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Need for Increasing Gerontological Competencies in MSW Advanced Curriculum Areas: Mental Health, Substance Use and Health

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Introduction

The demographic changes related to the growth of the older population over the next two decades are well documented. As the fastest growing segment of the population the 65 and older age group will more than double in size to 71.5 million by 2030, (Administration on Aging, 2004). A major implication of these changes is the growing need for social workers to serve older adults and their families (Bureau of Labor Statistics, 2004). The purpose of this concept paper is to:

- I. Describe initiatives that address the preparation of social workers to meet current and future demands for social work with older persons.
- II. Document the need for increasing aging competencies in three critical areas of social work practice: health, mental health, and substance abuse/addictions and summarize the primary sources of funding for social work in these areas.
- III. Highlight gaps in the current advanced social work curriculum where knowledge about aging issues can be infused in mental health, health, and substance use/addictions to prepare social workers for effective practice with adults across the life span

I. Current Initiatives to Address Preparation of Social Workers to Meet the Demands of an Aging Population

In response to this demographic imperative and the need to increase the availability of social workers prepared to address the needs of older persons and their families, the John A. Hartford Foundation funds the Geriatric Social Work Initiative (GSWI), which consists of a number of different programs:

- *SAGE-SW or Strengthening Aging and Gerontology Education for Social Work.* Based on a survey of practitioners and educators, this project delineated 65 foundation competencies for gerontological social work practice, and developed a blueprint for an approach to enhance significantly geriatric and gerontological content into social work.
- The *Geriatric Enrichment in Social Work Education Program* (GeroRich) funded 67 BSW and MSW programs nationally to infuse gerontological content into foundation courses.
- Building on the accomplishments of SAGE-SW and GeroRich, the *CSWE National Center for Gerontological Social Work Education* (Gero-Ed Center) aims to promote aging competencies at the baccalaureate and master's levels in order to prepare all social work students to work effectively with older adults and their families. Faculty education is one of the primary methods used to infuse competency-based gerontological content in the foundation courses. Over 1000 faculty have participated in professional opportunities funded by the Gero-Ed Center.
- The *Practicum Partnership Program* is an eight year initiative that funds 60 MSW programs to educate over 1,000 specialized gerontological social workers by

developing more aging rich advanced practicum sites and supporting course work in the advanced year of the curriculum

- The Hartford Geriatric Faculty Scholars program and the Doctoral Fellows program have provided career development opportunities by funding research in aging and health and mentoring to junior faculty and doctoral students. The Faculty Scholars program has funded 60 faculty researchers as of 2005, and the Doctoral Fellows program has funded 37 doctoral fellows to date.

Thus, through Hartford funding, significant gains have been made over the past seven years in: 1) increasing the number of students prepared with gerontological competencies in foundation courses, as well as those pursuing aging specializations, and 2) supporting gerontological research and career development of social work faculty and doctoral students.

II. Need for geriatric training in health, mental health, and substance use/abuse fields of practice

With the growth of the older population, the need for services to older adults, especially in the areas of health and behavioral health, will increase dramatically. As noted earlier, the term behavioral health includes both mental health and substance use problems since they often coexist. This section provides an overview of the nature and extent of health and behavioral health problems experienced by older persons. It also highlights the need for specific geriatric knowledge for social workers who are central to the professional workforce trained to address health and behavioral health problems in the general population.

Health Care

Older Americans use more health care services than any other age group. Chronic diseases such as heart disease, stroke, cancer, and diabetes are among the most common and costly health conditions. The risk of being diagnosed with any of these chronic conditions increases as people age. These health conditions are associated with poorer quality of life, impairments in functioning and diminished ability to remain in the community (Federal Interagency Forum on Aging-Related Statistics, 2004). Despite predictions that the Baby Boomers will be healthier than prior cohorts, there will nevertheless be increased numbers of adults age 85 and older who face chronic illnesses and functional disability. The number of individuals over the age of 85 is projected to more than double its current size i.e., from 4.2 million in 2000 to 9.6 million in 2030 (Administration on Aging, 2004). Growing numbers of frail older adults will require not only health care but also supportive social services to be able to remain in the community. As diagnosis and treatment become more specialized and are addressed by a greater variety of medical disciplines, social workers will need to be informed about disease-specific medical and psychosocial issues across the range of medical specialty areas (e.g., cardiology, oncology, neurology, psychiatry, endocrinology, and rheumatology). Social workers will increasingly be called upon to

assist older persons and their families with issues related to end-of-life care (Berkman, Gardner, Zodikoff, & Harootyan, 2005). Finally, as life expectancy increases, the role of social workers in health promotion and disease prevention through community-based initiatives will also become more significant.

