

Mental Health in Later Life

A Guidebook for Older Marylanders and the People Who Care for Them

Courtesy of the Mental Health Association of Maryland and
The Maryland Coalition on Mental Health and Aging



Cover photograph:

The 77 year old subject of the cover photo is an energetic and inspiring Marylander who regularly gives her dog a ride on her paddle board. She can be found volunteering in a Baltimore school, singing in her church choir, biking in an Annapolis park and advocating for social justice issues. She has taught her seven grandchildren about the native birds, tidal patterns and aquatic species of the Chesapeake Bay where she spends most of her time cherishing the wonder of nature and the love of family.

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A downloadable version of this guidebook can be found at

www.mdaging.org

**Additional copies may be ordered through the Mental Health
Association of Maryland at**

www.mhamd.org/getting-help/free-publications

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Maryland's Area Agencies on Aging (AAAs) are dedicated to the support of older Marylanders so that they may enjoy fulfilling lives and reach their full potential. We wish

to acknowledge the wonderful and dedicated individuals who work as professionals and volunteers at the AAAs. They continue to lead and inspire positive aging activities across Maryland. Throughout this guidebook, the AAAs are identified as a primary source for further information on services, programs and opportunities. There are 19 AAAs in Maryland, many of which have aging and disability resource centers with specially trained staff to assist people who are looking for local supports or services. While they may be called different names in different jurisdictions, these resource centers are most commonly referred to as Maryland Access Point or **MAP**. You can access the statewide MAP website at www.marylandaccesspoint.info or call 1-844-MAP-LINK or 1-844-627-5465. A full list of Maryland's AAAs can be found at the end of this guidebook.

Portions of this guidebook were adapted from *A Mental Health Guide for Older Kansans and Their Families* (Carman, M., Trout, N., Norris-Baker, L., Johannes, E., Scarpelli, A., August 2000. Kansas State University, Kansas Mental Health and Aging Coalition, Kansas Department of Social and Rehabilitation Services, and Kansas Department on Aging.) Used by permission.

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INTRODUCTION

This guidebook is intended for use by the general public as well as health and human service professionals and caregivers to provide education about later life mental health issues. The format has been revised to include “tips” and resources within the text as well as at the end of the guidebook. There are abundant resources for further information and support and we could not include all of them in this book. We can, however, post additional resources in support of older Marylanders, their care partners and health practices in the resource section of **Maryland’s mental health and aging website: www.mdaging.org**. Should you have recommendations for the website’s resource section, please send them to info@mhamd.org attn: Older Adult Program.

Mental Health in Later Life: A Guidebook for Older Marylanders and the People Who Care for Them has been used as the subject for study groups and support groups over the past several years. We encourage this type of use as a way to engage people in important conversations that combat stigma and promote support, prevention, early intervention, treatment and recovery regarding behavioral health concerns. “Guidebook Study Exercises” can be found on Maryland’s mental health and aging website (www.mdaging.org). The exercises will promote self-awareness, empower readers with education and resources and encourage positive action in support of behavioral health. We welcome you to share news of this guidebook or start a “Guidebook Study Group.” The Guidebook Study section of the website will give you information on starting a group or you may contact the Director of Older Adult Programs for the Mental Health Association of Maryland at 443-901-1550 x 210 or kburton@mhamd.org.

Disclaimer

In this edition of *Mental Health in Later Life: A Guidebook for Older Marylanders and the People Who Care for Them*, we offer “tips” which are usually web-based resources that can provide the reader with further information on a particular topic. It is our desire to provide readers with the most direct link possible to that information - yet that poses a challenge. You will see many of the links have lengthy URLs which can be difficult to accurately re-type into a browser. An easy way around this is to access this guidebook online at MHAMD’s mental health and aging website, www.mdaging.org. The guidebook can be found in its entirety on this website and the links in the tips are live if you want to avoid any mistakes or frustration from typing long URLs.

At the time of this printing, the websites and pages offered in the “tips” section of this guidebook were accurate and active; however, this can change at any time. Most of the tips offered herein link to government-sponsored websites or organizations with long-standing histories and solid reputations in case readers want to get more information. MHAMD cannot be responsible for the accuracy of information on any of the websites other than our own.

This guidebook is a resource; MHAMD is offering guidance only. We are not health professionals. We encourage you do further investigation of recommended resources to ensure their appropriateness to your situations, preferences and unique needs. As with any change to your health routine, check with your health provider (doctor, etc.) before implementing any suggestions read in this book or on any of the referenced websites.

HEALTHY AGING

Aging, by definition, means to grow older and more mature. Aging is a normal process; we are aging from the moment of birth. However, in today's society, the word "aging," like "mental health" or "mental disorder," can have negative associations. There are many incorrect and negative beliefs about what it means to be an older adult, especially one who experiences a mental health disorder. These incorrect beliefs are called stigma. The dictionary defines stigma as the shame or disgrace attached to something regarded as socially unacceptable. **A primary goal of this guidebook is to minimize stigma through better understanding of both aging and mental health so that all Marylanders feel comfortable to address a mental health problem knowing that they can greatly enjoy their later years.**

Unfortunately, too many people mistake symptoms of a mental health problem with symptoms of other health conditions. They also think that things such as fatigue, pain and moodiness are just part of "getting old." When problems are dismissed as part of "normal" aging, important and treatable conditions might be completely overlooked, leaving people to suffer unnecessarily. **Nearly one in four adults over the age of 65 have some type of mental health problem, such as a mood disorder not associated with normal aging.**

People today are likely to live longer, healthier lives and enjoy more independence than people in earlier generations. We are constantly learning more about "successful aging" which generally refers to pursuing goals, finding meaning and enjoying life in later years. Maintaining mental health is a critical part of this goal. **Good mental health protects our physical health, keeps our relationships enjoyable**

and allows for a positive aging experience. For many older people, later life offers opportunities to enjoy hobbies, volunteer, travel, pursue new interests and spend more time with family and friends. For others, especially isolated adults, later life can be a time of intense and unwanted stress often related to unwanted changes and loss. Most people experience a blend of these situations. We know that life is a series of ups and downs and therefore people normally experience a wide range of emotions, moods and responses.

Mental health, like physical health, is variable and slides along a continuum. We all understand, for example, that good physical health changes with the flu, infections, physical trauma and diseases. Likewise, we must understand that good mental health changes with the experience of financial problems, death of a loved one, betrayal of a trusted friend, loss of a job, a change in health status and other stressors. The way people respond to negative stressors depends on the individual. Too much stress can definitely lead to mental health problems. Sometimes people need to get professional help to address their mental health problems, sometimes they don't. Sometimes people recover easily from mental health setbacks, sometimes they don't. The Mental Health First Aid USA program wisely states, "Good mental health and mental illness are not polar opposites, but points on a continuum. Good mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships and the ability to cope and adapt. It is something we work toward every day. Good mental health includes emotional balance, the capacity to live fully and the flexibility to deal with life's inevitable stresses, challenges and trauma."¹

Understanding mental health as physical health is appropriate. The brain and the body work together. In fact, people are at a higher risk for developing a mental disorder if they suffer from chronic illness, physical pain, vision or hearing loss and other physical impairments that limit function or threaten independence. Research shows that when people get treatment for mental disorders, other health problems can greatly improve.²

There are many ways to safeguard mental health. Good mental health practices involve a blend of emotional, attitudinal, intellectual, spiritual and physical practices. It is important, however, to know that mental health problems can arise even when people are working their hardest to maintain positive mental health. A “mentally healthy” person can recognize and admit when he/she is struggling, seek help when it is needed and follow through with steps toward recovery.

Our emotions can reflect the state of our mental health. **Recognizing patterns of negative emotions can guide us to an understanding that our mental health needs improvement.** Gaining “emotional intelligence” is an example of a goal one can pursue for greater understanding of feelings, moods and stress reduction techniques.

TIP Helpguide.org has a free Emotional Intelligence Toolkit that offers free videos and exercises to learn more about emotions, the role of emotions in overall health, and the development of balance and coping skills for a better quality of life: Visit: <http://www.helpguide.org/emotional-intelligence-toolkit/>

TIP The Positive Aging Resource Center provides information and resources for older adults, caregivers and professionals. Healthy lifestyles, coping with life changes and maintaining

emotional health are featured topics. Go to: www.positiveaging.org/consumer/index.html

TIP The Baltimore Longitudinal Study of Aging has used selected studies to develop action steps to support health and function. Read an article on this topic at the National Institute on Aging: <http://www.nia.nih.gov/health/publication/healthy-aging-lessons-baltimore-longitudinal-study-aging/what-does-all-mean-you>

Because of the predictable and probable circumstances more common in late life, we need to be proactive in our quest for positive mental health. The following are key steps to take in support of mental wellness as we age.

Reduce risk for disease and disability

All human beings experience changes in their bodies as they age. The effects of heredity, environment, culture, diet, exercise, leisure choices, etc., contribute to our health status as we grow older. Certain medications, illnesses, chronic conditions, physical limitations and natural changes, e.g. hormones, metabolism and vision, are additional conditions that influence our overall health.

Risk for disease does increase with age; however, there are ways to minimize impact:

- Learn as much as you can about your personal and family health profiles and the prevention steps that could benefit your future health, e.g., proper diet if diabetes or heart disease runs in your family
- Learn about symptoms that might indicate a problem and respond to them as soon as you can – tune in and listen to your body
- Learn about ways to develop a “health friendly” lifestyle – changing diet, getting regular exercise, quitting smoking and reducing alcohol use can improve health at any age

Too often, challenges with physical activity or setbacks in health become excuses to say, “I’m getting old. I just can’t do much anymore.” This is **dangerous thinking**. People actually risk greater disability and worsened quality of life when this kind of mentality takes over. It has been said that “what we focus on expands.” This means that constant focus on hardships and limitations can result in a mindset of defeat. While it is perfectly normal to become distressed with physical decline, that distress needs to be balanced with the understanding that there are always things we can do to help ourselves. Flexibility, resiliency and creativity are key qualities to keeping positive and active through life’s challenges.

There are many helpful groups in support of people experiencing health challenges. Health centers, hospitals and senior centers offer many ways to learn more about health management. In Maryland, there is a Chronic Disease Self-Management Program (CDSMP) called “Living Well.” The Living Well program empowers people with ANY health-related concern to feel more in control of health challenges. People learn to build personal self-care strategies based on their own goals and preferences.

TIP Contact your local Area Agency on Aging or community hospital to find a Living Well program near you. More information on Maryland’s Living Well program can also be found on the Department of Health and Mental Hygiene website. Visit: <http://dhmh.maryland.gov/livingwell/SitePages/Home.aspx>

TIP Visit the National Council on Aging website page that further explains the Chronic Disease Self-Management Program: <http://www.ncoa.org/improve-health/center-for-healthy-aging/chronic-disease.html>

Make good nutrition a priority

In late life, we need to pay attention to how we fuel our body and brain, as there are normal changes that can impact nutrition and hydration. For example, many older adults lose their sense of thirst and taste for food. We have to be conscious of what we eat and drink. Metabolism often slows and may be affected by such things as medications and lack of activity. Older people who are inactive may be less hungry and eat less, therefore taking in less nutrients and calories to fuel the body. Solid fats, refined sugars and salt should be limited. Smaller meals throughout the day, with a variety of foods from healthy food groups, are a good idea.

It is important to evaluate our nutritional status as we age and get professional input on diet issues as they relate to health concerns, lifestyle, disabilities, medications, activity level and desired goals. Some dietary researchers stress the need for vitamin and mineral supplements in later years. Others warn of potential dangers and false labeling, urging consumer education before using vitamin and supplement products. **It is wise to discuss ANY use of vitamins or supplements with a knowledgeable health care provider to ensure safety in light of existing health conditions or other medication usage (supplements can negatively interact with prescription medications).** Even if you feel comfortable with information you’ve found in books or over the internet, it is still important to consult with your health care provider or nutrition specialist when making a plan for better nutrition.

Senior centers usually offer nutrition classes or access to dieticians who are trained in the nutritional needs of older bodies and people with particular health concerns. Cooking classes may be offered through senior centers, community education or health centers, grocery stores and even online. Cooking

classes can be very fun and open a whole new world of delicious and nutritious options.

TIP Contact your local senior center, Area Agency on Aging or health center to find out about cooking classes, nutrition classes and the availability of a dietician or nutritionist to help you on your way to healthier eating.

TIP The National Institute on Aging provides a resource called “What’s On Your Plate?” which provides practical and important nutrition information for older adults. Visit: <http://www.nia.nih.gov/health/publication/whats-your-plate/>

TIP The National Agricultural Library, USDA, provides nutrition information, dietary fact sheets, information on food assistance programs and food safety. Visit: www.nutrition.gov

Keep moving your body

The body, at any age, will benefit from exercise. The benefits include improved mood and sleep, renewed energy, clearer thinking, stress relief, stronger bones, greater flexibility and endurance, enhanced muscle strength, improved organ and immune function and reduced tension. A 2015 Healthy Aging Policy Brief of the 2015 White House Conference on Aging states: “Increasing physical activity is one of the best ways Americans can prevent disease and injury. It reduces the risk of many negative health outcomes in older adults, including early death, cardiovascular disease, stroke, diabetes, several forms of cancer, depression, cognitive decline and falls. Physical activity reduces pain and improves function for those with arthritis and other chronic conditions.”³

Keys to exercise success include:

- Choosing an activity that is enjoyable
- Beginning slowly and pacing yourself
- Joining a program or class where there is supervision, fun and support from others

- Picking an exercise buddy for company and motivation
- Keeping an exercise journal to record progress
- Celebrating successes in healthy ways

Though some challenges may arise with illness, pain or mobility issues, there are ways to modify exercise practices and there are people who can guide you in proper movement. Discuss exercise plans with your health care provider. Find out about physical signs that would alert you to take it easy. If you have physical limitations, consult a physical therapist to make sure that you make the best choices for your body. Senior centers have some of the best exercise and fitness centers in the area. They are affordable, if not free, and there is usually guidance for exercises that are good for older bodies.

TIP Contact your local senior center or recreation center to learn about fitness classes and gym opportunities.

TIP For motivation, information and further fitness resources, visit these websites:

- www.nia.nih.gov/health/publication/exercise-physical-activity/introduction
- www.nihseniorhealth.gov/exerciseforolderadults/healthbenefits/01.html
- www.eldergym.com

Stay involved and connected

One of the healthiest goals to have in late life is the goal of staying involved. **Good relationships, meaningful activities and community involvement protect our mental health.** About 25 percent of adults aged 65 years or older have some type of mental health problem, such as a mood disorder not associated with normal aging.⁴ Isolation in later life is a primary cause of depression and decline in quality of life. We need to maintain relationships with the people who are important in our lives, even if they live far away.

Technology allows us to stay connected with friends and family when we can't be in their physical presence. There are classes for people who aren't "tech savvy" and volunteers who can help people learn simple ways to connect online. For people who have developed disabilities or conditions that impair engagement with others or with the community, Maryland offers a Technology Assistance Program through the Maryland Department of Disabilities.

TIP The Maryland Technology Assistance Program helps older Marylanders, individuals with disabilities and their family members with technology to remain involved and connected. Call 1-800-832-4827 (Voice-Toll Free) / 1-866-881-7488 (TTY-Toll Free) or visit: <http://mdod.maryland.gov/mdtap/Pages/MDTAP-Home.aspx>

Because the loss of loved ones and friends will occur, it is important to find ways to keep building new friendships and connections. Spending time in places and activities that you like can lead to meeting others with similar interests. Joining classes, clubs and other community activity offerings will expose you to new friendship opportunities. When transportation is an issue or when people are homebound, technology can bring the community to the individual. There are thousands of online groups of people who share interests, concerns and goals. **Before taking to the internet, however, get educated on safe website use so that you are protected from scams, identity theft, computer viruses and other online dangers.**

TIP Make sure to protect yourself from scams in person or online as seniors are often targeted. Internet safety websites include:

- <http://www.usa.gov/topics/family/privacy-protection/online.shtml>
- <http://www.fbi.gov/scams-safety/fraud/seniors>

- <http://www.dhs.gov/publication/stopthinkconnect-older-american-resources>

Beyond personal relationships, staying involved in the greater community is important. That can happen through volunteering, working, civic engagement or just by being "out and about." You may not realize it, but the "hellos" we share with the checkout clerk, mail carrier, neighbor and little kid in the grocery store make us feel connected to a wider community. Instead of having groceries delivered to your home, go to the store. Visit your local library to find out about local meetings, gatherings, clubs and activities. Take a walk around your neighborhood on a sunny day and greet neighbors or spend time in a local coffee shop. Whether you develop a new friendship or exchange a friendly smile with a familiar face, you are preventing isolation.

The 2015 White House Conference on Aging policy brief states: "Civic engagement, and in particular, volunteering, has been shown to improve physical and mental health, reduce risk of depression, and create greater life satisfaction by providing a sense of purpose and community. Older adults who volunteer may live longer and reap these benefits even more than younger volunteers do."⁵

TIP To find volunteer opportunities in your community, visit: <http://marylandvolunteercenters.org/>

TIP Senior Corps is a national program providing information and resources regarding volunteerism. View the "Senior Corps Impact Videos" to learn how late life volunteerism is a win-win engagement. Visit: <http://www.nationalservice.gov/programs/senior-corps/senior-corps-impact-videos>

Participate in a regular activity that's fun, relaxing or creative. Take time to discover and develop new

interests and talents. Senior centers, community colleges, recreation centers and places of worship are great places to learn about local opportunities to expand your horizons. There is exciting evidence that later life brings a burst of artistic and creative desires. Find that inner artist. Pick up a paintbrush, harmonica, journal or spatula and connect with your creativity. **Self-expression is therapeutic and self-discovery is a journey that never ends.**

TIP Contact your local senior center, Area Agency on Aging and community education centers for information on adult learning programs, clubs, classes and events.

TIP Learn more about the power of creativity in late life at the National Center for Creative Aging. Visit: www.creativeaging.org/community

Connection doesn't always mean engagement with other humans. Sometimes, human contact may not be available or even wanted. In those times, enjoy the presence of animals, plants and nature. **We can feel comfort and connection in the presence of any living thing.** Connection with your inner-self, a higher power and/or loving energy can be even more important. Connection with the moment can provide serenity, reassurance and strength. Many of us spend time thinking of the past or the future – not “living in the now.” Meditation is a common practice of connecting with and appreciating the moment. It is a practice with many proven mental and physical health benefits including stress reduction, clarity of mind, improved circulation and oxygenation of the blood that supports body organs.

TIP More information about meditation can be found at the National Center for Complementary and Integrative Medicine. Visit: www.nccam.nih.gov/health/meditation

Use positive self-talk

Sometimes our own internal thoughts can be our worst enemy. Positive self-talk is the practice of treating ourselves as we would a loved one: with respect, compassion and encouragement. Telling yourself you are valuable and deserving is a good place to start. When the negative voices of doubt or criticism creep into your thinking, you can identify them as self-defeating. Identifying negative thoughts is a key first-step. The next challenge is to replace the negative thoughts with positive ones. This might take practice. It may even feel silly, but it works. Use gentle, kind and positive statements to soothe yourself and to stimulate positive feelings and behaviors. An example would be to catch yourself thinking, “I’m such an idiot, I lose everything!” and instead say to yourself, “Just relax and retrace your steps. You’ll find your keys. It’s going to be okay.” Offset negative thoughts by identifying your strengths, your achievements and the benefits you’ve brought to others. **Practice talking to yourself in the same way you would talk to your best friend.**

Loving relationships

Loving relationships contribute greatly to our health and happiness. If someone has enjoyed a longstanding and meaningful relationship, and the relationship changes dramatically due to significant illness, disability or other circumstance, adjustments must be made. **Unanticipated adjustments might begin a cascade of other changes and challenges.** Even the strongest of relationships may not survive a crisis. This is true of romantic relationships as well as deep friendships and even family relations. It can be particularly traumatic when an individual experiences consecutive losses of relationships – especially if that individual has doubt that new relationships will be formed.

On the other hand, many relationships survive grave challenges only to emerge stronger. People can learn more about each other and the deep need

for the relationship's survival during periods of distress. Couples may grow closer and friendships may strengthen.

New relationships can blossom at any age despite physical and cognitive changes. In these days of living longer, it is increasingly common for older adults to seek new intimate relationships and mates. This can be a very positive and life affirming experience.

Special mention should be made of older lesbian, gay, bisexual and transgender (LGBT) individuals, many of whom may have lived long lives without enjoying the same rights and comforts that heterosexual individuals and couples enjoy. Significant disparities exist for LGBT seniors in the areas of social acceptance, financial security, health care and quality of life. **Yet there is growing support and hope that late life can be a time for equality in the celebration of love and freedom for individuals in the LGBT community.**

TIP The National Resource Center on LGBT Aging offers information and resources specific to LGBT and aging issues. Visit: <http://www.lgbtagingcenter.org/>

TIP The Services and Advocacy for GLBT Elders (SAGE), while focused on the New York area, provides great information about multiple issues and concerns of this community. The SAGE website offers an article entitled "25 Lessons on Successful Aging" for LGBT individuals. Visit: <http://www.sageusa.org/successfulaging/index.cfm>

TIP Locally, the LGBT Health Resource Center of Chase Brexton Health Care focuses on LGBT older adults in Maryland. Visit: http://chasebrexton.org/index.php/for_patients/wellness/lgbt

Intimacy

The need for touch and intimacy does not disappear with age. In fact, positive intimate engagement contributes to a healthy aging process on physical, mental, emotional and spiritual levels. Older adults may feel more freedom in their relationships, open to new experiences with intimate partners and enjoy different types of pleasure. Sex may not involve intercourse – or even another person. Self-soothing is an option when a partner is not available. Many older adults turn away from sex after losing a partner, after suffering a serious medical condition, because of medication side effects or for a number of other reasons. People can struggle with mental and physical adjustments to sexual expression at any age. While people commonly experience times of sexual inactivity, sexual activity can be restarted at any time in life. When there are sexual difficulties, talking with a doctor or therapist can be helpful.

TIP The National Institute on Aging addresses issues of later life sexuality in its "Age Page" publication available to view at <https://www.nia.nih.gov/health/publication/sexuality-later-life>

TIP Information on late-life sexuality is available through HelpGuide.org. Visit: <http://www.helpguide.org/articles/aging-well/better-sex-as-you-age.htm>

TIP WebMD offers information on age-related changes and sexuality. Visit: <http://www.webmd.com/healthy-aging/guide/sex-aging?page=1#1>

Develop flexibility and resiliency

Mental flexibility is an important characteristic to develop in coping with the changes and challenges that life presents. **Though some personalities are naturally more flexible than others, a person who has been more rigid throughout life can learn strategies to promote flexibility.**

With practice, you can:

- Accept situations and circumstances just as they are
- Relax expectations that may leave you disappointed or resentful
- Release pressure you put on yourself to stick with a particular idea, agenda or schedule
- Reimagine your future, your goals and your lifestyle

Resiliency is the ability to bounce back after a troubling situation. Think of a rubber band. After it is stretched, it works its way back into its general shape and size. Perhaps it doesn't completely return to its pre-stretched form but that's okay. It still functions and has purpose and utility. Resilient people learn from adversity and move forward. They tend to be more optimistic and don't allow a negative event or experience to spread to all areas of their life. They understand that undesirable situations can pass or change and they don't dwell on the problem. They tend to seek solutions or adapt to new circumstances. "Optimism and the ability to remain hopeful are essential to resilience and the process of recovery."⁶

TIP Visit the following sources to get a better understanding of the significance of resiliency and ways to exercise resiliency in your own life:

- <http://www.mindtools.com/pages/article/resilience.htm>
- <http://www.pbs.org/thisemotionallife/topic/resilience/what-resilience>

Be open to support groups

Unwanted changes in life can lead to feelings of distress, fear and uncertainty. People may feel alone in their experiences even though many others have walked the same path. **Through sharing common experiences and feelings, people gain strength, support, clarity and hope.** Many people benefit from

the connections made through support groups. There are groups for all kinds of situations and conditions. It may feel awkward at first; however, many people report positive gains from continued participation. Support groups for health conditions, loss, life transitions, relationships, etc., may be found through hospitals, places of worship and Area Agencies on Aging. There are telephone and online support groups as well but be thorough in checking to make sure these groups are trustworthy and not a front for sales or scams.

TIP The American Self-Help Group Clearinghouse has an online "Self-Help Group Sourcebook" which allows you to enter a topic (e.g., "grief") and then receive a listing of online support resources regarding that topic. Visit: <http://search.selfhelpgroups.org/selfhelp/>

Engage in religious or spiritual practice

Know what soothes and comforts your soul and do it regularly. Many people turn to religion in later life or in times of great challenge. There are teachings, deeds, rituals, terms and celebrations that are unique to the different religions of the world which worship different deities or a singular loving and creative force known by different names such as God, Allah and Yahweh. Some people may not identify with a religion but have faith in a large and loving life force.

In America, people are free to choose any belief system and religious or spiritual practice. Some people find comfort in practicing their faith in a religious community and others choose to practice their faith independently.

Prayer, meditation and other spiritual rituals help to uplift many people through times of great stress. There is increasing acceptance of the role of spirituality in the healing process. People can use their chosen framework of faith to cope with hardships. It is also important to recognize and appreciate that

many people choose not to affiliate with a religion nor identify a spiritual aspect to their life. They may or may not find comfort in any facet of faith. Again, this is an area of personal freedom and infinite variety.

