

# Behavioral Health and Aging Resource Manual

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The information contained in this document was compiled by members of the  
Pennsylvania Department of Public Welfare  
Office of Mental Health and Substance Abuse Services  
Older Adult Advisory Committee  
Resource Manual Workgroup

This Resource Manual is not meant to diagnose disorders or recommend treatment. The intent of this manual is to provide information regarding the common behavioral health issues of older adults.

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## **Facts and Myths about Behavioral Health and Aging**

### **Introduction**

If you feel stressed, do you know some easy things you can try to reduce those feelings? If you forget someone's name, do you worry that you are developing Alzheimer's disease? If you received treatment for depression when you were young, are you worried that it will recur late in life? Are you concerned about a friend who can't seem to stop grieving the death of her husband and who talks of dying? Are you concerned about a friend's use of alcohol with prescribed medications?

If you are worried that you, an older relative, or someone you know might be experiencing a mental health or substance abuse problem, do you know how or where to find help? Do you know what benefits Medicare, Medicaid, or private insurance cover in relation to the costs of obtaining mental health and/or substance abuse services?

This guide provides a practical, easy-to-use resource about behavioral health problems and mental health and substance abuse services for use by older persons, their families, and non-mental health service providers. It describes why people might have mental health problems, the symptoms and treatments for common mental health disorders experienced by older adults, when someone should seek treatment, the kinds of mental health services available and how to gain access to them, how to help someone who is experiencing a mental health problem, and information about medications often used to treat mental disorders. This guide also provides valuable information about older adults and medication use, abuse and addictions, the risks of medication use with alcohol, other drugs of abuse and addiction, and signs, symptoms and treatment options.

### **What do you know about Aging and Behavioral Health?**

Aging, by definition, means to grow old 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 "behavioral health" or "mental disorder" sometimes has negative meanings. Incorrect beliefs fuel a number of myths about what it means to be an older adult, especially one who experiences a behavioral health problem or mental health or substance use disorder.

### **Successful Aging**

There is good news for people approaching or already in their older adult years. They are likely to live longer and be healthier and more independent than people in earlier generations. We have learned that many of the challenges older people face are not necessarily part of normal or usual aging, as was often assumed, and aren't inevitable. Research now tells us that disabilities we may experience as older adults come from three things:

- Physical changes that happen as your body ages, regardless of any illnesses.
- Effects of diseases we may have.
- Lifestyle (including exercise and diet) that influences our physical fitness and our risk of disease.

The recipe for "successful aging" - creating the best possible situation in which to grow older - has three parts:

- Reduce risks of disease and disability.
- Maintain mental and physical function.
- Stay engaged with life

### **Reduce risks of disease and disability**

Unfortunately, chronic diseases are likely to be a part of an individual's older years. More than 80 percent of Americans over age 65 experience one or more chronic health problems, such as arthritis. However, these health problems typically are not disabling, and most people still are able to lead active lives.

Even though the risks of some diseases increase with age, we can minimize those risks by finding out about our own chances of developing problems such as high blood pressure or diabetes, and by paying more attention to things that may put us at higher risk for such problems.

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#### **Did You Know?**

Sleep patterns normally change as we age. Older adults take longer to fall asleep, waken more frequently, and spend less time in deep sleep. This is normal.

People who have severe depression, anxiety or substance use disorders may have greater sleep difficulties.

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### **Maintain mental and physical function**

While some decline in physical performance will occur, moderate exercise, especially in everyday activities, helps maintain the way the body functions. If the body doesn't work quite as well as it used to, a sense of humor helps.

Similarly, while some mental abilities may not be quite as sharp as at their peak, these changes don't really have a noticeable effect on everyday activities. We need to "use it or lose it" when it comes to our mental skills, as well as our physical ones.

### **Stay engaged with life**

One way to stay engaged with life is to maintain relationships with people who are important -- family and friends -- even if they live far away. While loss of some family and friends is inevitable, we need to keep reaching out and finding new friends.

Sometimes, however, older people experience serious diseases that decrease the quality of their lives in their last years. These mental and physical health problems may have begun in earlier years, or they may develop after a person reaches later adulthood. An example is someone who has Alzheimer's disease. Dealing with the consequences of such health problems is stressful for the person and those who care

for him/her, especially over long periods of time. Fortunately, services and support groups are available to help both the person and the caregivers deal with these challenges.

### **What Is Mental Health?**

Mental health is not easy to define, but aging successfully should mean good mental health. This does not mean that an older person never experiences any problems or disease, but that symptoms are treated and controlled, and do not interfere with leading a rewarding life. Unfortunately, many older people still believe the myth that mental health or substance use problems result from personal failure or weakness. This stigma means that they may not want to admit that a problem or symptom exists, and do not seek help.

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**Did You Know?**

Behavioral health problems are common. One in four people experience a behavioral health problem sometime during their lifetime.

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### **Tips for Good Behavioral Health**

- DO be flexible and learn to adapt to changing circumstances.
- DO use your mind and stay active.
- DON'T misuse alcohol.
- DON'T misuse prescription or over-the-counter medications (such as tranquilizers, sleeping pills or "nerve pills").
- DO get regular physical checkups.
- DO set goals for yourself and work toward them.
- DO check your general attitude: positive or negative? Have you laughed recently?
- DO exercise regularly, eat nutritiously, get adequate sleep.
- DO learn and know signs of depression; it is treatable.
- DO avoid isolating yourself; isolation is a breeding ground for depression.
- DO develop and maintain good relationships with others for support.

### **Common Stressors**

For many older people, later life offers many opportunities for enjoyment: travel, hobbies, volunteering, more time to spend with family and friends and to do the things they most want to do. Even older adults whose lives are filled with such rewards may experience periods of higher stress because of moving to a new location, dealing with a health crisis, or widowhood. For others, especially the frail and isolated, later life can be a time of considerable and often persistent stress. They may experience loss of mobility, financial insecurity, physical dependence and loss of relationships with relatives and friends.

These are some of the challenges that can lead to serious physical and behavioral health problems. We are especially at risk if we experience a great deal of stress, have

difficulty adapting to change in circumstances and routines, do not have supportive relationships, have difficulty relying on others to help cope with losses, or tend to have a negative outlook on life.

### **Checklist of Major Stressors**

- \*Loneliness and isolation
  - Loss of a spouse
  - Loss of family member due to death or relocation
  - Loss of friends
  - Loss of a pet
- \*Loss of purpose
  - May be due to retirement
  - Loss of being needed, such as no longer caring for family
  - Loss of position in community (church organist, volunteer, etc...)
- \*Loss of independence in transportation
  - Loss of ability to drive
  - Lack of transportation services
  - Increase distance from family and/or friends due to moves
- \*Decreased financial independence
  - Financial changes after retirement
  - For very old adults, living longer than they planned and saved for
  - Increased health care costs for self and/or family members
- \*Changes in health
  - Deterioration in health
  - Increased dependence on others
  - Diagnosis of chronic or terminal disease
- \*Decreased physical independence
  - Loss of ability to live alone
  - Loss of energy
  - Loss of control over daily routine
  - Possible inability to do favorite activities
- \*Demands of caregiving
  - Caring for a chronically ill spouse, parent or other family member

If you or an older adult you know is experiencing one or more of these stressors, it's a good idea to learn to deal with the stress as well as possible. The next section gives you some stress reduction techniques to try.

### **Dealing with Everyday Stresses**

Stress itself is not bad: It is sometimes our reaction to stress that may be unhealthy. Stress is the body's natural response to any change in its environment. We expect that events, such as having a house damaged by a tornado or a loved one's death, will produce stress. But even good things--having grandchildren come to visit, moving into a new home or retiring-- can create stress. It is as much a part of life as eating, sleeping and breathing.

One key to living well with life's stressors is to make sure there are enough times of relaxation to balance out the times of stress. When we are faced with one stressful situation after another with no time to relax, it can affect both physical and mental well-being. Below are some common physical and mental symptoms of too much stress. Have any or all of these troubled you or someone you know in the past month?

### **Checklist of Stress Symptoms**

- Feeling tired, even after a good night's sleep
- Sleeplessness
- Irritability
- Unnecessary worrying
- Headaches, backaches, or chest pains
- Negative feelings or attitude
- Feeling out of control
- Feeling overwhelmed
- Poor concentration
- Frequent crying spells
- Constipation or diarrhea
- Shortness of breath
- Abuse or misuse of alcohol or drugs, including over-the-counter and prescribed medications.

If you are having trouble with any of these symptoms, try some of the easy stress reduction techniques described in this section. If you are having trouble with several of these symptoms, consider talking with a professional health-care provider or counselor, since some symptoms may indicate health problems other than stress. The healthcare provider can try to identify the cause of the symptoms and help find ways to handle or eliminate the stressful situations; such as: Relaxation and Breathing Techniques, Easy Meditation Techniques, and Visualization.

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**Try Humor**

Life is like a hot bath. It feels good while you're in it, but the longer you stay, the more wrinkled you get. --Garfield

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### **Exercise Can Help Mental Health**

We are never too old to exercise. It's good for mental as well as physical health. Even people in their 90s (including some in nursing homes) become stronger, more independent, and have more energy when they exercise. For example, a group of healthy older adults have reported that they felt less anxious or stressed after light exercise for one year. Many community and senior centers offer exercise programs for older adults.

The Pennsylvania Department of Aging sponsors two exercise programs through the Prime Time Health initiative. Healthy Steps in Motion is a series of educational classes and exercises, with various levels, for adults to improve strength and balance. The Healthy Steps for Older Adults Falls Prevention Initiative, for adults 50 years of age and older, is designed to raise awareness of falls, introduce steps on how to reduce falls, improve overall health, and provide referrals and resources. More information on both programs is available through the county Area Agencies on Aging.

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**A Little Stress Ditty**

For every problem under the sun  
There is a remedy or there is none,  
If there is one, then go and find it  
If there is none, then never mind it.     --Maria Arapakis, 1998

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**When Behavioral Health Problems Occur**

Mental disorders are not part of normal aging, but circumstances that can contribute to the development of mental health disorders in older adults include social isolation, stressful living conditions, bereavement, acute and chronic health conditions and the burden of having to take care of a seriously impaired family member. Many older people develop behavioral health problems for the first time when they are in their later years. It is important to remember that these problems are treatable. A smaller number of older adults have a history of serious and persistent mental health problems that began in younger years and continue to require treatment as they became older.

