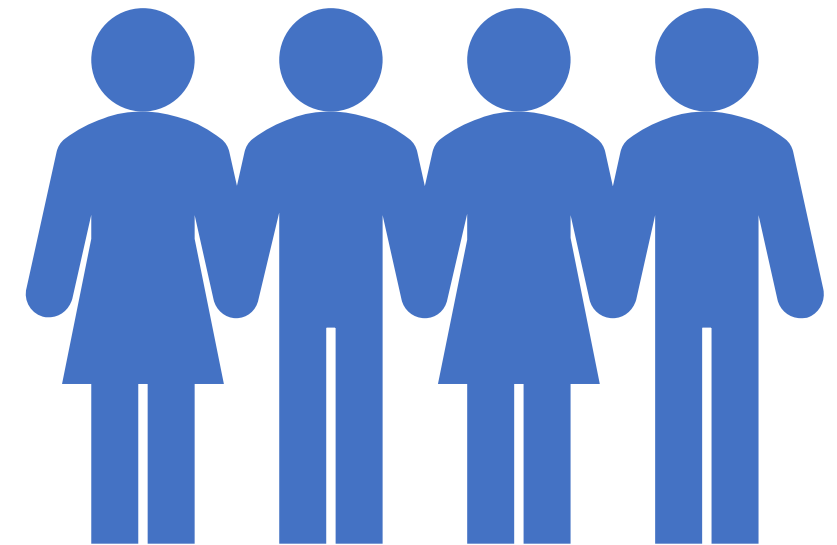
https://www.psychologytoday.com/us/therapy-types/motivational-interviewing

Medication Management

Psychoeducational

Psychoeducational interventions combine the elements of cognitive behavior therapy, group therapy, and education and its basic aim is to provide the patient and families knowledge about various facets of the illness and its treatment.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8950651/#:~:text=Psychoeducational%20interventions%20combine%20the%20elements,professionals%20for%20a%20better%20overall

Interpersonal Therapy

IPT is a form of psychotherapy that focuses on relieving symptoms by improving interpersonal functioning. It addresses current problems and relationships rather than childhood or developmental issues. Therapists are active, non-neutral, supportive and hopeful, and they offer options for change.

- conflict in relationships that is a source of tension and distress

- life changes, such as job loss or the birth of a child, that affect people's feelings about themselves and others

- grief and loss

- difficulties in starting or sustaining relationships

https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/interpersonal-psychotherapy

Referral

Future Directions

RECONCEPTUALIZATION OF INTERVENTIONS FOR DEPRESSION
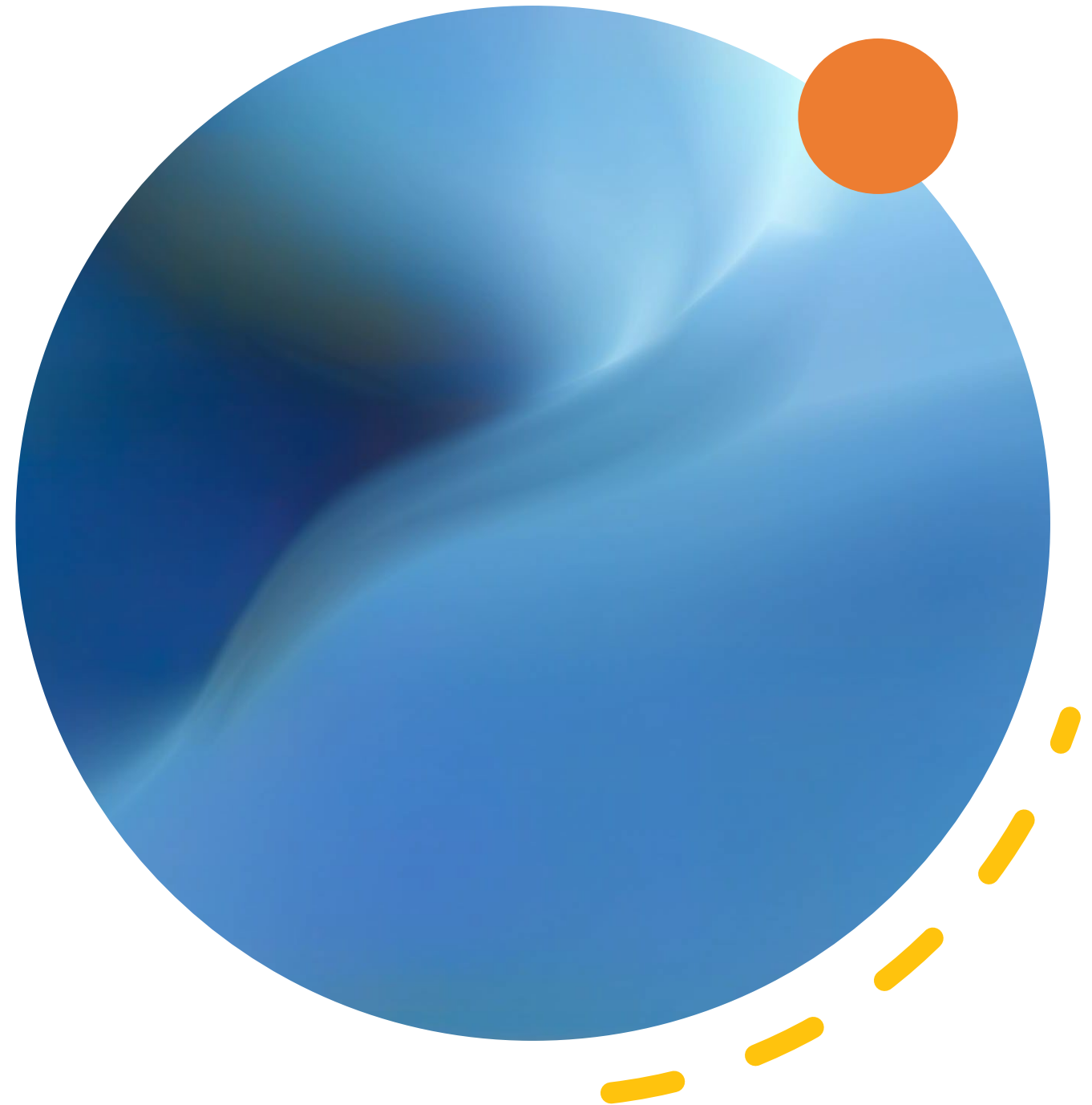
IMPACT OF THE PANDEMIC

IMPACT OF TELE-HEALTH & TELE-BEHAVIORAL HEALTH

INTEGRATING THE ISSUE OF SUBSTANCE USE (DISORDERS)

INTEGRATION OF THE SOCIAL DETERMINANTS OF HEALTH

THANK YOU!