Avoid drugs and alcohol

Many of our cultural messages support the idea that a pill or a drink can bring relief from pain, discomfort and stress. In reality, drugs, medications and alcohol can make problems worse. When people use substances such as drugs, alcohol and even food to cope with problems and feelings, they don't develop internal resources and positive coping skills that are healthy and long lasting.

Too many older adults unintentionally slip into a pattern of medication and/or alcohol misuse or dependence because it is a quick and easy way out of discomfort (physical, mental, emotional and/or spiritual). Many people who have developed late-life alcoholism, for example, began drinking to ease the pain of loneliness. These individuals usually have no idea that they are more vulnerable to addiction simply because of age-related changes in the body. They then find themselves feeling different and they likely don't know that alcohol is the culprit. **It is critical that older people understand the different effects and additional risks of drugs and alcohol in later life.** This topic will be further explored later in this guidebook.

TIP Good information for the public regarding alcohol and aging can be found at: www.nihseniorhealth.gov/alcoholuse/alcoholandaging/01.html

Get into good sleep habits

It is very common for sleep patterns to change as people get older. This happens for several reasons including lack of exercise, use of alcohol, pain and breathing disorders. This can be very disruptive for older adults, especially when they are working,

and frustrating for others who would like to feel rested as they move through their day. Because sleep disorders can be an indicator of an underlying health problem, it is important for people to discuss their sleep problems with a health provider and, perhaps, a sleep professional.

TIP The National Sleep Foundation is a comprehensive resource for understanding the range of sleep problems, data on sleep issues, tips for better sleep habits, sleep assessment and tools for assistance. Visit: <http://sleepfoundation.org/>

Learn to manage stress

Stress is the body's necessary and natural response to change or threat. We expect things like having our house damaged by a storm or losing a loved one to produce stress. But even good things, such as having friends come to visit, buying a new car or welcoming a new baby into the family can create stress. Stress is as much a part of life as eating, sleeping and breathing.

Older adults are likely to confront multiple challenging situations in later life. These situations usually represent change, and too much change can be stressful, even if the changes are for the better. When humans are constantly adapting to change, stress hormones can remain too high for too long. Without relief from stress, people are at a higher risk for physical and mental illness as well as accidents. **Human brains and bodies need periods of rest to renew energy and find balance.** People need to pay attention to symptoms of stress which include:

- Feeling tired, even after a good night's sleep
- Sleep problems
- Irritability
- Unnecessary worrying
- Headaches, backaches or chest pains

- Negative feelings or attitudes
- Feeling out of control
- Feeling overwhelmed
- Poor concentration
- Frequent crying spells or mood swings
- Constipation or diarrhea
- Shortness of breath

If you are having trouble with any of these symptoms, try some of the stress reduction techniques described later in this section. If you are having trouble with several of these symptoms, consider talking with a health care provider or counselor. The symptoms could indicate the presence of a mental health disorder or other health condition beyond stress.

TIP Mental Health America offers information on how stress works in the body, a stress screen and “10 Tools for Living Well.” Visit: <http://www.mentalhealthamerica.net/how-stress-hurts>

TIP The American Institute of Stress offers education on the impact of stress on the aging body as well as stress reduction information. Visit: <http://www.stress.org/seniors/>

At any age, people can develop positive coping skills to handle stress. The following easy, no-cost suggestions can reduce stress and restore some balance to your life:

Breathing

Certain breathing techniques stimulate a real relaxation response in the body. “Mindful” breathing is a slowed and deliberate exercise of deep breathing where the individual inhales slowly and deeply, holds the breath for a few moments and then slowly exhales. The key is to focus on breathing and to breathe slowly. This simple and scientifically proven

stress-reducing technique can be done anywhere and will immediately initiate a relaxation response throughout the body.

If you have time to practice a longer breathing exercise, sit or lie down and place your hands on your stomach. (You may close your eyes to enhance focus on your breathing.) Inhale slowly and deeply through your nose, letting your stomach expand as much as possible. When you have filled your body with air, hold it for a few seconds. Then, as if you are lightly blowing, exhale slowly through your lips. When you have completely released the breath from your lungs, wait a few seconds before the next inhale. Doing this exercise twice a day for five to ten minutes at a time will promote physical and mental relaxation, and help with stress reduction.

Meditation

Meditation refers to a practice of releasing distractions, calming the mind and being present in the moment. Some people refer to it as “emptying” the mind. By allowing yourself to mentally focus on a single, peaceful word, for example, you can create a feeling of relaxation. Reduce stimulation in the room, turn off the television or radio and close the door to help keep the room quiet. Sit comfortably and loosen any tight or restrictive clothing. Close your eyes and begin to breathe slowly and deeply. While breathing, slowly picture in your mind a peaceful, calming word. If your mind wanders, gently turn your attention back to your breathing and refocus on your chosen word. Do not worry whether you are relaxing deeply enough or getting the “right” response. Some people practice meditation for years before they are able to empty their mind of thoughts to their satisfaction.

Visualization

Visualization is like taking a “mental vacation” that you create in your mind. Close your eyes and picture a peaceful and comfortable setting that you enjoy. Try to imagine all of the details. For example, if you

are lying on a beach, feel the warmth of the sand under your body and the heat of the sun on your skin. Hear the waves lapping on the beach. Smell the salt air. If the beach is not your favorite place, you can take yourself to the mountains or a park – anywhere. Try to spend ten minutes enjoying and relaxing in your mind’s visualization.

Visualization can also help you move through challenging situations in a positive way. An example of this would be picturing yourself feeling confident when you join a new class with strangers, or feeling empowered in the office of a new doctor. You can imagine yourself asking questions and making statements that are important in getting your health needs met. Practicing this type of visual exercise will help you meet your goals.

TIP To find a relaxation technique that is right for you as well as more information on stress reduction, visit: <http://www.helpguide.org/articles/stress/relaxation-techniques-for-stress-relief.htm>

TIP The National Alliance on Mental Illness website section on mindfulness offers additional stress reduction ideas. Visit: <http://www.nami.org> and search “mindfulness.”

Several strategies have been offered here to promote healthy aging and positive mental health. However, **a person can do everything within his/her power to promote positive aging and still experience distressing or disabling mental health conditions.** To someone experiencing significant distress or a mental health problem, the aforementioned ideas and activities may seem unattainable, overwhelming and/or undesirable. This is understandable and perhaps the following information can shed light on how mental health

problems become barriers to healthy aging and positive-life practices. A goal of mental health treatment is to get to a recovery point where an individual has the motivation and energy to engage in healthy aging practices like those already mentioned.

BRAIN HEALTH AND BEHAVIORAL HEALTH

The brain is arguably the most important organ of our body. Our brain health is critical to our overall well-being. You can think about the brain as the primary operations center that controls our bodies and our behaviors. All of our movements, thoughts and expressions originate in our brain. **Like any other organ of our body, the brain can become damaged, sick or disordered.** When this happens, both mental and physical function can be disrupted.

Of course, there are many ways our brain health can be harmed. Common age-related threats to brain function include:

- Smoking
- Alcohol
- Poor nutrition/hydration
- Insufficient sleep
- Lack of physical activity
- Lack of social connections
- Stress
- Certain medications
- Heart disease
- High blood pressure
- Diabetes
- Depression
- Brain injury (e.g., from a fall or stroke)

In past generations, disorders of the brain were misunderstood. There was a lack of information and people came to false conclusions about mental disorders and the people who suffered from them. This is called stigma and the negative stigma associated with brain disorders has been very hard to overcome. Stigma continues to be a primary reason that people don't seek the help they need. People

fear negative judgment if they disclose their mental health problems to others.

TIP Visit the **Anti-Stigma Project website, courtesy of On Our Own of Maryland, to get more information about the impact of stigma: www.onourownmd.org/projects/the-anti-stigma-project. Connected to this website is a digital library called "Recovery Conversations" where you can hear people share their personal experiences with mental illness and overcoming stigma: www.onourownmd.org/projects/empowerment-partnership-project/recovery-conversations**

The thoughts, behaviors and moods that can result from mental health disorders can be very hard to handle and can cause deep distress for the individuals having the experience as well those who care about them. However, **we are living in a time of great scientific discovery of the brain and its disorders. We have new ways to assess and treat brain illness and achieve recovery.** There is ever-growing hope for individuals, families and communities impacted by mental illness, addiction, brain injury, dementia and other brain-based issues.

Some of the conditions just mentioned are not considered to be a "mental illness." Dementia, addiction and brain injury, for example, are not mental illnesses however mental health professionals are commonly consulted to help with the behavioral health problems associated with these conditions. **The term "behavioral health" is an increasingly popular term that encompasses numerous illnesses and conditions which have associated behavioral, psychological and mood symptoms.**

Sometimes we don't know the exact cause of a brain disorder. Sometimes, there is more than one brain

disorder affecting an individual. We can perhaps identify the presence and type of disorder through changes in an individual's behavior. The term "behavioral health" allows us to talk more broadly about brain-based disorders and for the purposes of this guidebook, "behavioral health" will be used interchangeably with "mental health."

In any 12-month period, nearly one in four Americans over age 65 experiences a mental health disorder that is not part of the normal aging process.⁷ This is a stunning statistic and a call for all to become better educated about the range of behavioral health disorders that are common in later life. **We all have the opportunity to assist when a person we care about is experiencing a behavioral health problem. We do not need to be professionals to provide support, reassurance and connections to helpful resources.** With proper education and appropriate resources, our communities can provide a better safety net for individuals with behavioral health disorders. Suffering individuals can recover and a decent quality of life can be restored to everyone involved.

TIP The Mental Health Association of Maryland (MHAMD) is an excellent source of information about a range of behavioral health issues as well as education and advocacy initiatives. Visit: www.mhamd.org. The MHAMD website links with Maryland's mental health and aging website for aging specific information. Visit: www.mdaging.org

TIP The National Alliance on Mental Illness (NAMI) provides education and support programs for friends, family, community members and individuals with mental illness. Local education and advocacy initiatives can be found on the NAMI Maryland website: <http://nami-md.org/>

TIP Mental Health First Aid (MHFA) is a course available to the public to provide education

and instruction on steps to take when a person is experiencing a mental health problem or crisis. In recognition of the unique mental health issues of older adults, there is a MHFA module "For Older Adults and Those Dealing with Later-Life Issues." A schedule of MHFA classes (as well as instructor trainings) in Maryland is available at <http://www.mhfamaryland.org/>

Disorders

A mental disorder (a term that will be used interchangeably with mental illness) is a diagnosable brain-based illness that interferes with how we experience and think about life, how we feel about ourselves and others, and how we behave and adapt to change, stress and other life events. Sometimes it can be hard for the sufferer to tell when a mental health *problem* has crossed the line to a *diagnosable illness*. The development of mental illness can be slow and there may not be outward signs. For this reason, it is helpful to reflect on the past couple of months or years of a person's life, looking for questionable changes. When problematic symptoms of a mental disorder are prolonged or interfere with a person's ability to engage in a satisfying life, it is definitely time to have a professional assess the situation.

Mental disorders occur in people of all religions, races, ethnic groups, socio-economic levels, ages and genders. **Mental disorders are not part of normal aging. However, advanced age is a risk factor. Many people develop mental health problems for the first time when they are in their later years and this is called "late onset."** Depression and anxiety are the most common late onset mental health problems in older people.

A smaller number of older adults have a history of serious mental illness that began in their younger years. Bipolar disorder and schizophrenia are chronic conditions that first appear in young adulthood and

persist through life. With proper treatment, people age and engage in satisfying lives with these diseases. However, statistics reveal that individuals who have lived with chronic mental illness have a life expectancy that is significantly shorter than the general population. There are several reasons for this tragic situation including high rates of tobacco use, problems associated with obesity and lower utilization of health care. A 2012 report found that “adults with mental illnesses were more likely than adults without mental illnesses to have heart disease, diabetes, high blood pressure, asthma, or stroke, as well as to use health care.”⁸

TIP Read the April 5, 2012 National Survey on Drug Use and Health report for more information on poorer physical health of adults with serious mental illness: <http://archive.samhsa.gov/data/2k12/NSDUH103/SR103AdultsAMI2012.htm>

While the rates of chronic mental illnesses such as schizophrenia and bipolar disorder are very low among older adults, it is a growing population in need of support. People with chronic mental illness often experience other health problems and functional challenges at a younger age than those without chronic mental illness. They also experience a disproportionate amount of stigma in the larger community.

In recent decades, there has been a great deal of research on the causes of mental illnesses and the development of effective treatments for most mental disorders. Most people suffering with a mental health disorder do not seek treatment and this number is even higher among older adults. This is most unfortunate because mental illnesses are highly treatable. **Through education on mental disorders and the promise of recovery, we can urge more people to get treatment and reduce the rate of unnecessary suffering.**

Conditions that contribute to risk

Listed below are conditions known to elevate risk for the development of a mental health disorder.

Many of these situations are more common in later life.

- Isolation
- Loss of social support due to the death of a loved one, divorce, moving away from friends and family, inability to remain active in social groups, lack of community involvement
- Feelings of helplessness and lack of control over personal situations and physical function
- Chronic illness such as heart disease, stroke, HIV, Parkinson’s, cancer, diabetes, and conditions that cause pain or restrict mobility or independence
- Poor nutrition
- Sensory deficits such as low vision or hearing loss with a failure to use sensory aids, such as glasses or hearing aids
- Side effects of medications including prescription drugs and over-the-counter medications
- Family history of mental illness
- Past traumas such as neglect or abuse, domestic violence, accidents, significant/tragic losses
- Lack of physical exercise
- Hormonal changes
- Complications of grief
- Substance misuse and abuse
- Experiences that damage self-esteem and confidence
- Negative thought patterns
- Caring for a dependent person
- Unsafe or unhealthy social conditions such as poverty, homelessness, community violence,

living with distressed people, toxins in the environment (mold, lead paint, toxic drinking water)

The relationship of chronic physical conditions to mental disorders

Chronic illnesses are more common in later life. More than 80 percent of older Americans have one chronic health problem and more than 50 percent have two or more.⁹ However, these health problems typically are not disabling and most people continue to lead active lives.

There is a strong relationship between physical health and mental health. Though depression or anxiety may affect anyone, older adults suffering from chronic illnesses, chronic or severe pain or serious disability are at greater risk. A knowledgeable health professional should educate older people regarding the relationship between their physical health issues and their risk for mental health problems. Older adults should also know if any of the medications they take could have a mental health side effect. **There are many medications that can actually cause symptoms of depression and anxiety.** Make sure to ask your doctor about any and all medication side effects and remember that your local pharmacist is also a source for medication information.

A mental health disorder can worsen the symptoms and limitations of other illnesses and vice versa. Healing is most successful when all health issues can be addressed. The following are some examples of health problems that are more common in later life and have strong associations with mental disorders:¹⁰

Diabetes

Diabetes may double the risk of depression. The stress and metabolic effects of diabetes on the brain are primary causes of associated depression.

Stroke

Between 10 and 27 percent of those who suffer a stroke experience major depression.¹¹ Causes may include: location of the brain lesion, previous or family history of depression and pre-stroke social functioning. Common characteristics of stroke survivors suffering from depression include less compliance with rehabilitation, irritability and/or personality change.

Cancer

An estimated 25 percent of those with cancer also suffer from depression. A co-occurring depression can seriously influence a cancer patient's ability to participate in treatment and ultimately impact the course of the disease.

Heart Disease

Depression occurs in 40 to 65 percent of patients who have experienced a heart attack and in 18 to 20 percent of people who have coronary heart disease, but who have not had a heart attack. Depression may result in higher levels of stress hormones, such as cortisol and adrenaline. This hinders the body's ability to repair the tissue needed to heal from heart disease.

Sensory Loss

Hearing loss and low vision contribute to social withdrawal and raise the risk of anxiety and depression. People with these conditions tend to cut back on regular activities like driving, reading, playing games and visiting with friends.

Challenges to the identification of behavioral health disorders

Behavioral health disorders of older adults are under-identified and under-treated.¹² There are several reasons why:

- There is enormous stigma regarding both age (the false belief that depression is a normal part of aging) and mental illness (the false belief

that mental illness is a shameful weakness) and older adults may not report symptoms or concerns regarding mental health.

- Many older adults at risk for serious mental disorders, including those with dementia, do not know they are at risk, do not know the symptoms and do not know when, where or how to get help.
- Symptoms of mental disorders can mimic symptoms of chronic health conditions.
- Screening and assessment is not routine and doctor visits are often too short to allow for better detection.
- Physicians may feel uncomfortable prescribing a mental health medication to patients already taking multiple medications.
- There is a shortage of geriatric mental health professionals for specialty consultation and treatment.
- Many older adults fear that treatment will be too costly and/or they have fears about medications that are used to treat mental illness, hence they reject treatment.
- Many “at-risk” older adults lack the support or understanding of family or friends who might otherwise assist in seeking help – usually because of a lack of education and the prevalence of stigma.
- There is a lack of culturally appropriate outreach, assessment and treatment strategies for the growing mental health needs of older minorities and foreign-born populations.

It can be very difficult to separate symptoms of a mental disorder from biological changes, health conditions and stressful life events in later life. For example, changes in sleep patterns and appetite can be part of normal aging, symptoms of depression,

side effects of a new medication or a combination of these things.

People who regularly work with older adults know that there are multiple factors to consider in the assessment and treatment of later life problems. **“Geriatrics” is the term used for specialized health services for older adults. Consultation with a geriatrician (a physician who specializes in geriatrics) is most beneficial and highly recommended.** It is not a good idea for an older person or their caregiver to self-diagnose because there are too many factors at play, and older bodies are more vulnerable to negative consequences of untreated physical and mental health conditions.

TIP The American Geriatrics Society’s Health in Aging Foundation maintains an informational website that features a listing of local physicians that are either Board Certified in Geriatric Medicine or have a certificate of Added Qualifications in Geriatric Medicine. Visit: www.healthinaging.org/find-a-geriatrics-healthcare-professional/

Geriatric mental health professionals are the preferred specialists in the assessment, treatment and management of an older adult’s mental health care. Local hospitals can be a source for information on local geriatric mental health professionals. Older adults do not have to give up their primary care providers in order to get an appointment with a geriatric specialist. If someone does see a geriatric specialist, or another doctor of any type, it is important that information is shared between doctors and other health care professionals.

TIP The Geriatric Mental Health Foundation, established by the American Association for Geriatric Psychiatry, assists people in finding geriatric psychiatrists. Visit: <http://www.gmhfonline.org/>

COMMON MENTAL HEALTH CONCERNS

In later life, mental illness symptoms tend to be more physical. **Fatigue, muscle aches, pain, sleeplessness and digestive problems are common examples of the physical manifestation of a mental disorder.** With any concerning change in an older adult's physical condition, especially if the older person is taking medication, a health care provider should be consulted. Conditions such as vitamin deficiency, thyroid disorder, infection and medication side effects must be ruled out or treated before a mental disorder can be appropriately determined.

Anxiety disorder

Everyone feels some degree of anxiety from time to time. We have all felt the racing heart, queasy stomach or sweaty palms associated with an anxious feeling. But when this feeling becomes so intense and prolonged that it interferes with daily living, it is possible that an anxiety disorder could be the cause. **Anxiety can be described as an ongoing feeling of worry, distress, fear, unexplained nervousness or a rising sense of dread that something is very wrong.**

Up to 14 percent of older adults meet the diagnostic criteria for an anxiety disorder. An even greater percentage of older adults have anxiety symptoms that significantly impact their functioning, quality of life and relationships even though they do not meet diagnostic criteria. Anxiety disorders are often unrecognized and untreated in older adults.¹³

Risk factors specific to late-life anxiety include:¹⁴

- Chronic medical conditions – especially chronic obstructive pulmonary disease (COPD), cardiovascular disease, thyroid disease and diabetes
- Perceived (self-reported) poor health
- Sleep disturbances

- Pain
- Side effects of medications, e.g., steroids, antidepressants, stimulants, inhalers
- Alcohol or drug (including prescription and over-the-counter) misuse or abuse
- Physical limitations in daily activities
- Stressful life events
- Traumatic or stressful childhood events
- Over-concern with physical symptoms

Symptoms of anxiety may be directly related to a physical illness or the medications taken for an illness. For example, people with chronic heart disease have a higher than average rate of anxiety, and some prescribed heart medications have side effects of anxiety.

Symptoms of anxiety are common among people who are caregivers for ill or frail loved ones. The stress of the responsibility of caregiving as well as the caregiver's health and support system are significant factors in the onset or worsening of an anxiety disorder.

Generalized anxiety disorder is much more than the normal anxiety that people may experience day to day. It is constant and fills one's day with worry and tension. **People with generalized anxiety disorder may know that their feelings don't make sense, but they cannot control or stop them.** Symptoms may come without warning.

Symptoms of generalized anxiety disorder include:

- Expectation of disaster
- Worrying excessively about health, money, family, work or problems
- Feeling overwhelmed by daily routines or tasks

- Inability to overcome concerns – concerns may intensify without reason
- Difficulty relaxing and easily startled, difficulty falling or staying asleep
- Difficulty concentrating or making decisions
- Physical symptoms such as fatigue, headaches, muscle tension, muscle aches, difficulty swallowing, trembling, twitching, irritability, sweating, hot flashes, light-headedness, shortness of breath, nausea, frequent urination

Because symptoms of anxiety are often felt as physical discomfort, many older adults with anxiety disorders end up in doctor’s offices or emergency rooms with complaints of physical concerns such as chest pain, headaches, stomach problems and frequent urination. They often experience substantial medical testing before an anxiety disorder is finally diagnosed whereas an anxiety screening or assessment would have been quicker, cheaper and less frightening. **Anxiety is highly treatable and people shouldn’t wait for the symptoms to become disabling.**

Some people may not recognize symptoms of anxiety because they have lived with it for so long that the symptoms have become the person’s “normal” experience. Anxiety symptoms might also be normalized if it is the culture of the family. For example, if a child grows up with a parent who exhibits traits of anxiety in the form of worrying and fretting all of the time, that child may consider that behavior to be normal. Feeling worried, overwhelmed and on edge can seem perfectly “in sync” in families where anxiety is a shared experience.

TIP The Anxiety and Depression Association of America provides in-depth information on multiple aspects of anxiety and provides a therapist locator feature. Visit: <http://www.adaa.org/>

TIP Freedom From Fear is a national not-for-profit mental health advocacy organization focused on anxiety and depressive disorders. Fact sheets, links to informational videos and resources on the range of anxiety disorders can be found on this site. Visit: www.freedomfromfear.org

Panic disorder

Panic disorder is a type of anxiety disorder in which an individual will experience an intense episode of anxiety commonly called a panic attack. The symptoms of a panic attack usually last between five and 30 minutes. Symptoms can seemingly come out of nowhere or they may be triggered by a predictable circumstance. A panic attack shares symptoms with a heart attack and because the risk for heart attack is much higher among older adults, the event should not be dismissed as panic until a heart attack is ruled out or unless the individual had experienced several panic attacks in the past and is sure that is what is occurring.

A panic attack can leave a person emotionally drained and frightened. **Panic disorder sufferers often live in fear of having another attack. Because of this, they may avoid the places or situations where panic symptoms are triggered or they may become afraid to go out in public at all.** It is not surprising that many people who suffer from panic disorder also suffer from depression.

Panic disorder symptoms include:

- Heart palpitations, pounding heart or racing heartbeat
- Trembling or shaking
- Shortness of breath or feelings of smothering or choking
- Chest pain or discomfort, pressure, squeezing sensation

- Nausea or abdominal distress
- Feeling dizzy, unsteady, confused, light headed or faint
- Fear of losing control or “going crazy”
- Fear of dying
- Fear of a heart attack
- Numbness or tingling sensations
- Chills or hot flashes

As with other anxiety disorders, there are treatment options for panic disorder.

TIP For more information on panic disorder, visit the National Institute of Mental Health website page “Panic Disorder: When Fear Overwhelms”: <http://www.nimh.nih.gov/health/publications/panic-disorder-when-fear-overwhelms/index.shtml>

Phobias

Phobias are a type of anxiety in which a person has developed a dreaded fear of an object, place or circumstance. Individuals experiencing phobia have persistent, excessive or unreasonable fear that can interfere with normal life routines. Common phobias include fear of closed in spaces, heights, tunnels, bridges, flying, animals and injuries involving blood. Someone with a specific phobia will go to great lengths to avoid situations associated with the fear. The cause of phobias is unknown however there may be a genetic or learned component as they are more common among people who are related. Women have almost double the rate of phobias than men.

Some people have social phobia (also known as social anxiety disorder) that involves an intense fear of being in the presence of many people or in social situations with people who are not well known. People with social phobia may fear being judged or criticized and become intensely uncomfortable with

attention from others. Social situations may cause blushing, trembling, sweating, confusion and other symptoms of anxiety and panic. People with social phobia can fear being humiliated or embarrassed to the degree that they isolate themselves, limiting their normal routines, activities and relationships with others. Social phobia, like other phobias, is treatable.

Obsessive-compulsive disorder

Obsessive-compulsive disorder (OCD) involves persistent and distressing thoughts (obsessions) over which a person feels no control. In response to these thoughts, people develop repetitive actions (compulsions) to try to prevent or reduce their obsession or prevent some dreaded event or situation from occurring. Excessive time is spent engaging in compulsive behavior.

