

Understanding Co-occurring Disorders: A Brief Overview

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Host



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Training and Education Lead

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). 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.

Presenter



Emely Santiago, LMSW, MPH

Project Director and Regional Coordinator ·
Opioid Response Network (ORN) and Rural Opioid
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Emely Santiago Sosa is a bilingual and bicultural social worker and public health practitioner. She is the project director and regional coordinator for the Opioid Response Network (ORN) and Rural Opioid Technical Assistance Center (NeC-ROTAC) HHS Region 2.

With several years of experience in the field of mental health, specifically working with individuals with co-occurring disorders, children, and families, she has worked as a provider and administrator in multidisciplinary health care and faith-based settings. Emely was previously the assistant director at a Community Mental Health Clinic in New York City serving predominantly Spanish-speaking clients.

She received a bachelor of arts degree in psychology and community health from Brown University and a masters of public health and a masters of social work, advanced clinical social work practice from Columbia University.

Goal

Participants will understand the unique challenges and considerations associated with co-occurring disorders in nursing facility residents, the benefits of universal screening and what effective treatment can look like.

Objectives

- Define substance use, misuse use, and co-occurring disorders.
- Explore prevalence and trends in co-occurring disorders among nursing facility residents.
- Understanding risk factors and common presentations of co-occurring disorders in nursing facility residents.

Definitions & Terms



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) meets a diagnostic criteria