**How Many Older Adults Are At Risk?**

Approximately 33 million people in the United States are 65 and older: nearly 13 percent of the population, or about one in every eight Americans. The numbers are growing. From 1900 to 2000, the percentage of Americans 65+ has more than tripled. In the new millennium, these changes will accelerate. The number of older Americans is increasing not only because more people reach the age of 65, but also because older adults are living longer. More and more people are living well past the age of 85.

- Ten to 28 percent (3.3 million to 9.2 million) have mental health problems serious enough to need professional care.
- Twenty percent (6.6 million) are estimated to experience problems serious enough to put them at risk of psychiatric hospitalization or premature nursing home placement. For this group, the ability to maintain themselves in the community can become compromised as they experience serious mental, physical, social and environmental problems.
- Those who are isolated, who live alone -- whether in a rural or urban location -- and who have mental health problems, such as Alzheimer's disease or severe depression, are especially at risk for hospitalization and nursing home placement.
- Older adults (age 60+) account for about one-fourth of all suicides in the United States and are more likely than younger persons to die from their suicide attempts.

## **Treatment Facts**

Research shows older adults generally respond well to behavioral health care in a variety of settings, including community mental health centers, nursing homes, senior centers and health clinics. However, research also shows that more than 80 percent of older adults in need of mental health services are not getting the treatment they need.

Why? Here are some possible reasons many older persons at risk for serious mental disorders, including those with dementia, do not refer themselves for help or assistance.

- An increasing number of at-risk older adults have no family members available to assist them in seeking advice.
- The stigma of behavioral health problems can prevent older adults from seeking treatment.
- There is an overwhelming lack of information on the behavioral mental health needs of older minorities and foreign-born populations in the United States.

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Did You Know?

Four out of five older adults who need behavioral health services are not getting the treatment they need. Do you know one of them? Does that change the statistics?

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## **Understanding Cultural Diversity**

What is Cultural Competence?

Cultural Competence is the possession of knowledge and skills that enable providers to deliver culturally appropriate care and services, understand the preferences of older adults, and be aware of customary practices of specific racial, ethnic, and cultural groups (Community Partnerships for Older Adults, [www.partnershipsforolderadults.org](http://www.partnershipsforolderadults.org)).

Resource for Cultural Competence:

PRIME Institute, Partners Reaching to Improve Multicultural Effectiveness

[www.drexelmed.edu/OtherEducationalOpportunities/BehavioralHealthcareEducation/PRIMEInstitute/tabid/1139/Default.aspx](http://www.drexelmed.edu/OtherEducationalOpportunities/BehavioralHealthcareEducation/PRIMEInstitute/tabid/1139/Default.aspx)

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## **Common Mental Disorders**

Mental Health Disorders in older adults can commonly occur due to the physical changes that accompany aging and the many stressful events that older people commonly face. Unfortunately due to the stigma of mental illness many older people do not seek treatment or may not even recognize their symptoms as being emotionally based.

For example; recognition of depression in the older adult is difficult, many symptoms are “masked” by physical problems or even symptoms of dementia. Most family members, physicians and even the older person themselves may not recognize the symptoms as depression. Many individuals may complain about physical problems... I just don't have an appetite... it's my stomach... rather than talk about some of the stresses they may be experiencing. The stigma of having a “mental illness” also is often the reason many individuals may not seek out mental health treatment. It is commonly thought that depression is a normal part of aging. This is NOT true!

In this Chapter we will discuss the common mental disorders older adults may experience, the symptoms and treatment interventions.

### **Late Life Depression**

At some point in our lives we all feel sad or blue. This is usually due to the normal losses or crises that we all experience. Depressive symptoms in the older adult however are often mistaken as a part of normal aging. Though many older individuals suffer from sleep problems or fatigue, these symptoms combined with isolation, preoccupations with physical complaints and suicidal thoughts can be a sign of a more serious disorder.

Pennsylvania has over 1.8 million people over age 65. One out of 5 of these individuals is suffering from some type of depression. The rate of depression in long term care, such as nursing homes, is even greater – over 42 percent of residents experience significant depressive symptomatology. In addition approximately one quarter of older adults with medical illness may also suffer from depression. The good news is that almost 90 percent respond to treatment.

The symptoms of a clinical or “major” depression are:

- Sad, anxious or empty mood that lasts for 2 weeks or more and/or
- Loss of interest or pleasure in most activities
- Feelings of worthlessness, self-reproach, or guilt
- Agitation, restlessness or irritability
- Poor appetite/weight loss or increased appetite/ weight gain
- Insomnia or hypersomnia – Difficulty falling asleep or early morning awakening, or excessive sleeping.
- Loss of energy, fatigue or feeling slowed down.
- Diminished ability to think, concentrate or difficulty making decisions.
- Suicidal thoughts or suicide attempts

Memory Problems that accompany depression may be incorrectly associated with Alzheimer's disease and individuals may not seek treatment due to fear of the diagnosis. Once again remember that depression is a treatable disorder.

## **What causes Depression?**

Depression can be related to any of the losses that accompany aging including physical illness, loss of spouse, change in lifestyle or loss of physical independence.

Depression also can happen rather suddenly especially if there is a family history or if the person had a depression earlier in their life. Physical illnesses may also have a co-existing depression, including cancer, diabetes, thyroid disease and dementia to mention a few. Older adults are also at risk for depression after major surgery or sudden illness, such as a stroke or heart attack. Depression may also be caused by certain medications including over-the-counter and prescription medications including medications for high blood pressure, Parkinson's disease, asthma and cancer.

Combinations of medication may also cause side effects. It is important for you to take a list of current medications, both over-the-counter and prescription to ALL physicians you see. Depression is a "chemical" imbalance that takes place in the brain... It is nothing that anyone did or something that anyone can "control".

If you think you have depression these questions may be helpful to you:

- Have you dropped many of your activities?
- Do you often feel downhearted and blue?
- Do you frequently feel like crying?
- Do you have trouble concentrating?
- Do you often get restless and fidgety?

If you answered yes to some of these questions, you need to talk to your doctor about depression and treatment.

## **Treatment for Depression**

### **Antidepressants:**

Medications used to treat depression are called antidepressants. Though your family doctor may prescribe this medication, psychiatrists or specifically geriatric psychiatrists are specially trained to assess and monitor these medications. It is important to remember that the "physical" changes that accompany aging may cause some medications to "build up" in the body so that LOWER doses of medications are required. Many physicians will prescribe medications for older people by "starting low and going slow" to assess the dosage and see how the drug is working. Antidepressants need to be taken consistently for a period of time, up to 6 to 8 weeks, to assess if they are working. It is important to note that antidepressants need to be taken on a daily basis, and that you do not just take antidepressants when you feel bad.

Though all medications have side effects the newer antidepressants have lower side effects and are better tolerated by older individuals. Once a therapeutic dosage is achieved the older person may need to take the medicine for six months to a year. In fact some studies found that older individuals who have a first time depression should stay on the medication the rest of their life. It is important to never stop your medication without speaking to your doctor first.

## **Psychotherapy:**

Psychotherapy or “talk” therapy is also very useful in treating older individuals with depression. Many different professionals can provide psychotherapy including social workers, psychologists, psychiatrists (medical doctors) and nurses. Psychotherapy can be useful in dealing with issues of bereavement, physical loss or interpersonal conflicts. At times it is helpful to look back over one’s life and see how one dealt with crisis and conflicts previously and use those same skills to deal with the current issue. Group therapy and “support” groups are also very helpful as the older individual can share their experiences with individuals who are having similar difficulties.

Depression is a serious disorder in older individuals that affects their well-being and quality of life.

## **Suicide: The risk of untreated depression**

Untreated depression can lead to increasing physical problems, emotional devastation and suicidal risk. Older individuals have the highest rate of suicide in this country. White men over 65 years of age have the highest risk and the risk increases with age. It is important for family and professional caregivers, including physicians, to be aware of this risk and to assist the individual in getting treatment. (See Resources Page).

## **Grief**

Grief is a part of everyone’s life, but is more frequently experienced by older individuals. Grief may not just be related to the loss of a spouse, but may also be related to the loss of physical independence or even a medical illness itself. Responses to grief are similar to anxiety and depression however grief usually resolves over time.

## **Tips for Dealing with Grief**

- Take care of yourself – eat nutritious meals, exercise, get enough sleep
- Socialize with friends and family
- Structure time alone
- Recognize your feelings
- Talk or write about your feelings
- Talk to someone daily
- Help some one else
- Give yourself rewards
- Change something in your home
- Allow yourself to laugh
- Allow yourself to cry

## **Anxiety Disorders**

Everyone feels uneasy and anxious from time to time. But when this feeling becomes so intense and prolonged that it interferes with daily living, it is possible that the individual may have an anxiety disorder.

Anxiety is described as a feeling of fear, unexplained nervousness or a rising sense of dread. Sometimes symptoms of anxiety may be related to physical illness or medications. People with congestive heart failure or pulmonary disease often have feelings of fear, anxiety and irritability. Medications for many diseases such as corticosteroids, bronchodilators and some heart medication may also cause anxiety. Anxiety can be due to an underlying depression or a "generalized anxiety disorder". Both respond well to psychotherapy and medication.

Symptoms of anxiety are also common among caregivers of older individuals. The stress of the responsibility of caregiving can overwhelm many individuals.

### **Signs of Anxiety Disorders**

- Feeling anxious and tense, even when there is no real danger
- Anxious and tense feelings that cause significant distress and interfere with daily activities
- Taking extreme steps to avoid situations that cause anxious feelings

### **Symptoms of Anxiety Disorders**

- Restlessness
- Nervousness
- Irritability
- Disturbed sleep
- Muscle pain or tension
- Headaches
- Stomachache or diarrhea
- Chills or hot flashes
- Difficulty concentrating
- Loss of energy
- Shaking, trembling or hand-wringing
- Racing or pounding heart
- Rapid breathing
- Chest pain
- Constant worry
- Unexplainable fear

### **Types of Anxiety Disorders**

#### **Panic Disorders**

Panic disorder is a diagnosable and treatable illness during which people experience sudden and recurrent "panic attacks" usually lasting between 5 and 30 minutes. They often reach their peak in about 10 minutes, but leave the person emotionally drained and frightened. Panic disorders, as a medical disorder is relatively common. Though the cause is unclear, many individuals link their first attack to a specific stressful event in their lives or identify a physical illness or the use of certain medications to a first attack. There is also evidence that panic disorders may run in some families.

