



An Introduction to Co-Occurring Disorders

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CENTER OF
EXCELLENCE
FOR BEHAVIORAL HEALTH
IN NURSING FACILITIES

Today's Event Host

Nikki Harris, MA, CBHC-BS **COE-NF TRAINING AND EDUCATION LEAD**

For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a certified behavioral specialist.



Today's Presenter

Rosalyn D. Davis, MSCJ, MATS, CADC-II, ICADC

Rosalyn has worked in the behavioral health profession for 36 years. Her vast experience includes overseeing day reporting centers, substance use aftercare services, education and employment services and mental health services for Georgia State Government Agency. She specializes in program design, development and implementation of evidence-based programming.

Rosalyn has a bachelor's and master's degree in criminal justice and is credentialed in the State of Georgia as a certified alcohol and drug counselor II and has a certification as a medication assisted treatment specialist.

She is also an international certified alcohol and drug addiction counselor, a certified senior instructor through the Georgia Peace Standards and a nationally recognized trauma-informed care trainer.



Description

Upon successful completion of this training, attendees will be able to define co-occurring disorders and recognize the prevalence and common type in nursing facilities residents.

Learning Objectives

1. Define co-occurring disorders.
2. Recognize the prevalence and common types of co-occurring disorders among the older adult population.
3. Identify signs and symptoms of co-occurring disorders in nursing home residents.
4. Understand the importance of holistic care and interdisciplinary collaboration in managing co-occurring disorders.

Co-occurring Disorders (COD)

Definition

Co-occurring disorders (COD) refer to when a person has a substance use and a mental health disorder.

COD is diagnosed when at least one disorder of each type exists **independent** of the other and is not simply a cluster of symptoms resulting from one disorder.

Substance Use Terms

- **Substance Use (SU)** refers to the consumption of psychoactive substances.
- **At-risk Substance Use** refers to consuming at levels resulting in harmful or hazardous consequences.
- **Substance Use Disorder (SUD)** is a cluster of cognitive, behavioral, and physiological symptoms indicating continued use of the substance despite significant substance-related problems. Meets a diagnostic criteria.

Mental Health Terms

- **Any Mental Illness (AMI)** is a diagnosable illness that affects a person's thinking, emotional state, and behavior. The impact on a person can vary from mild, moderate, or severe.
- **Serious Mental Illness (SMI)** is a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.

General Mental Health Data



Nearly 1 in 5 American adults
will have a diagnosable
mental health condition in
any given year.