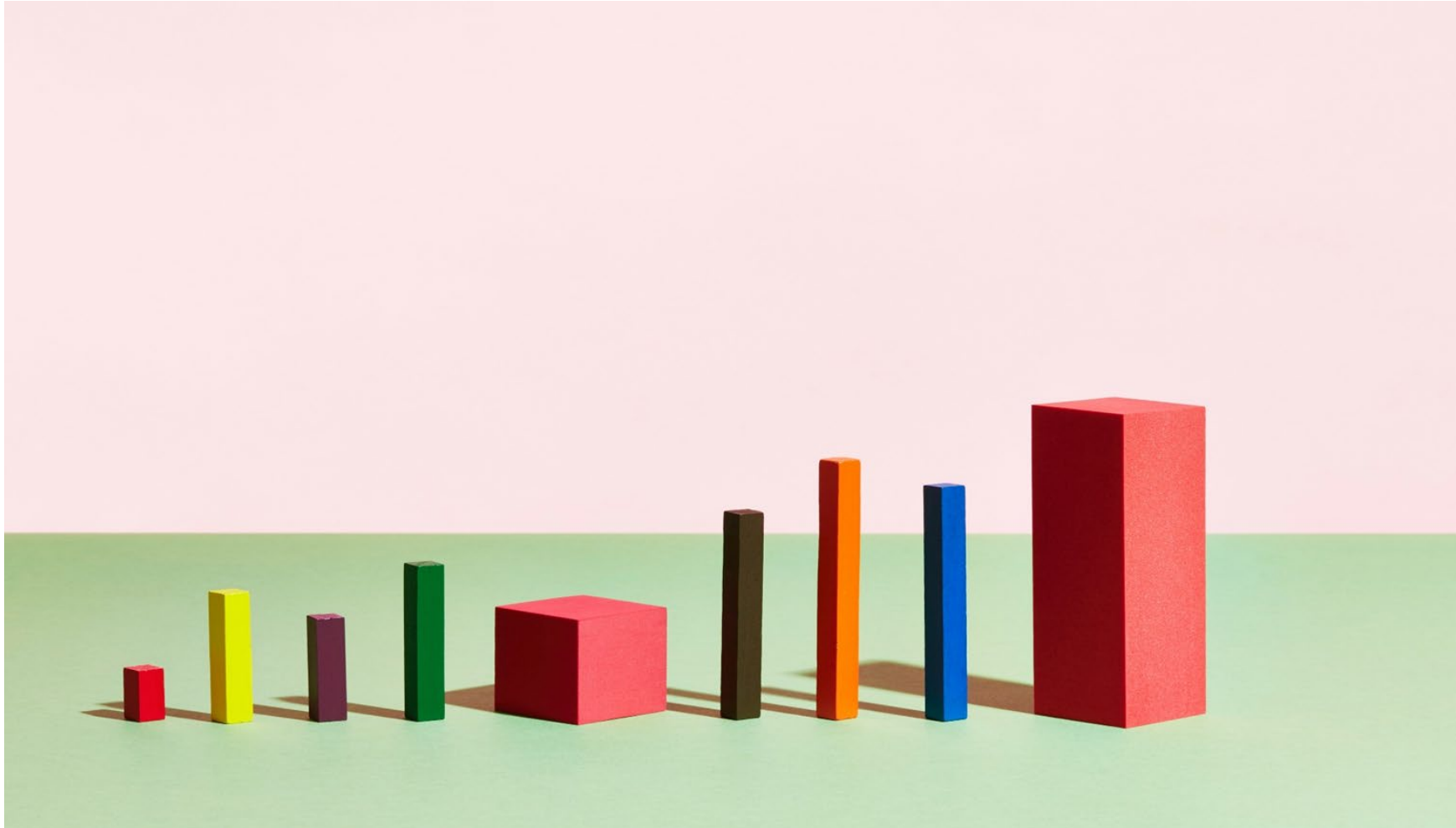
Mental Health Terms

- **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.

Co-occurring Disorders

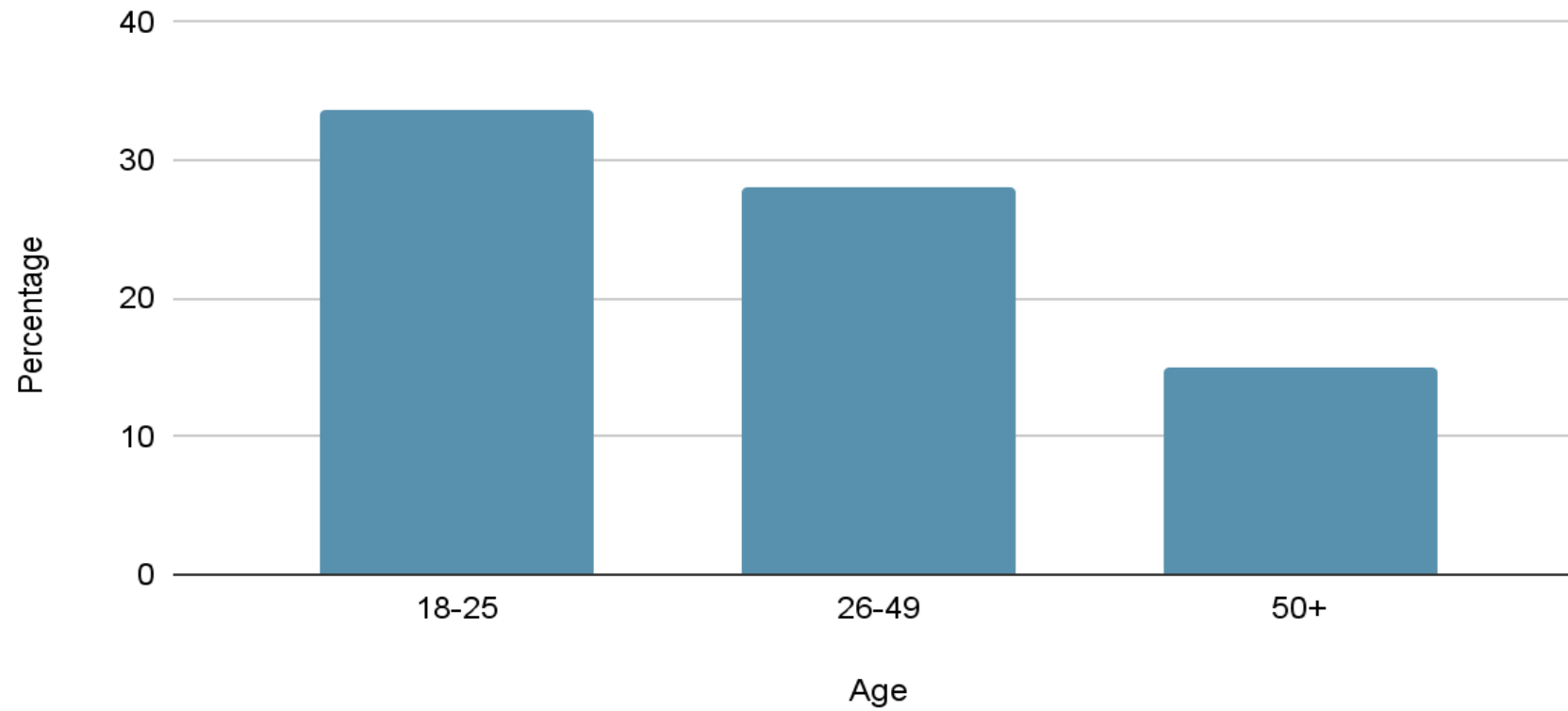
- **Co-occurring Disorder (COD)** is when a person meets the criteria for a substance use disorder and is diagnosed with one or more additional mental health disorders, this is called having co-occurring psychiatric conditions or a dual diagnosis.
- Substance use disorders and mental health disorders often have overlapping symptoms, making diagnosis and treatment complex.