Sometimes there are no clear reasons. Many individuals who suffer from panic attacks may also suffer from depression. No matter the cause, panic disorders are easily treated.

### **Symptoms of Panic Attacks**

- Heart palpitations, pounding heart, or racing heartbeat
- Trembling or shaking
- Shortness of breath or feelings of smothering or choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, lightheaded or faint
- Fear of losing control or "going crazy"
- Fear of dying
- Numbness or tingling sensations
- Chills or hot flashes

### **Panic Disorder Symptoms**

Panic disorder occurs when at least one panic attack is followed by one month or more of at least one of the following:

- Persistent concerns about having more attacks
- Worry about the consequences of an attack, such as losing control or having a heart attack
- Significant change in behavior related to the attacks

### **Agoraphobia**

Agoraphobia, which can occur in someone suffering from a panic disorder, is an anxiety about being in places or situations from which it might be difficult or embarrassing to escape... such as being in a room full of people or an elevator. In extreme cases people with agoraphobia may even be afraid to leave their homes.

### **Phobia**

People with phobias suffer such intense anxiety that they take extreme measures to avoid the situations or objects that make them so afraid. Being close to the object or in the situation that is so feared can cause intense feelings of anxiety or panic.

### **Obsessive-compulsive disorder**

Obsessive-compulsive disorder is caused by a chemical imbalance in the brain. It affects as many as 6 million people a year. People with OCD have distressing thoughts or impulses (obsessions) over which they feel no control. In response to these thoughts or impulses, they develop repetitive actions (compulsions) to try and to prevent or reduce the event or situation from occurring. Their thoughts, and the response to them, are typically not related to a real-life problem but cause significant anxiety. People with OCD realize their obsessions and compulsions are not reasonable, but can't stop them. They often suffer needlessly because they are too embarrassed to bring symptoms to their doctor's attention. In many cases, OCD is made worse if the

person also experiences symptoms of depression.

### **Hoarding**

Hoarding is a type of obsessive-compulsive disorder that consists of excessive collection and retention of things or animals that interferes with day-to-day functions. *Severe hoarding may cause safety and health hazards.* It is estimated that older adults represent a large number of individuals who hoard.

### **Treatment of Anxiety Disorders**

Researches have found both medication and psychotherapy (counseling) effective in relieving symptoms of anxiety. Often the two methods are combined. The type of medication the physician chooses depends on the type of anxiety the older adult experiences, his/her physical condition, and the other medications being used. Because older persons metabolize medication differently than younger individuals, the health-care providers will "start low and go slow" when prescribing dosages. The older person must monitor how the medication makes him/her feel and report this to the doctor. It is important to note some of the medications used to treat anxiety disorders may be addictive. Please ensure your physician monitors your medication closely.

### **Schizophrenia**

Schizophrenia is one of the most disabling mental disorders, affecting one percent of the population. Its onset is usually in young adulthood. The symptoms are characterized by disordered perceptions, thinking, and behavior that affect personal, social, and occupational functioning. Though it requires long-term health care the symptoms of schizophrenia can become less intense in later life. Due to the side effects of the medications used to treat schizophrenia and the fact that older individuals generally are more sensitive to drug side effects monitoring by medical personnel should be done frequently.

### **Delirium**

There are also many diseases in the older person that may mimic the confusion and psychiatric symptoms of dementia. They include infections, nutritional deficiencies, such as B12 or folate deficiencies, depression, drug reactions, thyroid diseases and brain injuries. Delirium is a medical problem with "psychiatric symptoms". These symptoms may include hallucinations, (seeing things or hearing things that are NOT there), delusions (false beliefs), agitation, and fluctuating levels of consciousness and memory loss or confusion. It is very important to note that these disorders are easily treated if recognized early. A thorough evaluation is recommended for all individuals with memory changes.

The difference between delirium and dementia is that delirium has a rapid onset and it is TREATABLE.

## **Dementias**

Dementia is a general term that means there is structural damage to the brain. Such changes are irreversible. It affects the individual's ability to remember, reason, learn new information and it even affects their judgment. In the past, we have used the following terms instead of the word dementia: senility, hardening of the arteries, organic brain syndrome and chronic brain syndrome. We used to believe that these changes were a part of growing older; however we now know that dementia is caused by many different diseases.

Alzheimer's disease is the most common type of dementia. Although there is an increased incidence as we get older it is not consequential to the aging process. Four percent of the individuals over 65 get Alzheimer's disease, at 80 years of age it increase to 44% of individuals. Alzheimer's disease effects short-term memory first and later effects all functioning, including ability to do simple tasks, and later in the disease, personality. The symptoms include a very gradual change in the ability to remember appointments, names or events that have happened in the recent past. The average life span of someone with Alzheimer's disease varies from three to twenty years. Most of the care of these individuals happens at home, although later in the disease individuals may be admitted to personal care or long-term care facilities. Currently we do not know what exactly causes Alzheimer's disease, though research is being directed toward genetics, inflammatory processes, relationship to age and other factors. Though we do not have medications that cure the disease, there are medications that slow the progression of the disease. These must be started early in the disease process so it is important to see a physician early as memory problems are noticed. Physicians may also use psychiatric medications to treat the depression that may accompany Alzheimer's disease. Many individuals with dementia may also have "psychotic" symptoms or behavioral problems they may become suspicious, they may see or hear things that are not there (hallucinations) they may think they're somewhere else or someone else... they may hold false beliefs (delusions) or they may become agitated. These symptoms may be treatable with psychiatric medications.

There are other different types of dementia. They include Vascular Dementia, caused by strokes or mini-strokes, Pick's Disease, Lewy Body Dementia, dementia caused by HIV and Jacob Creutzfeldt Disease or "mad cow disease". Though the symptoms of these diseases may initially be a little different, it is important to note that all these dementia's effect the brain so as the disease progresses they will look very similar.

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## **Caregiving**

### **Caring for Someone with Dementia**

Caring for someone with any type dementia is a "36 Hour Day" (1) It is important that caregivers be educated about the illness so they can recognize any changes and report them to health-care providers. Caregivers should learn how to deal with "behavioral symptoms" and how to interact with the individual with dementia. Additional resources,

such as the Alzheimer's Association and local affiliate chapters, are important for education and support.

(1) Nancy Mace and Peter Rabins, *The 36- Hour Day: A Family Guide to Caring for Persons with Alzheimer's Disease, Related Dementing Illnesses, and Memory Loss in Later Life.* (Baltimore: John Hopkins University Press, 1981.)

**Remember:**

DO talk with someone who has dementia: Talking and listening are some of the most enjoyable activities we do.

DO look directly at the person, make eye contact and be sure the person is paying attention to you. Try to be on the same eye level: Don't talk down to someone from a standing position.

DO remember that a person may also have hearing or sight problems that make it harder for the individual to understand you.

DO talk about the past with someone who has dementia; old photographs, memorabilia, or familiar music can trigger fond memories.

**Family Caregiving**

Many family members provide care to older adults, including physical care and care to those who have behavioral health problems. In fact, 75% of all individuals with Alzheimer's disease are taken care of by family members. Caring for a loved one with behavioral health issues can be very challenging. It is not uncommon for caregivers themselves to suffer from depressive illnesses due to the stresses of caregiving. Family caregivers who have difficulty sleeping or who are managing difficult behaviors are at the greatest risk. According to the Family Caregiver Alliance, at least 58% of all family caregivers showed clinically significant depressive symptoms. Treatment of depression not only relates to the caregiver, but directly affects the quality of care that is given to the older adult.

The Pennsylvania Department of Aging offers a Family Caregiver Support Program. Information about the program may be found at your local Area Agency on Aging.

**Grandparents as Caregivers**

An overwhelming number of older adults are once again responsible for heading households with adult children and grandchildren. Over 164,000 children are living with grandparents equating to 5.6 % of all children across the state of Pennsylvania. There are over 76,000 children residing in a grandparent's home in the absence of both parents and this number is continuing to increase every year with a 30% increase between 1990 and 2000. On a national level 1 in 10 older adults will become a primary caregiver at some time in their lives.

Older adults are often placed in parenting roles again due to issues surrounding teenage pregnancies, incarceration, abandonment, divorce, drug and alcohol use, HIV/AIDS, and death. There are many challenges facing older adults that have the responsibility of raising grandchildren including emotional, legal, financial, health,

family, spousal, and social concerns. Relationships with the parents of grandchildren under their guidance may also present many mixed feelings.

Additional resources may be found at:

[http://www.aging.state.pa.us/aging/lib/aging/Kinship\\_Care\\_Resources.pdf](http://www.aging.state.pa.us/aging/lib/aging/Kinship_Care_Resources.pdf)

[www.AARP.org](http://www.AARP.org)

<http://erie.extension.psu.edu/family/kinshipcare.htm>

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## **Guardianship and Power of Attorney**

Guardianship and Power of Attorney are ways in which an individual can transfer, or have transferred, decision-making authority to another person. The key difference is that a guardian is appointed by a court after an individual becomes unable to make life decisions for himself or herself. A guardian of the person may be appointed for living arrangements, and a guardian of the estate for financial decisions. One person may serve as both. To qualify for a guardian, an individual must be found to be "incapacitated", which means unable to manage financial resources or to meet essential requirements for health and safety. Guardianship is a serious matter that results in the individual's loss of independence and certain rights, so strict proof is necessary before a finding of incapacity is made and a guardian appointed. Once appointed, and until the incapacitated individual's death, the guardian acts for and in the best interest of, the incapacitated individual. Typically, guardians make decisions about medical care, living arrangements and financial transactions.

A Power of Attorney is a written document authorizing a person ("agent") to handle transactions for another ("principal"). Typical transactions are health care decisions and financial matters. An incapacitated person cannot execute a Power of Attorney, although, once executed, if it is a "Durable Power of Attorney", it will remain in effect after the principal becomes incapacitated. A Power of Attorney is durable unless so stated to the contrary. A Power of Attorney may be revoked at any time by the principal, so long as the principal has legal capacity.

### **Advance Directives**

An Advance Directive is any document where you make choices for your future should you become unable to make those decisions on your own. Some common forms of advance directives are:

- Living Wills
- DNR Orders (Do Not Resuscitate)
- Durable Power of Attorney

Pennsylvania State Psychiatric Advance Directives (PAD) Law took effect January 2005. Any person 18 years of age or older who is competent and capable of making decisions or an emancipated minor can create their own PAD.