Obsessions and compulsions can manifest in many ways. Examples of common obsessions:

- Repeated thoughts about being contaminated with germs (from shaking hands or touching objects)
- Repeated doubts (leaving appliances on, not securing the home properly)
- Concerns about harming loved ones
- Feeling that items must be arranged in a particular order (shoes, dishes, books, clothing)

Examples of common compulsions:

- Excessively washing one’s hands or showering again and again
- Excessive and repetitive cleaning or dusting
- Repeatedly checking doors, locks, appliances or light switches
- Arranging and re-arranging items in a particular, precise order

People with OCD usually realize their obsessions and compulsions are not reasonable, but can’t stop

them. They are distressed by their thoughts and behaviors and how the OCD interferes with daily life. They often suffer needlessly because they are too embarrassed to let others know about their obsessions and compulsions. With the right professionals and the right treatment, people can be free from OCD.

TIP The International OCD Foundation website provides information and support for individuals with OCD (and related disorders) and professionals who treat them. The site has a feature to locate treatment professionals and support groups. Visit: <http://iocdf.org/>

Hoarding

Hoarding disorder involves the accumulation of things coupled with an inability to part from possessions to the point that an individual's living space is no longer functional and has become hazardous. Assorted belongings, clutter and trash pile up on tables, countertops, furniture and beds. Stoves, sinks, bathtubs and even toilets may become unusable. Movement might be restricted to narrow pathways through piles on the floors. In some cases, multiple animals are involved. Fecal matter, mold and rodents may be ignored by the individual with a hoarding disorder. **People can lose housing and important relationships because of their hoarding behaviors but they either cannot stop the behavior or have little to no insight to the risks and consequences of their behavior.**

Hoarding disorder is a disturbing condition that may look like self-neglect because the individual who is hoarding does so at their own peril. Approximately 75 percent of individuals with hoarding disorder also have an anxiety or mood disorder;⁵⁰ however, the hoarding is not caused by consequences of a mental illness such as delusions. It is also not considered a hoarding disorder if the situation is caused by a neurocognitive disorder such as dementia.

The following are signs and symptoms of hoarding:⁵¹

- The individual has longstanding and extreme difficulty discarding or parting with items (regardless of the value of the item)
- The main reasons given for difficulty in parting with items are strong sentimental attachment, perceived future usefulness of the item, aesthetic value of the item, concerns for being wasteful or fear of loss of the item or information that might be needed later on
- Items saved are usually newspapers, magazines, clothing, bags, books, paperwork and mail
- Items accumulate to the degree that living areas can no longer be used for their purpose
- Trash accumulates among the items. Animals may be involved
- Rooms, hallways and staircases are cluttered – not just one or two rooms
- The individual experiences extreme distress at attempts to discard or clear items
- The accumulation of items causes relationship problems and impairs social and occupational functioning
- Conditions become hazardous

There are television shows and stories about clean-ups and total transformations of the homes of individuals who hoard. In truth, cleaning up is not treatment. Research on the treatment of hoarding behavior has concluded that there are a few approaches to the treatment of hoarding that are effective. Cognitive behavioral therapy and coaching seem to be most effective as the individual needs ongoing support for behavioral changes and the development of decision-making skills and coping strategies. **Treatment for hoarding disorder takes time and good clinical expertise.** In some Maryland communities, problems with hoarding have led

to the establishment of task forces within public agencies to address the issue.

TIP Contact your local Area Agency on Aging or MAP for information on community response to hoarding and resources for hoarding disorder.

TIP A helpful fact sheet on hoarding is available on the International OCD Foundation website. Visit: <http://iocdf.org/wp-content/uploads/2014/10/Hoarding-Fact-Sheet.pdf>

Depression

Depression is a serious and common disorder of mood that involves mind, body and behavior. It affects the way you feel about yourself and others and the way you participate in life. Most likely, depression is caused by a combination of genetic, biological, environmental, and psychological factors. Many people experience their first depressive episode after the age of 65 and a majority of those people go untreated due, in part, to the myth that depression is a normal part of aging.

While depression is not a normal part of aging, older adults may be more at risk because of common late-life stressors including: loss of a loved one, changes in health, lifestyle or living arrangements, difficulty hearing or seeing, changes in physical independence, loss of friends and social roles, challenges to self-esteem, use of medications, physical pain and cognitive impairment. People are at an even higher risk for depression if they have had depression in earlier years, have a family history of depression or other mental disorder, have experienced recent significant or multiple losses, or have serious health problems. Older adults and their care partners need to be aware of depression symptoms so that they intervene before the problem becomes more serious or dangerous. When older adults have depression, they may be less likely to experience or admit to feelings of sadness or grief.¹⁵ In older adults, depression

often presents as physical pain or irritability, leading to doctor visits. Older patients with symptoms of depression have roughly 50 percent higher health care costs than non-depressed seniors.¹⁶

As with anxiety, depression may occur with some common physical illnesses (diabetes, cancer, heart disease, arthritis) and/or the medications (prescription or over-the-counter) used for treatment. **There are different types and degrees of depressive disorders. A trained professional needs to conduct the assessment, make the diagnosis and advise on a treatment process.** If medication is recommended, it needs to be understood that it can take medication up to six weeks to reach a therapeutic level. If people can have patience with depression treatment, they will have the opportunity to recover.

Important risk factors linked to later life depression include:

- Conditions associated with disability or decline
- Illness – especially heart disease, stroke, cancer, vascular disease and diabetes
- Perceived (self-reported) poor health
- Chronic pain
- Progressive/disabling sensory loss (e.g., macular degeneration)
- Sleep disturbances
- Cognitive impairment or dementia
- Medication side effects
- Alcohol or drug (prescription and over-the-counter medication) misuse or abuse
- Prior depressive episode or family history of depression or other mental illness
- Extended or complicated bereavement
- Stressful life events, (e.g., financial difficulties, new illness, change of living situation, retirement, job loss, relationship problems)

- Multiple or significant losses
- Dissatisfaction with social network, disconnection from community
- Isolation
- History of recurrent falls

When several of the following symptoms occur nearly every day for two or more weeks, it could mean that a person has depression and help should be sought:

- Difficulty concentrating, focusing and making decisions
- An ongoing sad, empty or anxious mood
- Decreased energy, fatigue, feeling slowed down
- Increased agitation and restlessness
- Withdrawal/isolation
- Loss of interest in ordinary or pleasurable activities
- Change in appetite and/or sleep patterns
- Increased physical complaints and/or pain for which there is no physical explanation
- Feelings of worthlessness, guilt, hopelessness or strong negativity
- Confusion and/or memory problems
- Irritability, anger, anxiety
- Neglect of self-care
- Suicidal thoughts

A large number of older adults experience “mild” (also called subsyndromal) depression that has the same symptoms to a lesser degree – low energy, lack of desire, lack of motivation, negativity and a low mood. Though these symptoms may be labeled “mild,” in later life, the consequences can be very dangerous. Imagine, for example, that if an already frail person feels fatigued and has no motivation or

desire, she/he may not go to the store for food for several days. For a frail person, several days without adequate nutrition could result in serious health consequences and hospitalization. At its worst, untreated depression can lead to suicide.

TIP The National Institute of Mental Health website’s page on depression gives more in-depth information on the types of depression, signs and symptoms and treatment options: <http://www.nimh.nih.gov/health/topics/depression/index.shtml>

TIP The Anxiety and Depression Association of America provides great information, support and resources regarding depression. Visit: www.adaa.org

TIP The Mental Health America (MHA) website offers comprehensive information on most mental health disorders. MHA has a “Mind Your Health” program that provides mental health screening tools. Visit: www.mentalhealthamerica.net/mental-health-screening-tools

TIP The Brain and Behavior Research Foundation website provides information on most common mental disorders as well as research and new discoveries. Stories of recovery can also be found on this website. Visit: www.bbrfoundation.org

GRIEF AND BEREAVEMENT

Grief is not depression. Grief and bereavement are not disorders or illnesses. Like stress, grief is a part of everyone's life and a perfectly normal response to significant loss. Later life is a time when people are more likely to experience losses of all kinds, e.g., the loss of good health, the loss of a long-time home, the loss of a driver's license and, of course, the loss of friends and relatives who move or pass away. People experience the strength and length of grief differently. There is no "right" way to grieve. Sometimes one loss triggers another, such as a widow who loses an income due to the spouse's death and then has to move to another home. This example presents three significant losses: spouse, income and home. When there are many losses, older adults are at higher risk for developing a mental health disorder such as anxiety or depression. There are many people who are already vulnerable to depression and the experience of bereavement may precipitate the onset of a depressive disorder.

A spouse or life partner's death is very traumatic. Older adults may be especially vulnerable because it could mean losing a long-time companion with a shared history and lifestyle. The death may require major social adjustments, changes in daily routine and changes in identity. These adjustments are stressful and people should pay attention to stress levels and implement stress reduction techniques.

Death of friends may have a dramatic effect due to the loss of social and support networks with peers. These losses also remind people of their own mortality. People often experience a loss of community and generational connection when they lose their friends.

A child's death is extremely stressful. It is common for living parents to grieve for lost potential, unfulfilled dreams and senseless suffering. Parents may feel responsible for the child's death, no matter

how irrational that may seem. Parents may also feel they have lost a vital part of their own identity and grieve the loss of a legacy.

A loss due to suicide can be among the most difficult of losses to bear. The death may leave the survivors with a tremendous burden of guilt, anger and shame (as a result of the stigma of suicide). Survivors may even feel responsible for the death. Seeking counseling during the first weeks after the suicide can be very helpful.

Be assured that grief is a healthy, appropriate and necessary part of the healing process. **It takes time to fully absorb the impact of a major loss, make necessary adjustments and move forward with life. People may never "get over" the loss but they can "get through."** Ongoing support for grief and loss can be therapeutic, and there are support groups for specific kinds of losses.

Some symptoms of grief are similar to depression or anxiety. Common grief responses include:

- Physical symptoms including trouble sleeping, difficulty breathing, lack of energy, restlessness, changes in appetite, development of pain or illness
- Disbelief and/or denial – becoming numb or having emotional shock
- Anger or frustration at not being able to stop the loss or change the situation
- Guilt that not enough was done or that the right thing was not done
- Feelings of helplessness, despair, isolation and a deep sense of loss
- Difficulty focusing and making decisions

- Anxiety or panic about the current situation or the future
- Desire to withdraw from other people and feeling hopeless
- Relief, if the loss was anticipated and there has been a great deal of suffering, such as after a long struggle with an illness
- Multiple dreams about the loss that may be either comforting or upsetting
- Yearning for what has been lost
- Process your feelings by talking with someone you trust, or using another form of expression such as journaling or making art
- Structure your time alone
- Lose yourself in a favorite hobby
- Spend time alone in nature, in meditation, and/or in prayer
- Do something to help someone else
- Give yourself rewards for successes each day
- Allow yourself to experience the full range of emotions
- Don't judge yourself – accept where you are

Accepting the reality of loss takes time, even if the loss was expected. It is important to find ways to release the many different feelings that occur – not just sorrow, but also anger, frustration and fear. Trusted family and friends, a support group, clergy and counselors are possible sources of support.

Distraction with activities can provide respite from the despair but if a person tries to stay too busy to think about or feel a loss or tries to continue to numb the pain or cut off feelings (perhaps by using alcohol or mood-altering medications), they are at risk for developing other behavioral health problems and/or physical illnesses.

If after several months the grief remains very intense and interferes with daily functioning, it is advisable to talk with a mental health professional.

Tips for dealing with grief

People have many different ways for coping with loss. Here are a few suggestions:

- Practice good self-care, eat nutritious meals, exercise every day and get enough sleep
- Talk regularly with friends to remain connected
- Be truthful about how people can be of help to you

TIP There are many online support groups for different kinds of losses. While these can be enormously helpful, make sure to check the authenticity and security of the website. Scammers often prey on individuals who are vulnerable due to loss and bereavement.

TIP A sensitive and extensive source of information on the experience of grief can be found at: helpwithgrief.org, written by Mary-Ann Sontag Bowman, PhD, LCSW.

TIP The American Hospice Foundation website offers an article by Helen Fitzgerald, CT, entitled “Helping Yourself Through Grief” which gives many concrete ideas for coping with grief and loss. Visit: <http://americanhospice.org/working-through-grief/helping-yourself-through-grief/> Another helpful article by Ms. Fitzgerald, “You Know You are Getting Better When...” can be found at: <http://americanhospice.org/working-through-grief/you-know-you-are-getting-better-when/>

TIP This National Institute of Health November 2009 newsletter featured interesting information, studies and scientific findings on grief: <http://newsinhealth.nih.gov/2009/November/feature1.htm>

TRAUMA AND STRESS

Trauma can occur as a result of violence, abuse, neglect, loss and other emotionally harmful experiences.¹⁷ The U.S. Substance Abuse and Mental Health Services Administration recognizes that “Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”¹⁸

Trauma can happen to any individual at any age. People commonly think of violent acts as the cause of trauma. While violence can cause trauma, there are many other situations that cause or contribute to an individual’s experience of trauma. These include witnessing harm to a parent, poverty, divorce, accidents, natural disasters, etc.

Some situations that may have been non-traumatic in earlier life could be very traumatic in later life due to age-related vulnerabilities. Consider this example: a fall on the pavement at the age of 30 will likely cause pain, bruising and scratches. That same fall at the age of 80 is far more likely to result in broken bones, a surgical procedure and a stay in the hospital. It could very well follow that anesthesia and pain medication cause the older person to become confused and disoriented (symptoms of delirium) with health professionals and family members then wondering if that 80-year-old can safely return home. That 80-year-old might then be discharged to a nursing home for physical rehab and is less likely to make a full recovery than the 30 year old who had the same fall. In this scenario, the older adult’s fall on the pavement was a physical, emotional and life-threatening traumatic event.

In later life, situations that present trauma might

include:

- Significant/compounded losses (of friends, family, community)
- Injury/illness (both chronic and acute)
- Significant disability (reducing independence and functional ability)
- Loss of autonomy/identity (a crisis of self-esteem and threat to spiritual well-being and hope)
- Financial distress (inability to afford food, medications, housing)
- Institutionalization (hospitalization/nursing home stay)
- Victimization/elder abuse (a growing problem in America)

“Research has shown that traumatic experiences are associated with both behavioral health and chronic physical health conditions...it is important to understand the nature and impact of trauma, and to explore healing.”¹⁹ Without help, an older adult experiencing trauma or suffering from the effects of an earlier trauma can suffer a decline in quality of life.

Post-traumatic stress disorder

People with post-traumatic stress disorder (PTSD) have been victims of, or exposed to, a traumatic event with feelings of intense fear, helplessness and/or horror. **Symptoms of PTSD include flashbacks, “reliving” the event, and intense distress when exposed to a “trigger” – a reminder of the event.** This may lead the person with PTSD to avoid people, places and things that are associated with the event.

People with PTSD may experience:

- Nightmares
- Difficulty falling or staying asleep
- Disconnection from other people
- Difficulty forming loving attachments
- Negativity about the future
- Frequent irritability or angry outbursts
- Emotional numbness
- Difficulty concentrating
- Feeling “on guard” and easily startled

PTSD can become active at any time, even decades after the traumatic event occurred. Certain sights, sounds, smells, feelings and even ordinary experiences can trigger memories of traumatic events from long ago. PTSD often co-occurs with depression, substance use disorders and/or anxiety disorders. There is treatment for PTSD at any age. Through therapy and management of symptoms, people go on to lead full and rewarding lives. When seeking mental health care, one can look for a professional with specialty expertise in PTSD.

Acute stress disorder

An individual suffering from acute stress disorder directly experiences or witnesses a traumatic event and experiences intense anxiety symptoms which might include re-experiencing the event, feeling detached from the environment and other people, having strong feelings of anger, completely avoiding things associated with the traumatic event and/or experiencing panic attacks. Symptoms of the disorder last from three days to one month following the event. **About half of individuals who experience acute stress disorder go on to develop PTSD.**²⁰

Adjustment disorder

An adjustment disorder can result from any type of stressor. Emotional or behavioral symptoms of adjustment disorder occur within three months of

the stressor and subside within six months after the stressor (and its consequences) ends. **Adjustment disorder can cause significant problems in overall function and is known to worsen medical conditions.** Adjustment disorder can occur with depression and/or anxiety.²¹

The DSM-5 is the manual used by psychiatric professionals to determine a behavioral health diagnosis. In the section of the DSM-5 that defines trauma and stressor-related disorders, diagnosis is specifically tied to the length of time that symptoms last. If an older adult encounters multiple stressors or traumatic situations, it may be difficult to determine which event is the cause of what symptoms and exactly how long symptoms have been present. For the purposes of this guidebook the criteria for PTSD, acute stress disorder, adjustment disorder and other disorders is less important than the acknowledgement that stressors and traumatic events can greatly disturb an older adults overall health and functionality. Relationships, self-care, health conditions, self-esteem and other areas of life suffer from stress-related disorders. Instead of merely accepting emotional and behavioral symptoms as a natural response to an event, when they interfere with an individual’s quality of life, encourage that person to get an evaluation. As with other disorders, prolonged or unnecessary suffering can be treated in many cases.

TIP The National Institute of Mental Health’s website provides in-depth information about PTSD including how to help a friend with PTSD and treatment information. Visit: <http://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml>

TIP HelpGuide.org provides information, related articles and resources regarding PTSD and emotional and physical trauma. Visit: www.helpguide.org/home-pages/ptsd-trauma.htm

CHRONIC MENTAL ILLNESSES

There are some mental illnesses that usually begin in the late teens/early adulthood with symptoms that persist through life. These illnesses are called chronic or severe and persistent mental illness. The rates of these illnesses are very low in the older adult population; however, they are important to understand.

Improvements in mental health and general medical care have resulted in more individuals with serious mental illness living longer than ever before. The long-term health outcomes vary for people with serious mental illnesses. For older people who have received proper treatment, experienced relief from symptoms and who have strong family and/or social support systems, late life may unfold as it would for someone without a mental illness. For older individuals who developed the disorder in their younger years without adequate treatment, a strong support network or good health practices, the outcome is less promising. **Disease and disability are more likely to begin at a younger age for people with chronic mental illness.** People with serious and persistent mental illness have a life expectancy that is shorter than the general population.²² This tragic fact may be attributed to stressful life events, poor health care, high rates of tobacco use, obesity and other related health issues.

The symptoms of serious mental illness can become less problematic for people in late life. This could be due to biological changes in the brain but may also be due to better management of the illness. **Keeping stress low, seeking good medical care when indicated, avoiding alcohol or other substances, and taking medications as prescribed improve the long-term functioning of any person with mental illness.**

There are two types of chronic mental illnesses discussed in this guidebook: bipolar disorder and schizophrenia.

Bipolar disorder

Bipolar disorder, formerly known as manic-depressive illness, is a mental disorder experienced by people across all races, socio-economic groups, ages, genders and ethnicities. **About half of the people who will experience bipolar disorder have their first episode by age 25.**²³ It is rare for a person to develop bipolar disorder later in life and if that happens, it seems to be tied to other brain changes related to cardiovascular disease or dementia. Neurological conditions from stroke, medication side effects and other late-life problems can mimic symptoms of bipolar disorder. Because serious mental illnesses were poorly identified and treated 50-plus years ago, it is possible that a person developed bipolar disorder as a younger adult and went undiagnosed for decades. If an older individual is experiencing symptoms of bipolar disorder, but has no history of the condition, it is important that he/she get a very thorough physical and psychiatric evaluation, preferably by a person with expertise in geriatrics.

A person with bipolar disorder typically experiences episodes of depression alongside episodes of excessive highs called “mania.” There are periods of “normal” function in between. Some people have a mixed experience whereby symptoms of depression and mania exist at the same time.

Symptoms of mania include:

- Excessively high mood
- Irritability
- Decreased need for sleep
- Increased energy

- Racing thoughts, excessive talking, inability to stay still
- Increased talking, physical movement and hypersexuality
- Disturbed decision making, recklessness, impulsivity
- Grandiose notions
- High distractibility
- Risk-taking behaviors
- Loss of touch with reality

Neurological conditions from stroke, medication side effects and other later-life problems can mimic symptoms of bipolar disorder.

The length and intensity of symptoms vary from person-to-person. Because of individual differences and the fact that there are different sub-types of bipolar disorder, thorough and ongoing assessments are necessary for proper diagnosis and treatment. If treatment is properly matched to the illness, symptoms can be managed and people can enjoy the fulfillment that comes with recovery.

TIP Further education, support information, webinars and resources for individuals with bipolar illness as well as their families, friends and clinicians can be found at the Depression and Bipolar Support Alliance: <http://www.dbsalliance.org/>

TIP Visit the National Institute of Health website page on bipolar disorder for further information: <http://www.nimh.nih.gov/health/publications/bipolar-disorder-in-adults/index.shtml?rf>

TIP A source for information and support for bipolar disorder and depression can be found at: www.pendulum.org

Schizophrenia

Schizophrenia affects only one percent of the general population. It is an illness that impacts mental function resulting in disorders of thought, perception, motivation, emotion, behavior and social engagement. In its most acute form, schizophrenia can have dramatic and disabling effects on most aspects of everyday functioning. However, many people experience relief from symptoms of schizophrenia when they are properly treated.

Schizophrenia is an illness that can interfere with a person's ability to experience reality, participate in social situations, develop relationships, and function in school or work situations. Symptoms of schizophrenia include:

- Social withdrawal
- Lack of motivation
- Unusual thoughts
- Difficulty communicating
- Depression
- Self-neglect
- Inability to follow through with tasks or responsibilities
- Difficulty focusing or concentrating
- Ritualistic behavior
- Bizarre expressions and behaviors
- Hallucinations (sensory perception of things not there)
- Delusions (beliefs not rooted in reality)
- Lack of insight into illness

The management of psychotic symptoms through use of medications is a primary aspect of treating people with schizophrenia. For older adults who have a change in their metabolic system and for those people who have life-long schizophrenia, development of newer atypical antipsychotic

medications has been important. These medications have fewer side effects, which is good news for older adults with schizophrenia who also take medications for other medical problems. Biological changes that occur as the body ages can directly affect the way medication is metabolized and can intensify side effects. Negative effects from combined medications and failure to take medications as directed is a common problem for many older people. It can also be difficult to evaluate the problems of an older person with schizophrenia if he/she is unable to follow directions because of delusions or dementia.

An older person with schizophrenia is already coping with challenges to thinking. If dementia or delirium develops, things can become even more complicated. **Health care professionals must evaluate for dementia and delirium in the older person before presuming that thought and behavior changes are due to the disease of schizophrenia.**

If an older person with schizophrenia is living successfully in a community situation, relying on a system of family and social supports, changes in that system can put the individual at risk. Stress from life events commonly experienced by older adults, such as the death of a loved one, can be devastating to an older person with schizophrenia. He/she may be more vulnerable because of challenges with coping and life skills. If such stressful life changes occur, it may be necessary to evaluate whether the older person is able to continue living in the community. Since family members and supportive friends may be limited or nonexistent, it is important that the older person with schizophrenia be connected to community support programs. Local mental health centers offer programs that can assist with medication management, crisis intervention, psychological programming, case management and psychotherapy, as needed.

Schizophrenia varies in the type and severity of symptoms among different individuals. **Though uncommon, it is possible for an older adult to be diagnosed with late-onset schizophrenia.** The development of late-onset schizophrenia is likely to have followed a period of severe stress or physical illness.

In the early to mid-1900's, schizophrenia in young adulthood were commonly undiagnosed – likely because of the stigma and treatment fears of past generations. There are probably many older adults with schizophrenia whose illness was not diagnosed or treated until later life – if at all. Diagnosis may not come until the individual is in a congregate living situation such as assisted living or nursing home. They may be considered “odd” or “eccentric” and uneducated workers in those settings may misunderstand the root of behaviors. The stigma of serious mental illness can contribute to discrimination in places where people don't understand the disease of schizophrenia. We must work to educate the long-term care workforce so that they understand appropriate approaches to working with individuals with serious mental illnesses such as schizophrenia.

TIP Mental Health America's website offers helpful information on schizophrenia.

Visit: <http://www.mentalhealthamerica.net/conditions/schizophrenia>

TIP For more complete information on schizophrenia and support resources, visit: <http://schizophrenia.com/>

MENTAL HEALTH ADVANCE DIRECTIVES

Many individuals with serious psychiatric illnesses will experience a time when they need to be hospitalized to maximize treatment potential in a safe environment with immediate access to psychiatric clinicians. Mental Health Advance Directives (MHADs), also known as Psychiatric Advance Directives, are legal documents, which describe a competent person's specific instructions and preferences regarding future psychiatric treatment, in the event the person may not be competent to communicate treatment choices at that time.

Under Maryland law, MHADs allow adults with mental illnesses to identify mental health professionals, programs and facilities that the person would prefer to provide their mental health services; appoint health care agents (surrogate decision-makers) to authorize treatment and/or make decisions as instructed by the individual in the advance directive; and state preferred medications and treatments. The MHAD takes effect when the person's attending physician and a second doctor, not directly involved in the person's care, certify in writing that the person is incapable of making an informed decision about his/her mental health treatment. The advance directive is valid until the person changes or revokes it.

Individuals with mental illness have found the MHAD to be an empowering tool for meaningful decision making around care needs and preferences; prompting important conversations with family, friends and therapeutic partners; planning for potential hospitalization and ultimately expediting recovery from episodes of illness.