Prevalence Estimates



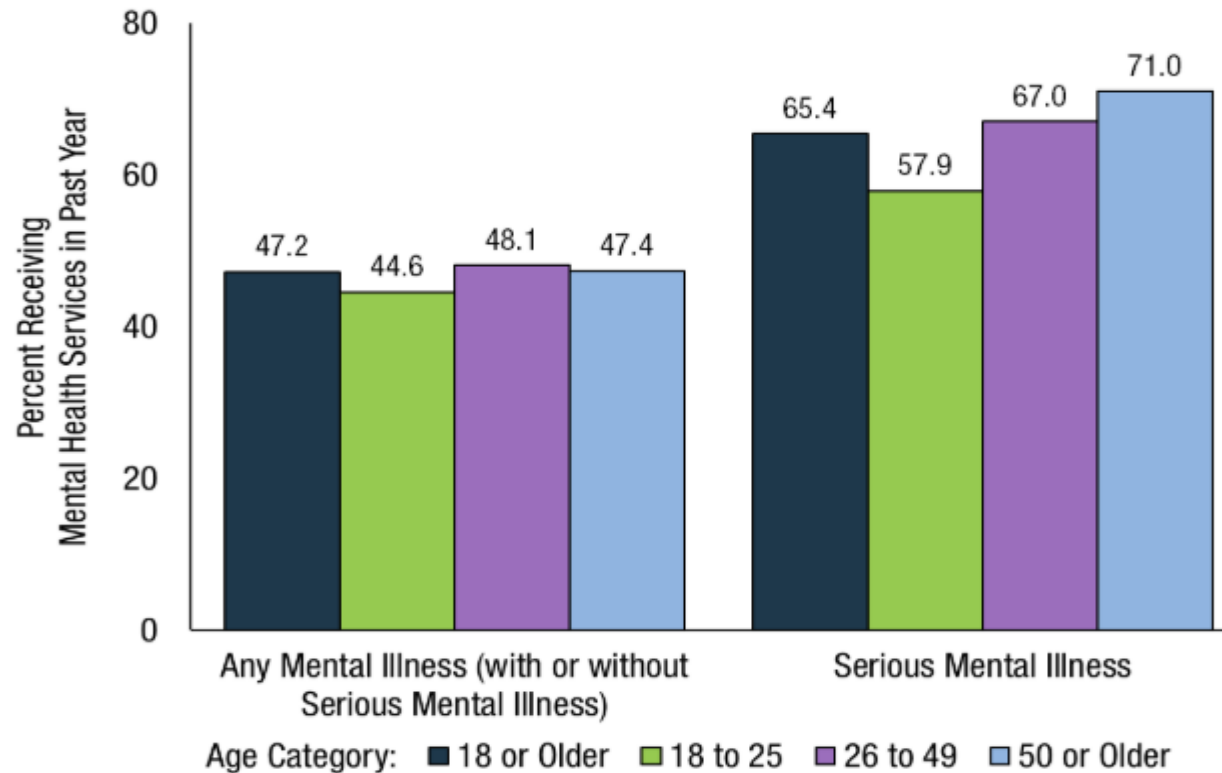
Prevalence of a Mental Illness Among Adults

Past Year Prevalence of Any Mental Illness Among U.S. Adults (2021)



