

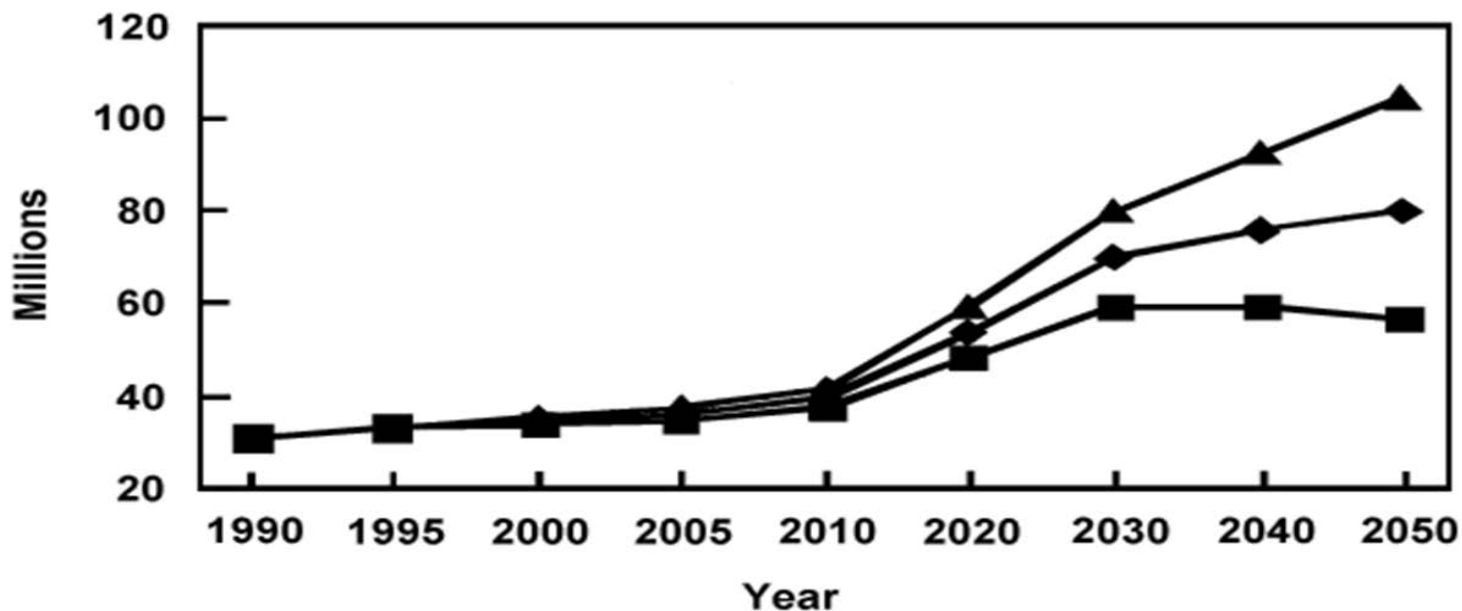
Mental Illness, Substance Use Disorders & Ageing.

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U.S. Population 65 Years or Older

