



BUDDHAS - Building Up Dual Diagnosis in Holistic Aged Services

Change at any age

BUDDHAS VDDI Forum Presentation



Acknowledgement of Country



This Session

Older Adults, Substance Use and Dual Diagnosis

BUDDHAS Resource Manual

Change

Reasons

What we do

What we can do

BUDDHAS

Building Up Dual Diagnosis Holistic Aged Services

What?

- Improved health outcomes for aged persons with co-occurring mental disorders and substance use problems
- Education, Training & Resource development
- Promotion of coordinated service delivery approach and *Inter-service collaboration*

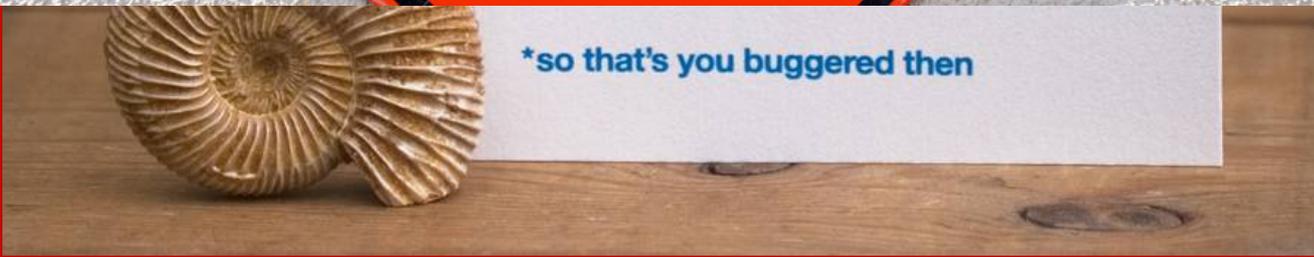
HOW ?

BUDDHAS Resource Guide

- Dual Diagnosis & Older Adults
- Screening
- Biomedical Interventions
- Psychosocial Interventions
- Carers

