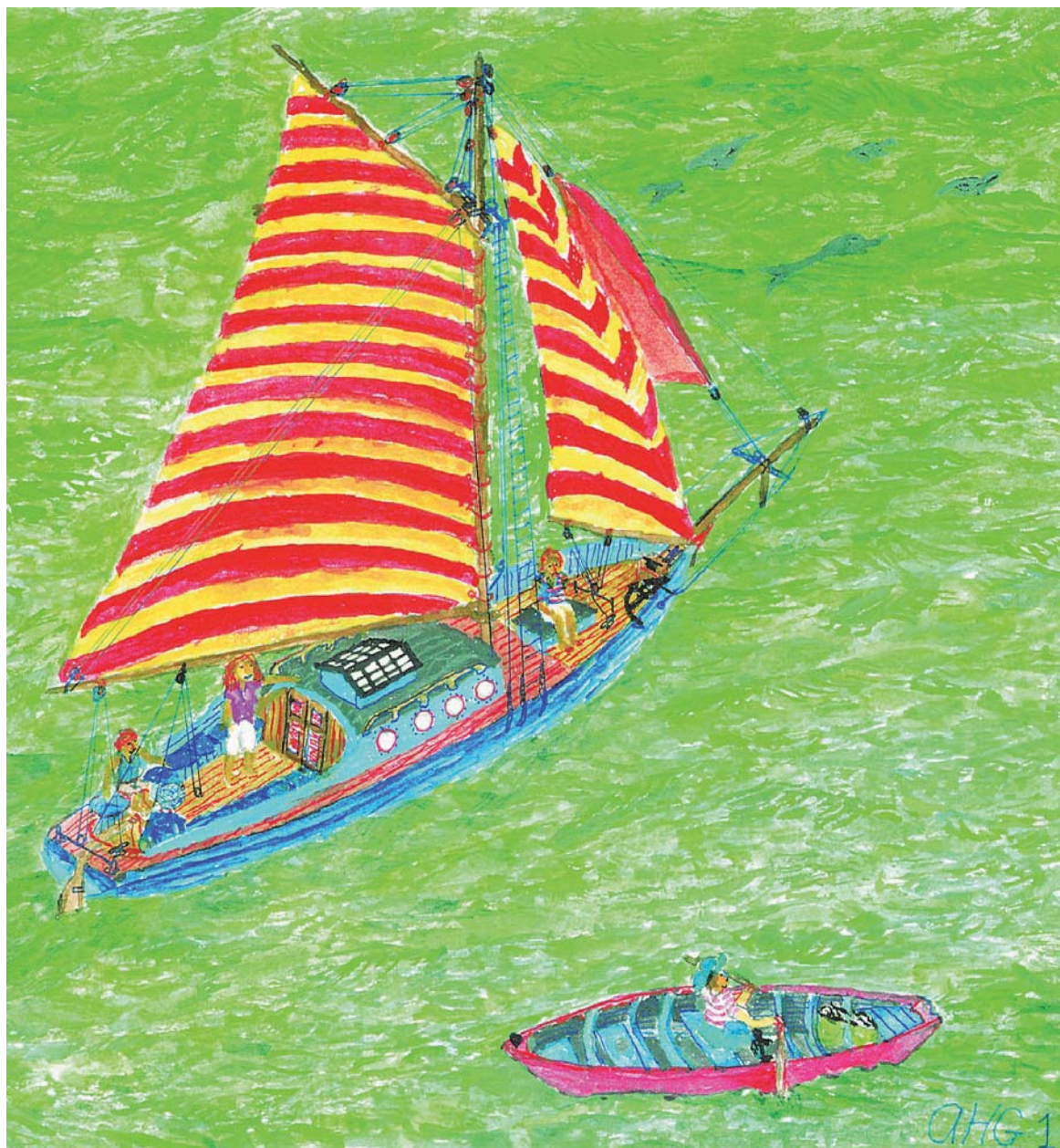

A New Hampshire Guide to Mental Health and Healthy Aging for Older Adults and Caregivers



NAMI New Hampshire

National Alliance on Mental Illness

April 2006

Cover artwork: *Sailing through Life*, September, 2001, by Al Goodridge at age 64. Al and his wife, Patsy, have been active in mental health and aging advocacy efforts in New Hampshire.