The Hartford Foundation Faculty Scholars and Doctoral Fellows programs address the need for increased research in this area by funding research on social work issues in health care. The National Institute on Aging also supports research on psychosocial aspects of health care. A substantial gap remains, however, in translating this growing body of research into providing aging-specific competencies to social work students who intend to work in health care settings.

Mental Health

The growing number of older adults with moderate to severe mental illness represents a major public health problem (U.S. Dept. of Health & Human Services, Surgeon General's Report 1999). Mental illness and other psychological conditions among older persons include mood disorders such as depression, dysthymia, bipolar illness; anxiety disorders; schizophrenia; and Alzheimer's disease. Mental disorders in older people are typically associated with impairments in function, poorer quality of life, poorer health outcomes, increased mortality, and increased stress for caregivers (U.S. Dept. of Health and Human Services, Surgeon General's Report, 1999). As life expectancy increases, we can expect a greater number of older persons with mental illness to be living in the community. About 26% of older adults are currently estimated to suffer from mental illness, and the number of older adults with serious psychiatric disorders will climb from 4 million in 1970 to 15 million in 2030 (Jeste et al., 1999). The increase in the numbers of older persons with mental health problems will overwhelm the capacity of the mental health service delivery system leaving large numbers of older persons with unmet needs for mental health services.

Fewer than 25% of older adults who need mental health care ever receive treatment; in addition, this lack of treatment provision to older adults has been found across all service settings—community based, inpatient hospitals, residential care and nursing facilities (Kaskie & Estes, 2001). One major barrier to treatment is a serious shortage of mental health professionals with adequate training to meet the mental health, substance abuse and psychosocial needs of older adults and their family caregivers (Rosen, 2005). Among mental health practitioners, most non-geriatric specialists are provided little exposure to aging practice in either the classroom or in field practice, yet they are likely to be called upon to provide services to older adults (Rosen, 2005). Social workers are instrumental not only in providing therapy and case management, but also in developing community-based psycho-education and prevention programs that promote mental health. In response to the need for increasing knowledge about geriatric mental health, the National Institute of Mental Health issued a program announcement in 2002 calling for more research that helps “understand and reduce the public health burden of mental illnesses on older Americans” (NIMH, 2002).

Alcohol and Substance Use

Using data from the National Household Survey on Drug Abuse in 2000 and 2001, researchers from the Substance Abuse and Mental Health Services Administration (SAMHSA) estimated that the number of older adults in need of substance abuse treatment will increase from 1.7 million in 2000 and 2001 to 4.4 million in 2020. This reflects a 50% increase in the number of older adults with substance abuse problems and a 70% increase in the rate of treatment need among older adults. Treatment need is defined as having a DSM-IV alcohol or illicit drug use disorder in the past year (Gfroerer, Penne, Pemberton, & Folsom, 2003). The authors note that the aging baby boom cohort will place increasing demands on the substance abuse treatment system in the next two decades, requiring a shift in focus to address the special needs of an older population.

It is important to note that the concerns related to older adults in this area of practice are often connected to substance use or misuse, not substance abuse. There is a common perception that typical substance abuse issues that are prevalent among younger populations do not apply to older persons. The term “substance abuse” alone misses the issues of prevention of misuse along with the unintentional misuse that often occurs among older adults.

Among older adults, alcohol and prescription drugs are the most commonly abused or misused substances. The National Survey on Drug Use and Health (NSDUH) in 2002-2003 reported that whereas only 1.8% had an illicit drug use in the prior month, about 45% of persons aged 50 and older drank alcohol. Approximately 12.2 percent of older adults reported binge alcohol use and 3.2 percent indicated heavy alcohol use (Office of Applied Studies, DHHS, 2005). According to the National Institute on Aging (NIA), even non-abusive alcohol use can be problematic because older persons experience a different set of biological, psychological and social issues as compared to younger people. Older persons have a different physiological response to alcohol (e.g., increased sensitivity to alcohol, higher blood alcohol levels per amount consumed as compared to younger adults); may experience different problems (e.g., interactions with prescription drugs) and benefits from alcohol consumption; have different health and other needs (e.g., multiple chronic conditions or comorbidities); and use different community and national resources (e.g., emergency and long term care due to falls related to alcohol use) (NIA, 2003; American Geriatrics Society, 2003).