In 2009, a Maryland Mental Health Advance Directive was developed by a group that included representatives from the Maryland Department of Health and Mental Hygiene, providers, consumers and advocacy groups. While people can create other templates to serve as their advance directive, this particular version was created to be comprehensive and patient-friendly. The Maryland MHAD, for example, addresses medications and their dosages, preferred types of mental health treatment, choice of hospital, treating professionals, notification of others, visitors, consent to release information, appointment of health agent, co-existing conditions, approaches to distress, preferences regarding touch and personal space and more.

TIP The Mental Health Association of Maryland's website provides a copy and support materials for the Mental Health Advance Directive. Visit: www.mhamd.org/getting-help/adults/advance-directives

TIP The National Resource Center on Psychiatric Advance Directives website provides comprehensive information about mental health (psychiatric) advance directives including state-by-state information. Visit: <http://www.nrc-pad.org/>

ASSESSMENT, TREATMENT AND RECOVERY

Screening and assessment

There is great hope for treatment of all mental disorders. **But before any treatment begins, a thorough assessment must be done to determine the true issues and the best approach to a solution.** It can take years for people to get to that first step of assessment. Anyone who is taking care of a mental health issue deserves respect, encouragement and support. Loved ones of that individual need to demonstrate patience and compassion. Simply “being there” for someone experiencing a mental health problem can be the best thing to do and sometimes it’s the only thing you can do.

Many types of health providers and human service workers can provide a mental health screen which usually consists of a couple of questions to see if a more extensive mental health assessment is indicated. It is suggested that older adults receive a mental health screen at least yearly as well as after any major life change, losses, significant health changes or the onset of symptoms, e.g., sleep problems, mood disturbance and loss of interest in favorite activities. Screenings are commonly conducted at health fairs, senior centers, health centers and doctors’ offices. If the screen indicates that a fuller assessment is needed, there are several professionals who have been trained in doing geriatric mental health assessments. Assessments exist for the full spectrum of behavioral health issues. Because older adults can experience mental disorders differently than younger adults, the geriatric assessment tools are preferred.

TIP To see a list of geriatric mental health screening and assessment tools, visit: <http://www.public-health.uiowa.edu/icmha/outreach/screening.html>

Older adults seem to experience more of the physical symptoms that can come with mental disorders, and this can be very confusing in the presence of other physical health conditions and potential medication side effects. For this reason alone, it is especially important that an older adult be assessed by a geriatric professional who knows about the commonly “co-occurring” issues and conditions. Geriatric professionals specialize in the delivery of care that is most appropriate for an older individual.

Most people first talk with their primary care providers when they have concerns about symptoms that may be linked to mental health disorders. It is perfectly appropriate to ask that provider if he/she has expertise in mental health. If the provider does not have the level of expertise to provide a geriatric mental health assessment, it is best to ask for a referral to a geriatric mental health specialist. Health care providers refer to patients specialists all the time. If someone is having heart problems, vision problems or migraine headaches for example, he/she will likely get a referral to a cardiologist, ophthalmologist or neurologist when the situation is beyond the primary care provider’s scope of knowledge or experience. This should hold true for mental health care as well.

While geriatric mental health specialists can be hard to come by, Maryland is fortunate to have several academic institutions and affiliated health centers, such as the University of Maryland and Johns Hopkins University, that provide geriatric education to the health and human service workforce.

Here are some helpful suggestions to engage in mental health screening and assessment:

- Contact your health provider’s office and ask if they can provide or assist you in finding a

geriatric mental health screening or assessment opportunity

- Contact the local Area Agency on Aging or the local health department to ask about geriatric mental health screening and assessment resources and opportunities
- Be open and honest about all of your mental health concerns or symptoms
- Answer questions fully
- If you have symptoms or personal concerns that you are not asked about, offer them anyway – the more information you can give, the more likely you’ll be appropriately assessed
- Ask the screener to give you written information about your results and any follow up instructions (Any time we feel distress, it can be difficult to remember information. If you have the information in hand, you are more likely to take the correct next steps.)
- Follow up with the information and instructions you are given

As mentioned earlier, it isn’t common for bipolar disorder or schizophrenia to begin in later life but sometimes these illnesses may first be discovered in later life. **The most common late onset mental health concerns are anxiety and depression.**

There are several assessment tools for anxiety and depression that are validated as being sensitive to older adults.

Diagnosis

An accurate and formal mental health diagnosis can only be made by a qualified professional with expertise in mental health. Professionals include psychiatrists, psychologists, psychiatric nurses, social workers and mental health counselors. All of these disciplines have professionals with geriatric expertise. A mental health diagnosis should not be made definitively until other possible somatic health

conditions or medication effects are ruled out or taken into account.

Decisions about a person’s condition are made after careful analysis of the symptoms: what they are, how long they’ve persisted, the impact of symptoms on the individual’s life and confirmation of the information with the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), published by the American Psychiatric Association. The clinician takes other health, genetic, environmental and social factors into consideration as well to get a full picture of the individual’s situation. A treatment plan may then be developed.

Treatment and recovery

Treatment works. This is a message that needs to prevail in discussions about mental health.

Treatment comes in many forms and there are endless strategies people can engage to meet their mental health needs. Most people benefit from a combination of treatment types. Unfortunately, there is negative stigma surrounding treatment. Popular media has made fun of talk therapy and emphasized the potential dangers of psychotropic medications. Part of destigmatizing mental disorders is destigmatizing the treatment and promoting hope for recovery.

Today, when individuals with mental and/or substance use disorders seek help, they should be met with the knowledge and belief that anyone can recover or manage their conditions successfully. The following is an excerpt from the Substance Abuse and Mental Health Services website:²⁴

“The value of recovery and recovery-oriented behavioral health systems is widely accepted by states, communities, health care providers, peers, families, researchers, and advocates including the U.S. Surgeon General, the Institute of Medicine and advocacy groups.”

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) has established a working definition of recovery that **defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.**

SAMHSA defines four major dimensions that support a life in recovery:

- Health – overcoming or managing one’s disease(s) or symptoms – for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem – and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being
- Home – having a stable and safe place to live
- Purpose – conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
- Community – having relationships and social networks that provide support, friendship, love and hope

Hope, the belief that these challenges and conditions can be overcome, is the foundation of recovery. A person’s recovery is built on his or her strengths, talents, coping abilities, resources and inherent values. It is holistic, addresses the whole person and their community, and is supported by peers, friends and family members.

The process of recovery is highly personal and occurs via many pathways. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches. Recovery is characterized by continual

growth and improvement in one’s health and wellness that may involve setbacks.

Resilience refers to an individual’s ability to cope with adversity and adapt to challenges or change. Resilience develops over time and gives an individual the capacity not only to cope with life’s challenges but also to be better prepared for the next stressful situation. Optimism and the ability to remain hopeful are essential to resilience and the process of recovery.

TIP The Substance Abuse and Mental Health Services Administration publication entitled **“SAMHSA’s Working Definition of Recovery: 10 Guiding Principles of Recovery”** provides further descriptors of the factors that enhance recovery for individuals. Visit: <http://content.samhsa.gov/ext/item?url=/samhsa/content/item/10007447/10007447.pdf>

Medications

Medication can be a necessary part of treatment for mental health disorders. “Psychotropic” medications act on the brain to treat symptoms, facilitate proper brain function and restore brain health. There are many types of psychotropic medications to target different types of illnesses (e.g., depression or anxiety) and symptoms (e.g., agitation or psychosis). Certainly, medications cannot make all problems go away which is why medications should only be one part of a more comprehensive plan for care.

Medications can reduce or eliminate symptoms such as sleep disturbance, loss of appetite, mood swings, agitation, physical pain, panic, hallucinations, etc. When proper brain function is restored, individuals usually regain energy, motivation, concentration, social function and physical health. Feeling better can help people participate in complementary therapy that can focus on problem solving, positive coping skills, relationship building and personal

growth. These are critical components to long-term recovery and quality of life.

A geriatric psychiatrist is often the best choice of medical doctor for prescribing mental health medications to older adults. In Maryland, Registered Nurse Advanced Practitioners with a specialty in psychiatric health (CRNP-PMH) may also prescribe medication. It is important that the prescribing professional understands the total health picture of an older patient including other existing health conditions and medications the person may take. Ideally, the prescribing professional will consult with others involved in the individual's health care.

When first prescribing a mental health medication, the prescriber will usually want to start at a low dosage and, if necessary, slowly increase the dosage to determine the "therapeutic level" or the point at which the medication works. Older people often require smaller doses of medication because of age-related sensitivities and changes in drug metabolism. Also, an older person's response to a medication can be very different than that of a younger adult. The person being treated must be patient and give the medication time to work. It can take up to six weeks for an older adult to feel the full benefits of a psychotropic medication. For a medication to be effective it must be taken **exactly** as prescribed and not just when a person is feeling bad.

Because some medications can cause fatigue, confusion, headache, nausea or dizziness, they may be prescribed to be taken at bedtime or with food. Some of the newer medications tend to have fewer side effects and seem to be tolerated more easily by many older adults. Medication adjustments may be needed to find out what works most effectively for an individual. Over time, the prescriber may change dosages or may change medications altogether until the most effective medication is determined. Once the appropriate medication and dosage are found,

the older person needs to understand that he/she will likely continue to take it for a number of months to prevent a recurrence of symptoms. If a person has a history of severe or recurring mental illness, life-long medication may be needed. **Always talk with your health care provider before stopping or adding any medication and never share medications with other people.**

Sometimes people try taking over-the-counter herbal supplements to help with symptoms of mental disorders such as St. John's Wort to address depression. **It is important to know that there are many unknowns about the effects of supplements and over-the-counter medications in older bodies as well as the potential for drug-drug interactions with other medications.** Any and all products that a person uses should be reported to the prescribing professional. Pharmacists can be great resources to answer your medication questions and obtain more information about drug interactions, side effects and hazards. The dangers of medication misuse cannot be overstated.

There are important things people should do to help with medication treatment. Always:

- Know why you are taking a medication and how you will know if the medication is working
- Know if the medication is safe when taken with other medications and over-the-counter products
- Take any medication exactly as prescribed
- Know what side effects may occur and what to do if they occur
- Know any foods, beverages, other medicines or supplements that should be avoided
- Eat a healthy diet and drink plenty of water (our brain always needs good nutrition and hydration)

- Exercise regularly (the natural chemicals released through exercise are needed in the brain)
- Get enough sleep
- Avoid stress – and if that is difficult, make sure to engage in stress-reducing activities
- Keep a sturdy and steady support network of people you can rely upon in tough times
- Keep in communication with health care providers especially when there are concerning changes²⁵

Medications can be costly. **Any concerns about paying for medications should be shared with the prescriber in case there is a lower-cost option or a special program to assist with medication costs.** There are many pharmaceutical companies that offer payment assistance. There are also state and local programs that can assist with medication access and costs. These programs are known to specialists through the local Area Agency on Aging.

TIP The National Council on Patient Information and Education has a mission to advance the safe, appropriate use of medicines through enhanced communication. Visit: <http://www.talkaboutrx.org/index.jsp>

TIP The U.S. Food and Drug Administration website hosts an article entitled “Medicines and You: A Guide for Older Adults” that offers more in-depth information including buying medicine over the internet, understanding over-the-counter medicines and important questions to ask about medication: <http://www.fda.gov/Drugs/ResourcesForYou/ucm163959.htm>

TIP The Maryland State Health Insurance Program (SHIP) helps Medicare beneficiaries to understand health insurance benefits. Trained staff and volunteer counselors provide in-person

and telephone assistance for such things as medical assistance programs and access to medication. Services are confidential and free of charge. Visit: <http://www.aging.maryland.gov/StateHealthInsuranceProgram.html> or call your local Area Agency on Aging for more information

COGNITIVE IMPAIRMENT AND DEMENTIA

There are normal changes in brain function that come with age. It is normal, for example, to experience mild forgetfulness and difficulty with multitasking. **“Normal aging” may cause the brain to slow in calculations and retrieval of information. These normal brain changes don’t interfere with everyday life.** In fact, in normal aging, life can be enriched by learning new things and challenging the brain with stimulating conversation, thoughts and activities.

It is not normal for an older person to forget how to go about everyday tasks, to display uncharacteristic behaviors or to forget familiar friends and family members. When such things happen, something is going wrong. Brain function can be hindered by many conditions.

Questions you should ask if you or a loved one is experiencing memory or other thinking problems include:

- Has the change in memory happened since a new medication (including over-the-counter products) was started or a medication was increased?
- Have there been changes or losses, such as a move, the death of a loved one, financial distress, decline in health or functioning?
- Was there a recent fall with possible head injury?
- Is the person drinking enough water and eating healthy foods?
- Is the person drinking alcohol, or using any potentially mind-altering substances?
- Has a thorough assessment or evaluation been done to be sure there is no underlying physical condition or illness that might be causing the memory problems?

- Has the health provider used specific testing to check that thyroid levels, B12 levels and other health markers are normal?

There are several terms that can be used to refer to a decline in brain function. “Dementia” and “cognitive impairment” are terms that refer to a set of symptoms that interfere with daily life, safety and independence. Symptoms of dementia range from mild to severe and include:

- Problems with memory
- Difficulty with planning, initiating and carrying out tasks
- Difficulty with language and communication
- Disorientation to time and place
- Confusion
- Difficulty with decision making and reasoning
- Problems with focus, concentration and attention
- Poor judgment
- Difficulty understanding, interpreting and navigating the environment
- Changes in perception
- Difficulty recognizing once familiar things, places and people
- Inability to make new memories or learn new information
- Difficulty solving problems
- Decline in self-care
- Changes in personality, mood and behavior
- Fear, frustration and agitation
- Changes in the coordination and control of body movements

Many years ago, such changes were called senility and most people assumed this was a natural part of getting older. We now know that **dementia is not a normal part of aging**. Dementia symptoms indicate the presence of a problem that needs attention. Whenever there is a suspected change in an older person's cognitive function, a health provider with knowledge of cognitive function should be quickly consulted.

There are dozens of conditions that can cause dementia symptoms including sleep apnea, depression, stroke, vitamin B12 deficiency, infection, medication toxicity, alcohol use, thyroid disorders, nutritional deficiencies, head injuries, and other neurological disorders. **Because some causes of dementia symptoms are treatable, it is extremely important that a person gets a thorough evaluation by a health care professional as soon as possible to make an accurate diagnosis.**

Knowing the cause of dementia is important as it helps with treatment decisions, symptom management and future planning. Most people call their primary care provider when they have concern about changes in memory and other brain functions. It is important for the primary care provider to check for physical causes for the changes. Unfortunately, many doctors are not skilled in the assessment of cognitive problems. When this is the case, the doctor should refer the individual to a professional in the field of neurology (brain and nervous system disorders), preferably to one specializing in dementia.

Good health professionals will refer to a specialist if the health problem is beyond their scope of expertise, and people should feel justified in seeing a dementia specialist when there are growing concerns of cognitive impairment.

TIP The Johns Hopkins Memory and Alzheimer's Treatment Center provides comprehensive evaluation, diagnostic and treatment services

for different types of dementia. The center also provides a helpful family resource center. Call 410-55-6337 or visit: http://www.hopkinsmedicine.org/psychiatry/specialty_areas/memory_center/

TIP The University of Maryland Department of Neurology offers evaluation, diagnostic, treatment and medical management for dementia as well as specialty services for movement disorders common to Parkinson's disease and multiple sclerosis. Call 1-800-492-5538 or visit: <http://umm.edu/programs/neurosciences/about-us/neurology>

TIP The American Academy of Neurology has a "find a neurologist" page on its website as well as education and information about neurological issues. Visit: <http://patients.aan.com/go/home>

TIP The National Institute of Aging's Alzheimer's Disease Education and Research Center provides a cognitive impairment guide for primary care physicians. Visit: <http://www.nia.nih.gov/alzheimers/publication/assessing-cognitive-impairment-older-patients>

Also on the website is a section that lists "Instruments to Detect Cognitive Impairment in Older Adults" (click on "Show all instruments in database"). Visit: <http://www.nia.nih.gov/research/cognitive-instrument>

TIP There are special considerations for individuals with dementia and their caregivers across different ethnic groups. Ethnic Elders provides education, support and assistance to ethnic minority patients and their families. Visit: <http://ethnicelderscare.net/>

Communication problems

"Aphasia is an impairment of language, affecting the production or comprehension of speech and/or the ability to read or write. Aphasia is always

due to injury to the brain – most commonly from a stroke – particularly in older individuals. But brain injuries resulting in aphasia may also arise from head trauma, brain tumors or from infections.”²⁶ Dementia is another common cause of aphasia. It is very important for people to understand all they can about aphasia in order to maximize effective communication.

Expressive aphasia refers to an inability of an individual to say the words they would want to communicate. Receptive aphasia refers to an inability of an individual to comprehend the communication directed toward him/her. The National Aphasia Association website explains that “Aphasia can be so severe as to make communication with the patient almost impossible, or it can be very mild. It may affect mainly a single aspect of language use, such as the ability to retrieve the names of objects, or the ability to put words together into sentences, or the ability to read. More commonly, however, multiple aspects of communication are impaired...” As you can imagine, aphasia is very distressing to all involved. It contributes to anger, frustration, anxiety and depression.

TIP Learn more about aphasia and helpful resources from the National Aphasia Association at: <http://www.aphasia.org/>

TIP The Snyder Center for Aphasia Life Enhancement (SCALE) is a Baltimore-based support and community center for individuals with aphasia and their families and loved ones. Visit the SCALE website for more information about aphasia and the programs and services available to Marylanders: http://scalebaltimore.org/Snyder_Center_for_Aphasia_Life_Enhancement/Home.html

Mild Cognitive Impairment (MCI)

There is a syndrome in which people experience a decline in brain function that is troubling but does not yet meet the criteria for dementia. The problem is often with memory, but other cognitive functions, such as language, judgment and reasoning might also be in decline. This syndrome is called Mild Cognitive Impairment (MCI).²⁷ **Generally speaking, people with MCI are able to perform everyday tasks of living and their cognitive impairment may not be noticed by those outside of a close circle of friends and family.**

Many experts believe that MCI is a pre-dementia condition. It appears that people with MCI go on to develop advanced dementia at much higher rates than people with no evidence of MCI. Careful monitoring of MCI progression is key in helping to identify the potential onset of dementia. Research shows that memory medications work more effectively in early MCI stages than they do when a person has more advanced dementia – another reason to detect MCI as soon as possible.

Instrumental Activities of Daily Living (IADLs) are the tasks we perform every day that come easy to people who do not have cognitive impairment. Examples of IADLs include grocery shopping, banking, housekeeping and planning a family gathering. These are the tasks that first become difficult with a person developing MCI though the difficulties may not be obvious to others. Activities of Daily Living (ADLs) are the tasks we do that are more oriented to self-care e.g., dressing, grooming, eating and personal hygiene. People with Mild Cognitive Impairment are able to accomplish ADLs without much difficulty.

There are assessments that can determine a person’s ability to function that may give a picture of that person’s cognitive health. Experts agree that a

functional assessment is important and helpful in addressing emerging needs and developing a plan to support health, safety and function. There are a growing number of such assessments.

TIP The Brief Cognitive Assessment Tool (BCAT) website provides a comprehensive approach to assessment, education and support for individuals concerned about memory, families and clinicians. Several BCAT tools have emerged as highly reliable instruments in the identification of cognitive function, prediction of future needs and assistance with future care planning. Visit: www.thebcat.com

Alzheimer's disease

Alzheimer's disease (AD) is a brain disease that involves the death of brain cells in a predictable and progressive pattern, slowly destroying memory and thinking skills and, eventually even the ability to carry out the simplest tasks of daily living. In most people with Alzheimer's, symptoms first appear after age 65.²⁸ It is likely that the disease process starts as early as ten years before the onset of symptoms. **Alzheimer's disease is the most common form of irreversible and progressive dementia, accounting for approximately 70 percent of dementia cases.**²⁹ While scientists are getting closer to the answers every day, they still don't have full understanding of the cause which is likely to involve a mix of genetic, environmental and lifestyle factors.³⁰ Risk factors include older age (chances of having the disease doubles every five years after age 65), family history (mostly sibling or parental history), presence of Mild Cognitive Impairment and a history of head trauma.³¹

The early symptoms of Alzheimer's disease include a very gradual change in the person's ability to remember normal things, such as appointments, names of objects, or things that happened within the

recent past. Current understanding of Alzheimer's disease is that brain damage may be progressing for ten or more years before symptoms become obvious. As the disease evolves memory worsens, but memory is only one aspect of brain function that is impacted. People with Alzheimer's disease commonly experience:

- Changes in personality, mood and behavior
- Suspicion and false beliefs about loved ones
- Difficulty interpreting the environment
- Decreased ability to plan and carry out complex tasks
- Frustration and agitation as everyday things become more challenging
- Struggles with verbal communication – both expressing and understanding information
- Challenges with physical movements
- Increasing difficulty with short-term and then long-term memory
- Fear and depression associated with cognitive losses

People with Alzheimer's disease pass through stages that are predictable. It is very important for caregivers and loved ones to understand these stages so that they can best support the person experiencing the disease, maximize positive interactions and prepare for future needs and issues.

“There are a number of staging models for describing the progression of AD. One relatively simple framework is a three-stage model:

- **Stage 1: Mild impairment.** Typically the first three years of the disease. Common indications include some word or name finding difficulties (worse than baseline), challenged by learning or remembering new information, mild performance issues in work and social

situations, misplaced objects, declines in planning and organizing.

- **Stage 2: Moderate impairment.** Typically years four through six of the disease. Common indications include poor ability to make new memories, reduced memory of personal history, language problems, deficits in executive functions, decreased ability to perform complex tasks, visuospatial deficits, and depressive symptoms. Usually assistance with bathing, dressing and eating are not needed.
- **Stage 3: Severe impairment.** Late years of the disease. Require assistance in dressing, hygiene, eating; increased episodes of incontinence; tend to wander and become lost; frequently fail to recognize what were familiar people and objects; delusional thinking; increased anxiety or apathy; severe deficits in memory and executive functions; and severe loss in verbal fluency. Requires supervision at home, assisted-living, or skilled nursing facility care.”³²

(reprinted with permission from thebcac.com)

The three stage model is a very basic way to describe phases of impairment experienced by a person with Alzheimer’s disease. **Though the general progression of the disease is predictable, there are many individual variances across the population of people who suffer from Alzheimer’s.** The international rush to understand causes and potential treatments for this complex and confounding disease has resulted in new classifications, sub-types and associated diagnostic criteria. As research becomes more refined, experts are hopeful that many of our questions about Alzheimer’s disease will be answered and that treatments or a cure will be found.

People with Alzheimer’s disease are often able to live at home for a long period of time if they have proper supervision and assistance. **Taking care of**

an individual with Alzheimer’s disease is extremely challenging, and caregivers need support to cope with the unique stressors associated with this illness. Some assisted living, nursing home and day-care settings have units and programs designed especially for individuals with Alzheimer’s and other types of dementia. These special-care facilities should have staff specifically trained to care for people who have moderate-to-severe dementia as well as dementia-specific programming.

TIP Get comprehensive information about Alzheimer’s disease as well as support and resource information at the Alzheimer’s Association of Maryland and Maryland’s local Alzheimer’s Association offices. Visit: <http://www.alz.org/maryland/>

TIP The National Institute on Aging’s Alzheimer’s Disease Education and Referral Center (ADEAR) provides in-depth information on all issues of Alzheimer’s disease including research, federal initiatives and information for medical professionals. Visit: <http://www.nia.nih.gov/alzheimers/>

TIP The National Institute on Aging offers a short video about Alzheimer’s disease. Visit <http://www.nia.nih.gov/alzheimers/alzheimers-disease-video>

Vascular dementia

Vascular dementia (also called multi-infarct dementia) is the second most common form of dementia after Alzheimer’s disease. It results when there is a disruption in blood supply to the brain. High blood pressure, heart problems, high cholesterol and diabetes are conditions that can cause or increase damage to the vascular system, resulting in vascular dementia. Strokes and transient ischemic attacks (also known as “mini-strokes” or TIAs) are common causes of vascular dementia.

Vascular dementia can occur suddenly. A person may not be able to think clearly, may become confused and have difficulty functioning. When this situation is observed, immediate medical attention should be sought. People with vascular dementia may experience:

- Periods of extreme confusion
- Weakness or paralysis in a part of the body
- Memory and communication problems

The progression of vascular dementia is “step-like” in that symptoms may stay stable for a length of time and then suddenly deteriorate. The symptoms vary according to the region of the brain that is affected. **It is important to determine if a vascular problem is causing dementia because there are treatments that may help a person regain some functioning and reduce future episodes.**

TIP The National Stroke Association’s website contains comprehensive information on vascular dementia as well as tips for managing the condition. Visit: <http://www.stroke.org/we-can-help/survivors/stroke-recovery/post-stroke-conditions/cognition/vascular-dementia>

Lewy Body and Parkinson’s dementia

The term Lewy Body Dementia (LBD) actually covers two different types of dementia. Both involve cognitive impairment and difficulty with movement. The difference between the two has to do with the timing of certain symptoms.

1. **Dementia with Lewy bodies** – begins with cognitive decline that looks much like Alzheimer’s disease (often leading to a misdiagnosis) with movement problems that follow.
2. **Parkinson’s disease dementia** – begins with movement problems which can include muscle stiffness, tremor and slowed movement

with cognitive problems developing later in the disease.³³

It is estimated that nearly 40 percent of individuals with Parkinson’s disease will develop dementia.