U.S. Population Aged 65 Years or Older: 1990 to 2050

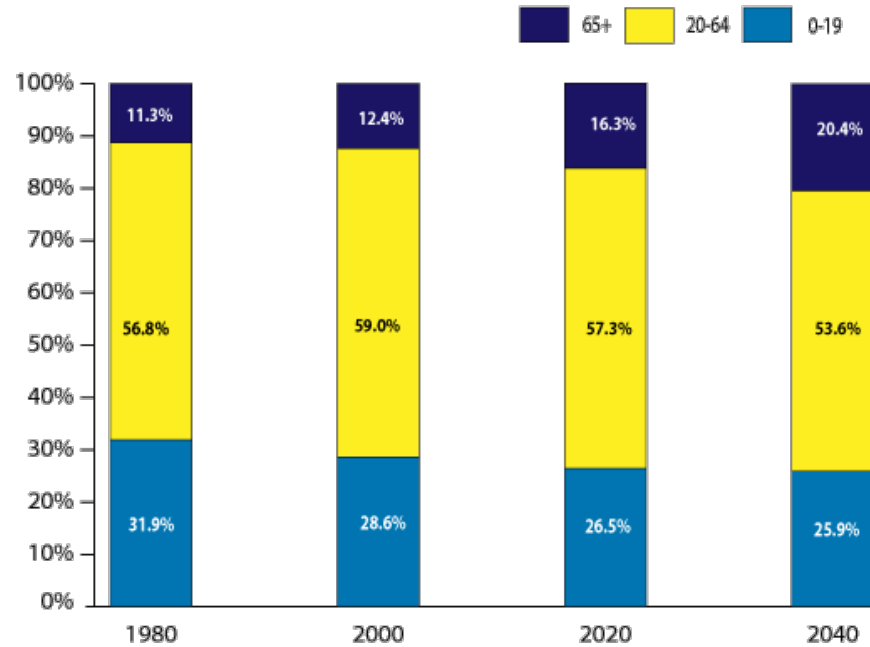


■ Low Series Projection

◆ Middle Series Projection

▲ High Series Projection

Age Distribution of the Population, 1980-2040



Source: U.S. Census Bureau (2000, 2002, 2004)

Year

Baby Boomer

Born between 1946 and 1964

78 million baby boomers nationwide.

A boomer turns 50 every seven seconds.



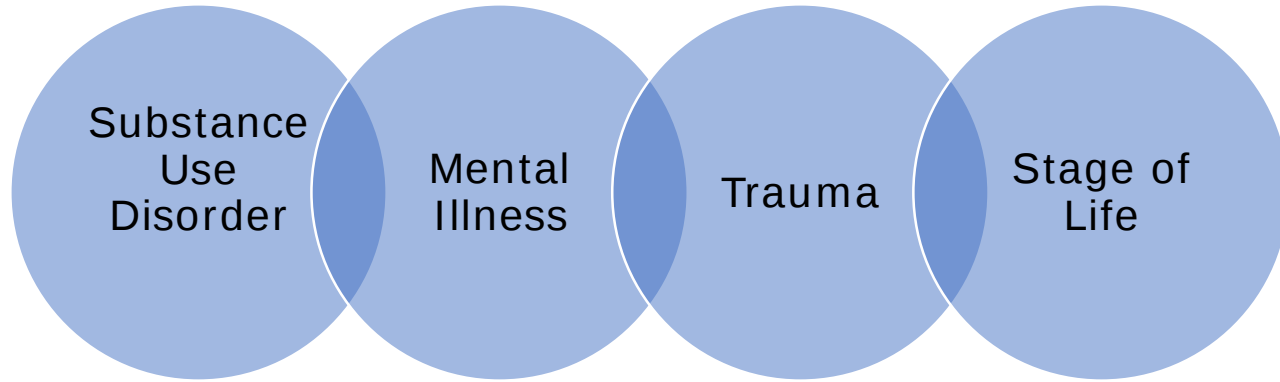
"I prefer 'Baby Boomer' rather than 'Senior Citizen'."



Obstacles to addressing the problem.

Misperceptions

- Assumption of Dementia.
- Lack knowledge of the impact of substance and changes as the body ages.
- Discomfort addressing the issue.



Substance Use Disorders	Mental Illness	Trauma	Stage of Live Issues
Alcohol	Anxiety Disorders	Military	Accepting One's Life
Prescribed Meds	Mood disorders	Child/Adult abuse	Promoting intellectual vigor
Non- Prescribed Street drugs	Thought Disorders	Sexual trauma	Redirecting energy to New Roles & Activities
Gambling		Social/World Events	Developing a point of view about death.
			Psychosocial Crisis: Integrity vs despair
			Retirement



Substance Abuse MAST Geriatric

1. When talking with others, do you ever underestimate how much you drink or use drugs?
2. After a few drinks or using drugs, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?
3. Does having a few drinks or using drugs affect your balance or make you unsteady?
4. Does alcohol or drug use sometimes make it hard for you to remember parts of the day or night?
5. Do you usually take a drink or use drugs to calm your nerves?
6. Do you drink or use drugs to take your mind off your problems?
7. Have you ever increased your drinking or drug use after experiencing a loss in your life?
8. Has a doctor or nurse ever said they were worried or concerned about your drinking or drug use?
9. Have you ever made rules to manage your drinking or drug use?
10. When you feel lonely, does having a drink or using drugs help?