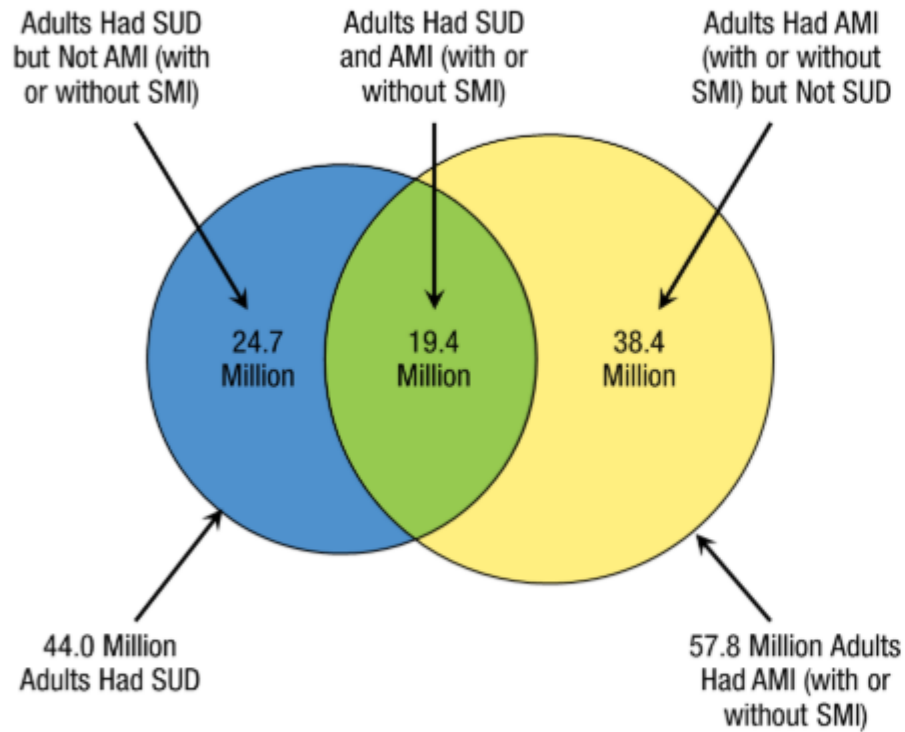
SAMHSA, (2022)

Mental Health Services Received in the Past Year (2021)

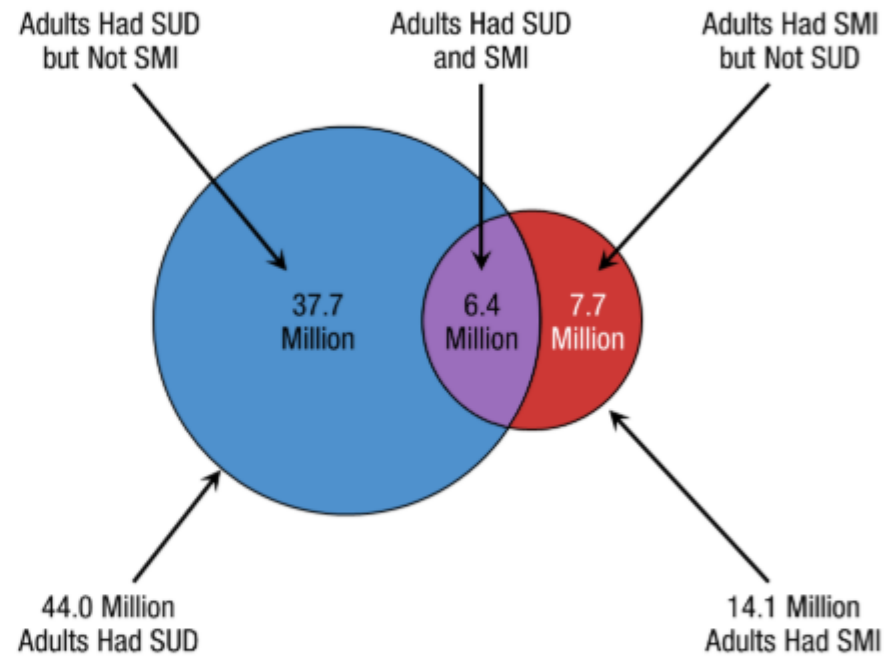


SAMHSA, (2022)

Past Year SUD, Mental Illness, and SMI Among Adults Aged 18 or Older (2021)