The cause of LBD is unknown, however, age is considered to be the greatest risk factor. The progression of the disease and the intensity of the symptoms vary from person-to-person. While there is no cure for LBD, there are many treatments that can help with symptoms. Common symptoms include:

- Changes in concentration, attention, alertness and wakefulness throughout the day
- Variability of symptoms from day-to-day
- Hallucinations that are usually visual
- Movement problems that may begin as changes in handwriting, loss of coordination and balance, diminished sense of smell, muscle stiffness and/or a small tremor
- Sleep disorders
- Personality changes and mood disorders

TIP The Lewy Body Dementia Association, Inc. maintains a website with information, education and resources. Visit: <http://www.lbda.org/node/14>

Frontotemporal degeneration

Frontotemporal degeneration (FTD), also known as frontotemporal dementia and Pick’s disease, is a progressive dementing illness with several subtypes. FTD has an earlier onset than other dementia illnesses. People usually develop FTD in their 50s and early 60s. With this type of dementia, language or behavior is the first area of functioning to change. **People with FTD usually lose impulse control, become inappropriate in their behavior and display poor judgment. Memory problems follow later in the course of the disease.** Currently,

there is no cure for FTD and treatment focuses on management of common symptoms that are most often behavioral.

TIP More information about frontotemporal degeneration can be found at The Association for Frontotemporal Degeneration at <http://www.theaftd.org/>

TIP The Frontotemporal Dementia and Young-Onset Dementias Clinic at Johns Hopkins is dedicated to the care of individuals who suffer from frontotemporal dementias (FTD), Creutzfeldt-Jakob Disease (CJD), and those who are under 65 years of age with any type of dementia. Call 410-502-2981 or visit: http://www.hopkinsmedicine.org/psychiatry/specialty_areas/neuropsychiatry/frontotemporal_dementia/

Mixed dementia

Mixed dementia occurs when there is more than one type or cause of dementia impacting a person's brain. For example, someone with mixed dementia might have features unique to Alzheimer's disease as well as symptoms of vascular dementia. Mixed dementia is likely to be more common than we think. It can be very difficult to discern all that is at play when dementia is a mixed type. This reinforces the need for a thorough assessment by a skilled clinician and perhaps a different treatment approach.

TIP The National Institute of Health's National Institute of Neurological Disorders and Stroke maintains a website that gives in depth information regarding several different types of dementia as well as information on mixed dementia findings. Visit: http://www.ninds.nih.gov/disorders/dementias/detail_dementia.htm

Medications used in the treatment of memory problems

People with dementia may benefit from medication that can be prescribed to slightly delay disease progression and/or treat symptoms that disrupt mood and behavior. Agitation, depression, anxiety, hostility, delusions and hallucinations are a few of the behavioral and psychiatric symptoms of dementia that greatly affect the quality of life of both the person with dementia and the caregivers. There are a growing number of medications on the market, and even more in the pipeline, targeting dementia causes and problematic symptoms. Decisions to use or not use medications need to be made and regularly reviewed with input from geriatric informed health providers and caregivers, considering patient history and evidence-based practices. Most medications used in the treatment of dementia have side effects that can cause discomfort or pain to the patient who may not have the ability to communicate the negative effects. Patients should be carefully and frequently monitored to determine medication benefits versus potential harm.

People may be prescribed antipsychotic medications to address the behavioral and psychiatric symptoms of dementia such as agitation and hallucinations. Recent studies have revealed that these medications can actually be dangerous to individuals with dementia. In fact, there has been a nationwide call to reduce the use of antipsychotic medications among nursing home residents unless absolutely necessary (as may be the case for chronic mental illnesses).

TIP The National Consumer Voice for Quality Long-Term Care has a portion of its website dedicated to issues of psychotropic medication use among vulnerable older adults. Visit: http://theconsumervoice.org/issues/issue_details/misusing-antipsychotics

Non-pharmacological treatment of dementia

Generally, medications should not be used as the first strategy for addressing dementia concerns.

There is strong evidence that non-pharmacological interventions can be more effective and be safer than medications commonly used in dementia treatment. These interventions include physical activity, social engagement, cognitive stimulation and good nutrition. All of these interventions are proven to be effective; they are easily accessible and affordable. Problematic symptoms of dementia such as aggression, disinhibition, paranoia, mood swings etc. require a person-centered approach that matches personal interests and preferences with intervention strategies. This is explored more in depth in the “Helping When There is Dementia” section of this guidebook.

Delirium

Delirium is a serious medical condition that includes dementia-like symptoms such as confusion and disorientation. Delirium usually develops over a short period of time (hours or days) and the severity of the symptoms will change throughout the day. It is a serious condition that requires immediate attention. The tell-tale symptoms of delirium are an inability to stay focused and fluctuations in consciousness.

Delirium symptoms include:

- Lapses in attention and orientation (e.g., the person may not be able to carry on a conversation or know the time of day, decade or even his/her own name)
- Difficulty focusing
- Nonsense words, inability to string sentences together or effectively communicate
- Little or no recall of recent events

- Hallucinations
- Sleep disturbances
- Agitation, restlessness, irritability
- Extreme emotional swings
- Fluctuations in consciousness

Delirium is usually caused by treatable medical conditions such as infection, electrolyte imbalance, dehydration or medication side effects. Delirium can be reversed when the cause is treated, but it might take several weeks for a person to return to regular functioning after suffering from delirium. Some people experience permanent changes. People who have an underlying dementia are at much greater risk for developing delirium. Dementia can worsen after an episode of delirium.

Older adults who already have cognitive impairment, are taking new medications, have recently undergone general anesthesia or who are experiencing an onset of an infection or illness are more vulnerable to delirium. It is estimated that one third of hospitalized older adults are affected by delirium, and delirium is associated with poor health outcomes. Because an individual experiencing delirium has less insight to the problem and is less able to address his/her own needs, it is important for friends and family to quickly respond to symptoms of delirium by getting immediate medical attention for the individual. Delirium symptoms can be extreme. The condition can be dangerous and should be considered a medical emergency.

TIP The Alzheimer’s Association, Northern California and Northern Nevada chapter website provides information about differentiating dementia and delirium, strategies to reduce delirium and steps to take when delirium is present. Visit: http://www.alz.org/norcal/in_my_community_17590.asp

TIP The American Delirium Society is a good resource for more information and helpful resources regarding issues of delirium. Visit: www.americandeliriumsociety.org

Just like an X-ray can show us there is a broken bone, behavior can show us there is a problem with the brain. Some problems have easy solutions. Some do not. In later life, the earlier a problem can be identified and addressed, the better the outcome is likely to be. Don't let questionable behaviors persist. Take action. Get answers. Respect brain health.

SUBSTANCE USE DISORDERS

Many people are not aware of the age-related changes that make the human body more vulnerable to the effects of substances. For the purposes of this guidebook, “substances” include alcohol, drugs and medications, both prescription and over-the-counter. **Problems with alcohol and psychotropic medications (medications that target brain function) are the most common types of substance use problems seen in older adults.**³⁴ Substance misuse and abuse among older adults is associated with a high rate of falls, delirium, institutionalization and mortality.³⁵ In most cases, the problems are unintentional and preventable.

There is a wide range of substance use problems in later life. Problems range from inappropriately prescribed medication dosages to intentional use of illicit drugs for mind-altering effects. Here are some examples of the types of later-life problems that are growing more common:

- Taking medication as prescribed but experiencing intensified side effects such as drowsiness or dizziness that can have serious unintended consequences such as a fall or accident
- Taking pain medication as prescribed, unaware of potential for dependency and then slowly taking higher doses than prescribed, resulting in pain and withdrawal symptoms when the medication runs out
- Taking medications from other people
- Drinking more frequently with friends, or alone, not knowing that tolerance for alcohol is dramatically lower due to age-related physical changes
- Using illicit drugs such as cocaine or marijuana for recreational purposes or to achieve a “high”

These different examples reflect growing problems that require different approaches and solutions. The one thing everyone needs is more education about substance use in later life. A good place to start is with basic education about the effects of drugs and alcohol in older bodies.

As we age, the effects of substances we use can be significantly different than what they were in younger years because of age-related physical changes such as:³⁶

- Slowing of metabolism
- Changes in rates of absorption and excretion
- Changes in ratio of muscle and fatty tissue
- Reduced water in cells and tissues of the body
- Changes in vision, balance and coordination
- Slowed cognition or any cognitive deficits
- Presence of chronic conditions
- High rates of medication use

Physical age-related changes result in a lower tolerance for many substances and increased negative or toxic effects. The consequences of substance misuse, abuse and addiction in later life are much greater than in younger years, and if the use continues, other health problems are likely to become more acute. Older people with a variety of medical problems (including diabetes, heart disease, liver disease and central nervous system degeneration) do not tolerate alcohol well. Negative health outcomes of excessive drinking include high blood pressure, liver disease, heart disease, stroke, certain cancers and falls. Some medications can intensify alcohol’s effects, leading to rapid intoxication.³⁷ Some older people use prescribed sedatives, which can be deadly when combined

with alcohol. Medical problems that can develop in the older person with an alcohol problem include amnesia, delirium, dementia, convulsions, gastritis, anemia, heart problems, ulcers, broken bones (from falls), self-neglect and depression. **Excessive use of alcohol is a common factor in depression and suicide among older adults.**

There appear to be common themes and conditions that contribute to risk for a substance use problem in later life including:

- Loneliness and isolation – may result from the loss of friends and a sense of community due to deaths, moves or general neighborhood turnover
- Bereavement and sadness – for the illness and death of loved ones
- Loss of purpose – may be due to loss of roles, identity, status, productivity, responsibilities, position in community, etc.
- Loss of community ties – may result from an inability to drive, lack of transportation services, move to an unfamiliar place with increased distance from activities, family and/or friends
- Changes in health and physical independence or the presence of pain – may result from illness, decline in physical functioning, reduced ability to take care of responsibilities, loss of energy, loss of control over self-care, inability to do favorite activities, and increased dependence on others
- Demands of care giving – may result from increased involvement with care for a chronically ill loved one
- Decreased financial security – may be due to financial changes after retirement, savings not enough for life needs or desires, and increased health care costs for self and/or family members

- Lowered self-esteem – even slight changes in physical appearance, function, and mental abilities can lower self-regard
- Excessive leisure time – a lack of commitments and too much unstructured time can lead to boredom and/or restlessness
- Family conflict and estrangement – these issues can arise at any time in life but can be more difficult for an older adult to handle

Alcohol

In the Treatment Improvement Protocol #26, the U.S. Substance Abuse and Mental Health Services Administration wrote:

“It will be increasingly difficult for substance abuse among older adults to remain a hidden problem as ‘Baby Boomers’ approach old age in the coming years. Not only are adults in general living longer, substance abusers are also living longer than ever before.”³⁸

The overall increase in alcohol problems throughout the population, coupled with the aging of the “Baby Boomers,” suggests that the number of older adults with alcohol-related problems will rise alarmingly.

Alcohol is a culturally acceptable *drug* that is the most abused substance in America. It is the drug of choice for older adults who may use it in celebration, as a beverage with dinner, as part of a recreational event or to cope with pain, loneliness and boredom.

To be categorized as a “low-risk” drinker, the National Institute on Alcohol Abuse and Alcoholism recommends that adults over the age of 65 drink no more than one standard drink per day and do not exceed more than seven standard drinks per week.³⁹ The National Institute on Alcohol Abuse and Alcoholism considers binge drinking to be more than three drinks on any one occasion for older men and more than two drinks for older women.⁴⁰

One standard drink is a 12 ounce can of beer, a single 1.5 ounce shot of spirits (gin, whiskey, vodka, rum, etc.), a 5 ounce glass of wine or a 4 ounce glass of liqueur. The “Older Americans Behavioral Health Issue Brief 2: Alcohol Misuse and Abuse Prevention” outlines the risk of use in the following way:

- **Low-risk use** is alcohol use that doesn’t cause any problems and reflects an individual’s ability to set limits and use good judgment. In this category, people do not binge drink, drive vehicles or use contraindicated medications when they drink. They could “take it or leave it.”
- **At-risk use** is the use of alcohol in a way that increases chances of problems. People in this category drink more than the recommended levels and drink in situations or under circumstances that aren’t safe (e.g., despite warning labels on medications).
- **Problem use** is the use of alcohol despite already adverse consequences. People in this category drink alcohol even though their drinking has already caused medical, social, family and/or mental problems. In addition, the drinker may deny any problem with alcohol.

Unfortunately, alcohol is commonly overused and misused by adults to cope with difficult life changes. Yet, alcohol problems among older adults are highly overlooked and under-reported in our health and human service system. This lack of attention is due, in part, to stigma as well as the fact that many of the symptoms of a substance-use disorder mimic symptoms of other health problems.

Those who are especially at risk for physical and mental health problems related to alcohol are:

- Individuals who are taking medications
- Individuals who have many or major medical problems

- Individuals who have had a long-term battle with alcohol use
- Individuals who are isolated from family and friends and who have suffered major losses in life

The use of alcohol can trigger or worsen serious health problems including:⁴¹

- Heart problems
- Risk of stroke
- Cirrhosis and other liver diseases
- Gastrointestinal bleeding
- Depression, anxiety and other mental health problems

Heavy alcohol use can make health problems worse, especially:⁴²

- Diabetes
- High blood pressure
- Congestive heart failure
- Liver problems
- Osteoporosis
- Memory problems
- Mood disorders

Medications that can be dangerous when combined with alcohol include:

- Aspirin
- Acetaminophen
- Cold and allergy medicine
- Cough syrup
- Sleeping pills
- Pain medication
- Anti-anxiety or antidepressant medications
- Any medication (including over-the-counter) that indicates it should not be used with alcohol

Approximately two-thirds of older adults with alcoholism have had a struggle with alcohol through their adult years. The other third have what is called “late-onset” alcoholism. **Late-onset alcoholism occurs when a person develops alcohol problems and dependency late in life, often because of dramatic life changes such as retirement or loss of a loved one.** This is a preventable type of problem and it is easier to treat.

Alcohol dependence/abuse is under-identified among older adults. Health care professionals tend to regard changes in mental and physical health as symptoms of other illnesses or stressors. Family and friends may be too embarrassed to confront the older person about alcohol use. Often the problems go unaddressed until major health or legal problems occur. There are simple screening tools that can help to determine if an older adult is at risk for a drinking problem.

Prescription drugs and over-the-counter medications

We are fortunate to have many choices of medications to treat conditions and diseases that used to have no treatment. But what happens when an individual has many chronic conditions requiring multiple medications that can lead to negative drug-drug interactions? Two of three older adults in the U.S. have multiple chronic conditions.⁴³ According to a 2013 Centers for Disease Control and Prevention report, the varied nature of these conditions leads to the need for multiple health care specialists, a variety of treatment regimens, and prescription medications that may not be compatible. People with multiple chronic conditions face an increased risk of conflicting medical advice, adverse drug effects, unnecessary and duplicative tests, and avoidable hospitalizations, all of which can further endanger their health and safety.⁴⁴

While medications have therapeutic, even lifesaving purposes, their misuse and abuse are a growing area of concern.⁴⁵ **More than 25 percent of older adults use prescription medications that have abuse potential.**⁴⁶ Furthermore:

- Emergency department visits involving prescription medication misuse and abuse rose 121 percent between 2004 and 2008.
- The Substance Abuse and Mental Health Services Administration reports that the misuse of prescription drugs is estimated to increase 100 percent among older adults between 2001 and 2020.
- More than 75 percent of people over the age of 65 take a prescription medication.
- The average number of medications an older adult may be using at any given time is five.
- More than half of commonly prescribed medications have some sedating side effects.
- Older adults are more likely to use psychoactive medications for longer periods than younger adults, increasing the risk of misuse and abuse.
- Physical and mental concerns related to the combined misuse of alcohol and other medications affect up to 19 percent of the older population.⁴⁷

Psychotropic medications are often prescribed to older adults to treat such symptoms as pain, anxiety and sleep disorders. These medications act primarily on the central nervous system, where they affect brain function, mood, cognition, behavior and consciousness as well as block the perception of pain. The use of psychotropic medications needs to be carefully considered and carefully monitored in the older adult population. Problems arising from psychotropic use (especially

for those who are more frail or who have multiple chronic conditions) can include:

- Loss of coordination
- Impaired reaction time
- Falls
- Excessive daytime drowsiness
- Confusion and/or disorientation
- Agitation
- Mood swings
- Dependence

With both prescription and nonprescription medications, the side effects of one drug can be intensified by the effects of another. This is called a drug-drug interaction, and older adults should learn the symptoms and effects of dangerous interactions. Older adults are the highest utilizers of over-the-counter (OTC) medications (antacids, cold remedies, laxatives, sleep aids, etc.) and nutraceuticals (herbal remedies, dietary supplements, vitamins, etc.) accounting for approximately 30 percent of all OTC sales. A common myth is that these drugs are “safe” because they are readily available and not subject to the same FDA (Federal Drug Administration) standards. In fact, OTCs and nutraceuticals can have serious side effects and negative interactions with other drugs. Some can be habit forming and some can be very dangerous for individuals with dementia and other illnesses. **Pharmacists, doctors and other appropriately trained health care professionals have access to drug interaction information and can be a good source of education about an individual’s potential for unwanted interactions and side effects.**

Signs and symptoms of substance misuse, abuse and addiction

It can be difficult to distinguish between misuse, abuse and addiction, but we do know that people who increasingly use any drug outside of its therapeutic intent or to cope with problems are more vulnerable to addiction. Addiction is an illness. It is not a sign of weakness or a condition that can be willed away. **Addiction can develop at any age.** It is wrong to assume that older adults cannot develop alcoholism or addiction to both legal and illegal drugs. In fact, the Substance Abuse and Mental Health Services Administration reports that admissions for drug treatment among those ages 55 and older increased by 106 percent for men and 119 percent for women between 1995 and 2002.⁴⁸

Substance use becomes problematic abuse when:

- It interferes with a person’s ability to function, perform tasks or carry out responsibilities
- Relationships are strained, disrupted or destroyed
- It causes physical, cognitive, behavioral or mood problems
- It becomes a central activity or part of a daily routine
- It distracts from reality or pain – it is used as an escape or a coping mechanism
- An individual depends on the substance

Symptoms of substance abuse include:

- Bumps, bruises and falls that are unexplained or suspicious
- Slurred speech, impaired balance
- Memory loss, black outs, vague recollections
- Depressed mood, anxiety, hostility
- Behavioral changes
- Empty bottles, multiple medications

- Isolation or withdrawal
- Medical problems – complaints of gastrointestinal disturbances, fatigue, insomnia, malnutrition, hypertension, unstable diabetes
- Drinking in spite of warning labels on prescription drugs or over-the-counter products
- Increased use of and growing dependency on the substance
- Neglect of personal appearance and personal care

Denial of a problem should be expected – it is a primary symptom of the disease of addiction.

Particular concerns for older women

“Older women may be especially at risk for alcohol problems because they are more likely than men to outlive their spouses and face other losses that may lead to loneliness and depression. Physiologically, women are also at greater risk for alcohol-related health problems as they age. Because of these risks, alcohol use recommendations for older women generally are lower than those set for both older men and younger women.”⁴⁹

(National Institute on Alcohol Abuse and Alcoholism)

- At any age, women are more vulnerable to the effects of alcohol because of physical and metabolic differences.
- Abuse of prescription drugs is highest among older women.
- Women who abuse substances are often a “silent” or hidden group. They tend to use in isolation and have fewer obvious symptoms.
- Alcohol and/or medication abuse in older women is often a reaction to fear, grief, pain and/or loneliness. These issues must be addressed in the treatment process along with the addiction.

Older women are still significantly under-diagnosed and under-treated for substance use disorders. However, when they do receive treatment, recovery is highly successful.

Assessment and treatment for substance use disorders in later life

Research provides clear evidence that older adults with substance use disorders benefit from treatment. In fact, older adults have very high recovery rates. Outcomes are even more successful for people with shorter histories of a substance use problem. Because of other chronic conditions and health risks, it is important that older people receive a thorough evaluation in consultation with their primary-care provider before substance abuse treatment is initiated.

Screening and assessment for a substance use problem in an older adult is critical. There are several geriatric tools that can be used and an older adult should be screened when there are physical, mental, emotional or behavioral changes. At the very least, medical professionals should talk with older adults about their medications, whether alcohol is allowable with the medication, potential drug-drug interactions and other substances that might cause a problem with the medication.

Intervention, treatment and after-care for older adults with substance-use disorders requires careful planning due to the sensitive physical nature of older bodies and the need to mobilize effective social support. Many older adults are very ashamed about the development of a substance use disorder. Interventions should be especially non-confrontational and supportive. **Respectful interventions involve a lot of dialog about the reasons for use, the consequences of use, reasons to cut back, strategies to cut down on use or stopping use, and strategies for coping with challenges.**

“Motivational counseling” is an effective approach where health practitioners and clinicians engage in this type of dialog and work with the older person to create solutions and positive change.

The Center for Substance Abuse Treatment identified important elements of treatment that contribute to positive outcomes to include:

- Counselors trained and motivated to work with older adults
- Holistic approach
- Connectivity to medical, aging and mental health services
- Emphasis on peer rather than mixed-age treatment
- Use of supportive and non-confrontational approaches that build self-esteem and social support

Many older adults with substance use disorders have become isolated from the social support offered by friends and family members. **Isolation must be addressed as part of addiction treatment.** Treatment usually includes individual and/or group education, psychotherapy and recovery planning in conjunction with the development of social supports.

Because of the likely presence of health conditions and the use of medications, it is recommended that older adults have medical oversight of their treatment. This should be expected of any treatment center that claims to work with older adults. Another important piece to late-life recovery is peer support such as that found in 12-step recovery programs like Alcoholics Anonymous.

TIP The Substance Abuse and Mental Health Services Administration offers a screening guide for health care and social service professionals. This guide offers several good screening tools. For a pdf

version of the guide, visit: <https://store.samhsa.gov/shin/content/SMA02-3621/SMA02-3621.pdf>

TIP The Substance Abuse and Mental Health Services Administration sponsors a “Behavioral Health Treatment Services Locator” through its website: <https://findtreatment.samhsa.gov/>. The site offers the option to put in special criteria to refine your search, e.g. preferred service types, preferred service setting, preferred language, type of payment accepted, services for people with dementia, services for veterans, etc.

TIP The U.S. Food and Drug Administration has an online resource with comprehensive information about aging and the use of medications called “Medicines and You: A Guide for Older Adults.” Visit: <http://www.fda.gov/Drugs/ResourcesForYou/ucm163959.htm>

TIP The National Council on Alcoholism and Drug Dependence provides information on substance use concerns, local resources for help, fact sheets and more. Visit: www.ncadd.org

TIP The National Institute on Alcohol Abuse and Alcoholism is the leading agency for U.S. research on alcohol use disorders. Visit: www.niaaa.nih.gov

TIP The Addictions and Recovery website offers information on different types of drugs and suggestions for changing patterns of use. Visit: <http://www.addictionsandrecovery.org/recovery-skills.htm>

TIP The National Council on Aging’s Center for Healthy Aging website offers a series of issue briefs focused on late life substance use disorders. The briefs are intended to help health care and social service organizations to support older adults with substance use disorders, however, the general public will also benefit from this resource. Complimentary webinars are also available. Visit: <http://www.ncoa.org/improve->

health/center-for-healthy-aging/behavioral-health/older-americans-behavioral-1.html

- TIP** SMART Recovery is a self-empowerment program for people who want to abstain from self-defeating behaviors or addictive substances of any kind. Visit: <http://www.smartrecovery.org/>
- TIP** Alcoholics Anonymous (AA) is a commonly used support program for individuals who desire to stop using alcohol. Some areas of the U.S. have AA meetings geared toward older adults. Every state has an “intergroup” which is the hub of information for AA in that particular state. Maryland has many regional intergroups. To find the intergroup near you, visit: <http://www.marylandaa.org/find-a-meeting/>
- TIP** Narcotics Anonymous (NA) is a support program for individuals struggling with drugs other than alcohol. Northern and western Maryland fall into the Free State Region of NA. Visit: <http://fsrna.org/>. Southern Maryland and the D.C. area fall into the Chesapeake and Potomac Region of NA. Visit: <http://www.cprna.org/>

PROBLEM GAMBLING

Gambling often begins as a social activity. When people win, they hope and believe they can win again. Many gamblers enjoy the excitement of gambling, the dream of winning big and the escape from everyday problems and stresses that gambling can provide. Unfortunately, gambling for fun can lead to more problems and other stressors. **Compulsive and addictive gambling is a problem for a growing number of older adults.**

People usually think of men as gamblers, yet one of every three compulsive gamblers is a woman. As a group, women tend to start later in life, often because they are seeking escape from distress. As the gambling problem increases, losses become hits to self-esteem. People may believe they can stop whenever they wish, but they won't, don't or can't stop. They may gamble to win back losses, hide or lie about their losses, borrow money and cause relationships to suffer. Feelings of desperation and hopelessness often increase as the losses mount and financial problems become very obvious. Unfortunately, some problem gamblers attempt suicide before they receive treatment for their gambling addiction.

Gambling problems are more common among people who abuse alcohol or other substances. People who gamble compulsively may also experience physical symptoms to include digestive problems, insomnia, headaches, high blood pressure, asthma, backaches or chest pains. Problem gamblers commonly experience mental health problems such as depression and anxiety disorders.