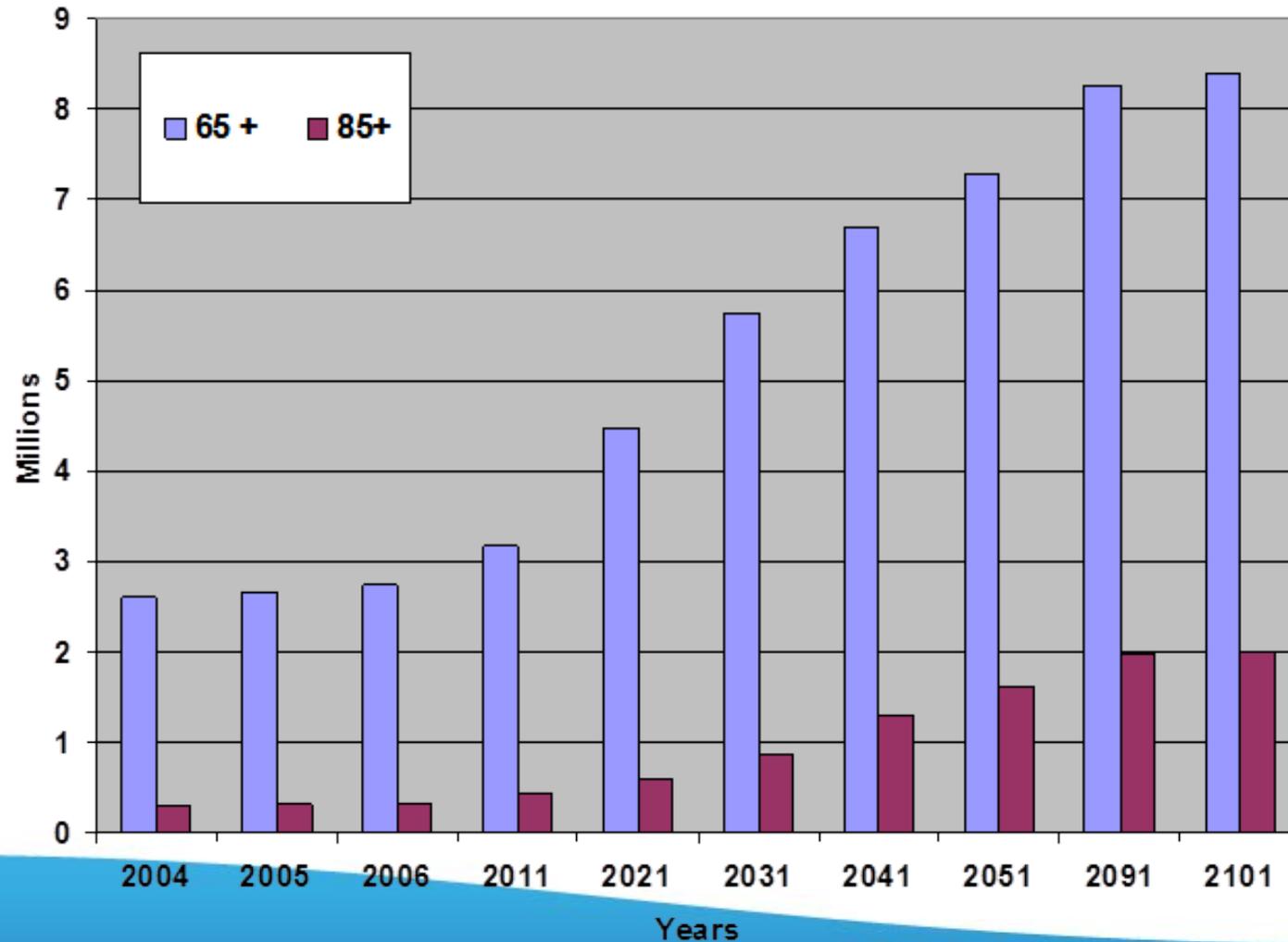


**RETIREMENT
DELAYED**



*so that's you buggered then

Staying Alive In Australia



Older Adults and Substance Use in Australia

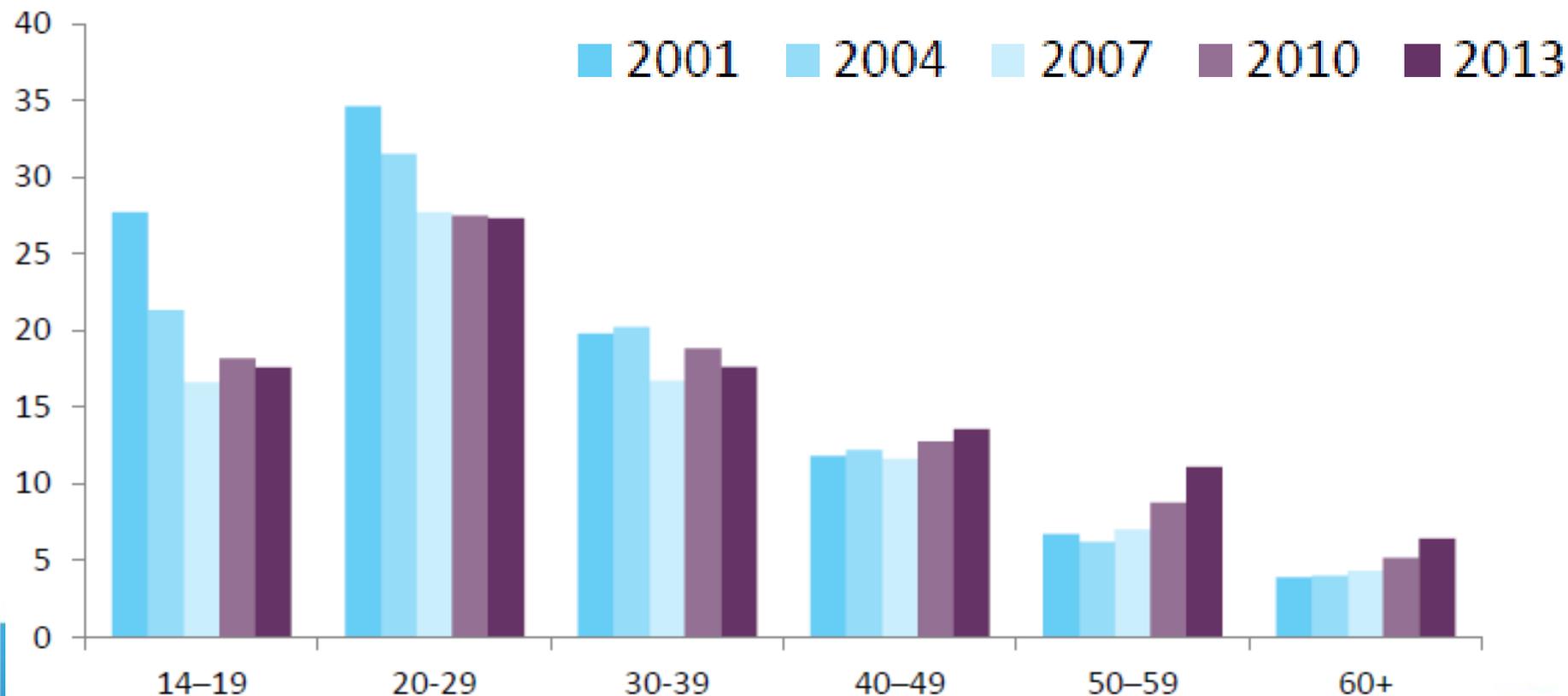
**Illicit
Drugs
2009-13**

50 - 59

36% increase in recent use since 2010

60 +

27% increase in recent use since 2010



Dual Diagnosis among older adults

What do you think the prevalence is of dual diagnosis in Aged Person's Mental Health?

37.6% (Blixen et al., 1997)

- Retrospective file audit of 101 people discharged from psychiatric hospitals

15.5% (Searby et al., in press)

- Retrospective audit of CMI for Caulfield Hospital's Mobile Aged Psychiatry Service over a 2 year period ($N = 593$). Screening is limited to clinicians tick yes/no