Pennsylvania Law on Psychiatric Advance Directives is as follows:

- An attending physician/mental health care provider shall comply with mental health care declarations/powers of attorney
- If the physician/mental health care provider cannot comply, the declarant and agent must be notified. A reasonable effort must be made to transfer the individual to a facility that can comply with the decisions
- A physician/mental health care provider will escape liability by acting in accordance with a mental health care declaration

Benefits of having a Psychiatric Advance Directive are:

- Empowerment: make choices about your care before you need it. Your decisions will be supported by the law in receiving the treatment that you have chosen
- Consumer Centered Care: This keeps you in the center of your care even if you can't provide an active voice
- Partnership: Create a team of providers, family and friends to develop and use your advance directive

## Differences Between Grief and Depression\*

Characteristic	Grief	Depression
<b>Onset of Depressed Feelings</b>	Caused by one or more recognizable losses (loved one, independence, financial security, pet, etc.)	May not relate to a particular life event or loss, or a loss may be seen as a punishment
<b>Expressions of Anger</b>	May be openly angry; anger often misdirected	Irritable and may complain; does not express anger openly; anger primarily directed inwardly toward self
<b>Expressions of Sadness</b>	Feelings of sadness, and emptiness, weeping	Pervasive feelings of sadness, hopelessness; chronic feelings of emptiness; may have difficulty weeping or difficulty controlling weeping
<b>Physical Complaints</b>	May have temporary physical complaints	Chronic physical complaints
<b>Sleep</b>	May sometimes have difficulty getting to sleep; may have disturbing dreams	Early morning waking; insomnia or excessive sleeping (escape into sleep)
<b>Insight</b>	May be preoccupied with loss of person, object, or ability; may have guilt over some aspect of the loss; temporary loss of self-esteem	Preoccupation with self; generalized feelings of guilt; may have thoughts of suicide; longer term loss of self-esteem
<b>Responsiveness and Acceptance of Support</b>	Responds to comfort, support; may want not to impose grief on others	Does not accept support; tends to isolate self; may be unresponsive
<b>Pleasure</b>	Ability to feel pleasure varies, but can still experience moments of enjoyment	Often a persistent inability to feel pleasure
<b>Others' Reactions Toward the Person</b>	Tendency for others to feel sympathy for person; may want to touch or hold person who is grieving	Tendency for others to feel irritation with person; may not want to touch or hold the person who is depressed

**\*This table is for informational purposes only. A diagnosis can only be made by a licensed practitioner.**

## Differences Between Depression, Dementia, and Delirium\*

Characteristic	Depression	Delirium	Dementia	Normal Aging
<b>Onset</b>	Variable	Usually sudden, caused by acute medical disorders	Variable; often gradual or unnoticed	No specific chronological pattern for symptoms
<b>Duration</b>	Weeks to years	Days to weeks	Months to many years	Some changes begin mid-30s
<b>Progression</b>	Variable	Symptoms suddenly become severe in days	Varies with type of dementia	Small changes over long time periods
<b>Memory</b>	Person usually complains of memory problems	Person often denies having problems	Person often unaware; problems noted by others	People may complain of mild losses, forgetfulness
<b>Attention</b>	Often impaired	Impaired	Often intact	Normal, consistent with personal history
<b>Judgment</b>	Variable; person often believes it is impaired	Poor	Poor; person's behavior is frequently inappropriate	Normal, consistent with personal history
<b>Insight</b>	Cognitive distortion likely (self-doubt, negative thoughts, etc.)	Impairment likely, sometimes intermittent	Usually absent	Normal, consistent with personal history
<b>Sleep</b>	Early morning wakening common, insomnia or excessive sleep	Typically disturbed	Often normal, day-night reversals possible	Increased likelihood of intermittent awakenings
<b>Problems in functioning</b>	Mild to extensive	Mild to extensive	Mild to extensive	None or a few problems
<b>Hallucinations and delusions</b>	Unusual	Sometimes vivid	Sometimes present	Absent

\*This table is for informational purposes only. A diagnosis can only be made by a licensed practitioner.

## **Substance Use, Misuse, Abuse and Addiction Among Older Adults**

One of the fastest growing health problems among older adults is the misuse, abuse and/or addiction to prescribed medications. Additional factors of alcohol use, abuse and addiction and use of over-the-counter (OTC) medications and herbal supplements only complicate the risk. It is estimated that 17% of the 65 plus population has an alcohol or other drug problem now and the rate is expected to grow to approximately 23% in the next decade. The majority of problems appear to be related to prescription medication alone, alcohol in combination with prescription medications/ or over-the-counter medications (OTC), or alcohol only. (\* National Household Survey on Drug Use) Current illicit drug use in older adults is the lowest compared to all other age groups. It needs to be noted however that half of baby boomers have tried illicit drugs and birth cohorts that have experienced high rates of illicit drug use in earlier ages have shown to have higher rates of use as they age as compared to other cohorts. (\*The NHSDA Report, Substance Use Among Older Adults; November 2001) Needless to say it is projected as the "baby boomer" population continues to grow the use of illicit drug use among the over 50 population will rapidly rise.

### **Misuse of Medications**

Another concern is the misuse of over-the-counter and prescription medications. Older adults consume more medications than any other age group: 25- 33% of all medications and 70% of all OTC medications. Because of the number and variety of physicians the older person may see there is the potential for "over" prescribing medications. The average individual over 65 is taking 11 different prescriptions over one year. One out of four prescription medications taken by older adults is psychoactive. An older individual needs to be encouraged to keep a list of current medications (Both prescribed and over-the-counter, vitamins and herbal preparations), dosages and frequency, and to take this list to each physician they visit. It is recommended that they use only one pharmacy that can also keep track of the medications for potential side effects and drug to drug interactions. Over use of some medication, especially pain, anti-anxiety or sleeping medications, can lead to drug dependency. It is estimated that approximately 19% of older adults have combined difficulty with alcohol and medication misuse. Any use of alcohol with any medication as we age is not advisable.

### **Ways to Avoid Misuse of Medications**

- Improve medication compliance by consumers
- Encouraging health care professionals to explain carefully how and when to take medications and what must be avoided, e.g. alcohol, OTC, etc.
- Improving doctor-patient communication
- Encouraging consumers to let physicians know all they are taking, e.g. OTC, herbal preparations, etc
- Addressing communication barriers, e.g. language, hearing or visual problems
- Patient medication list or brown bag with all prescriptions and OTC medications to be reviewed by ALL specialists and physicians

- Providing consumers aids, e.g. medication tracking devices
- Implementing policy changes, e.g. geriatric-relevant labeling
- Encourage annual “medication review” with primary care physician

### **Alcohol Abuse and Addiction**

Addiction among older adults can be newly occurring or may have been present for many years. Alcohol is the most abused substance in America and is the drug of choice among older persons. Consumption of alcohol in older adults is often “hidden.” It is underreported and frequently overlooked. It is estimated that 2.5 to 3.7 million Americans age 65 and older are addicted to alcohol, yet the diagnosis is rarely made. Often health care professionals tend to recognize cognitive and physical problems but do not address the possibility of alcohol abuse and addiction as a cause. Family and friends are frequently too embarrassed to confront the older person or to ask for assistance. The normal physiological changes that accompany aging do change how alcohol is metabolized and can cause a lower tolerance to alcohol and increase its effects. Alcohol use may complicate many of the chronic illnesses that accompany aging as well as interfere with the effectiveness of prescribed and over-the-counter medications. Excessive use of alcohol is an important factor in depression and suicide. **Using alcoholic beverages should be avoided by anyone taking medications and by people with dementia.** Alcohol may increase confusion and cause dangerous interactions with medications.

The good news is that older people have the highest rate of recovery after treatment.

### **Facts about Alcoholism and Older Adults**

- Older people are hospitalized more frequently for alcohol-related problems than for heart attacks.
- The drug of choice in the older population is alcohol. The second is anti-anxiety medications or tranquilizers, such as Valium, Ativan or Xanax. The mixture is potentially lethal.
- Alcohol abuse creates and exaggerates medical and psychological problems
- Twenty percent of older adult patients receiving treatment for medical, surgical or psychiatric difficulties are alcoholics or problem drinkers.
- Older men are about four times as likely to have alcohol problems as older women, but older women are more likely to drink alone.
- Widowers over 75 have the highest rate of alcoholism in the country.
- The older depressed alcoholic is the person at highest risk for committing suicide in the United States.
- The number of older adults who abuse alcohol is predicted to more than double in the next 50 years because of the projected size of the older population and because future generations of older people are predicted to have more liberal attitudes toward alcohol consumption.

## **Signs of Alcohol Misuse and Abuse**

### **Early Signs**

- Sneaking drinks
- Gulping first drinks
- Unwillingness to discuss drinking
- Guilty feelings about drinking
- More frequent memory blanks

### **Addictive Signs**

- Conspicuous drinking
- Flashes of aggression
- Grandiose or "showy" behavior
- Personal relationships risked and devalued
- Decreased sexual drive
- Loss of friends due to drinking
- Unreasonable resentments
- Noticeable self-pity
- Most functioning is focused on getting and using alcohol

### **Chronic Signs**

- Regular morning drinking
- Tremors, prolonged binge or continuous drinking
- Impaired thinking
- Loss of alcohol tolerance

### **Risk Factors for Alcohol Abuse**

- Death of a spouse, friends and other family members
- Loss of job – and related income, social status and sometimes, self-esteem – as a result of retirement
- Loss of mobility – trouble using public transportation, inability to drive, etc.
- Impaired vision and hearing, insomnia and memory problems
- Declining health because of chronic illness
- Separation from children and loss of home as a result of relocation
- Loss of social support and interesting activities

### **Protective Factors include**

- Access to resources, such as housing and health care
- Availability of support networks and social bonds
- Involvement in community activities
- Supportive family relationships
- Education (e.g. wise use of medications) and skills
- Sense of purpose and identity
- Ability to live independently

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## When to Seek Treatment and Where to Find It

*"How Do I Know if Someone Needs Help?"*

*"Would it help Mom to see a counselor?"*

*"How bad is bad?"*

*"How do I know if I need outside help to handle my situation?"*

These are good questions, yet there is not a single answer. People differ in their needs and resources. Most people need help at some point in their lives. But needing help is not the same as wanting help. Some people are afraid to admit their difficulties. They believe seeking help means they are "weak" or "flawed." This is not true.