An increase in problem gambling among older adults has come with the rising establishment of casinos, lottery products and online gaming. Casinos, for example, target older adults with offers of free

transportation, inexpensive food and coupons for gaming. Older adults may discover a new group of gambling friends and look forward to the entertainment of an outing. **Older adults who are lonely, isolated, bored or depressed, are at higher risk for gambling addiction.**

Gambling among older adults is different from gambling in younger age groups for the following reasons:

- When people are coping with big changes or losses, they are more vulnerable to the development of a gambling problem as a means of coping or distraction.
- Older adults who have gambled away their retirement savings don't have working years to make up for their losses.
- Many older adults may not understand addiction, making them less likely to identify a gambling problem.
- Older adults can be less willing than younger adults to seek help.
- Older adults suffer greater stigma, they are less likely to report the problem and less likely to be assessed for a gambling problem by a health care provider.
- Older adults have more time and may be drawn to casinos as a means of socialization.
- A growing number of older adults have cognitive impairment that interferes with good judgment and the understanding of cause and effect.

Signs and symptoms of problem gambling include the following:

- Changes in sleep and appetite

- Neglecting personal needs and responsibilities
- Experiencing financial problems
- Lying about money, personal whereabouts and other circumstances tied to the problem
- Making statements that gaming calms nerves or helps the person forget problems like loneliness
- Arguing about gambling or money
- Spending more time in gambling activities
- Complaining of health problems such as bowel and bladder problems, headaches and mood swings

TIP The state of Maryland’s Problem Gambling Helpline provides confidential help 24/7. The helpline can connect people to counseling, treatment, self-help resources and support groups. Call 1-800-GAMBLER (1-800-426-2537)

TIP The Maryland Alliance for Responsible Gambling provides information on warning signs of problem gambling, a self-assessment, gambling facts, a counselor search and supportive information for family and friends. Visit: www.mdgamblinghelp.org

TIP The University of Maryland’s Center of Excellence on Problem Gambling has a helpful website with comprehensive information on gambling and resources for support. Visit: <http://www.mdproblemgambling.com/>

TIP The National Council on Problem Gambling offers resources on responsible gambling, screening tools, access to counselors and a 24/7 confidential helpline. Call 1-800-522-4700 or visit the website at <http://www.ncpgambling.org/>

Online shopping and shopping network television

Unfortunately, a growing number of older adults are experiencing problems related to online and

television-based shopping. **Shopping network television has many parallels to gambling.** Viewers are drawn in by language that tells them their lives will be happier and they will feel great if they have this product or that product – or both. People may feel hopeful and excited as a result of the selling strategies used by these shows. Couple this with the downturn in critical thinking skills that comes with cognitive impairment, and it is easy to see how people get hooked into buying products they do not need and spending money that they may not have. The same applies to certain online shopping sites. When the product is delivered, the person may feel that their prize has arrived. The signs and symptoms of problem gambling apply to these shopping issues.

Whatever the activity or substance of abuse, people with addiction problems can recover. Today, there are support groups for almost any kind of problem.

SUICIDE

Thoughts about mortality and talk about death or the dying process are perfectly normal in later life. As loved ones and peers pass away, older adults may begin to think about arrangements they want to make, legacies they want to leave and concerns they might have regarding their own death experience. Thinking, planning and talking about end of life is, in fact, both healthy and important. End-of-life planning can be empowering and can facilitate important conversations with loved ones and health care providers. In Maryland, adults of all ages are encouraged to engage in planning for end-of-life decisions. The Maryland Medical Order for Life-Sustaining Treatment (MOLST) is a comprehensive document that allows a person to make decisions about treatments and preferences that will guide health decisions if the person is not able to express his/her wishes.

TIP Visit Maryland MOLST for more details and a helpful health care decision-making worksheet. Visit: <http://marylandmolst.org/>

TIP There is growing support and controversy for the right of individuals to assume more control over their end-of-life experience and exercise choice for aid in dying. To become more educated about this movement, visit Compassion & Choices: <https://www.compassionandchoices.org/>

Suicidal thought is very different from normal end-of-life thoughts, expressions and decisions. Most suicidal thoughts are a result of the pain of mental disorders, most often depression. When people continuously feel hopeless, helpless and full of despair, death begins to look like relief. When that thought takes hold, people may make plans to end their lives. In this way, depression is deadly. Unfortunately, depression goes largely untreated

among older adults, which may result in thoughts of suicide. **All indicators show that when people are properly treated for depression, suicidal thoughts disappear or diminish.** For this reason alone, treatment for depression is critical.

The rate of suicide among older adults is alarmingly high – among the highest of all age groups. The Substance Abuse and Mental Health Services Administration reports these facts about late life suicide:⁵²

- Older adults who attempt suicide are often more frail, more isolated, more likely to have a deliberate plan and are more determined than younger adults
- Older adults are less likely to be found in time to be rescued or to survive the attempt
- Older men die by suicide at a rate that is seven times higher than that of older women
- The rate of suicide among white males over the age of 85 is more than four times higher than the nation's overall rate of suicide
- Firearms are the most common means of suicide in older adults

There is a type of “indirect” or “passive” suicide, meaning that the person allows for death to happen by giving up or by stopping life supporting activities. Examples of passive suicide include not eating, not taking essential medications, not seeking help for obvious medical conditions and putting oneself in harm's way. Passive suicide is especially common among older adults in nursing home and assisted living settings where they have less access to lethal means. Passive suicide is different from a thoughtfully processed end-of-life decision to have medication or

treatment withheld because of a terminal condition. This distinction is very important.

Older adults may not talk about thoughts and plans for suicide. Because their wish is usually for death rather than a call for help, they may be more secretive and more likely to deny their plan. They may not want to “burden” anyone with their thoughts or cause interference with their plans. **An ironic symptom of suicidal intent is the appearance of overall happiness.** People who have decided to attempt suicide often have a burst of energy and a seemingly positive mood as they take steps toward their plan to escape from their pain.

Suicide can be an extremely difficult subject to talk about and many people avoid the topic at times when addressing it would be most helpful. **There is a myth that talking to a depressed person about suicide might put the idea into his/her head. This is simply not true.** What is true is that people who have considered suicide report feelings of relief when others are willing to ask the hard questions and open the door to talk about the despair that the suicidal individual is experiencing.

Red flags for high risk

Using good observation and listening skills, signs of suicidal thoughts and risk can usually be detected. Extreme expressions or a combination of the following behaviors, expressions and circumstances should raise a red flag that an older person is at higher risk for attempting suicide:⁵³

- Expressions of worthlessness, helplessness and hopelessness
- Feelings of guilt, shame and being a burden to others
- Expressed desire to be gone from the world
- Social isolation
- Low self-esteem

- Significant losses or a series of losses
- Physical illness, disability and/or pain that causes significant distress
- Perception that health is on a decline and could never improve
- Signs of substance misuse or abuse or experiencing troubling medication side effects
- Troubled relationships with family or significant others
- Difficulty adjusting to change or a more rigid personality
- Giving away items with sentimental value
- Getting personal affairs in order
- Past suicidal attempt or completed suicide by a loved one
- Statements like “I can’t take this anymore.” “I won’t be here much longer.” “You’ll be better off without me.” “I won’t be a burden for long.”
- Having the means to carry out a plan such as having a gun or stockpiling pills
- Change in mood from depressed to happy or energetic

What to do

- Take EVERY threat seriously
- Be calm and confident in your ability to get through the situation
- Be willing to listen
- Encourage the individual to talk to you about his/her thoughts and feelings – even though it is difficult to hear; giving the person an opportunity to share honestly may bring some relief, and you may learn some important information that will be helpful down the road.
- Express concern nonjudgmentally (despite your personal thoughts about suicide, it is important

that the individual doesn't feel negatively judged by you)

- Tell the person that you care and you are concerned
- Tell the person he/she is not alone and that suicidal feelings can subside with help
- Ask if the person has a plan or the means to carry out a plan
- Tell the person that you need to involve a professional or a responsible person of his/her choice who can assist in getting professional help

Do not

- Promise to keep the situation a secret
- Tell the person he/she is wrong, immoral or otherwise bad for feeling suicidal
- Express shock, dismay, disgust, anger or any other emotion that may shut down any desire for the individual to talk further
- Try to cheer the person up or try to distract from his/her feelings
- Leave the person alone if he/she has a plan or intent

Asking a person about suicidal intent will not put the idea in their head or set a plan in motion. **Any hint or threat of suicide should be taken seriously. It is a life or death situation, and you must have the courage to talk with someone who you think is suicidal.**

- Ask them if they think about taking their own life, e.g., "I hear how distressed you are and I'm wondering if you've thought about taking your own life?"
- Ask them if they've thought about how they would end their life, e.g., "So you have thought about taking your own life. Have you thought of how you would do that?"

- Ask them if they have what they would need to carry out a plan for their death, e.g., "Do you have the things you'd need in order to carry out your plan?"

If a person has a plan and the means to carry out their plan, you should not leave them alone, and you should report the situation immediately.

If you are thinking about suicide, you should know that there is help and treatment for your feelings and situations. With proper help, you will feel much better and regain meaningful purpose in life. The thoughts and feelings you are having are probably a symptom of a treatable disease. **Give yourself and your loved ones a chance by reaching out for help.** You will look back with gratitude that you took a step to save your life and regain happiness.

TIP Know sources to assist with suicidal thoughts and action:

- **Maryland Crisis Hotline Network**
1-800-422-0009
- **National Suicide Prevention Lifeline**
1-800-273-TALK (8255)
www.suicidepreventionlifeline.org
- **National Action Alliance for Suicide Prevention**
www.actionallianceforsuicideprevention.org
- **American Foundation for Suicide Prevention**
www.afsp.org

TIP Maryland provides a variety of crisis intervention programs. The Behavioral Health Administration website has more information on crisis care. Visit: <http://bha.dhmh.maryland.gov/SitePages/CSA%20Resources.aspx>

TIP The Institute on Aging supports the only nationwide hotline that specializes in the needs of older adults. The Friendship Line offers people who can respond to calls and make calls to

lonely, isolated, distressed and depressed older adults. Call: 1-800-971-0016

TIP The National Council on Aging's Center for Healthy Aging offers the Older Adult Issue Brief Series. Issue Brief number 4 is focused on preventing suicide in older adults. Visit: http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/Older-Americans-Issue-Brief-4_Preventing-Suicide_508.pdf

TIP The Suicide Prevention Resource Center has a listing of resources (including toolkits) addressing late life suicide prevention. There are two toolkits focused specifically on older adults. One targets suicide prevention in senior living communities and the other targets senior centers. Visit: http://www.sprc.org/sites/sprc.org/files/OlderAdultSuicidePreventionResources_0.pdf

GETTING HELP

Most older adults with mental health problems first talk about symptoms with their health care providers. This is a good first step because there are many possible physical conditions that should be ruled out before a mental health diagnosis is made. Patients should provide as much information as possible about symptoms, feelings, thoughts and lifestyle. Sometimes testing is necessary to determine any physical roots of a problem such as a vitamin deficiency or thyroid dysfunction. If a physical cause for symptoms is found and treated, people might still feel that their mental health isn't good. Symptoms of depression or anxiety might persist through the treatment of physical health conditions. **At any time in life, we can struggle with low self-esteem, feelings of doubt, anger, despair, etc. Simply treating a physical condition doesn't resolve other life challenges and there are many times when getting help to boost mental health is a good move.** There are different ways to do this. Talk therapy, for example, is used to explore thoughts and feelings, work on relationships, develop positive coping skills and plan for well-being. Joining a support group to share in discussions around common challenges is another way to improve mental health. **You do not have to have a mental illness to benefit from mental health supports and services.** In fact, supportive mental health actions can work to prevent problems from developing into illness. Refer to the beginning of this guidebook for reminders of actions to take in support of mental health.

Some primary care providers are able to help with common mental disorders such as depression and anxiety. They might have recommendations for exercise and diet changes that can promote positive mood changes. Ask your provider about his/her level of knowledge and comfort with behavioral

health disorders. If you or your provider feels he/she is lacking in knowledge or clinical skills, it is perfectly acceptable to ask for a referral to a mental health professional – preferably, a geriatric mental health specialist. Health professionals make referrals to specialists all the time. Your health provider may be a great source for information on mental health providers.

Before reaching out to a mental health professional, it is very important to find out what types of services and professionals are covered by your insurance company. Your mental health benefits depend on the type of health plan you have. Today almost all health plans provide mental health coverage. Insurance cards will display phone numbers for member assistance or the specific number to call for mental or behavioral health services. Make sure you fully understand your behavioral health benefits and everything you need to do to ensure coverage of behavioral health services *before* you go to your first appointment.

TIP If you are unsure of your insurance coverage or wonder what benefits you might be entitled to, the State Health Insurance Program (SHIP) of Maryland helps people understand their benefits and rights free of charge. The Maryland Department of Aging can provide phone numbers of local SHIP offices. Call 410-767-1100 or visit: <http://www.aging.maryland.gov/StateHealthInsuranceProgram.html>

TIP The Pro Bono Counseling Project helps connect people with limited resources to volunteer licensed mental health professionals and other necessary support services in Maryland. Visit: <http://probonocounseling.org/> or call 410-825-1001 or 877-323-5800 for a confidential phone interview.

It used to be that mental health and substance abuse services were not well covered by insurance. This has changed and, by law, insurance companies are required to cover behavioral health problems at the same level that they cover physical health problems. This change is called “parity.”

TIP The Maryland Insurance Administration is an independent state agency that regulates Maryland’s insurance industry and protects consumers by enforcing insurance laws. Visit: <http://www.mdinsurance.state.md.us/sa/jsp/Mia.jsp>

Choosing the right mental health professional for you

People experience mental health issues differently based on their race, ethnic background, cultural beliefs, age, gender and sexual orientation. You may want to ask the mental health professional about their knowledge or experience relevant to your particular beliefs, preferences, lifestyle, culture, etc.

You should decide what is important to you in a mental health professional. If faith is important, look for someone who uses faith as part of the treatment process. If you are a man and feel more comfortable talking to another man, then find a male mental health professional.

Feeling comfortable with your mental health professional is important to help you get better. You may have to shop around before finding the right one for you. That is okay. It is also acceptable to stop treatment with a professional if, for any reason, you feel uncomfortable, disrespected or if it doesn’t seem like a good match for any other reason.

When you are choosing a mental health provider, don’t be afraid to ask questions like:

- Do you have a particular treatment approach?
- What can I expect during treatment?

- What is your background?
- Do you have a specialty?
- What is your approach to medication?
- Is there someone I can talk to in an emergency (not voicemail)?
- Can I call at night in an emergency?
- How long are the sessions?
- How often are the sessions?
- Do you charge if I miss my appointment?
- Do you charge if I call you for help?
- How much do you charge?
- Do you accept the kind of insurance I have?
- Do you file the claims with my insurance company, or do I pay you and then get reimbursed?

TIP HelpGuide.org offers in-depth information about finding the right therapist. Visit: www.helpguide.org/articles/emotional-health/finding-a-therapist-who-can-help-you-heal.htm

Your role as a client

Just as you will have expectations for the behavioral health provider you choose, they will have expectations for you. Your job will be to:

- Know your health history and current information including contact information for all health professionals you see, all medications you take including dosage (make sure to include over-the-counter medications), your history of medical illness and procedures. It is best to have this information written down for the new provider.
- Respond to all questions honestly. Some questions may feel uncomfortable but they are necessary. Health professionals are required to maintain confidentiality.

- Accurately report any substance use – alcohol, drugs and prescription medications. Be honest about your lifestyle, relationships, personal stressors and feelings.
- Be open to exploring and talking about your concerns, issues, strengths and needs
- Keep your appointments, and be on time
- Take risks – try new ways of thinking and behaving as suggested by the mental health professional
- Express yourself when you have doubts or concerns about treatment activities
- If medication is involved, make sure there is clear communication about the goal for taking the medication, the recommended dosage, when and how to take the medications and potential side effects
- Ask the mental health professional about sharing treatment information with your other health care providers – especially if medication is involved

Types of professional providers

There are several different types of mental health professionals who can help with a wide range of behavioral health issues. Some professionals specialize in helping different populations (e.g., children, minorities, women, victims of crime) and some specialize in different subjects (e.g., bipolar disorder, trauma, grief, anxiety). If you know that you want to see someone with a certain specialty, ask. Just remember that your health insurance might dictate the professionals that can be covered by your health plan – check with your plan first.

TIP The Psychology Today website offers a partial listing of Maryland-based psychiatrists, psychologists, therapists and counselors

with the ability to refine your search. Visit: <https://therapists.psychologytoday.com>

TIP The National Council for Behavioral Health website offers a feature called “Provider Finder” to assist with locating mental health and addictions treatment. Visit: www.TheNationalCouncil.org

The following is a brief explanation of the common types of behavioral health professionals:

Psychiatrist – a medical doctor with special training in the diagnosis and treatment of mental and emotional illnesses. Like other doctors, psychiatrists are qualified to prescribe medication. *Must have:* a state license and be board eligible or certified by the American Board of Psychiatry and Neurology. To find a psychiatrist through the Maryland Psychiatric Society, call 410-625-0232. The American Psychiatric Association Answer Center offers live operators 8:30 am to 6:00 pm (Eastern Time) to assist with referrals to local board certified psychiatrists. Call 1-888-35-PSYCH (1-888-357-7924).

Psychologist – a counselor with an advanced degree from an accredited graduate program in psychology and two or more years of supervised work experience. Trained to make diagnoses and provide individual and group therapy. *Must have:* a state license. The Maryland Psychological Association has a “Find a Psychologist” option on its website: <http://www.marylandpsychology.org/psychologists/findapsychologist.cfm>. The American Psychological Association Public Education Line offers operators to assist with referrals to local board-certified psychologists. Call 1-800-964-2000.

Clinical Social Worker – a counselor with a master’s degree in social work from an accredited graduate program who is trained to make diagnoses

and provide individual and group counseling. *Must have:* a state license. The Greater Washington Society for Clinical Social Work has a web-based finder for Clinical Social Workers in Maryland. Visit: <http://www.gwscsw.org/>

Licensed Professional Counselor – a counselor with a master’s degree in psychology, counseling or a related field who is trained to diagnose and provide individual and group counseling. *Must have:* a state license. The Licensed Clinical Professional Counselors of Maryland website has a searchable therapist database. Visit: <http://lcpcm.org/find-a-therapist> or call 301-545-0554.

Mental Health Counselor – a counselor with a master’s degree and several years of supervised clinical work experience who is trained to diagnose and provide individual and group counseling. *Must have:* a certification by the National Academy of Certified Clinical Mental Health Counselors.

Certified Alcohol and Drug Abuse Counselor – a counselor with specific clinical training in alcohol and drug abuse and can diagnose and provide individual and group counseling. *Must have:* a state license.

Advanced Practice Psychiatric Nurse – a registered nurse with a master’s degree who is a certified specialist in psychiatric or mental health nursing and may be independently licensed as a nurse psychotherapist. Trained to diagnose and provide individual and group counseling. *Must have:* a certification and a state license. The website of The Maryland Academy of Advanced Practice Clinicians can assist with finding a provider. Visit: <https://maapconline.enpnetwork.com/nurse-practitioner-providers>

Marital and Family Therapist – a counselor with a master’s degree, special education and training

in marital and family therapy who can diagnose and provide individual and group counseling. *Must have:* a state license. The American Association for Marriage and Family Therapy offers a therapist locator. Visit: <https://www.therapistlocator.net/>

Pastoral Counselor – a member of the clergy with specialized training or a certified clinical practitioner with additional training to provide spiritual and faith-based counseling (of any faith or denomination) in the context of care. *Must have:* a certification from American Association of Pastoral Counselors. Inspirit Counseling Services (formerly Pastoral Counseling Services of Maryland) is a not-for-profit interfaith agency of licensed, professional therapists representing diverse mental health disciplines. Inspirit can assist with locating pastoral counselors throughout Maryland. Visit: <http://inspiritmaryland.org/> or call 410-433-8861 or 800-427-4027.

Peer Support Specialist – an individual who has been through the experience of mental illness, treatment and recovery who has gone on to complete specialized training to help others achieve wellness and recovery. A listing of local Wellness and Recovery Centers can be found through the On Our Own of Maryland website. These centers will have information on local peer support specialists. Visit: <http://www.onourownmd.org/about-us/local-wellness-recovery-centers>

Types of treatment

There are many different types of treatment that can help people with behavioral health disorders. There is no “one size fits all.” The most effective treatment for one person may be completely unhelpful to another. People should get reliable information about different treatment options before beginning their treatment journey. Stigma exists around mental health treatment and many people mistakenly

believe that medication is always involved. **It is true that medications are common and can be effective in the treatment of many mental disorders, but medication alone is not recommended and it should not be a first-line response.** Medication does not work for some people and there are some who prefer to forego medication in favor of other therapies. A growing number of people are finding relief in treatments that are different than the modern modalities common in the Western tradition. Also, as our understanding of the brain evolves, new therapies for brain health are being developed. There are smart phone applications and computer games, for example, that are demonstrating success in helping people with mental health treatment and recovery goals. Technology that targets mental illness and cognitive decline will multiply in years to come.

Psychosocial treatments

Most often regarded as “talk-therapy,” there are several types of psychosocial treatments known to greatly help with all of the mental health problems previously discussed. The type of psychosocial treatment that might be best for someone is based on several factors including:

- the type of mental disorder
- symptom issues
- the personality of the individual
- the individual’s cultural background
- personal preferences

Talk therapy treatments might involve:

- processing thoughts, behaviors and experiences
- replacing defeating thoughts and behaviors with more helpful ones
- psychoeducation (teaching people about disorders and strategies for solutions)
- promoting personal insight

- family and/or relationship counseling
- development of problem solving, interpersonal, resiliency and coping skills

Mental health professionals may specialize in one or several types of psychosocial treatments.

Mental Health America lists the following as common types of treatment on its website:

Psychotherapy – Psychotherapy is the therapeutic treatment of mental illness provided by a trained mental health professional. Psychotherapy explores thoughts, feelings and behaviors, and seeks to improve an individual’s well-being. Psychotherapy paired with medication is commonly thought to be a very effective way to promote recovery. Examples include: Cognitive Behavioral Therapy, Exposure Therapy, Dialectical Behavior Therapy, Group Therapy, Eye Movement Desensitization and Reprocessing Therapy (EMDR), etc.

Medication – Medication does not outright cure mental illness. However, it may help with the management of symptoms. Medication paired with psychotherapy is the most effective way to promote recovery.

Case Management – Case management coordinates services for an individual with the help of a case manager. A case manager can help assess, plan and implement a number of strategies to facilitate recovery.

Hospitalization – In a minority of cases, hospitalization may be necessary so that an individual can be closely monitored, accurately diagnosed or have medications adjusted when his or her mental illness temporarily worsens.

Support Group – A support group is a group meeting where members guide each other toward the shared goal of recovery. Support groups are often

comprised of nonprofessionals, but peers that have suffered from similar experiences.

Complementary and Alternative Medicine – Complementary and Alternative Medicine, or CAM, refers to treatment and practices that are not typically associated with standard care. CAM may be used in place of or in addition to standard health practices.

Self-Help Plan – A self-help plan is a unique health plan where an individual addresses his or her condition by implementing strategies that promote wellness. Self-help plans may involve addressing wellness, recovery, triggers or warning signs.

Peer Support – Peer Support refers to receiving help from individuals who have suffered from similar experiences (copied directly from the Mental Health America website).⁵⁴

TIP Visit the National Institute of Mental Health website to get in depth information on mental health medications: <http://www.nimh.nih.gov/health/publications/mental-health-medications/index.shtml>

TIP The National Institutes of Health National Center for Complementary and Integrative Health offers comprehensive information about exploring, assessing and choosing therapies and practices. Visit: <https://nccih.nih.gov/health/decisions/consideringcam.htm>

TIP The U.S. National Library of Medicine, through the MedlinePlus website, provides fact sheets, specific condition information and research links for Complementary and Alternative Medicine. Visit: <http://www.nlm.nih.gov/medlineplus/complementaryandalternativemedicine.html>

TIP The Maryland University of Integrative Health (formerly Tai Sophia Institute) is a source for more local information on complementary and integrative health information. Visit: <http://www.muih.edu/>

TIP Local support groups and treatment programs can be found through Network of Care, an online source for various behavioral health services available throughout Maryland. Visit: <http://networkofcare.org/splash.aspx>, click on “Mental/Behavioral Health,” then select Maryland and click on the county of choice.

TIP On Our Own of Maryland (OOOMD) is a statewide mental health consumer education and advocacy group that supports individuals through wellness initiatives and recovery centers throughout Maryland. OOOMD is a great source for information on Peer Support. OOOMD also facilitates the Wellness Recovery Action Plan (WRAP) outreach project. WRAP is a form of a self-help plan whereby people learn tools and strategies they can use to promote personal wellness. Visit: <http://www.onourownmd.org/projects/wrap-outreach-project>

Common mental health service settings

Outpatient mental health centers

Public outpatient mental health centers (OMHCs) provide mental health services to individuals in their area. Information on local OMHCs can be found through the local health department.

Mental health professionals in private practice

People who provide psychotherapy services as a private business include psychiatrists, clinical social workers, psychologists and other mental health professionals who have received specialized training and state licensure.

Not-for-profit mental health or counseling services

These include agencies such as Catholic Social Services, Family and Children Service Agencies, Jewish Family Services and Lutheran Social Services to name a few, who have qualified mental health staff to provide counseling services.

Public and private psychiatric hospitals

These are psychiatric hospitals that provide mental health evaluation and treatment through inpatient and/or day treatment programs. They may have an outpatient component or make referrals to qualified mental health providers.