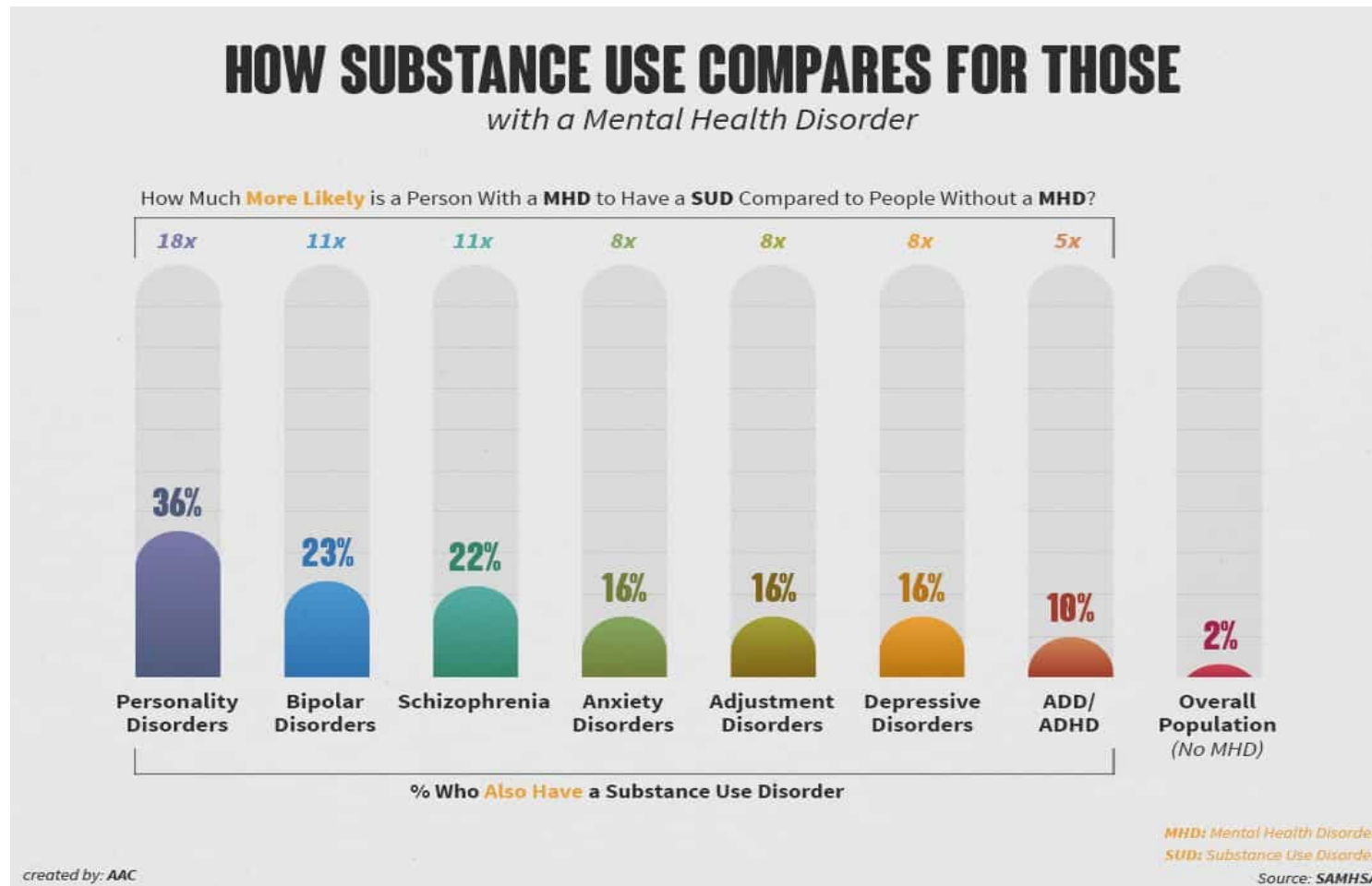
82.5 Million Adults Had Either SUD or AMI (with or without SMI)



51.7 Million Adults Had Either SUD or SMI

SAMHSA, (2022)

Substance Use and Mental Health Disorders



Importance of Recognizing and Addressing COD

- Early detection and intervention
- Reduced or discontinued substance use
- Improvement in symptoms and functioning
- Improved quality of life
- Decreased hospitalization
- Reduced medication interactions
- Increased housing stability
- Improvement in interpersonal relationships

Unique Issues to Nursing Facility Residents with COD



- Age-related or chronic diseases changes in absorption and metabolism
- Interaction of medical conditions, cognitive impairment, functional impairment, and MH/SU conditions
- Frequent use of multiple medications both for chronic medical conditions and MH/SU conditions
- Goals of long-term care play a larger role in health care decisions
- Loss and grief are common

Mental Health Problems in Nursing Facility Residents

- A high proportion of nursing home residents have a mental health disorder, with estimates ranging from 65% to 91%.
- Recent data shows an increase in new nursing home admissions with major depression and serious mental illness such as schizophrenia.
- Although the rate of older adults with depression increases with age, depression is not a normal part of getting older.