Prevalence By Condition*

Overall

Number of U.S. adults with mental illness:
59.3 million



23.1%

of U.S. adults with mental illness

Prevalence of Mental Illness



54.7%

of adults with mental illness who
did not receive any mental health
treatment

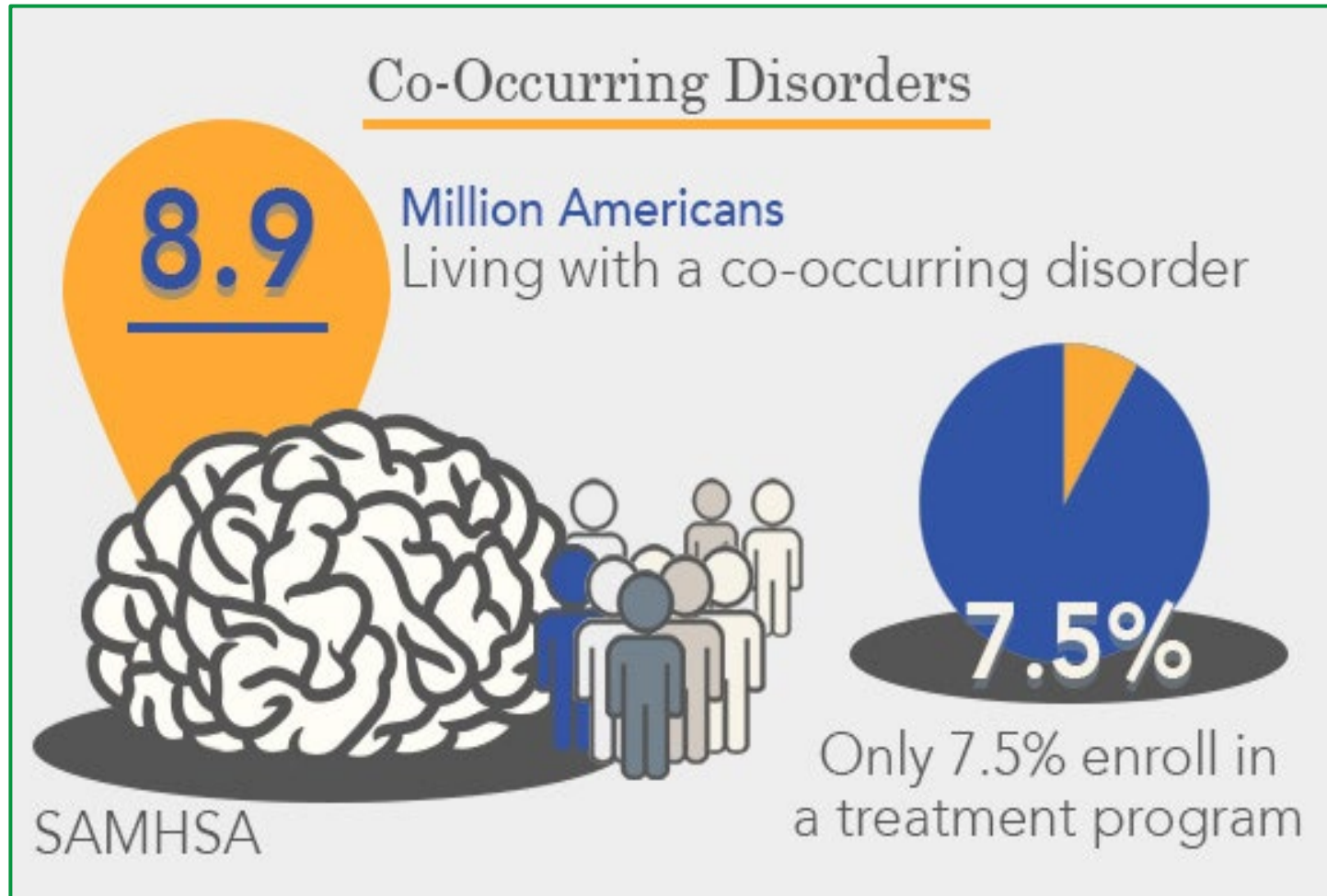
Prevalence

- Among adults aged 18 or older in 2023, 22.8% (or 58.7 million people) had any mental illness in the past year.
- Among adults aged 18 or older in 2023, 5.0% (or 12.8 million people) had serious thoughts of suicide, 1.4% (or 3.7 million people) made a suicide plan, and 0.6% (or 1.5 million people) attempted suicide in the past year.

Prevalence

- Multiracial adults aged 18 or older were more likely than adults in most other racial or ethnic groups to have any mental illness, serious mental illness (SMI), and serious thoughts of suicide.
- Estimates of suicidal thoughts and behaviors among adults in 2023 were comparable to 2022 and 2021.

Co-Occurring Disorders (COD)



Prevalence in Nursing Facilities

According to a study published by the National Institutes of Health (NIH), between 65% and 90% of nursing home residents have a mental health disorder, ranging from common mental health conditions such as anxiety and depression to serious mental illnesses like schizophrenia and bipolar disorder.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2981653/>

Examples of Specific Co-Occurring Disorders

- Major depression with stimulant use disorder, i.e. cocaine use
- Alcohol use disorder with panic disorder
- Bipolar disorder with PTSD
- Major depression with anxiety disorder
- Depression and alcohol use disorder
- Mental health disorder and substance use disorder
- Multiple mental health disorders

COD and Hospitalizations

Compared with people with mental health disorders or substance use disorders alone, people with CODs are more likely to be hospitalized.