Copyright © April 2006
Originally Published December 2001

Copyright © 2006, NAMI NH. Do not use the printed or web version of this document for other than personal use without permission from NAMI NH.

The information in this Guidebook is presented as a supplement to, and NOT a substitute for, the knowledge, skill, and judgment of qualified psychiatrists, psychologists, physicians, and other health care professionals. The information has been obtained from sources believed to be accurate and reliable and is as current as possible, but as our knowledge and understanding about aging and mental illness grows and as organizations and services evolve to meet the changing information, some information in this Guidebook may change and become outdated. It is also noted that the resources identified within are not inclusive, and no omissions are intentional. Should you have any health, medical, or disability questions or concerns, please consult a physician or other health care professional. The reader may go to the NAMI NH website, www.naminh.org, where information is updated more regularly and where links to other relevant sites are provided.

For additional copies, questions, or comments, please contact:

NAMI New Hampshire

(National Alliance on Mental Illness, New Hampshire Chapter)

15 Green Street, Concord NH 03301

Phone: 603-225-5359 or 800-242-6264

Fax: 603-228-8848

Email: info@naminh.org

To view this Guidebook online, go to:

www.naminh.org

Table of Contents

Acknowledgments	vii
Foreword	ix
Chapter 1. Needs of the Caregiver (Support Person)	1
Chapter Overview	1
Who Is the Caregiver?	2
Where to Find Help for the Caregiver	2
Chapter 2. Wellness and Healthy Living	5
Chapter Overview	5
An Active Lifestyle	6
Diet and Nutrition	7
Health Care	7
Psychiatry and Psychotherapy for Older Adults	8
Spiritual Resources	9
Relaxation Techniques	9
Recreational and Social Opportunities	10
Humor	11
Sexual Health	12
Working	12
Education	12
Feeling Connected	13
Peer Counseling and Support	13
Independent Living	14
Wellness and Recovery	14
Additional Information	14
Chapter 3. Mental Illness – Myths and Facts	15
Chapter Overview	15
Some Facts	16
Some Myths and Facts	16
Chapter 4. Mental Health Issues	19
Chapter Overview	19
Grief and Loss	20
Suicide	22

Table of Contents

- Mental Health Disorders 25
- Chapter 5. Types of Treatment Available 43**
 - Chapter Overview 43
 - Treatment Providers 44
 - Types of Mental Health Services 44
 - Self-Help and Peer Support 47
 - Summary 47
- Chapter 6. Medical Care 49**
 - Chapter Overview 49
 - A Helpful Mindset for Good Care 50
 - Making the Most of Doctor Visits 50
 - New Prescription Medications 53
 - Guidelines for Medical Care 58
 - Notes 62
 - Medication Log 63
- Chapter 7. Coping with Challenging Behaviors 65**
 - Chapter Overview 65
 - Challenging Behaviors Related to Mental Illness 66
 - Challenging Behaviors Related to Dementia 68
 - Challenging Behaviors Related to Other Disorders 72
 - Summary 73
- Chapter 8. Diversity Issues 75**
 - Chapter Overview 75
 - Characteristics of Diversity 76
 - Types of Services and Aids 76
 - Help for Minority Groups 76
 - Summary 79
- Chapter 9. Domestic Violence and Abuse 81**
 - Chapter Overview 81
 - Protecting Yourself from Domestic Violence and Abuse 82
 - Protecting Yourself as a Consumer 84
- Chapter 10. Legal Issues 87**
 - Chapter Overview 87
 - Your Legal Right to Respectful Care 88
 - Planning Ahead 89

What If You Did Not Plan Ahead?	92
Chapter 11. On Aging, Death, and Dying	95
Chapter Overview	95
Emotional Stages of Loss	96
Wisdom from Kubler-Ross	96
Other Readings	97
Appendix A. Source References	99
Appendix B. A Guide to Terminology	101
Glossary	102
Acronyms	106
Relevant New Hampshire Laws and Standards	108
Appendix C. Community, State, and National Resources	111
Statewide Information and Referral	112
Needs of the Caregiver (Support Person)	113
Wellness and Healthy Living	114
Mental Illness – Myths and Facts	122
Mental Health Issues	122
Types of Treatment Available	124
Medical Care	131
Coping with Challenging Behaviors	134
Diversity Issues	135
Domestic Violence/Abuse and Legal Issues	136
On Aging, Death, and Dying	138

Table of Contents

Acknowledgments

This Guidebook was produced by the National Alliance on Mental Illness New Hampshire (NAMI NH) with the help of many people in the state of New Hampshire and with financial support for its development from the New Hampshire Charitable Foundation. We are grateful to all contributors and supporters for their efforts.