Factors Contributing to Mental Health Disorders in Nursing Home Residents

- Social isolation and loneliness
- Grief
- Impaired cognition
- Mobility Issues
- Chronic illness and pain
- Lifetime history of mental illness or SUD
- Medications
- Poor diet and lack of exercise
- Sleep disturbances



Substance Use in Nursing Facility Residents

- The proportion of older adults entering nursing facilities with a SUD is increasing.
- Prescription drug misuse is a concern in this population.
- Marijuana use by older adults has increased in recent years.
- 8 out of every 100 adults aged 65 and older smoke cigarettes.

Factors Contributing to Substance Use Disorders



- Social isolation and loneliness
- Grief
- Impaired cognition
- Mobility Issues
- Chronic illness and pain
- Lifetime history of mental illness or SUD
- Medications
- Sleep disturbances

The Chicken or the Egg: Which Comes First?

Does it really matter?

Regardless of how they develop, substance use and mental disorders become “functionally intertwined” in the maintenance of the co-occurring disorders such that each perpetuates the other.



Impact of Co-occurring Disorders on Nursing Facility Residents



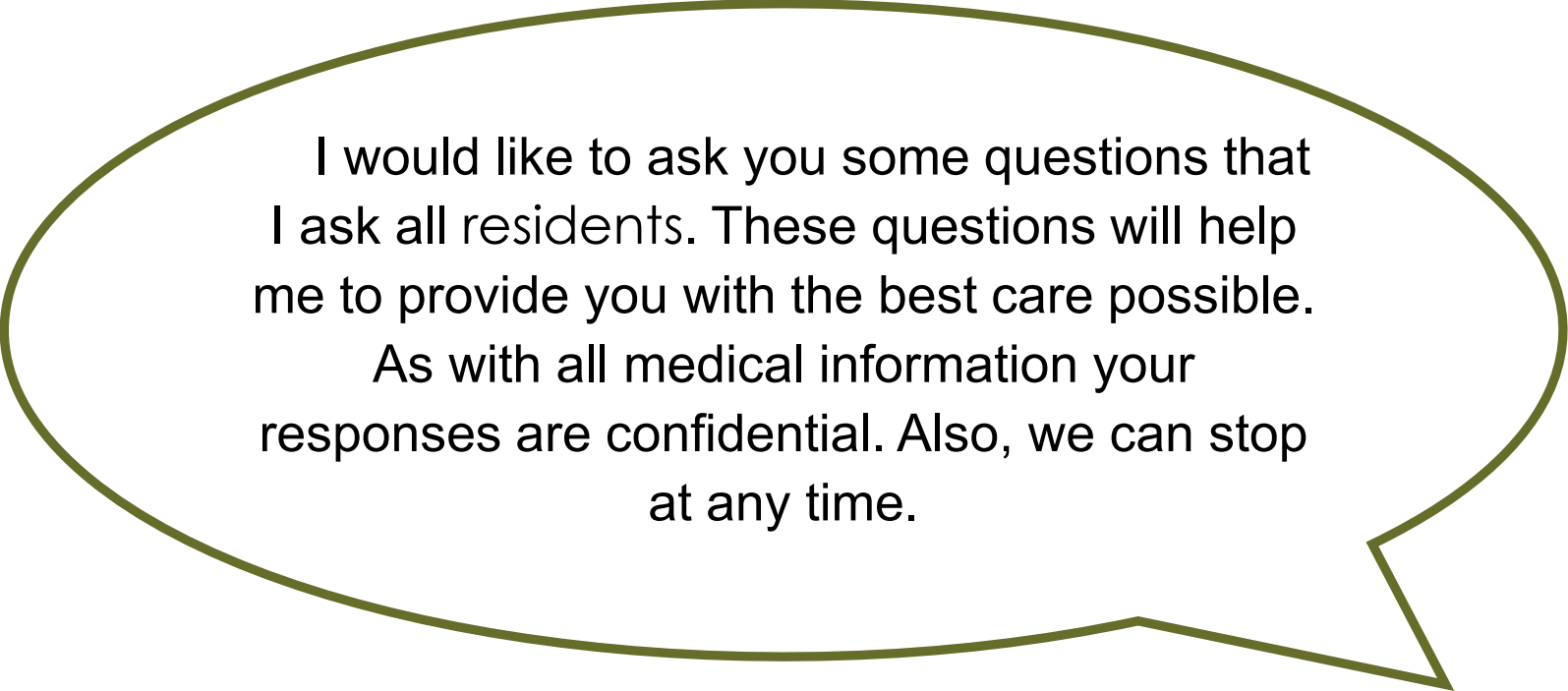
- Increased risk of functional impairment.
- Greater healthcare utilization and costs.
- Higher rates of morbidity and mortality.
- Reduced quality of life and well-being.
- Difficulty maintaining relationships.