Mental health units of general hospitals

These are specialized mental health units within a larger hospital that provide evaluation and treatment through inpatient and/or day treatment programs (partial hospitalization). They refer outpatient services to others in the community.

Veterans Administration hospitals

Full-service medical hospitals serving veterans provide mental health services and units for inpatient stays.

Hotlines

Hotlines help people over the telephone with concerns, crisis situations and referrals to local services. Many hotlines have someone available around the clock. The Maryland Crisis Hotline is operational 24/7 and the number is **1-800-422-0009**.

HELP IN ASSISTED LIVING AND NURSING HOME SETTINGS

Nursing home (NH) and assisted living (AL) residents have higher rates of behavioral health disorders than adults who live in the community. **The needs that qualify people for NH or AL placement are also risk factors for behavioral health disorders.** For example, NH and AL residents have more acute health problems and functional disabilities than their peers in the community. They take more medicine, depend on others for daily needs and have usually experienced significant loss and perhaps physical or psychological trauma. It makes sense that the rates of behavioral health disorders are higher among this group of people who experience so many of the risk factors.

Even if the NH or AL environment is perfect, the care is great, the staff are kind and loved ones visit every day, people living in NH/AL communities are more vulnerable to late onset behavioral health disorders. While living in a NH/AL community doesn't mean a person will "get" a mental illness, it certainly raises the risk that a behavioral health problem may develop. **A good long-term care setting recognizes this elevated risk and takes steps to prevent problems, if possible, and to provide early intervention, treatment and recovery services when needed.**

In Maryland, nursing homes and assisted living communities are responsible for the whole health of an individual. This means that mental and behavioral health problems should be addressed just as you would expect physical problems to be addressed. Best efforts should be made to offer residents a full spectrum of behavioral health assessment, treatment and recovery services provided by appropriate professionals with geriatric expertise.

Though you may not think a loved one will develop a behavioral health problem, you want to know that **if** they develop a problem, their needs will be addressed. When looking for a quality place for long-term care services, ask about any behavioral health services that are provided to residents. Equally important to explore is the approach the NH/AL community takes to the overall mental health needs of its residents. Does the community have strategies for helping residents cope with changes and losses? Are support groups available? What does the community do to promote the positive mental health of residents, and how do they address problems that arise?

There is a movement afoot called "culture change" that encompasses many values which support behavioral health. The website of the American Association for Long Term Care Nursing states that "Culture change refers to a transformation in nursing homes to give residents more control over their lives, empower frontline workers to have greater decision-making and an active role in care, improve residents' quality of care and quality of life, and create a less institutional and more home-like environment. The result is a more meaningful life experience for residents and a more meaningful work experience for staff."⁵⁵ Maryland has recently assembled a Culture Change Coalition with the stated vision that "all Maryland residents in long-term care settings will be empowered to live at their highest quality of life possible, having their needs and desires met through a supportive community of caregivers, families and friends, and professionals enriching the choices available."⁵⁶

There is an empowering culture change practice called “person-centered” care. The person-centered approach emphasizes resident choice and enhances the dignity and humanity of resident care. Quality nursing homes and assisted living residences provide person-centered training to their staff. Likewise, quality facilities provide adequate and ongoing education to staff on behavioral health issues. In Maryland, there are requirements for training of nursing home and assisted living staff regarding mental health and dementia. The training should include symptom recognition, communication skills, behavioral intervention strategies, staff stress management, end-of-life issues and the importance of working with families. When visiting a long-term care community, ask about staff training, procedures for mental health care and information on the professionals and services that meet residents’ behavioral health needs. You should also ask about activities to keep residents active, interested and engaged. Lack of meaningful roles and social isolation are significant risk factors for depression.

TIP Maryland has a Long-Term Care Ombudsman Program in all regions of Maryland. The role of the ombudsman is to advocate for residents and to bring about changes at the local and state level to improve resident care and quality of life. Among the many activities of the ombudsman is consultation with individuals and families to provide information on local nursing home and assisted living opportunities. Ombudsmen are committed to promoting a “best” match of an individual to a living environment, and anyone can have a confidential conversation with the local ombudsman to gather information on multiple aspects of care including behavioral health. More specific information can be found on the Maryland Department of Aging website. Call 410-767-1100 or Visit: <http://www.aging.maryland.gov/Ombudsman.html>

TIP In Maryland, many health programs including nursing homes and assisted living are overseen by the Office of Health Care Quality (OHQC). Regulatory and survey issues, complaint processes, alerts and more are addressed on the website. Call 410-402-8198, toll free 1-877-402-822, or Visit: <http://dhmh.maryland.gov/ohcq>

Determining behavioral health sensitivity and engagement

The following are some specific questions to ask nursing home or assisted living administrators to help determine their sensitivity and ability to address behavioral health issues:

- How are newcomers engaged in the NH/AL community so that they feel welcome?
- How do staff learn about the personality and preferences of the newcomer so that they can begin making connections, learning preferences and providing person-centered care?
- What strategies does the NH/AL community use to prevent or reduce isolation?
- Are there regular and meaningful activities that will appeal to the newcomer?
- How does the community incorporate the interests, talents and strengths of the newcomer so that he/she feels comfortable and becomes engaged?
- Is there assurance that the person will have everything he/she needs to engage in activities and interact with other residents (e.g., glasses, hearing aid, walker)?
- What happens if the newcomer is unhappy with the roommate? Caregiver? Food? Schedule?
- How is the staff trained to work with a resident who is distressed?
- How is the staff trained in communication and interaction with people who have dementia,

depression, anxiety, agitation or other behavioral challenges?

- Will there be regular assessments of the resident's mental health?
- What triggers a mental health consultation?
- Who provides behavioral health services in the NH/AL community, and what do those services include?
- What behaviors result in relocation, discharge or hospitalization? What is the process for discharge under such circumstances?

If you are told that the primary care doctor will provide mental and behavioral health care in the facility, speak to the doctor directly and ask about his or her training in behavioral health and psychiatry. Some doctors only prescribe medication for mental illness and behavioral problems. **There are many ways to address behavioral health concerns that should be tried before medication is ordered, and medication alone is not as effective as medication paired with talk therapy.** Recent attention to the over-use of psychotropic medication in nursing homes prompted a nationwide initiative to reduce the inappropriate use of psychotropic medications in nursing home residents. Maryland is on a successful path in this regard.

Ideally, the behavioral health services that should be available in NH/AL communities include:

- Psychiatric evaluations
- Psychological and cognitive assessments
- Medication management and dose reduction oversight
- Individual and group therapy
- Staff/family consultation and education
- Behavioral management planning and intervention

There is a shortage of providers for many of these services, especially in rural areas, however, long-term care communities should do their best to secure these services for residents.

There is a federal requirement (called Pre-Admission Screen and Resident Review – or PASRR) that applicants to nursing homes receive an assessment to determine whether they *might* have a serious mental illness. This is called a PASRR “Level I screen.” Those individuals who test positive at Level I are then evaluated in depth, called “Level II” PASRR. The outcomes of this evaluation result in 1) a determination of an individual's need, 2) a determination of appropriate setting for care, and 3) a set of recommendations for mental health services to be part of the individual's plan of care. **“Specialized services” are to be provided to individuals with mental illness when their needs exceed what the nursing home can provide.** If you or a loved one are entering a nursing home with a serious mental illness, make sure to ask the nursing home representatives about their PASRR evaluation process, how they honor and implement the PASRR Level II recommendations and the source for specialized services if needed.

TIP The following resources are excellent places to obtain important information about the selection of and care within nursing homes and assisted living facilities:

- **Maryland Health Care Commission – Consumer Guide to Long Term Care Visit:** <http://mhcc.maryland.gov/consumerinfo/longtermcare/nursinghomerehabilitation.aspx>. The Maryland Health Care Commission maintains a website that gives information on the quality of care of different types of health care providers which also offers a place to make a complaint about health care. **Visit Maryland Health Care Quality Reports:**

Keeping Marylanders Informed at
<https://www.marylandqmdc.org>

- Maryland Office of the Attorney General:
Nursing Homes – What You Need to Know
Visit: <http://www.oag.state.md.us/Consumer/nurshome.htm>
- Maryland Long Term Care Ombudsman
Program – a statewide program of
professional and volunteer support,
education and advocacy for individuals living
in nursing homes and assisted living. Visit:
www.aging.maryland.gov/Ombudsman.html
- Maryland Culture Change Coalition –
a statewide group of volunteers dedicated
to the development of personcentered
models of care in nursing homes. Visit:
www.mdculturechange.org
- Voices for Quality Care – a volunteer-run
organization of friends and family members
of nursing home and assisted living residents.
Voices for Quality Care provides education and
advocacy in support of residents and family
members and operates a 24/7 helpline at 888-
600-2375. Visit: www.voicesforqualitycare.org

TIP Maryland Legal Aid has an Elder Rights division that can provide information and assist with concerns about long term care issues including rights, discharge, capacity, advance directives, benefits and more. Visit: www.mdlab.org/get-help-services/elder-rights

HELPING WHEN YOU HAVE CONCERN FOR SOMEONE

When you have concern about someone's mental health, there are several things you can do to help. Just remember that you are not a doctor or therapist (unless you are) and part of your helping might be a suggestion that the individual would benefit from talking to a trained professional.

Though it might feel uncomfortable, just letting someone know that you care, that you are concerned and you are available to help can be the most important thing to say. Sometimes we might feel nervous because we don't want to offend someone or seem to intrude in their lives. People are surprised to find that their concern is usually appreciated when it is expressed in a respectful and non-judgmental way.

Active listening

Active listening is an important skill to use when helping someone. Active listening involves reading body language and paying attention to the feelings that are being expressed behind the words that are spoken. Active listening includes reflective comments that show the person you really hear all that they are saying. (For example: "I can hear that you are really angry and confused about the situation.") Asking questions to help the person clarify his/her thoughts and feelings is also helpful. **When you are actively listening, you are fully focused on the other person. You are not expected to come up with answers or solutions. The benefit to the person is that they feel that someone has really paid attention and perhaps understood their experience.**

Showing concern and support

Showing concern and offering support by spending time with a person is important. Phone calls are a good way to show support when you can't be there in person. Some people are afraid they won't know what to say, but just saying you called because you care is enough. When dealing with someone who is depressed or grieving, you and others will have to take the initiative and reach out to the person. **A depressed or grieving person often does not have the emotional energy to reach out to others and ask for assistance.** In fact, it is common for a depressed person to repeatedly push friends away. Relationship problems are a symptom of the illness. Saying "call me if you need anything" is much less helpful than trying to put yourself in his or her situation, thinking what would be most helpful, and then doing it, e.g., "I've made some extra soup and want to bring it to you. What time should I come by?"

Tips for talking with a person you think needs help

Express appreciation for your relationship with the individual and your intent to be helpful if possible.

Have the conversation in a calm and familiar environment with privacy so that the other person feels comfortable and there aren't distractions.

- Ask if the individual has noticed any changes in their thoughts, feelings or behaviors
- Give specific examples of things you've noticed that are of concern to you
- Avoid accusations or blaming language
- Express respect and appreciation for the individual's feelings

- Reinforce that he/she deserves good health and joyful living
- Instill hope, offer support and resources, explore their resources – who do they go to for help? What aspects of life bring them joy or satisfaction?
- Offer to assist the person with next steps if they are ready to get help
- Appreciate how difficult it might be for your friend to talk about a problem or to ask for help
- Reassure your friend that he/she can trust you and call on you for help down the line
- Give your friend a list of resources for support in case he/she wants to use them at a later time
- Never promise anything you can't deliver
- Have a plan ready in case the person needs or wants to seek help quickly
- Appreciate that your friend might take action without wanting to share that information
- Remember that denial is common and don't take this personally
- Consult a professional for guidance or help if you expect the situation is dangerous or particularly difficult
- Follow up with your friend later about the conversation and any outcomes

It may be that you have several small conversations at different times before you have a longer more direct conversation. You have to do it in a way that works for you and fits the relationship.

Using the “I” message is a non-threatening way to start a conversation e.g., “I notice you don't leave your house very much,” “I am worried because that is so different from how you used to be.” **It lessens the likelihood that the other person will become defensive when you are making it about your observations and feelings and not the person's**

actions. You might get some inspiration by reading the following conversation starter examples:

- “I've been worried that you are drinking during the daytime when you used to only drink at night. Maybe that's because you've been feeling lonely. I can completely understand how that happens. But I worry that your health is going to suffer. What do you think?”
- “I've noticed that you haven't been doing things you used to love to do. I'm concerned about that because it is a big change. I'm also worried that without those activities, you'll get bored or lonely. Have you noticed or thought about this?”
- “You know, I care about you and I want to be helpful when I think there is something wrong. I'm concerned right now because I think you might be feeling down. I don't see you smile and laugh the way you usually do. I also wonder sometimes if you are about to cry. I want you to know that it's okay with me if you cry.”
- “I was talking with someone the other day and she told me that behavior changes aren't part of regular aging and I thought of how you told me about losing patience with people all the time. There could be something causing you frustration or more anger than usual. Have you talked with anyone about the changes in your patience level?”

Sometimes it is appropriate to involve a third party, such as another friend, family member or professional.

When talking with others try to remember these tips:

- Stick with the facts; avoid gossiping, interpreting the situation for others or passing judgment

- Offer specifics about your concerns and the problems, e.g., symptoms you've noticed
- Tell how the current situation represents a change in mood, behavior or thought process and how that is worrisome to you
- Take away stigma by saying that you are aware that mental health challenges are really common and that you admire people who get help when they are suffering
- Talk about possible next steps and appropriate interventions that you or others might need to take. Then take those actions

Connecting people with outside help

Connecting an individual, friends or family with resources that can assist them is a very helpful thing to do. **You don't have to know what is available in the community ahead of time. You can just notice that there is a need and offer to help get the information.** Or, you can become educated on the services and organizations that do exist in your community and spread the word of the good work they do. Maryland has several public agencies and programs dedicated to meeting citizen needs. Probably the most relevant government agencies to health and human services for older adults and caregivers are:

- The Maryland Department of Aging
www.aging.maryland.gov
- The Maryland Department of Health and Mental Hygiene www.dhmh.maryland.gov
- The Maryland Department of Human Resources www.dhr.maryland.gov
- The Maryland Department of Disabilities www.mdod.maryland.gov

If you go to the websites for these public agencies, you will find an enormous amount of information about the public programs and services that are

available to support older Marylanders. Share this information with others.

Maryland is an extremely diverse state with people living in busy cities, isolated rural areas and everything in between. We have hundreds-of-thousands of citizens from dozens of countries, with unique cultural perspectives and needs. There are a surprising number of Marylanders with a limited ability to read or write and many without access to computers or the internet to know of the services available to assist them. While we are very fortunate to have varied programs for older adults and their caregivers in each Maryland county, not all of them can provide adequate outreach to citizens who most need their services. As concerned and compassionate Marylanders, we have the opportunity to connect our vulnerable neighbors in need with organizations that can provide assistance. **At the very least, it is good to know that the organization within each community that is dedicated to meeting the needs of older adults is the Area Agency on Aging (AAA) – also known a Department of Aging.** There are 19 AAAs in Maryland, most of which host an aging and disability resource center with trained professionals to assist people who are looking for support, services or information for an older individual, a caregiver or a person with a disability. These resource centers are known as Maryland Access Point or MAP. MAP staff members are our local experts on aging and disability resources. Other community resource experts can be found at 2-1-1 Maryland.

TIP To find supports and services for older adults, individuals with disabilities and caregiver support, contact Maryland Access Point (MAP) in your local community. Contact information can be found through the MAP website. Call 1-844-MAP-LINK or 1-844-627-5465, or Visit: www.marylandaccesspoint.info

TIP 2-1-1 Maryland is a comprehensive resource for health and social services in Maryland. 2-1-1 Maryland can assist with housing, food, utility services, benefit screening and crisis services. Reliable information is available for all Maryland jurisdictions and in 180 languages. Open 24/7, 2-1-1 Maryland can be accessed online at www.211md.org/ or dial 211.

TIP For a wide range of information on aging topics, services and events in the Baltimore metropolitan area, visit: Baltimore Area Senior Link at www.baltimoreareaseniors.com

TIP Maryland Community Services Locator offers a tool for finding the range of services available in any county of Maryland. Visit: www.mdcscl.org

TIP Network of Care is another source of information on the behavioral health services that are available within each county of Maryland. Visit: <http://networkofcare.org/splash.aspx>, click on “Mental/Behavioral Health,” then select Maryland and click on the county of choice.

ISSUES OF SAFETY

There are times when some older adults need assistance with situations that are abusive, neglectful or exploitative. As family, friends or professionals, we may see situations in which an older person seems to be pressured, influenced or harmed by another. We may not have clarity on the situation and may not be sure what to do. **It is better to act on a hunch than to do nothing at all.**

Elder abuse can affect people of all ethnic backgrounds and social status and happens to both men and women. The National Center on Elder Abuse differentiates “domestic elder abuse” which is committed by someone with whom the older adult has a special relationship (e.g., spouse, friend, child or caregiver) from “institutional abuse” which occurs in a residential facility and is committed by “someone with a legal or contractual obligation to provide some element of care or protection.”⁵⁷

From the National Center on Elder Abuse website:

“While one sign does not necessarily indicate abuse, some indicators that there could be a problem are:

- Bruises, pressure marks, broken bones, abrasions and burns may be an indication of physical abuse, neglect or mistreatment
- Unexplained withdrawal from normal activities, a sudden change in alertness and unusual depression may be indicators of emotional abuse
- Bruises around the breasts or genital area can occur from sexual abuse
- Sudden changes in financial situations may be the result of exploitation
- Bedsores, unattended medical needs, poor hygiene and unusual weight loss are indicators of possible neglect

- Behavior such as belittling, threats and other uses of power and control by family are indicators of verbal or emotional abuse
- Strained or tense relationships, frequent arguments between the caregiver and elderly person are also signs

It’s important to remain alert. The suffering is often in silence. **If you notice changes in personality, behavior or physical condition, you should start to question what is going on.**⁵⁸

The local county Department of Social Services (DSS) has an Adult Protective Services (APS) program that exists to protect adults who are unable to protect their own interests and are at risk of immediate harm to themselves or to others. The program provides professional services to protect the health, safety and welfare of at-risk and older adults. All reports to the offices are screened and, when necessary, investigated. Assessments can lead to referral to community services to improve the person’s health, safety and welfare. If there is concern for the older person’s competency, a referral for guardianship may be made.

Under Maryland law, any health practitioner, police officer or human service worker who has reason to believe that a vulnerable adult is in danger is required to report that fact to the local DSS. **Any concerned citizen may also make such a report.** People who report to Adult Protective Service are protected under the law.⁵⁹ Section 14-309 of the Family Law Article, Annotated Code of Maryland, states: “any person who in good faith makes or participates in making a report under this subtitle or participated in an investigation or a judicial proceeding resulting from a report under this subtitle is immune from any civil liability that would

otherwise result.” In many cases, you can make a report anonymously.

Types of abuse

All suspected cases of abuse should be reported.

Following are definitions of types of abuse:⁶⁰

- **Physical Abuse** – The use of force causing harm or pain to an individual, which includes but not limited to hitting, kicking, pinching, slapping, shoving, shaking and burning. Other forms of physical abuse involve the inappropriate use of medication or physical restraints.
- **Financial Abuse/Exploitation** – Involves wrongfully taking or using an older adult’s funds or property through theft, scams, fraud or predatory lending
- **Psychological Abuse** – Causes emotional pain through verbal assaults, threats or harassment. Perpetrators intimidate, humiliate or attempt to isolate their victims
- **Sexual Abuse** – Non-consensual sexual contact of any kind including contact with an individual unable to consent to such contact – for instance, if they suffer from dementia and are unable to understand
- **Neglect** – Failing to meet the needs of a dependent older adult or failing to provide necessities such as food, water, shelter, clothing or personal hygiene
- **Self-Neglect** – Involves failure of a person to meet vital self-care needs, putting them at risk of harm to their own safety and/or health
- **Abandonment** – The desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person

The report should be made as soon as there is reasonable cause to believe that an adult is in

danger of harm or is in an emergency situation. An emergency may be any living condition that presents a risk of harm to the individual or to others.

Reports may be made to the local DSS and should contain the following information:

- Name, age and home address of the alleged vulnerable adult
- Name and home address of the person responsible for the care of the alleged vulnerable adult
- The whereabouts of the alleged vulnerable adult
- The nature and extent of the abuse, neglect, self-neglect or exploitation of the alleged vulnerable adult, including information available to the reporter concerning previous injury possibly resulting from abuse, neglect, self-neglect or exploitation
- Any other information that would help to determine the cause of the suspected abuse, neglect, self-neglect or exploitation

TIP Never hesitate to report concerns pertaining to the safety of a vulnerable adult. The Maryland Department of Human Resources Adult Protective Services Division has a toll-free Abuse Hotline: 1-800-917-7383.

TIP The Department of Human Resources, Office of Adult Services focuses on the needs of the elderly, disabled and vulnerable adult and promotes safety, stability and independence. A description of services and further information can be found at: www.dhr.state.md.us. Select “Adult & Elderly Services” under the “Services” menu.

TIP The U.S. Administration on Aging’s National Center on Elder Abuse provides in depth information on all aspects of elder abuse and strategies to end elder abuse. Visit: www.ncea.aoa.gov

TIP The Maryland Department of Aging has an elder abuse section on the website with more information, action steps and statewide initiatives such as Project SAFE (Stop Adult Financial Exploitation). Visit: www.aging.maryland.gov/ElderAbusePrevent.html

TIP The Maryland Disability Law Center (MDLC) is Maryland's designated Protection and Advocacy agency and provides free legal services to Marylanders of any age with all types of disabilities. Visit: www.mdlclaw.org

HELPING WITH DEMENTIA

Remember that dementia is not a normal part of aging. **Problems with thinking, memory or judgment are red flags that an older adult needs an evaluation.** Usually a good person to contact first is the older person’s caregiver or primary doctor who can arrange for an exam to determine any illness or physical condition causing the cognitive disturbance. If a cause is not found in a medical exam, the individual should be referred for a neurological evaluation, preferably with a neurologist or a skilled health professional with expertise in dementia assessment.

Promoting positive engagement

Dementia impairs a person’s ability to interpret and adjust to changing circumstances. If you perceive that the person with dementia is becoming distressed, you should not assume that person will be able to control his/her behavior. You will need to adjust your approach to the individual. This can often be done through the use of a calm and reassuring tone of voice, redirection toward a positive activity or distraction with something pleasing to the individual with dementia.

When interacting with someone with dementia, patience and flexibility will help the most. The individual’s ability to engage is completely variable depending on his/her type and level of impairment and other factors such as familiarity with you, the environment, personal comfort level, etc. If a caregiver is involved, you can take your cue from that person as to how you might best engage the person with dementia.

Regardless of the individual’s deficits, there are many ways to positively engage with the person. The goal is for you to adjust your approach so that

the individual with dementia feels comfortable and respected, and communication can be most effective:

- Always treat the person with the same respect you would show if that person did not have dementia. This person is an adult and deserves respect.
- Use the person’s name and address him/her in an open and friendly manner.
- Use positive body language that communicates friendliness, reassurance and good humor.
- Keep verbal communication simple and minimize questions until you assess the person’s ability to understand and reciprocate in conversation.
- Let the person dictate the pace and (if possible) the content of the interaction.
- Avoid correcting or speaking for the person. Give the person time to respond.
- Understand that a person’s level of function can change throughout the day and from day-to-day.
- Keep distractions to a minimum.
- Find and validate the strengths and joys of the individual.

Communication

The following excerpt from the BCAT (Brief Cognitive Assessment Tool) offers an excellent set of suggestions for communicating with people who have dementia:⁶¹

“Communication between people is basic and instinctive to human nature. Unfortunately communication through language is challenging when caring for or talking with people who have dementia. Below we describe the “Eight Great” tips for effective communication for dementia. If you

practice them, your listening and caring skills will improve.

1. Avoid speaking slowly. “Working memory” is a system for temporarily storing and managing information required to carry out complex cognitive tasks. For most people who have dementia, working memory holds information for just seconds. If you speak too slowly, the words can get lost before they are comprehended.

2. Start with the main point. Sometimes called “right-branching” sentences, the main clause should come before a subordinate one. Here is an example: “Sit here and eat dinner.” The first directive is to “sit here.” Avoid “left-branching” sentences that place the subordinate clause first or in the middle. When you use left-branching sentences, the listener has to wait to hear the main point. Here is an example: “If you want to eat, you should sit here.” Right-branching sentences place less demands on working memory.

3. Minimize background noise. It is estimated that significant hearing loss among older people is common. For those who are ages 65-75, approximately 30-35 percent suffer from meaningful hearing loss. Prevalence rates increase for those who are older than 75. In this age category, hearing loss is approximately 40-45 percent. Ambient noise just makes hearing more challenging. Try to have conversations in quiet places. To sensitize yourself, assume that the listener hears less well than you do. If you are having trouble hearing, find another place for the conversation.

4. Nonverbal behavior should match verbal behavior. We provide cues to our thoughts and feelings through nonverbal behavior. If our behavior doesn't sync with what we are saying, listeners with dementia can become confused. Therefore, pay attention to both verbal and nonverbal communication. Avoid “disconnects” such as

walking away from the listener while you are talking. If you want to have a meaningful conversation, don't watch the television and talk with the listener at the same time.