Sometimes, a person can experience stress over a long period of time or have changes in physical health and well-being. As a result she/he may begin to show signs of mental distress. Sometimes a person may be vulnerable to depression, suicidal thoughts, severe anxiety, or to use/abuse alcohol. The need for mental diagnosis and treatment can occur at any time, but most family members are not prepared to cope with mental disorders. Unfortunately, many of us ignore warning signs from those close to us (or signs we see in ourselves). The earlier these warning signs are recognized and help sought, the greater the likelihood that an effective treatment will be found and the person's quality of life will improve.

### **Warning Signs of Mental Disorders**

Although there are more than 200 classified forms of mental disorders, there are some common warning signs for many of them, including:

- Confused thinking
- Prolonged depression (sadness or irritability)
- Feelings of extreme highs and lows
- Excessive fears, worries and anxieties
- Social withdrawal
- Dramatic changes in eating or sleeping habits
- Strong feelings of anger
- Delusions or hallucinations
- Growing inability to cope with daily problems and activities
- Self-neglect or abuse
- Suicidal thoughts
- Denial of obvious problems
- Numerous unexplained physical ailments
- Alcohol, medication, or gambling abuse

If an individual shows some of these signs and makes a will, gives away possessions or makes statements such as "I'm calling it quits," or "Maybe my family would be better off without me," the person is struggling with excessive stress or a mental disorder and could benefit from the help of a trained mental health professional.

Often, people find themselves:

- Denying the warning signs. Some physical complaints may mask signs of mental disorders. Repeated visits to a doctor with complaints of flu-like symptoms, back pain or colds may indicate an underlying mental illness.
- Worrying about what other people (even family) will think. Warning signs of mental health problems may be ignored because of the stigma that persists, especially among older adults. Some people may face ridicule or hostility from friends and neighbors. The insensitivity of others may add to feelings of loneliness and isolation and may stop someone from seeking help for him/herself or a family member.
- Wondering who's to blame? Often, knowing what causes an illness helps people to accept the situation and move on to seeking treatment. With some mental disorders, there are no immediate answers or obvious reasons why someone becomes ill.

Research reveals many causes of mental disorders. Be alert for signs that suggest help is needed. If a mental disorder is diagnosed, find out all you can about the illness by reading and talking with mental health professionals.

### **Finding Help in Your Community**

When you become concerned about the mental health of an older person, it can be helpful to describe the symptoms and/or problems that concern you to a professional whom the older person trusts, such as a clergy person or the primary-care physician. Other local professionals who can be of assistance are home health-care providers, public health nurses and aging-service case managers. They can help assess the need for assistance and inform you of mental health services in your area. The first phone call can lead to several others when searching for a mental health professional who understands the specific needs of the older person.

If the person who needs services has health insurance through a managed care provider, it will be necessary to contact that insurance company to determine whether there are restrictions on how and where mental-health services can be provided. If a person seeking admission to a nursing facility has a mental health problem, the Area Agency on Aging can arrange for a mental health screening (through the CARE program) so appropriate services are provided.

### **Where Can I Go For Help?**

If you have decided that warning signs indicate you or a family member could benefit from treatment for a mental health problem or disorder, the next step is to get access to that care. Here are some easy ways to find help:

- Telephone the insurance carrier to see what services they provide and if they have a network of providers in your area
- Mental Health America has a toll-free number, 800-969-NMHA, for referrals and information on specific mental health problems. They can also direct you to your local Mental Health America affiliate in Pennsylvania.

- The National Alliance on Mental Illness (NAMI) has a toll-free number for information: 800-950-NAMI. The Pennsylvania Chapter has a toll-free number, 800-233-0500, and a web site, [www.namipa.nami.org](http://www.namipa.nami.org)
- The Pennsylvania Mental Health Consumers Association can also provide information on mental health problems and guidance to access appropriate services. Their toll-free number is 800-887-6422 and their web site is [www.pmhca.org](http://www.pmhca.org)
- Community Mental Health Centers (See Resource Section for contact information.)
- Local public agencies, such as the Area Agency on Aging and County Mental Health/Mental Retardation Offices have information on local mental health services. The Single County Authorities have information on issues related to drug and alcohol misuse, abuse, and addiction. (See Resource Section.)
- Mental health professionals in private practice.
- The phone book has telephone numbers for mental health professionals under such sections as "Mental Health Centers," "Mental Health Services," "Psychologists/Psychotherapists," and "Social Worker." Many phone books also have a section entitled "Helpful Numbers" that will lead you to information and referral phone numbers, such as the local mental health association or a mental health hotline.
- Local social services organizations – such as Catholic Social Services, Jewish Family Services or Lutheran Social Services – can either provide counseling services or refer you to local mental health services.
- Local hospitals may have mental health services. If not, the social services department will be able to inform you of local mental health services.
- Psychiatric hospitals accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO)
- Veterans Administration hospitals (for those qualified to receive benefits).
- Mental health units of teaching hospitals, such as Western Psychiatric Institute and Clinic, Drexel University, Hahnemann University Hospital, and University of Pennsylvania.
- State offices, such as the Pennsylvania Office of Mental Health and Substance Abuse Services, Pennsylvania Department of Aging, and Department of Health Bureau of Drug and Alcohol Programs have information on mental health and drug and alcohol services throughout the state.
- Specific Geriatric Psychiatric Services may be available in your area. Contacting the local Area Agency on Aging or Alzheimer's Association may be helpful in finding geriatric- specific services.

### **Who are Mental Health Service Providers?**

#### Community Mental Health Centers and Not-for-Profit Mental Health or Counseling Services

These are public and private mental health centers that receive state and local funds to provide mental health services to individuals in their provider area. Some have sliding-scale fees and accept Medicaid, Medicare, private insurance and private pay.

### Mental Health Professionals in Private Practice

These are therapists who provide psychotherapy services as a private business. They include psychiatrists, clinical social workers, psychologists and nurse practitioners who received specialized training and state licensing.

### Mobile Mental Health Treatment

A service array for adults and older adults who encounter barriers to, or have been unsuccessful in, attending an outpatient clinic. Mobile Mental Health Treatment provides treatment which includes evaluation; individual, group, or family therapy; and medication visits in an individual's residence or approved community site (senior centers, churches, etc...). Mobile Mental Health Treatment may be provided by any licensed psychiatric outpatient clinic enrolled in the Medical Assistance Program.

### 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 through referral to one of their qualified mental health providers.

### Mental Health Units of Hospitals

These are specialized mental health units that provide evaluation and treatment through inpatient and/or day-treatment programs. They refer outpatient services to others in the community.

### Veterans Administration Hospitals

These are full-service medical hospitals that may have mental health units as described above.

### Geriatric Psychiatric Services

These are services by professionals specifically trained to assess and work with older adults with behavioral health issues. Many hospitals have geriatric specific inpatient mental health units or outpatient services that may include assessment clinics, older adult specific therapists and even geriatric trained medical doctors.

## **What are the Types of Mental Health Professionals?**

Many types of mental health professionals are available to assist an older person who needs mental health care. To choose a professional, consider the symptoms and problems the person is experiencing and match them to the skills of the mental health provider. The following information will help you to understand the kinds of mental health professionals, the education each receives, the license or certification each should have, and the type of mental health services provided.

Psychiatrist: Medical doctor with special training in the diagnosis and treatment of mental and emotional illnesses. Like other doctors, psychiatrists are qualified to

prescribe medication and have special expertise in medications for mental disorders. .  
A Geriatric Psychiatrist has additional training in geriatrics. Qualifications: a state license and board eligibility or certification by the American Board of Psychiatry and Neurology

Psychologist: Therapist/counselor with a doctoral (Ph.D. or Psy.D.) degree from an accredited graduate program in psychology. Trained to make diagnoses, provide individual and group therapy, and administer psychological testing.  
Qualifications: state license; may belong to the American Psychological Association

Licensed Clinical Social Worker: Therapist/counselor with a master's degree in social work from an accredited graduate program. Trained to provide individual and group counseling.  
Qualifications: state license

Professional Counselor: Counselor with a master's degree in psychology, counseling or a related field. Trained to provide individual and group counseling.  
Qualifications: state license

Certified Addictions Counselor: Counselor with specific clinical training in treatment of alcohol and drug abuse. Trained to provide individual and group counseling.  
Qualifications: state certification

Psychiatric Nurse: A registered nurse who is trained in the practice of psychiatric and mental health nursing. Trained to provide individual and group therapy and counseling.  
Qualifications: state license, certification

Marriage and Family Therapist: A therapist with a graduate degree and special training in marital and family therapy. Trained to provide individual and group counseling.  
Qualifications: state license

Pastoral Counselor: Clergy person with training in clinical pastoral education. Trained to provide individual and group counseling.

Certified Peer Specialist: A paid staff person with a mental health or co-occurring disorder who has been trained and certified to help her/his peers identify and achieve specific life goals. The Certified Peer Specialist promotes self-determination, personal responsibility and empowerment inherent in recovery, and assists people with mental illnesses to regain control over their lives and their recovery process.

### **When You Decide to Contact a Mental Health Professional**

Therapy helps make a difference in the lives of many people, but it is a collaborative effort in which you must be actively involved. The process is personal and intense, and may be painful at times. You should feel that the therapist functions as a useful tool,

helping you address concerns. When you call for mental health assistance, decide whether you prefer to contact your local mental health center or another mental health provider. If you have already contacted your primary care physician or health insurance provider, you may already have been given a referral to a specific mental health professional or center. Since making the first contact can be a confusing process, it helps to know what to expect when you make the call.

### **Contacting a Mental Health Center**

If you contact your mental health center, your call will be directed to a mental health professional who will gather information about the concerns you have for yourself or your family member. Although most mental health centers prefer that the proposed client makes the initial call, this is not always possible. If you are making a call for someone else, explain to the mental health professional why you are handling the task. Doing so will help the mental health professional better understand the proposed client's needs. Be prepared to give information about who made the referral, financial status, insurance coverage, mental health symptoms, and medical concerns. You will then be given an appointment with a mental health clinician.

At the time of the first appointment, bring items listed below.

Insurance cards

List of medications

Information regarding any previous mental health treatment

Be prepared to sign insurance forms, permission for treatment, and appropriate releases for exchange of information with other medical or social service providers. Verify that services will be covered by your insurance(s). These tasks will most likely be handled by one of the specified office support staff.

When you meet with the mental health professional, be ready to discuss what events led to your decision to seek mental health treatment at this time. Be open about your concerns to allow the therapist to work with you to make the most effective treatment plan.