Benefits of Universal Screening

- Nursing facility staff never know who is “at-risk,” unless they ask.
- Alerts nursing facility staff to risks for interactions with medications.
- Screening informs assessment, diagnosis, treatment plan.
- Proven beneficial in reducing high risk behavior of people who do not meet the SUD criteria.

Before Starting

What might you need to consider to create an atmosphere of trust, (culturally appropriate, trauma informed, affirming) and comfortability prior to beginning the screening?



I would like to ask you some questions that I ask all residents. These questions will help me to provide you with the best care possible. As with all medical information your responses are confidential. Also, we can stop at any time.

Treatment Approaches

- Integrated care models
- Pharmacotherapy
- Psychotherapy and counseling
- Support groups and peer interventions
- Family Involvement and caregiver support

Barriers to Treatment

- “Addiction is only something that affects young people.”
- Lack of awareness
- Ageism
- Viewing SUD as a moral failing or weakness
- Living situations that normalize substance use
- Cultural norms
- Insurance or finances
- Lack of social supports
- Limited access to behavioral health or social services
- Loss, especially death, or loved ones

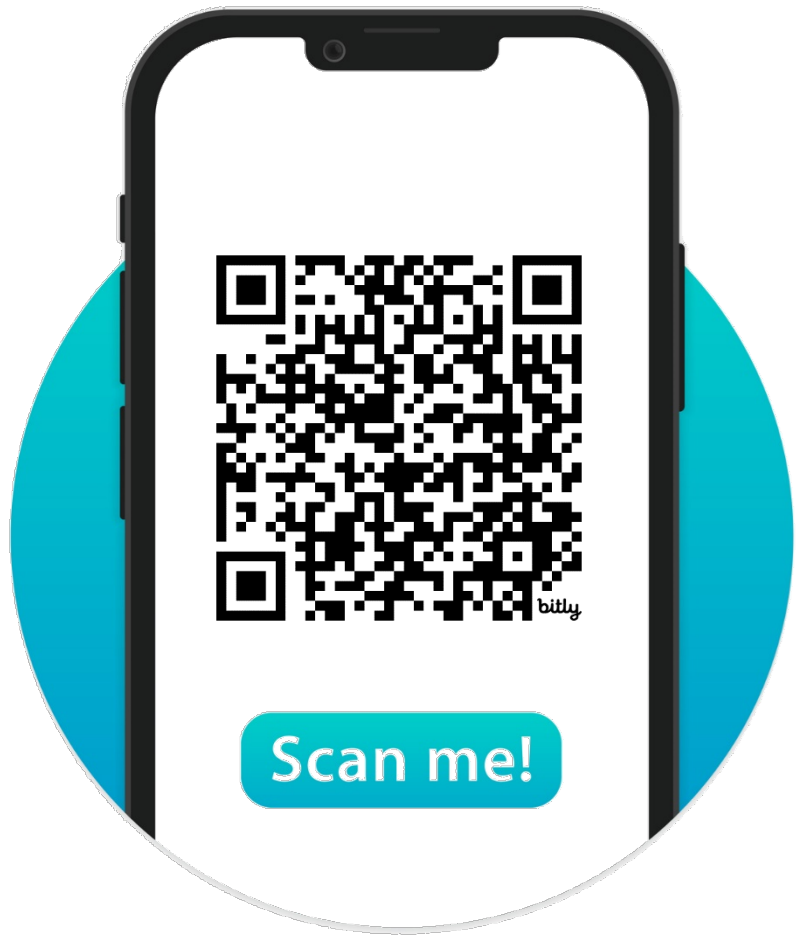


What Does Effective Intervention Look Like?