Some evidence suggests that the hospitalization rate for people with CODs is increasing.

Prevalence and Treatment Need of COD

Surveys suggest that mental illness (and SMI in particular) commonly co-occurs with substance misuse in the general adult population, and many individuals with CODs go untreated.

Signs and Symptoms of Co-Occurring Disorders

- **Behavioral changes:** Sudden mood swings, irritability, aggression, or withdrawal from social situations or hobbies.
- **Substance use:** Using alcohol or other drugs to cope with anger and/or sadness or using substances despite negative consequences.
- **Physical changes:** Unexplained weight loss, changes in grooming habits, or an unkempt living environment.
- **Mental health issues:** Depression, anxiety, or feelings of guilt or sadness.
- **Social isolation:** Withdrawal from family or friends, or difficulty holding functional friendships.
- **Legal and financial problems:** Inability to hold down a job when this is applicable to the resident.

Interactive Factors

Impacting how a person manages this type of disorder:

- Severity
- Chronicity
- Disability
- Degree of impairment in functioning
- Treatment participation

How Do We Treat Co-Occurring Disorders (COD)?

Health: Making informed, healthy choices that support physical and emotional wellbeing.

Living environment: Supporting a stable and safe place to live and/or when discharged.

Meaningful daily activities: Based on individual interest (work with activity therapist to support residents' interest), volunteerism (internal or external), family engagement and/or community outings.

Community relationships and social networks: provide support, friendship, love, and hope.

Effective Principles for Integrated Treatment of Co-occurring Disorders

Mental health and substance use treatment must be integrated to effectively address the needs of people with co-occurring disorders.

Integrated treatment approach which addresses SUDs and other mental disorders at the same time can improve outcomes and quality of life for people with co-occurring disorders.

Substance use counseling, using a cognitive-behavioral approach, is used to treat persons in active treatment and relapse prevention stages.

SAMHSA, 2020 National Survey on Drug Use and Health, <https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFRPDFWHTMLFiles2020/2020NSDUHFFR1PDFW102121.pdf>, Amaral P. The special case of compliance in the elderly. In: Gerber K, Nehemkis A, eds. Compliance: the dilemma of the chronically ill. New York: Springer, 1986

<https://americanaddictioncenters.org/co-occurring-disorders>

Effective Principles for Integrated Treatment of Co-occurring Disorders

The resident needs to be involved in multiple modes of services to progress in treatment, i.e., individual counseling, family education & support group, self-help, peer mentoring, and medication management, based on resident preferences.

Medication services are integrated and coordinated with psychosocial services.

Treating Residents with Co-occurring Disorders

1. Use a recovery perspective.
2. Adopt a multiproblem viewpoint.
3. Develop a phased approach to treatment.
4. Address specific real-life problems early in treatment.
5. Plan for the client's cognitive and functional impairments.
6. Use support systems to maintain and extend treatment effectiveness.

Integrated Treatment Outcomes



Integrated treatment is associated with the following positive outcomes:

- Reduced substance use
- Improvement in psychiatric symptoms and functioning
- Decreased hospitalization
- Increased housing stability
- Fewer arrests
- Improved quality of life

(Drake et al.,2001)

Holistic Care and Interdisciplinary Collaboration

- Complex age-related health needs
- Improve physical health outcomes
- Cognitive and age-related changes
- Medication management
- Social support and resources
- Customized care plans
- Improving quality of life



Tips on Engagement

- Maintain a calm environment by reducing unnecessary external stimuli (alarms, lights, etc.).
- Be professional and patient.
- Express empathy and active listening.
- Give the resident space.
- Limit the number of directives given.
- State instructions clearly, be specific.
- Allow the resident time to think and respond.



An Introduction to Co-occurring Disorders

Question & Answer

REQUEST ASSISTANCE!



To Submit a Request for Assistance, Scan the QR code. We look forward to assisting you!

Contact us:

For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

Visit the website:

nursinghomebehavioralhealth.org

Thank You!



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