The plan could include individual therapy, group therapy, and /or family therapy. The therapist might recommend an evaluation by a staff psychiatrist or nurse practitioner to determine the need for medication therapy, which can assist in controlling some symptoms that may be of concern.

The therapist may discuss with you the possibility of hospitalization if the situation is life threatening or if medication evaluation and management may be difficult. The therapist may also discuss the possibility of adjunct services, such as mental health case management or referral to agencies that provide supportive services, such as the local area agency on aging. You should leave the first appointment with an idea of what the specific treatment program plan will include.

### **Contacting a Mental Health Professional in Private Practice**

If you contact a mental health provider who is a private practitioner, you will need to determine the nature of his/her practice. Some providers work independently, while others work as part of a group practice that may have a variety of services. If you feel that both medication and counseling will be needed, determine whether the professional provides both services you are considering. If not, find out how he/she makes referrals for those services not provided. As described above for mental health centers, it is important to bring all pertinent information to the appointment, to understand the technical details (such as how billing is handled) and to determine the services available through this professional.

### **Some Questions to Ask a Therapist/Counselor**

Answers to the following questions should help you feel confident in the therapist's abilities, honesty and sense of collaboration:

What is your training? What degrees do you hold?

What is your specialized training and experience working with older adults?

What kind of experience do you have in treating the kind of problem involved?

What kinds of certifications or licenses do you hold? Are you a member of (the appropriate professional organization for this type of therapist: see page 27). Check state license, if required.

What would your treatment involve?

What length of treatment might you expect? (This will vary with the client, the problem and the approach the therapist uses.)

How long does each session last? (Forty-five to 50 minutes is common, unless it is to monitor medication, when the time may be 15 to 30 minutes.)

How often will sessions be scheduled? (Often, meetings are weekly at first and become less frequent later on.)

What is the appointment cancellation policy? (There may be charges for missed session.)

Is the therapist (or an associate) available by phone in a crisis?

How much will it cost? Will any portion be covered by health insurance? (See Costs of Treatment for more information.) Are different payment options available?

### **Are You Getting the Care You Need?**

As the therapeutic process progresses, the individual in treatment should begin to feel gradual relief from distress, to develop self-assurance, have a greater ability to make decisions and be increasingly comfortable in relationships with others. The person may feel uncomfortable or angry at times, but episodes of discomfort occur during the most successful therapy sessions. Mental health treatment should help in coping with feelings more effectively. Always directly and openly discuss any aspects of the process that concern you.

If you believe the person being treated is not getting adequate results from therapy, or if you do not feel comfortable with the therapist, discuss the concerns openly. A

different approach, or even a different therapist, may be needed. Since therapy is a joint process, with therapist and client working together, it is important for the relationship to be a comfortable, trusting one. A competent therapist will be eager to discuss reactions to therapy and will respond to your feelings about the process.

If medication has been prescribed, remember that it will take time for the body to make adequate adjustment. Especially with an older client, the doctor will start with a low dose and increase it very slowly, which means it may take a long time for the drug to have its full effect. For example, newer antidepressants may take 6 – 8 weeks before the person would notice a difference. Be patient, but express your concerns.

## **Types of Treatment**

### **Psychotherapy**

Psychotherapy is a method of talking face-to-face with a therapist. The following are a few of the types of available psychotherapy:

Behavior Therapy: Includes stress management, biofeedback and relaxation training to change thinking patterns and behavior.

Psychoanalysis: Involves long-term therapy meant to “uncover” unconscious motivations and early patterns to resolve issues and to become aware of how those motivations influence present actions and feelings.

Cognitive Therapy: Seeks to identify and change thinking patterns that can lead to troublesome feelings and behavior.

Family Therapy: Includes discussion and problem-solving sessions with family members. May include several generations of the family.

Group Therapy: Includes a small group of people who, with the guidance of a trained therapist, discuss individual issues and help each other with problems.

### **Other Types of Therapies and Services**

Movement/Art/Music Therapy: Includes the use of movement, art, or music to express emotions. Effective for persons who cannot otherwise express feelings.

Medication Education: Includes information about what medications are prescribed. Usually provided by the community mental health center nurse.

Mental Health Case Management: Includes assistance with coordination of services provided through the Community Mental Health Center and other community agencies. Provided by a mental health case manager.

Crisis Intervention: Involves evaluating the needs of a person in mental health crisis who may need more intensive assistance than outpatient therapy and/or medication. Crisis Intervention is available 24 hours a day.

Psychiatric Rehabilitation: Involves interventions for persons with functional disabilities resulting from mental illness to develop, enhance, and/or retain: psychiatric stability, social competencies, personal adjustment, and/or independent living competencies so that they experience more success and satisfaction in the environments of their choice and can function as independently as possible.

Medication Therapy: Medications can be beneficial to some persons with mental or emotional disorders. Before taking a medication, the person should ask about risk, possible side effects and interaction with certain foods, supplements, alcohol or other medications. Medication should be taken in the prescribed dosage, at the prescribed intervals and should be monitored daily.

Electric Convulsive Treatment (ECT): Electric convulsive treatment is a highly effective treatment for some major depressions. It has relatively few side effects, but must be carefully administered. Discuss the risks and benefits with a psychiatrist.

Some nontraditional therapies include:

Acupuncture, acupressure, biofeedback, crystal therapy, color therapy, Chinese medicine, energy healing, hydrotherapy, hypnosis, Kinesiology, light therapy, meditation, reflexology, relaxation therapy, therapeutic touch, water therapy, zone therapy and others.

## **Some Resources for Support**

### Protective Services

The Department of Aging works closely with the 52 Area Agencies on Aging protecting older adults from abuse, neglect, exploitation or abandonment. Abuse reports can be made on behalf of an older adult whether the person lives in the community or in a care facility such as a nursing home, personal care home, hospital, etc. Reporters may remain anonymous, and have legal protection from retaliation, discrimination, and civil or criminal prosecution. Any person who believes that an older adult is being abused, neglected, exploited or abandoned may file a report 24 hours a day, 7 days a week with any Area Agency on Aging or call the Statewide Elder Abuse Hotline at 1-800-490-8505.

In collaboration with the Department of Aging, the Temple University Institute on Protective Services provides investigative and training assistance to Area Agencies on Aging, criminal investigators, and prosecutors working to resolve cases of elder victimization. Elder abuse investigative support may be obtained from the Institute on Protective Services at (717) 221-1644, [www.temple.edu/harrisburg/protectiveservices](http://www.temple.edu/harrisburg/protectiveservices)

### Self-Help/Support Groups

Self-help/support groups bring together people with common experiences. Participants share those experiences, provide understanding and support, and help each other find new ways to cope with problems. There are support groups for almost any concern: grief, alcoholism, overeating, codependency, grand parenting, various mental illnesses, cancer, Parkinson's disease, Alzheimer's and many others. Support groups are offered not only for people who are coping with the problem, but in many cases for caregivers and family members as well. Sources of information about support groups in your community may be found at your local mental health associations, local NAMI affiliates, Pennsylvania Mental Health Consumers Association, local hospital, senior center, retirement facility, public library, and Area Agency on Aging.

### Other Community Services

Finding the right treatment for a mental health disorder is important, but if the person also needs assistance with other activities (transportation, chore services or personal care, for example), other support services may be helpful. Following are some services that might be helpful for people with mental health disorders and their caregivers, and the kinds of organizations to contact in your community. Some services are available at no charge, on a sliding scale, or for a nominal fee or contribution. Some services have requirements for age and/or income levels. Case management services, which can coordinate use of other services, can be provided by agencies such as Area Agency on Aging, private care management services, employee assistance programs, etc.

Your local Area Agency on Aging (AAA) is a good place to start if you are looking for information about several types of services in your community. The Resource Section in this booklet lists services and contact information for regional AAA offices. Older

Pennsylvanians with low incomes may wish to contact the Pennsylvania Department of Aging as well.

Friendly Visitors/Companion Services:

Many communities have friendly visitor or companion programs, sometimes as part of a reassurance program. Contacts: Area Agencies on Aging; local churches and synagogues; schools; neighborhood, social service, civic, social or volunteer organizations; home health; and hospice organizations.

Rides/Transportation: Services provide door-to-door transportation that can accommodate wheelchairs, walkers, and other assistive equipment. Transportation can be available to medical care, senior centers, grocery stores, etc. Contact: Area Agency on Aging, or county assistance offices.

Home Maintenance and Repair: Services can include heavy cleaning, yard maintenance, snow removal and repairs. Contact: Area Agency on Aging, social service agencies, local neighborhood improvement or civic organizations, church or community volunteer programs.

Homemaker and Chore Services: Services help people with shopping, meal preparation, light housekeeping, laundry, etc... Contact: Area Agency on Aging, social service agencies, church or home health agencies.

Meals: Communities have options for participating in-group meals or receiving home-delivered meals. Contact: Area Agency on Aging.

Home Health and Personal Care: Services provide health and personal care for homebound individuals. Health care includes assistance with medications, skilled nursing care, physical therapy, etc. Personal care involves help with activities such as bathing, grooming or dressing. Some expenses of home health-care may be covered by insurance, but the person must be homebound and the care approved by her/his physician. Contact: physician (for referral), Area Agency on Aging, home health, social service and hospice organizations, health department or local hospital.

Older Adult Day and Respite Care: Day programs offer a program of health, social and recreational services for adults who need some care and supervision. Programs often are located in long-term care facilities, home health and hospice organizations, religious groups, and social service agencies. Contact: Area Agency on Aging.

### **Costs of Treatment**

Since government healthcare policy, private health insurance requirements and treatment costs change frequently, get current information about costs from your insurance and/or health care provider or local Area Agency on Aging.

The cost of treatment for a mental health problem depends on such factors as type of treatment, therapist's training, treatment location and insurance coverage. Older adults are fortunate that Medicare, Medicaid and many supplemental insurance plans (sometimes called Medigap policies) cover a majority of the expense. People who qualify for Medicaid generally have a very small amount of co-payment or none at all. Definitions for Medicaid, Medicare, and Medigap are provided in the Glossary at the end of the booklet. The local Area Agency on Aging can assist in obtaining information on long-term care, personal care, and senior centers.