SCORING: Score 1 point for each 'yes' answer. Any score of 1 or more is indicative of risky use and a BI should be conducted.

Adapted by IHR and MASBIRT TTA, 2018

Follow Up Screening Question for Opioid Use

“Do you take prescription medications for pain management?” Yes No

“In the past year, have you taken a prescription pain medication other than as directed by your provider?” Yes No

Depression Screening

- The Geriatric Depression Scale (GDS) is a screening test originally developed by J.A. Yesavage and colleagues in 1982 that is used to identify symptoms of depression in older adults. The scale is a 30-item, self-report instrument that uses a "Yes/No" format. It can be used with healthy adults, medically ill adults, and those with mild to moderate cognitive impairments.
- The GDS is frequently used in acute, long-term, and community settings, often part of a comprehensive geriatric assessment.

Geriatric Depression Scale: Short Form

Geriatric Depression Scale: Short Form

Choose the best answer for how you have felt over the past week:

1. Are you basically satisfied with your life? YES / NO
2. Have you dropped many of your activities and interests? YES / NO
3. Do you feel that your life is empty? YES / NO
4. Do you often get bored? YES / NO
5. Are you in good spirits most of the time? YES / NO
6. Are you afraid that something bad is going to happen to you? YES / NO
7. Do you feel happy most of the time? YES / NO
8. Do you often feel helpless? YES / NO
9. Do you prefer to stay at home, rather than going out and doing new things? YES / NO
10. Do you feel you have more problems with memory than most? YES / NO
11. Do you think it is wonderful to be alive now? YES / NO
12. Do you feel pretty worthless the way you are now? YES / NO
13. Do you feel full of energy? YES / NO
14. Do you feel that your situation is hopeless? YES / NO
15. Do you think that most people are better off than you are? YES / NO

Answers in bold indicate depression. Score 1 point for each bolded answer.

A score > 5 points is suggestive of depression.

A score ≥ 10 points is almost always indicative of depression.

A score > 5 points should warrant a follow-up comprehensive assessment.

Trauma in Older Adults

Trauma does not discriminate based on age – trauma can occur to individuals of all ages and can impact individuals throughout their lifetime.

Symptoms associated with traumatic stress may not dissipate over time for all survivors.

As trauma survivors age, their trauma symptoms can resurface and evolve.

(The Jewish Federations of NA. Center on Aging & Trauma)

Difficulty Uncovering Trauma in History of Older Adults.

- Older adults may not see the role of trauma in their health
- Older adults may fear the stigma associated with their trauma history
- Healthcare providers may not recognize the signs or symptoms of trauma in older adults
- Healthcare providers may not know how to provide treatment for trauma symptoms
- Trauma symptoms in older adults can present differently than in younger individuals or be masked by other health conditions
- Trauma survivors have limited access to person-centered, trauma-informed care.

- Re-emergence of trauma symptoms after symptom-free periods is not uncommon.
- Symptoms of trauma can emerge for the first time during older adulthood – decades after exposure to traumatic events.
- Symptoms of trauma emerging in older adulthood can be more extreme than previously experienced.

Male survivors of childhood sexual abuse experienced higher levels of depressive symptoms in their fifties, sixties, and seventies compared to men without that history.

Female survivors of physical or sexual assault earlier in life report continued and significant levels of PTSD well into older adulthood.

(Easton, Gregas, Shen & Shafer 2019)



Of adults 65 and older: **67%** go online, **80%** own a cellular phone, **40%** own a smartphone



Summary

- Motivational Interviewing.
- Age- appropriate groups.
 - Trauma informed.
 - Family involvement.
- Age-appropriate screening.
 - Gender Identity
 - Use of Technology

Resources

Depression Screening:

Source: <http://www.stanford.edu/~yesavage/GDS.html>

Substance Use Disorders:

Adapted SMAST-G

www.healthcenterinfo.org.

Health Center Resource Clearinghouse.

Post Traumatic Stress Disorder:

Clinician Administered PTSD Scale (CAPS)

Available through the National Center for PTSD & VA.



THANK YOU