5. Eyes to eyes, lips to lips. Both to improve hearing and to communicate that you want to understand, mirror your position with that of the listener. If she is sitting, you sit. If she is standing, you stand. Make sure you are face-to-face. If you are talking to someone in a wheelchair, find your own chair and sit directly in front of the listener.

6. Keep it concrete. When talking with an older adult who has dementia, use short, concrete and direct statements. For those with dementia, abstraction abilities have typically eroded. Metaphors, vague statements and circular reasoning are confusing. Better to say: “Take your pill at night” than: “So you don't wake up during the night, take your pill before you go to bed.”

7. Am I making sense? Decoding language and responding in kind is a complex process. It requires many functioning parts of our brains; parts that are often disabled by dementia. We recommend that you periodically check and make sure that the listener understands you. Think about this analogy – Understanding a conversation for a demented person is like you starting a novel on page 100. You have to work very hard to understand the plot.

8. Repetition is good. If you spend time with an older adult who has dementia, you will frequently hear the same questions and statements often repeated. This can be frustrating and hard to deal with. We recommend that you think about repetition more positively. Rather than feeling annoyed, interpret repeated statements and questions as the demented person's attempt to communicate with you and remember. Try to answer repeated

questions using variations in your answers. Repetition is good.”

(Reprinted with permission.)

Coping with challenging behaviors

A person with moderate-to-severe dementia is likely to behave in unusual ways. People may repeat words or activities over and over, be suspicious, have anxious or agitated feelings, be confused and unable to remember or recognize familiar people or places, be verbally or physically aggressive or act in sexually inappropriate ways. It is important to realize that it is the disease, not the person that creates these behaviors. **A person with dementia is not able to control his/her behaviors and does not “misbehave” on purpose.**

Behaviors of a person with dementia can be enormously challenging for all involved with the care of that individual. The primary concerns, of course, should be for the safety, comfort and dignity of the individual with dementia and those around him/her. Another task is to get to the root cause of the problem. **The challenging behavior is usually the symptom of an underlying problem.**

Here are some common underlying causes for challenging behaviors:

- Physical discomfort or pain including hunger, need to use the bathroom, tight clothing
- A change in medications
- A change in health status or physical functioning, (e.g., infection, constipation, vision loss)
- Too much stimulation (a person with dementia is less able to process information)
- Unfamiliar people or surroundings
- Change in routine
- Complicated (multi-step) activities
- Communication problems

When a challenging behavior occurs, try to find out everything that may be contributing to the situation. “Triggers” are like predictors. They are what come before a problem. When trying to determine the triggers of a behavior, examine the following:

- When do the behaviors occur?
- Who is present when behaviors become challenging?
- Where do problems occur?
- What happens before the behavior and what seems to work to resolve the problem?

The more information you can gather, the more likely you will be able to detect and prevent the “triggers” for a behavior and determine the most effective responses. For example, there are common triggers around personal hygiene. If a person with dementia is taken into a bathroom, hears the shower and starts screaming, the trigger could be the bathroom or could be the sound of the shower. Perhaps cleaning with a washcloth in another room would be less distressing and would still get the job done. Try different approaches to situations that seem to cause distress. **Take cues from the person’s body language.** Be flexible and creative.

De-escalation

If someone has a catastrophic reaction (sudden angry or violent behavior that may be a reaction to the stress of a minor incident or a response to frustration):

- Put your own safety first. Get away from the person’s reach. Leave the room if necessary.
- Remove the source of the stress or the person from the situation
- Allow the person to completely express himself/herself
- Don’t argue, raise your voice, express anger or otherwise increase stress levels

- Use your tone of voice and body language to model calmness
- Validate the person by telling them you understand their distress
- Provide reassurance
- Reduce distraction and bring the person to a non-threatening and familiar space
- Offer a beverage or a snack
- Engage another person, an activity or a topic of conversation that you know to be pleasing to the individual
- Report the incident to the appropriate care provider if necessary

If a person with dementia is suspicious or falsely accuses people of wrongdoing:

- Acknowledge the person's concern
- Listen fully to the individual
- Remain calm and supportive
- Don't argue or be defensive
- Don't try to reason with the person
- Try to distract the person with another topic or an activity

If someone is agitated:

- Look for potential causes of pain or discomfort (e.g., hunger, thirst, incontinence, tight clothing, etc.)
- Be sure there is a quiet and familiar place for the person to sit and relax (e.g., his/her own room, or somewhere away from the hustle and bustle of everyday activities, TV, children, pets, etc.)
- Provide choices ("Do you want to look at a magazine or fold the towels?")
- Try touch (with the individual's permission), such as a hug, gentle massage on the back or neck, or rubbing lotion on hands, arms, etc.

- Offer a healthy snack and hydration
- Walk slowly with the person or encourage gentle exercise to reduce excess energy
- Try playing soft music, offer a soothing activity or talk about subjects that are pleasing to the person (e.g., gardening, animals, sports, holidays, etc.)
- Reminisce about pleasant times that the individual can remember
- Establish and stick to a daily routine
- Restrict caffeine and sweets to morning; serve main meal at noon, offer only light meal before bedtime
- Increase activity, such as walks, during the day. Discourage long afternoon naps and resting most of the day, though a nap might be necessary if the person experiences sleep disturbances.

TIP The following sources are rich with information about supporting individuals with dementia and/or their caregivers and loved ones:

- **Family Caregiver Alliance** provides fact sheets, videos, webinars and resources in support of caregivers: <https://caregiver.org/>
- **National Alliance for Caregiving** offers research, advocacy and education: www.caregiving.org/
- **Alzheimer's Association, Maryland Chapter** provides education and training, resource materials and local information for caregiver support. Call the helpline at 1-800-272-3900 or Visit: www.alz.org/maryland/
- **National Family Caregiver Program Services** offers some support through the Maryland Department of Aging: www.aging.maryland.gov/NFCSP.html

CAREGIVER STRESS

Caregiving can be a gift. It can also be a burden. Living with or caring for someone who is dependent on others for help and daily activities is a physically, emotionally and mentally challenging job. **Even if the job is fulfilling and enjoyable, stress is a common outcome of the demanding work that caregiving entails.** Ideally, families can make plans about caregiving before or at the beginning of the caregiving journey. Planning ahead can reduce family distress and conflict. It can also provide a solid level of comfort for all involved.

TIP AARP offers a comprehensive planning guide for families called “Prepare to Care.” Visit: www.aarp.org/content/dam/aarp/home-and-family/caregiving/2012-10/prepare-to-care-lores.pdf?intcmp=AE-SEARCH-AARPSUGG-HF-CRC-PREPARE-CARE

The demands and stress of taking care of another person with intensive needs requires that caregivers take proactive steps to prevent their own physical and mental health problems.

Prevention includes good self-care (e.g., time for exercise, good nutrition, adequate sleep) which often gets neglected when caregiving duties become more demanding. Prevention also includes education. Caregivers need full education about the conditions and needs of an individual as well as information on how to properly execute caregiving tasks. Knowing how to safely move a person from a bed to a wheelchair, for example, can prevent strain and injury to the caregiver.

Some questions caregivers can ask themselves include:

- What are reasonable and realistic limitations I have with regard to my physical ability to provide care?

- How can I make sure that I give myself time each day/week to take care of my own personal needs and responsibilities?
- Do I know all I can about the illness, limitations and needs of the person I care for so that my expectations are realistic and I feel fully prepared?
- Do I feel comfortable with the personal care needs (bathing, toileting, dressing, etc.) of the person I care for? If not, how can I handle that situation?
- Who can I talk to about the feelings I have about caregiving and know that I will be supported and encouraged? Who can help me problem-solve when I feel stuck?
- How will I know when it’s time to get more help for the work that I do or the feelings I’m having?

Answers to these questions and others will vary greatly between individuals and across families. The answers can guide the caregiver to develop a realistic self-care plan.

It is highly common for caregiving duties to exceed the expectations that were set forth when the caregiving first began. Unfortunately, many caregivers report feelings of isolation and despair when they have no support or relief from caregiving work. **Caregivers are at higher than normal risk for mental health disorders and should develop a plan of self-care and stress management early in the caregiving process.** It is common for caregivers to be unaware of how much time and energy is gradually being given to caregiving activities. When the symptoms of stress compound, gradually (or perhaps suddenly), caregivers can feel burned-out, exhausted and “at wits end.” Unfortunately, this is how caregivers can unknowingly or unintentionally

become verbally, mentally or physically abusive to the person in their care. Elder abuse is very rarely planned. It commonly happens because of caregiver burnout. Tragically, it often happens between people who love each other.

Part of responsible caregiving is knowing and respecting the signs of caregiver stress. Signs and symptoms include:

- Health problems
- Fatigue
- Guilt
- Insomnia
- Loss of concentration
- Irritability
- Anger
- Depression
- Anxiety
- Withdrawal
- Denial of problems

When these symptoms interfere with daily life, they threaten the caregiver's health as well as the care that is being provided to the dependent individual. Caregiver self-care plans are highly recommended.

Caregiver self-care plan

A caregiver self-care plan is something that the caregiver makes for him/herself – though it might be helpful to have the input of other supportive people. **The self-care plan should list the essential things that the caregiver needs to do on a daily and weekly basis to maintain physical and mental health.** It should indicate stress symptoms and the steps to take when any of those symptoms appear. It should include the phone numbers of supportive others who can be called when stress levels are high, people who can be called to help with errands and people to call

in emergencies. Phone numbers for local resources such as the Area Agency on Aging and respite care programs can be included on the plan. Hotlines and helpline numbers would be another good addition.

The point of the plan is to have a written document on hand to remind the caregiver of different options for self-help, sources of community help and action to take on the hard days. If you have a friend who is a caregiver, offer to be on their plan as a “go-to” person for the ways you can be helpful.

TIP An example of a caregiver self-care plan is available on the Mental Health Association of Maryland's mental health and aging website. Visit: www.mdaging.org

TIP Knowledge of caregiving issues and resources are key to caregiving survival. The Caregiver Action Network offers a helpful “Family Caregiver Toolbox.” Visit: <http://www.caregiveraction.org/family-caregiver-toolbox>

TIP The Alzheimer's Association Maryland Chapter and local affiliates provide caregiver support information as well as education. Visit: <http://www.alz.org/maryland>

TIP The Alzheimer's Association Caregiver Center is an extensive online resource to assist with multiple aspects of caregiving for individuals with dementia. Visit: <http://www.alz.org/care>. They also operate a 24/7 helpline for support: 800- 272-3900.

TIP The Maryland Department of Aging works closely with local Area Agencies on Aging to make available the National Family Caregiver Support Program (NFCSP). This program provides information and services to people caring for someone aged 60 or older. Visit: <http://www.aging.maryland.gov/NFCSP.html>

TIP Long distance caregiving can be difficult and confusing. The National Institute on Aging has a wonderful online booklet entitled “So Far Away: 20 Questions and Answers About Long Distance Caregiving”: <http://www.nia.nih.gov/health/publication/so-far-away-twenty-questions-and-answers-about-long-distance-caregiving>

TIP The Maryland Department of Human Resources, Office of Adult Services facilitates the Maryland Caregivers Support Coordinating Council. Visit: www.dhr.state.md.us and select “Adult and Elderly Services” from the services menu.

OTHER SOURCES OF SUPPORT AND ASSISTANCE

Geriatric care managers

A professional Geriatric Care Manager (GCM) is a health and human service specialist who works with individuals and families as a guide and advocate. GCMs are skilled at helping to evaluate circumstances and needs, devising a plan to meet current or future needs, problem solving, resource gathering and guidance. GCMs are knowledgeable of systems and services in their locale. They can link people to appropriate services or actually provide assistance with such things as medical appointment management, financial planning, shopping, monitoring for safety, etc.

TIP The Aging Life Care Association website has more information on GCMs. Visit: www.aginglifecare.org
The Aging Life Care Association Mid-Atlantic Chapter website offers additional information and can help with finding a local Geriatric Care Manager. Visit: <http://www.midatlanticgcm.org/>

Community services and supports

In addition to mental health treatment, some people need assistance with other issues such as transportation, chore services and personal care. Services may be available at no charge, on a sliding fee scale, or at low cost or contribution. Some services have age and/or income requirements that must be met. To see what is available, contact Maryland Access Point (MAP) or the local Area Agency on Aging, the local health department, senior centers, civic organizations, places of worship or 2-1-1 Maryland. The following are some of the services that may be available in your community to assist older adults and their caregivers.

Telephone reassurance

Daily telephone reassurance programs provide a sense of security for older people who live alone or who request check-in calls when they are home alone.

Friendly visitors/companion services

Many communities have friendly visitor or companion programs whereby the visitor goes to the home of the older adult for a period of time. Visitors are usually volunteers and some may bring animals.

Rides/transportation

Transportation services can provide door-to-door transportation that can accommodate wheelchairs, walkers and other assistive equipment. Transportation can be available to medical appointments, senior centers, grocery stores, etc.

Home maintenance and repair

Services can include heavy cleaning, yard maintenance, snow removal and repairs as well as the installation of assistive and safety devices such as ramps and grab-bars.

Homemaker and chore services

Services help people with shopping, meal preparation, light housekeeping, laundry and other household tasks or errands.

Meals

Communities have options for participating in group meals or receiving home delivered meals.

Home health and personal care

Home health services provide health care assistance for homebound individuals. Services can include assistance with medications, skilled nursing care, physical therapy, etc. Personal care services can

include bathing, grooming, dressing, dental hygiene and more.

Older adult day program and respite care

Day programs offer health, social and recreational services for adults who need daytime care and supervision. Some communities also have paid or volunteer respite services that offer caregivers relief for short periods of time.

Maryland Department of Human Resources, Office of Adult Services

The Maryland Department of Human Resources, Office of Adult Services offers a variety of programs to meet the safety and independence needs of elderly, disabled and vulnerable adults through local departments of social services. More information about the following programs can be found at www.dhr.state.md.us.

Adult Protective Services

Follows up on reports and seeks to remedy abuse, neglect, self-neglect or exploitation of adults who are unable to protect their own interests and are at risk of immediate harm.

In-Home Aid Services

Provides aid services in an individual's home to assist with such tasks as bathing, dressing, chores, light cleaning and more.

Social Services to Adults

Provides assistance to adults with limited capacities seeking to remain or become self-sufficient. Services are available to people over the age of 65 with functional disabilities.

Project Home

Provides a protected living environment (based on the adult foster care model) with assistance and supervision for adults who cannot live alone due to mental illness or physical disability.

Respite Care Program

Provides a break to family caregivers based on different criteria.

Maryland Department of Aging

The Maryland Department of Aging (MDoA) and the statewide network of 19 Area Agencies on Aging assist older Marylanders with a range of services and sources of information. MDoA administers state and federal programs, many of which are significantly lower in cost than nursing home placement. The list below includes a brief description of each MDoA program.

Information, empowerment and protection

Maryland Access Point Information and Assistance Program (MAP I&A)

Provides seniors, individuals with disabilities, caregivers and families with long-term care information and counseling so that informed decisions can be made.

Elder Abuse Prevention

Educates older adults and their caregivers about the various forms of abuse, how to prevent abuse, and what to do if someone becomes a victim of a crime.

Ombudsman Advocacy for Residents of Assisted Living and Nursing Homes

Advocates of nursing home residents who conduct regular visits to promote quality care in assisted living facilities.

Public Guardianship Services

Provides protection and advocacy on behalf of older adults who are deemed by a court of law to lack the capacity to communicate responsible decisions concerning their daily living needs.

Senior Community Services Employment Program (SCSEP)

Provides training and employment assistance to eligible workers 55 years and older through participating non-profit or government agencies.

Senior Legal Assistance

Provides access to legal advice, counseling and representation to older Marylanders as well as legal support to local ombudsmen, health insurance counselors and public guardianship managers.

Senior Medicare Patrol (SMP)

Program goals are to reduce the amount of federal and state funds lost due to health insurance fraud and increase the public's awareness of fraudulent activities.

State Health Insurance Program (SHIP)

Provides confidential assistance for older adults and adults with disabilities on Medicare about their health insurance options.

Community wellness, nutrition and activities

Health Promotion and Disease Prevention

Promotes preventive health, wellness and physical fitness.

Nutrition and Meal Services

Provides meals and nutritional assessment for older adults with an emphasis on nutritional balance and independence in the community.

Senior Center Services

The hub of most nutrition and health promotion activities, Senior Centers provide a vital link for older individuals, encouraging them to take charge of their health and stay involved in their community.

Long-term services and supports

Congregate Housing Services Program

Provides assistance with activities of daily living in

senior citizen apartment buildings that serve low- and moderate-income residents.

Continuing Care Retirement Communities

CCRCs are specific types of retirement housing that offer a combination of housing and services, including access to health-related benefits for more than one year and usually for life.

Medicaid Home and Community-based Services

Provide assistance with activities of daily living to Medicaid recipients who have a chronic illness, medical condition or disability.

Money Follows the Person Options Counseling

Initiative to identify Medicaid-eligible individuals in nursing homes who want to transition back into the community using home and community-based services offered through Medicaid waivers.

National Family Caregiver Support Program

Provides a broad array of services to families and caregivers who are not receiving compensation for their services.

Senior Assisted Living Group Home Subsidy Program

Provides low- and moderate-income seniors with access to assisted living services in group homes licensed by the State.

Senior Care Services

Provides coordinated, community-based, in-home services to seniors with disabilities.

TIP If you would like to know more about any of the aforementioned programs, visit the MDoA website at: www.aging.maryland.gov or contact the Area Agency on Aging in your area (list provided in the resource section at the end of this guidebook). You may also call the toll free number for Maryland Access Point at 1-844-627-5465 TTY#711

Legal Aid

There are times when legal counsel or legal action might be helpful. Issues such as denial of benefits, landlord/tenant problems, rights of the elderly or situations of abuse/neglect can be difficult for older adults and caregivers to navigate. There are several options for assistance in these cases.

TIP Maryland Legal Aid, Elder Rights serves people over age 60 in all areas of legal practice. In many counties, these services have special funding through the local Area Agencies on Aging and the Older Americans Act. Visit: www.mdlab.org/get-help-services/elder-rights

TIP The Maryland Disability Law Center (MDLC) is Maryland's designated Protection and Advocacy agency and provides free legal services to Marylanders of any age with all types of disabilities. Visit: www.mdclaw.org

TIP The Maryland State Bar Association, Inc., has an elder law and disability rights division. Visit: www.msba.org/sections/elder

CONCLUSION

Fortunately, more and more attention is being given to late-life behavioral health issues. Studies and research outcomes, many from federal agencies and academic institutions within the Maryland region, are improving our understanding of the brain and behavioral health. These findings enable us to target solutions, relieve suffering and restore a positive quality of life to older adults and their care partners. In addition, Maryland is a national leader in health reform. At the time of this publication, Maryland is engaged in efforts to: improve the quality of health care; provide care according to patient preferences; enable in-home supports and services; avoid institutional placement; and promote care coordination, collaboration and integration to achieve better health outcomes at a reduced cost. These efforts have included a focus on behavioral health in acknowledgement that **whole-health cannot be achieved or maintained without proper attention to behavioral health**. We are truly at a turning point where the values of behavioral health are being realized across multiple systems. We hope this guidebook will not only illuminate those values but will lead you to embrace them in ways that make Maryland communities healthier and more compassionate.

As more information becomes available about late life behavioral health, Maryland's Mental Health and Aging website will be updated. You should feel free to offer your ideas to improve this website and its resources to benefit older adults, professionals and care partners. Visit www.mdaging.org.

Thank you for sharing this important information with others in your community. If you are

inspired to join the Maryland Coalition on Mental Health and Aging in educational and/or advocacy activities to improve behavioral health support of older adults and care partners, contact the Director of Older Adult Programs at MHAMD at 443-901-1550 x210 or kburton@mhamd.org.

RESOURCES AND IMPORTANT NUMBERS

Mental Health Crisis and Hotline Numbers (24/7)

Maryland Statewide Crisis Hotline

1-800-422-0009 (toll free statewide)

1-800-SUICIDE (784-2433)

1-800-273-TALK (8255) – Veterans press 1

Substance Abuse and Mental Health Services Administration (SAMHSA)

The Substance Abuse and Mental Health Services Administration sponsors a “Behavioral Health Treatment Services Locator” through its website: <https://findtreatment.samhsa.gov/>. The site offers the option to put in special criteria to refine your search e.g., preferred service types, preferred service setting, preferred language, type of payment accepted, services for people with dementia, services for veterans, etc.

Mental Health Association of Maryland (MHAMD)

The Mental Health Association of Maryland provides statewide advocacy and educational programs regarding all aspects of mental health and assists individuals with access to appropriate mental health resources. Visit www.mhamd.org or call 443-901-1550.

MHAMD Older Adult Program

The Mental Health Association’s Older Adult Program supports the Maryland Coalition on Mental Health and Aging and oversees Maryland’s mental health and aging website. Visit www.mdaging.org or call 443-901-1550 x 210 for more information.

Local Mental Health Associations

Mental Health Association of Frederick County

226 South Jefferson Street, Fredrick, MD 21701

301-663-0011 phone

301-663-0011 fax

www.fcmha.org

Mental Health Association in Talbot County

611-B Dutchman’s Lane, Easton, MD 21601

410-822-0444 phone

410-820-7283 fax

www.mhamdes.org

Mental Health Association of the Lower Shore

P.O. Box 2774, Salisbury, MD 21802

410-632-4510 x1026 phone

Mental Health Association of Washington County

P.O. Box 1304, Hagerstown, MD 21741

301-733-6555 phone (answering machine)

Mental Health Association of Montgomery County

1000 Twinbrook Parkway, Rockville, MD 20851

301-424-0656 phone

www.mhamc.org

Pro Bono Counseling Project of Maryland

The Pro Bono Counseling Project provides free mental health care to individuals, families and couples who live and/or work in Maryland who cannot receive care from any other source. The Pro Bono Counseling Project links clients with therapists for counseling – it does not provide medications or medication resources. Call 410-825-1001 or toll free 1-877-323-5800 or visit <http://probonocounseling.org/>

Core Service Agencies

For information on public mental health services in your county, call the Core Service Agency, the local mental health authority.

Allegany	301-759-5070
Anne Arundel	410-222-7858
Baltimore City	410-837-2647
Baltimore County	410-887-3828
Calvert	410-535-5400 x 475
Carroll	410-876-4800
Cecil	410-996-5112
Charles	301-609-5757
Frederick	301-682-6018
Garrett	301-334-7440
Harford	410-803-8726
Howard	410-313-7350
Mid-Shore Talbot, Caroline, Dorchester, Kent, Queen Anne's	410-770-4801
Montgomery	240-777-1400
Prince George's	301-265-8400
Somerset	410-543-6981
St. Mary's	301-475-4200
Washington	301-739-2490
Worcester	410-632-3366
Wicomico	410-543-6981

Maryland's Area Agencies on Aging

Contact your local Area Agency on Aging to connect to programs and services for older adults, individuals with disabilities, and their families.

Allegany County Human Resources Development Commission

125 Virginia Avenue Cumberland, MD 21502
301-777-5970

Anne Arundel County Department of Aging and Disabilities

2666 Riva Road Annapolis, MD 21401
410-222-4464

Baltimore City Division of Aging and Care Services

417 East Fayette Street Baltimore, MD 21202
410-396-4932

Baltimore County Department of Aging

611 Central Avenue Towson, MD 21204
410-887-2594

Calvert County Office on Aging

450 West Dares Beach Road
Prince Frederick, MD 20678
410-535-4606

Caroline, Kent, Talbot Counties Upper Shore Aging, Inc.

100 Schaubert Road Chestertown, MD 21620
410-778-6000

Carroll County Bureau of Aging and Disabilities

125 Stoner Avenue Westminster, MD 21157
410-386-3800

Cecil County Senior Services and Community Transit of Cecil County

200 Chesapeake Boulevard, Suite 2550
Elkton, MD 21921
410-996-5295

Charles County Aging and Senior Programs

8190 Port Tobacco Road Port Tobacco, MD 20677
301-934-9305

Dorchester, Somerset, Wicomico, Worcester MAC, Inc.

909 Progress Circle Salisbury, MD 21804
410-742-0505

Frederick County Department of Aging

1440 Taney Avenue Frederick, MD 21702
301-600-1605

Garrett County Area Agency on Aging

104 East Center Street Oakland, MD 21550
301-334-9431

Harford County Office on Aging

145 North Hickory Avenue Bel Air, MD 21014
410-638-3025

Howard County Office on Aging

6751 Columbia Gateway Drive, 2nd Floor
Columbia, MD 21046
410-313-6410

Montgomery County Department of Health and Human Services

401 Hungerford Drive, 3rd Floor
Rockville, MD 20850
240-777-3000

Prince George's County Department of Family Services

6420 Allentown Road Camp Springs, MD 20748
301-265-8450

Queen Anne's County Area Agency on Aging

104 Powell Street Centerville, MD 21617
410-758-0848

St. Mary's County Department of Aging & Human Services

41780 Baldrige Street Leonardtown, MD 20650
301-475-4200

Washington County Commission on Aging

140 W. Franklin Street, 4th Floor
Hagerstown, MD 21740
301-790-0275

211 Maryland

2-1-1 Maryland is a comprehensive resource to guide callers or visitors to health and social services in all jurisdictions of Maryland. 2-1-1 Maryland can assist with housing, food, utility services, benefit screening and crisis services. Open 24 hours a day, 7 days a week, every week of the year and can accommodate 180 different languages. 2-1-1 Maryland can be accessed online at www.211md.org or by calling, simply dial 2-1-1

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