The following are descriptions of typical treatment costs with different mental health care providers:

#### Community Mental Health Center and Not-for-Profit Mental Health or Counseling Services

Fees at Community Mental Health Centers (CMHCs) and Not-for-Profit Mental Health or Counseling Services are often determined on a sliding scale, based on personal income and medical expenses. Services are usually covered by Medical Assistance and Medicare.

#### Private Clinics

Fees at private clinics are generally higher than those at Community Mental Health and Not-for-Profit Centers. Some private clinics have a sliding scale system that allows individuals with low incomes to qualify for a lower rate. Many of these private clinics accept Medicaid and Medicare reimbursement.

#### Private Therapists

Fees generally range in the middle, between those of mental health centers and private clinics. Rates for psychologists and psychiatrists are usually higher than rates for social workers, counselors and psychiatric nurses. Medicare typically reimburses part of allowed charges. If the person in treatment has supplemental insurance, (e.g., a Medigap policy with a secondary payer, such as Blue Cross and Blue Shield) that company usually will pay any remaining amount.

#### Hospitalization

Full hospitalization for mental health treatment is becoming less common. Fees for inpatient care will be higher for the first day than subsequent ones. Physicians' charges are billed in addition to hospital fees. Medicare generally pays for a percentage of the allowed charges. In some facilities, Medicaid will cover care for individuals screened or assessed as needing hospitalization.

#### Partial Hospitalization

Typically, day-treatment programs (also called partial hospitalization), are similar to hospital care. Medicaid and Medicare coverage is available for those who meet medical necessity criteria.

## **What Mental Health Services Should My Supplemental Insurance Plan Include?**

Many older adults are being offered insurance by managed care organizations (for example HMO, MCO, PPO). While these insurance plans may offer good benefits, the buyer must understand what is and is not covered by each plan. For example, some policies state that an outpatient psychotherapy benefit of 20 sessions is included. However, the buyer may not understand language in the policy that states the session must be "medically necessary," a determination made by the physician or insurance company – depending on the policy. It is recommended that the person interested in receiving services check with their supplemental insurance to be sure that mental health treatment is included.

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## **Medications for Treating Mental Health Problems**

### **Things to Know About Taking Medications**

Some prescription medications (i.e., psychotropic medications) have been used since the 1950s to help treat symptoms of emotional or psychiatric problems. These medications are helpful in illnesses that are due to imbalances in chemicals that the brain uses to communicate with itself and with the rest of the body (neurotransmitters).

Medications can correct the imbalances that disrupt brain communication, reduce symptoms, and sometimes prevent their recurrence. Because these medications help the brain's communication system function, it is important to report problems with side effects to your physician. Do not stop taking a medication without talking with your health-care provider. To do so could cause serious complications. Reporting problems with side-effects gives the health-care provider the opportunity to prescribe a different medication that may work better for you.

In prescribing medications to treat mental disorders in older adults, the physician must take into account physical changes that occur when a person becomes older. These changes include a decreased ability to absorb, metabolize, and excrete medications. Older adults are particularly vulnerable to side effects of many medications. In addition, older adults as a group use more prescription drugs and more over-the-counter drugs than younger adults, and drug interactions can have serious side-effects. Remember that many medications take weeks before changes are experienced.

**When taking any medication, it is important that the person prescribing the medication know about all other medications – prescriptions, over-the-counter medications, and all vitamin and herbal supplements – that you take.**

Also check with your pharmacist about possible medication interactions. Give your pharmacist a written list of your medications, dosages, times of day taken, and any over-the-counter medications you may take (cold remedies, antacids, aspirin, etc.). Certain medications, such as antacids and some stomach medications like cimetidine (Tagamet) can interfere with the absorption of other medications.

It is also important to be open about whether you drink any alcoholic beverages. Many medications do not mix well with alcohol.

You must be a partner in your health care and take responsibility for knowing your medications.

### **Ways of Coping with Behavioral Problems**

Medications can be beneficial in treating a variety of symptoms associated with mental illnesses. Before choosing to use medication, it is important to try addressing these symptoms with some behavioral coping strategies. Using behavioral strategies is equally important whether the person lives at home or in a long-term care facility. It is always important to make sure that new medical problems – such as urinary tract infections, heart or lung problems, or even other medications – are not causing a new or sudden change in behavior or thinking.

### **When Taking Medication**

- Be sure you understand the directions for taking the medication. Ask about any special precautions. Check with your doctor or pharmacist.
- Find out about possible side effects, and report any that occur. Be sure the doctor closely monitors side effects and interactions of medications.
- To be sure of the best benefit from the medication prescribed:
  - Read the label carefully and follow all the directions.
  - Establish a routine to avoid forgetting or resisting taking medication.
  - Use a pill box
  - Remember that some medications can take weeks before changes are experienced.
  - Do not stop taking medication without telling the doctor.
  - If you are caring for someone with dementia, be sure that the person has swallowed the medication by checking the inside of the cheek and under the tongue.
  - **Using alcoholic beverages should be avoided by anyone taking medications and by people with dementia.** Alcohol may increase confusion and cause dangerous interactions with over-the-counter and prescription medications.

### **Depression and Antidepressants**

Antidepressants may improve mood, appetite, sleep, energy and social functioning. Since depression may make it difficult to concentrate and may affect memory, antidepressants may also help the depressed persons memory and concentration. There are many categories of antidepressants, but in general they are divided according to their mechanism of action. Most antidepressants must be given for **several** weeks before a response is seen and must be continued for months to maintain a beneficial effect. It is important to be patient and not expect immediate results. Doctors also frequently with older adults, “start low and go slow” in adjusting medications to avoid

side effects. Antidepressant medications need to be taken regularly, as prescribed, in order to be effective. Taking antidepressants only on days you feel depressed is not effective.

### **Anxiety and Agitation Medications**

Minor tranquilizers such as valium were used frequently in the past. Currently, due to adverse effects on mood, memory and risk of dependence (addiction), they are now mostly used short term. Many antidepressants are also highly beneficial for anxiety and are frequently the physician's first choice in treating an anxiety disorder that may include anxiety, agitation and depression.

### **Agitation, Aggression and Psychotic Symptoms**

Antipsychotic medications are prescribed for people with psychotic symptoms such as hallucinations and delusions (paranoia and suspiciousness). They may also have a limited role in reducing behavioral agitation, if behavioral strategies have failed. Many of these medications carry a risk of causing Parkinson's -like symptoms and disorders of movement. A doctor should be notified promptly if movement problems occur in a person taking these medications.

Anticonvulsant medications such as valproic acid (depakote), carbamazepine (tegretol), and gabapentin (neurontin) can be helpful for people who develop agitation, aggression, or severe unstable mood. Blood tests must be done routinely to monitor for effects on blood components and the liver.

### **Medication Used in Treatment of Memory Symptoms**

People with Alzheimer's disease and other dementias may benefit from medication that can be prescribed to help delay memory losses and to treat coexisting problems of behavior, mood, or thinking. Agitation, depression, anxiety, hostility, delusions, and hallucinations are few of the symptoms that affect the quality of life of both the person with dementia and the person's caregiver. It is often possible to control some of these symptoms through the use of medications.

## Federal and State Resources on the Web

### AARP

601 E. Street NW

Washington, DC 20049

Phone: 1-800-424-3410 or 1-888-687-2277

Web Site: <http://www.aarp.com/>

### Administration on Aging

Washington, D.C. 20201

Phone: 202-619-0724

Email: [aoainfo@aoa.hhs.gov](mailto:aoainfo@aoa.hhs.gov)

Web Site: <http://www.aoa.gov>

### Alzheimer's Association

National Office

225 N. Michigan Ave., Fl. 17

Chicago, IL 60601-7633

Phone: 1-312-335-8700

tdd: 1-312-335-5886

Email: [info@alz.org](mailto:info@alz.org)

Web Site: [www.alz.org](http://www.alz.org)

### Alzheimer's Association

Delaware Valley Chapter

399 Market Street, Suite 102

Philadelphia, PA 19106

Phone: 215-561-2919

24 Hour Helpline 1-800-272-3900

Web Site: <http://www.alz.org/desjsepa/>

### Alzheimer's Association

Greater Pennsylvania Chapter

3544 N. Progress Avenue,

Harrisburg, PA 17110

Phone: 717 654-5010

24 Hour Helpline 1-800-272-3900

Web Site: <http://www.alzpa.org>

## Federal and State Resources on the Web

Alzheimer's Disease  
Education and Referral Center (ADEAR)  
National Institute on Aging  
Building 31, Room 5C27  
31 Center Drive, MSC 2292  
Bethesda, MD 20892  
Phone: 301-496-1752  
TTY: 1-800-222-4225  
Web Site: [www.alzheimers.nia.nih.gov](http://www.alzheimers.nia.nih.gov)

American Association for Geriatric Psychiatry (AAGP)  
7910 Woodmont Ave  
Suite 1050  
Bethesda, MD 20814-3004  
Phone: 301-654-7850  
Email: [main@aagponline.org](mailto:main@aagponline.org)  
Web Site: [www.aagponline.org](http://www.aagponline.org)

American Geriatrics Society  
The Empire State Building  
350 Fifth Avenue, Suite 801  
New York, NY 10118  
Phone: 212-308-1414  
Email: [info@americangeriatrics.org](mailto:info@americangeriatrics.org)  
Web Site: [www.americangeriatrics.org](http://www.americangeriatrics.org)

American Psychiatric Association  
1000 Wilson Boulevard  
Suite 1825  
Arlington, VA 22209  
Phone: 1-888-357-7924  
Web Site: [www.psych.org](http://www.psych.org)

American Psychological Association  
750 First St., NE  
Washington, DC 20002-4242  
Phone: 1-800-374-2721  
TDD/TTY: 202-336-6123  
Web Site: [www.apa.org](http://www.apa.org)

## Federal and State Resources on the Web

American Society on Aging  
833 Market St., Suite 511  
San Francisco, CA 94103  
Phone: 800-537-9728  
Web Site: [www.asaging.org](http://www.asaging.org)

Center for Substance Abuse Prevention (CSAP)  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention  
Phone: 1-800-729-6686  
Web Site: <http://prevention.samhsa.gov/>

Center for Substance Abuse Treatment (CSAT)  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention  
Phone: 1-800-622-HELP  
TTD: 1-800-487-4889  
Web Site: <http://csat.samhsa.gov/>

Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore MD 21244-1850  
Medicare Web Site: [www.medicare.gov](http://www.medicare.gov)