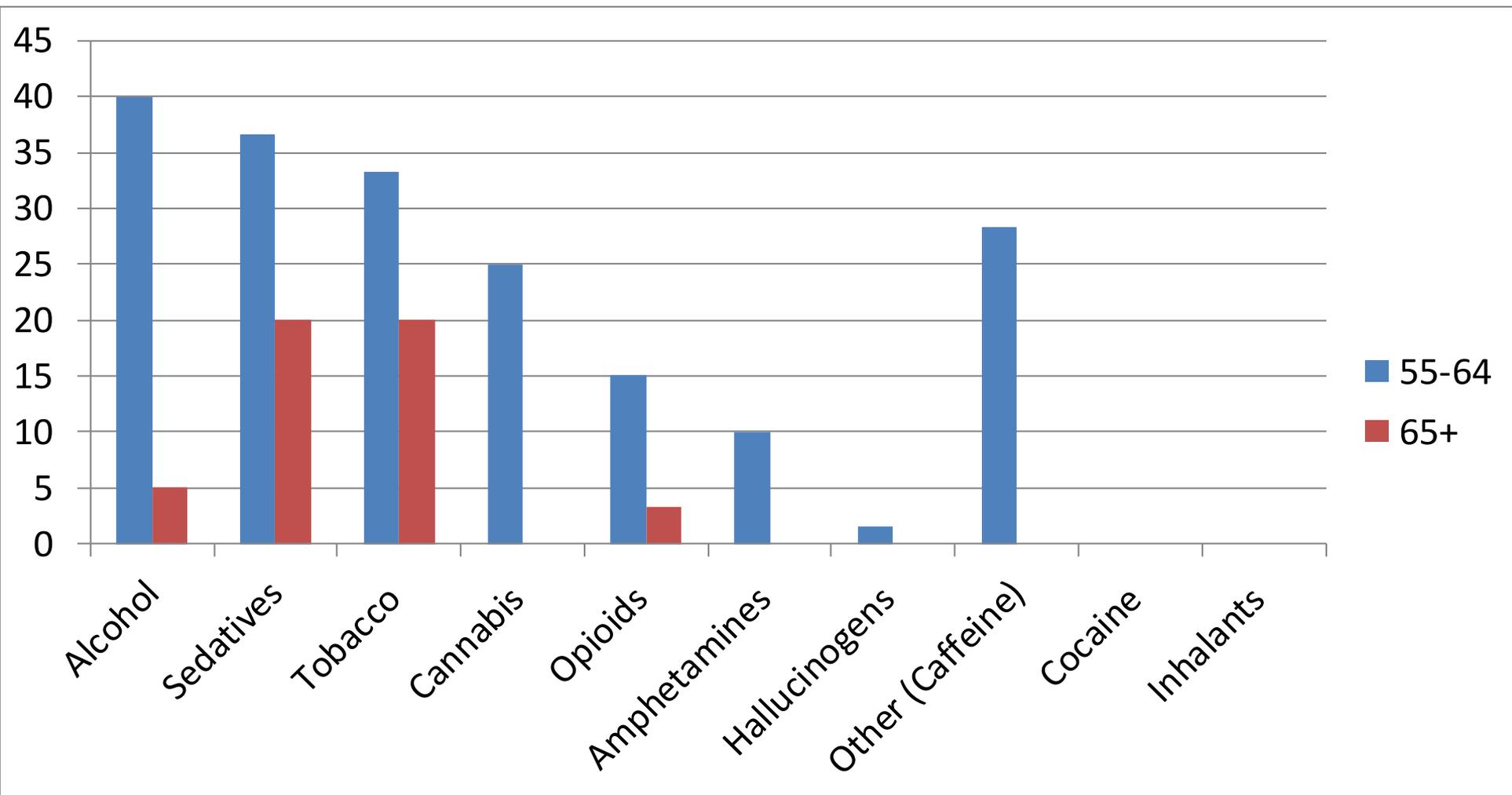
Dual Diagnosis among older adults

What psychiatric problems are more likely among older adults?

How might they present differently?

- Insomnia
- Depression
- Anxiety Disorders
 - PTSD
 - Panic Disorder (with agoraphobia)
 - Generalised Anxiety Disorder
- Cognitive decline

What do we know about DDx among older adults?



K, Ryan. 2012. An Exploratory Study into the Extent and Patterns of Substance Use in Older Adults with a Mental Illness. Unpublished Thesis.

Some Myths and Assumptions

Why are many health professionals are reluctant to screen for AOD issues among older adults?

- Difficult to conceive that ‘nice old men and women’ could have AOD-related problems
- A belief that people need to be heavy drinkers before alcohol is considered a problem
- Symptoms perceived as age-related/medical rather than manifesting from alcohol use
- A view that it’s too late to change



Discussion

How do you work with older adults who have a dual diagnosis?

The Change Process

- What are the stages of change?
- Might there be variations among older adults?
 - Happy use vs given up hope
 - Overt encouragement
 - Reminders of unpleasantness and risks
 - Severity of issues
 - Hope and welcome
 - What haven't you started – strengths base

Reasons for Use

- Loss
 - status, people, vocation, health, independence
- Bereavement
- Social isolation
- Loneliness
- Major financial problems
- Housing changes
- To seek temporary relief from significant stress

(Nicholas et al., 2015)

Different Age – Same Response

Older adults are as responsive to traditional treatment strategies as younger populations

- Use our current evidence based interventions for treatment
- Significant opportunities to identify substance misuse due to increased healthcare system use
- Older adults are motivated to abstain compared to younger

Psychological Interventions

Principals of treatment

- Integrated treatment
- Recovery & Strength-based Focus
- Other principals

The Change Process

- Variations for older adults

Reasons For Use

- Variations for older adults

Brief Interventions

Harm Reduction

Relapse Prevention

Psychotherapy

Specialist AOD/MH Services



Psychotherapy

Spiritual

Individual temperament

Maintain hope

Social support

Self help groups

Specialist AOD and MH services

- OWL & aged persons psychiatry

Portfolio Holders in existing services

Small changes to consider

- Psychoeducation
 - Larger print
 - Standard drink
- Slower paced, longer treatment period
 - Rapport building through narrative
 - Clinician patience “Groundhog Day” and carer in the loop (cognitive decline)
 - Present moment focused
- Discussion of discharge planning early in Tx



Discussion

Examples of changes made by older adults we've worked with

Case example

- John Snow 62 yr old
- Well known 30+ years involvement in CMH
- Alcohol dependence
- Accommodation
- Cyclical presentation

Referral to treatment services

Who works in the Frankston-Mornington Peninsula area?



Thank you

Please take your copy of the available BUDDHAS manual

Thank you!