In response to the need for increased knowledge about alcohol consumption and alcohol-related problems among older people, the NIA issued a program announcement in 2003 calling for more research as an “enhanced understanding of the interplay of multiple factors...is needed to address the alcohol-related prevention and treatment needs of a growing elderly population” (NIA, 2003). Similar to the problems with access to mental health services, age-appropriate alcohol and substance use/ abuse services for older persons are also scarce; this may be attributed to the fact that few social workers and other service providers receive adequate training to address these issues among older persons. Social workers can play a vital role in addressing psychosocial

issues faced by older adults with substance use problems as well as in developing preventive and health promoting interventions.

This review points to the importance of understanding the issues faced by older persons in the areas of health, mental health, and substance use/abuse as critical areas of curriculum development in social work programs. Problems seen by social workers in each specialty practice area require different knowledge and skill competencies based on the age of the individual; the co-occurrence of health, mental health, and substance use problems; and the overlap in symptoms for very different types of problems.

III. Current Structure of the MSW Advanced Curriculum & Gaps in Gerontological Content in the Advanced Courses

The first year MSW curriculum typically consists of foundation courses in human behavior, research, policy, practice, cultural diversity and field practicum. In the advanced year, programs offer an array of specializations, concentrations or sub-specializations for students to acquire advanced knowledge and skills. MSW programs construct their advanced curricula in a variety of ways. For example, programs may offer students the opportunity to specialize in a field of practice such as: mental health, health, substance use, aging services, child welfare, and school social work. Programs may also structure their curricula by skill concentrations such as 1) direct or clinical practice with individuals, families, groups; or 2) social administration which includes administration, policy, planning, and community organization. And some programs provide both skill and field of practice concentrations. Thus, the advanced year of the MSW curriculum offers opportunities to include geriatric content in the specific areas of health, mental health, and substance abuse.

In their survey of program curricula in 98 accredited MSW programs in 1989, Vinton & White (1995) noted an increased trend towards specializations in MSW programs, with almost 75% of the programs offering specializations.

Table 1 presents 2003-04 CSWE data for concentrations and specializations in MSW programs. Of 180 MSW programs, 61 specify one or more concentrations in mental health, health, health/mental health, substance abuse, and aging (see section A). Of the remaining 119 programs, the most frequently noted concentrations were: Clinical/Direct/Interpersonal practice (n = 66), and Advanced generalist (n = 28) (data not shown).

Section B shows the number of programs with clinical or advanced generalist concentrations (n = 94) that offer specific courses on mental health, health, and substance abuse. (These data were obtained by looking up MSW course offerings on program websites). And finally, Section C provides a composite picture of the total number of programs that offer concentrations, specializations, or specific course work in these three areas. Thus, mental health and health care appear to be among the more frequently offered areas of advanced practice in MSW programs.

Taken together these data indicate that nearly 30% of MSW programs (61) have concentrations or specializations in aging or any of the three specialty areas. An additional 94 programs or over 50% of programs that have clinical or advanced generalist concentrations offer specific courses in one or more of the three specialty areas.

Table 2 provides an overview of the structure of typical concentrations or specializations, and the courses in the specialty areas that are taught as part of the concentration/ specialization/ or track.

Table 1. 2003-2004 MSW Program Concentrations/Specializations (n = 180)

A. Total number of programs listing one or more of the concentrations below: (n = 61)		
	N	%
Mental Health	44	24%
Health	35	19%
Health/Mental Health combined	11	6%
Substance use	8	4%
Aging	32	18%
B. Of programs not specifying above concentrations but listed as Clinical/ Direct Practice (n=66) and Advanced Generalist (n=28), the number offering specific courses in mental health, health, and substance use: (n = 94)		
	N	%
Mental health	61	49%
Health	24	18%
Substance use	36	21%
C. Total number of programs that offer specific concentrations &/or courses in: (n =180)		
	N	%
Mental health	116	64%
Health	70	39%
Substance use	44	24%