Commonwealth of Pennsylvania  
Department of Aging  
555 Walnut Street, 5th Floor  
Harrisburg, PA 17101-1919  
Phone: 717-783-1550  
Web Site: <http://www.aging.state.pa.us>

Commonwealth of Pennsylvania  
Department of Public Welfare  
Office of Mental Health and Substance Abuse Services  
P. O. Box 2675  
Harrisburg, PA 17105-2675  
Phone: 717-787-6443  
Web Site: <http://www.dpw.state.pa.us/About/OMHSAS>  
Web Site: <http://www.parecovery.org>

## Federal and State Resources on the Web

Commonwealth of Pennsylvania  
Office of Long Term Living  
Phone: 1-866-286-3636 (Long Term Living Helpline)  
Web Site: [www.ltlinpa.org](http://www.ltlinpa.org)

Depression and Related Affective Disorders Association  
2330 West Joppa Road, Suite 100  
Lutherville, MD 21093  
Phone: 410-583-2919  
Web Site: <http://www.drada.org>

Disability Rights Network  
Harrisburg Office  
1414 N. Cameron St., Suite C  
Harrisburg, PA 17103  
Phone: 1-800-692-7443  
Email: [drnpa-hbg@drnpa.org](mailto:drnpa-hbg@drnpa.org)  
Web Site: [www.drnpa.org](http://www.drnpa.org)

Family Caregiver Alliance  
180 Montgomery Street, Suite 1100  
San Francisco, CA 94104  
Phone: 1-800-445-8106  
Email: [info@caregiver.org](mailto:info@caregiver.org)  
Web Site: [www.caregiver.org](http://www.caregiver.org)

Geriatric Mental Health Foundation (GMHF)  
7910 Woodmont Ave, Suite 1050  
Bethesda, MD 20814  
Phone: 301-654-7850  
Email: [web@GMHFonline.org](mailto:web@GMHFonline.org)  
Web Site: [www.gmhfonline.org](http://www.gmhfonline.org)

Lesbian and Gay Aging Issues Network (LGAIN)  
A Constituent Group of the American Society on Aging  
833 Market St., Suite 511  
San Francisco, CA 94103  
Web Site: [www.asaging.org/lgain.html](http://www.asaging.org/lgain.html)

## Federal and State Resources on the Web

Mental Health America  
2000 N. Beauregard Street, 6th Floor  
Alexandria, VA 22311  
Phone 1-703-684-7722  
Toll Free: 1-800-969-6642  
TTY Line: 1-800-433-5959  
Web Site: [www.nmha.org](http://www.nmha.org)

National Alliance for Caregiving  
4720 Montgomery Lane. 5th floor  
Bethesda, MD 20814  
Email: [info@caregiving.org](mailto:info@caregiving.org)  
Web Site: [www.caregiving.org](http://www.caregiving.org)

National Alliance on Mental Illness (NAMI)  
Colonial Place Three  
2107 Wilson Blvd., Suite 300  
Arlington, VA 22201-3042  
Phone: 703-524-7600  
TDD: 703-516-7227  
Web Site: <http://www.nami.org/>

National Association of Peer Specialists (NAPS)  
755 Alta Dale SE  
Ada, MI 49301  
Phone: 616-676-9230  
Email: [steveh@naops.org](mailto:steveh@naops.org)  
Web Site: <http://www.naops.org>

National Clearinghouse for Drug and Alcohol Information  
P.O. Box 2345  
Rockville, MD 20847-2345  
Phone: 800-729-6686 (English and Español)  
TDD: 800-487-4889  
Web Site: [www.ncadi.samhsa.gov](http://www.ncadi.samhsa.gov)

National Clearinghouse for Long Term Care Information  
U.S. Department of Health and Human Services  
Administration on Aging  
Web Site: [http://www.longtermcare.gov/LTC/Main\\_Site/index.aspx](http://www.longtermcare.gov/LTC/Main_Site/index.aspx)

## Federal and State Resources on the Web

National Council on Alcoholism and Drug Dependence, Inc  
244 East 58<sup>th</sup> Street, 4<sup>th</sup> Floor  
New York, NY 10022  
Phone: 212-269-7797  
Web Site: <http://www.ncadd.org>

National Institute on Aging  
Building 31, Room 5C27  
31 Center Drive, MSC 2292  
Bethesda, MD 20892  
Phone: 301-496-1752  
TTY: 1-800-222-4225  
Web Site: <http://www.nia.nih.gov>

National Institute on Alcohol Abuse and Alcoholism (NIAAA)  
5635 Fishers Lane, MSC 9304  
Bethesda, MD 20892-9304  
Phone: 301-443-3860  
Email: [niaaaweb-r@exchange.nih.gov](mailto:niaaaweb-r@exchange.nih.gov)  
Web Site: <http://www.niaaa.nih.gov/>

National Institute on Drug Abuse  
National Institutes of Health  
6001 Executive Boulevard, Room 5213  
Bethesda, MD 20892-9561  
Phone: 301-443-1124  
Email: [information@nida.nih.gov](mailto:information@nida.nih.gov)  
Web Site: <http://www.nida.nih.gov/>

National Institutes of Mental Health  
National Institutes of Health  
9000 Rockville Pike  
Bethesda, Maryland 20892  
Phone: 301-496-4000  
TTY 301-402-9612  
Web Site: <http://www.nimh.nih.gov>

## Federal and State Resources on the Web

National Institute of Mental Health (NIMH)  
Science Writing, Press, and Dissemination Branch  
6001 Executive Boulevard, Room 8184, MSC 9663  
Bethesda, MD 20892-9663  
Phone: 1-866-615-6464 (toll-free)  
TTY toll-free 1-866-415-8051  
Email: [nimhinfo@nih.gov](mailto:nimhinfo@nih.gov)

National Mental Health and Aging Coalition  
Deborah DiGilio, MPH  
Office on Aging, American Psychological Assoc  
750 First St, NE  
Washington, DC 20002-4242  
Phone: 202-336-6135  
Web Site: <http://www.ncmha.org/index.php>

National Mental Health Consumer's Self-Help Clearinghouse (NMHCSHC)  
1211 Chestnut Street, Suite 1207  
Philadelphia, PA 19107  
Phone: 800-553-4539 or or 215-751-1810  
Email: [info@mhselfhelp.org](mailto:info@mhselfhelp.org)  
Web Site: [www.mhselfhelp.org](http://www.mhselfhelp.org)

Older Adult Consumer Mental Health Alliance  
c/o Bazelon Center for Mental Health Law  
1101 15<sup>th</sup> Street, NW #1212  
Washington, D.C.  
Phone: 202-467-5730  
Email: [oacmha@aol.com](mailto:oacmha@aol.com)  
Web Site: <http://www.oacmha.com/>

Older Women's League  
3300 North Fairfax Drive, Suite 218  
Arlington, VA 22201  
Phone: 703-812-7990  
Web Site: [www.owl-national.org](http://www.owl-national.org)

## Federal and State Resources on the Web

Pennsylvania Behavioral Health and Aging Coalition  
525 South 29<sup>th</sup> Street  
Harrisburg, PA 17104  
Phone: 717 -541-2914  
Email: [info@olderpennsylvanians.org](mailto:info@olderpennsylvanians.org)  
Web Site: [www.olderpennsylvanians.org](http://www.olderpennsylvanians.org)

Pennsylvania Mental Health Consumers Association  
4105 Derry Street  
Harrisburg, PA 17111  
Phone: 717-564-4930  
Toll Free: 1-800-887-6422  
Email: [pmhca@pmhca.org](mailto:pmhca@pmhca.org)  
Web Site: [www.pmhca.org](http://www.pmhca.org)

Positive Aging Resource Center  
Brigham and Women's Hospital  
Boston, MA 02215  
Phone: 617-525-6121  
Web Site: [www.positiveaging.org](http://www.positiveaging.org)

Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (SAGE)  
305 7th Avenue, 6th Floor  
New York, NY 10001  
Phone: 212-741-2247  
Email: [info@sageusa.org](mailto:info@sageusa.org)  
Web Site: <http://www.sageusa.org/index.cfm>

Substance Abuse and Mental Health Services Administration (SAMHSA)  
1 Choke Cherry Road  
Rockville, MD 20857  
Web Site: <http://www.samhsa.gov>  
Web Site: <http://mentalhealth.samhsa.gov/>

Suicide Prevention Action Network, USA (SPAN USA)  
1025 Vermont Avenue, NW, Suite 1066  
Washington, DC 20005  
Phone: 1 202-449-3600  
Email: [info@spanusa.org](mailto:info@spanusa.org)  
Web Site: <http://www.spanusa.org/>

## Federal and State Resources on the Web

Suicide Prevention and Resource Center (SPRC)  
55 Chapel Street, Newton, MA 02458 877-  
Phone: 1- 877-438-7772  
Email: [info@sprc.org](mailto:info@sprc.org)  
Website: <http://www.sprc.org/>

United States National Library of Medicine and  
United States National Institutes of Health  
(Health Information from the National Library of Medicine)  
Washington, DC  
Phone: 1-301-594-5983  
Web Site: [www.medlineplus.gov](http://www.medlineplus.gov)

University of Pittsburgh, Late Life Depression Evaluation and Treatment Center  
100 North Bellefield Ave  
Pittsburgh, PA 15213  
Phone: 412-624-1886  
Web Site: <http://www.wpic.pitt.edu/research/depr/default.HTM>

## Links to Regional Resource Directories in Pennsylvania

Pennsylvania's Area Agencies on Aging: Direct Link: [Aging: Find Local Resources](#)  
or visit the Pennsylvania Department of Aging Website at [www.aging.state.pa.us](http://www.aging.state.pa.us) and  
click on Your Local Resources

Pennsylvania's County Mental Health/Mental Retardation Programs  
<https://www.hcsis.state.pa.us/hcsis-ssd/pgm/asp/PRCNT.ASP>

Pennsylvania's Single County Authorities  
Directory of County Drug and Alcohol Case Management Services  
<http://www.dsf.health.state.pa.us/health/lib/health/bdap/casemgtdir.ps.pdf>

Department of Public Welfare - Human Services Provider Online Directory  
<http://www.dpw.state.pa.us/ServicesPrograms/ChildCareEarlyEd/003670755.aspx>

Phone Contact Notes  
(Make additional copies of this page as needed)

Date:	Phone No.
Organization Name:	
Name of Person You Spoke To:	
Notes:	

Date:	Phone No.
Organization Name:	
Name of Person You Spoke To:	
Notes:	