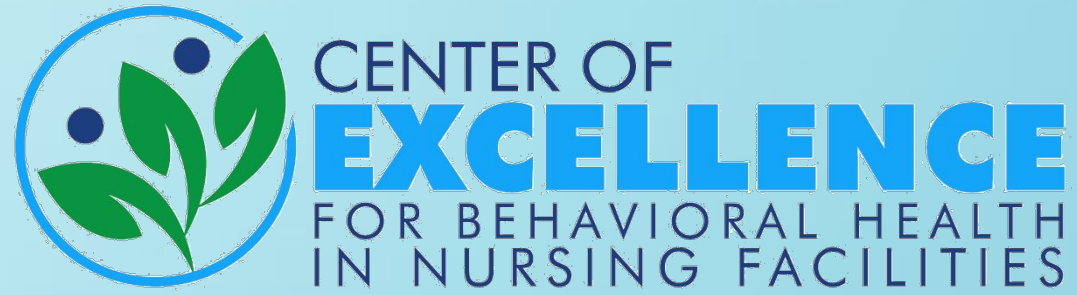
- Address the unique age-related factors.
- Comprehensive evaluation of mental health, substance use, medical and psychosocial needs.
- Collaborative treatment planning involving multidisciplinary teams.
- Medication management that considers specific needs of nursing facility residents.

What You Can Do Tomorrow – Call to Action



https://bit.ly/RequestAssistance_COENF

- What can you do to provide **person-centered care** for residents with co-occurring disorders?
 - Support Services
 - Peer supports
 - Involve Family Members
 - Meet residents where they are
- **Request technical assistance** from the Center of Excellence for Behavioral Health in Nursing Facilities to assist with your TIC training needs.



Questions?



COE-NF Resources: Bite-sized Learning Co-occurring Disorder

Scan the QR code or
visit the link below to view this resource.

Trauma-informed Care Bite-sized Learning Objectives

By the end of this session, nursing facility staff will be able to:

- Define trauma-informed care (TIC)
- Define the “Four R’s” in a trauma-informed approach
- Understand the six guiding principles to create a trauma-informed approach
- Promote a trauma-informed culture within a nursing facility



https://bit.ly/CoOccurringDisorder_BSL

COE-NF Resources: Treatment Strategies for Co-occurring Disorders



Treatment Strategies for Co-Occurring Disorders

Co-occurring disorder (COD) refers to the condition of having at least one mental health disorder and one substance use disorder (SUD). COD may also include other combinations of disorders, such as a mental health disorder and an intellectual developmental disorder.¹

Symptoms

The symptoms of CODs will vary based on the specific substance used and the mental health disorder affecting the individual. People with CODs are at substantial risk for additional challenges like the frequent return of mental health symptoms, hospitalizations, irritability, mood swings, social isolation, family problems, anger issues, and serious medical illnesses.²



Did you know?

Screenings for mental health and SUDs should be completed during initial intake and as symptoms arise. Related information should be included in the resident's care plan.

The four stages of suggested treatment for CODs are Engagement, Persuasion, Active treatment, and Relapse prevention.

Each stage aligns with a range of motivational interventions to support the residents' recovery.

- **Engagement:** This stage of treatment focuses on relationship building. Trust is fostered by involving the residents in treatment decisions, goal development, barrier identification and problem-solving.
- **Persuasion:** During this stage, the resident has begun to develop a working alliance with the staff but is not yet convinced that change is needed. At this time, the resident begins to consider discrepancies between their actions and goals.
- **Active treatment:** This is when the resident becomes motivated to work on presenting mental health and substance use challenges. Nursing facility residents benefit most when multiple treatment formats are available to them at appropriate times to support goal attainment.
- **Relapse prevention:** During this stage, recognizing situations that place residents at greater risk for relapse is key. COD is a lifelong illness that can be managed by engaging in ongoing treatment, learning, and practicing coping skills while adhering to prescribed medications.³



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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:

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Text Messaging Platform

- Enables nursing facility staff to receive COE-NF updates on their smartphone

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Thank You!



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