Table 2. Typical structure of concentrations/ specializations/ tracks

<p>The typical concentration structure consists of <i>at least 2 or more courses and a field internship in the concentration</i>. Seminars often accompany field internship. Courses include practice, policy, and electives on special topics. Examples of courses include:</p>		
Mental Health	Substance Use	Health
Overview Courses		
<ul style="list-style-type: none"> ○ Diagnosis & Assessment (Adult Psychopathology) 	<ul style="list-style-type: none"> ○ Alcohol & Drug Addiction ○ The Nature and Treatment of Alcohol and Other Drug Problems 	<ul style="list-style-type: none"> ○ Social Work in Health Care Settings
Practice/ Intervention Courses		
<ul style="list-style-type: none"> ○ Brief Therapies in Social Work ○ Cognitive Behavioral Interventions ○ Family Therapy ○ Social Work with Individuals with Severe and Persistent Mental Illness ○ Evidence-based practice 	<ul style="list-style-type: none"> ○ Clinical Practice with Substance Abusers and their Families ○ Substance Abuse in Family System ○ Dual Disorders: Assessment & Interventions with Clients with Chemical Dependency and Mental Disorders ○ Interventions in Alcohol and Other Drug Abuse 	<ul style="list-style-type: none"> ○ Social Work Intervention with Stress, Illness, and Health ○ Cross Cultural Approaches to Health and Healing and Social Work Practice ○ Health and Disability Work ○ Health Care Practice
Administration/ Policy Courses		
<ul style="list-style-type: none"> ○ Community Mental Health Services ○ Mental Health Policy and Service Delivery ○ Community Practice in Mental Health Settings 	<ul style="list-style-type: none"> ○ Alcohol and Other Drug Abuse Policy and Service Delivery 	<ul style="list-style-type: none"> ○ Community and Administrative Practice in Health Settings ○ Health Care Policy

Gap between Gerontological Content in Curriculum and Practice in the Specialty Areas

A recent survey of a national sample of licensed social workers conducted by the National Association of Social Workers (NASW, 2005) found:

- The four most common practice areas cited as the foci of social workers' primary employment were mental health (37%), medical/ health care (13%), child welfare/family (13%), and aging (9% percent). Addictions as the primary focus of employment were listed by about 3 % of the respondents.
- Seventy-five percent of social workers reported having older adults (55 years+) in their caseloads.

Despite the growth of the older population, and the number of older persons being seen by social workers, the number of MSW students choosing aging as their specialization is comparatively small. A major barrier to significantly increasing the number of students in the aging specialization has been the reluctance of students to commit to working exclusively with older adults. Many students are open to learning more about aging and older adults, but would like their practice to be with adults across the life span. Many more students take gerontology courses, often electives, than those who commit to completing an aging specialization. While infusion of aging-related content in the foundation courses helps all social work students acquire foundation gerontological competencies, such knowledge and skills are not specific enough nor of adequate depth for practice in the specialty areas students select in the advanced year of the MSW curriculum.

As evidenced by the 2005 NASW survey, social workers encounter older adults in a variety of mental health and health settings that are not "aging-specific," but the vast majority have little, if any, specific knowledge of the aging process and how such knowledge might be relevant to addressing health and behavioral health issues in these settings. Examples of such settings include hospitals, primary care settings, hospice and palliative care, outpatient mental health clinics, community counseling centers, inpatient units, and long term residential programs for individuals with mental illness.

Another NASW survey of 2000 members showed that they had a significant involvement in diagnosing and treating substance abuse across many settings, but few members had in-depth education and training for the work (NASW, 2001). While many social workers specialize in substance abuse, other social workers provide services to individuals and their families in both specialty and non-specialty settings in which substance use disorders are often integral to the clients' presenting problems. These settings include health and mental health centers, hospitals, child welfare and aging services, courts and correctional facilities, employee assistance programs, and private practice (NASW Alcohol Tobacco and Other Drugs Standards Workgroup, 2005).

Thus, the advanced year specialization/concentration courses that focus on health, mental health, and substance use/abuse are the logical place in the curriculum to strategically increase practice-specific gerontological competencies. Few MSW programs, however, include knowledge or practice experience specific to older populations in these advanced fields of practice. Increasing geriatric content in these three specialty areas can have a significant impact on improving the care provided to older adults and their families.

Conclusion

The concept described here is similar to the Hartford funded-program to increase geriatric content in medical specialties. Through its seven year Geriatric Social Work Initiative, the Hartford Foundation has already increased the number of social work students who have been provided foundation geriatric content in the first year of the MSW as well as those pursuing aging specializations and advanced practica. The proposed social work model to infuse aging content in the specialty practice areas of health, mental health, and substance use represents the next step in increasing “aging-competent” social workers to help address critical areas of need for the aging population.

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