Project Coordinator

Elaine de Mello, Director of Training and Education, National Alliance on Mental Illness New Hampshire (NAMI NH)

Primary Contributors

Stephen J. Bartels, MD, MS, Professor of Psychiatry and Community Medicine, Co-Director, Center on Aging, Dartmouth Medical School; Director, Aging Services Research, NH-Dartmouth Psychiatric Research Center

Chiara Dolcino, Esq., Attorney

Margaret Morrill, Bureau of Elderly and Adult Services, NH Department of Health and Human Services (NH DHHS)

Paula Ninivaggi, Volunteer Editor

Todd Ringelstein, Administrator of Older Adult Mental Health Services, Bureau of Behavioral Health, NH DHHS

Ellen Troy, Copy Editor, Office Supervisor, NAMI NH

Madeline Williams, Technical Editor

Abby Winzeler, Research Assistant, NAMI NH

Other Contributors

Beth Benson, ServiceLink

Pam Brown, Volunteer Editor

John Capuco, Psy D., Bureau of Developmental Services, NH DHHS

Dorothy Chicaderis, Office of Alcohol and Drug Policy, NH DHHS

Michael J. Cohen, Executive Director, NAMI NH

Cathy Creapaux, Bureau of Elderly and Adult Services, NH DHHS

Carrie Hughes, Riverbend Mental Health Center

Lucille Karatzas, Seacoast Mental Health Center

Lynn Koontz, Bureau of Elderly and Adult Services, NH DHHS

Joan Marcoux, Bureau of Elderly and Adult Services, NH DHHS

Acknowledgments

Michael Ninivaggi, Volunteer Editor

Janet Stiles, Volunteer Editor

Funding for the printing of this Guidebook has been provided by:

Real Choice Nursing Facility Transition Project, NH DHHS

Real Choice Aging and Disability Resource Center Project, NH DHHS

Office of Consumer and Family Affairs, Bureau of Behavioral Health, NH DHHS

The Susan McLane Memory Wellness Center, sponsored by The Mental Health Center of Greater Manchester and Easter Seals New Hampshire (603-628-7804)

Foreword

One in five older persons suffers from a diagnosable psychiatric illness, and the number of persons age 65 and older with a psychiatric disorder will more than double over the coming decades. These disorders can substantially impair functioning and can result in unnecessary hospitalizations and nursing home placement, poorer health outcomes, and increased rates of mortality. For example, older persons who suffer from depression have worse outcomes after medical events such as hip fractures, heart attacks, or cancer, and individuals who are age 75 and older have the highest suicide rate of any age group.

Fortunately, there have been dramatic advances in our understanding of these disorders over the last decade and major gains in developing new treatments. Effective and scientifically proven “evidence-based” treatments are now available that result in increased functioning and greater quality of life. Yet, all too often, older persons with psychiatric illnesses fail to receive treatments and services that they need. Family members are often left with the task of sorting out a confusing array of providers, treatments, and systems of care, without access to basic information.

This Guidebook provides consumers and family members with useful, practical information on psychiatric problems in late life and the array of available treatments that can help. This Guide also promotes involvement of families as informed members of the treatment team, along with the physician and other health care providers. Finally, the Guidebook includes important information on prevention and wellness. For example, social supports and remaining mentally and physically active in senior years can help to prevent depression, and even improve memory.

Being informed is the first step towards achieving better health.

Stephen J. Bartels, M.D., M.S.
Professor of Psychiatry and Community Medicine,
Co-Director, Center on Aging,
Dartmouth Medical School
Director, Aging Services Research,
NH-Dartmouth Psychiatric Research Center



Chapter 1. Needs of the Caregiver (Support Person)

Chapter Overview

If you are the family member of an individual with mental illness, it may be helpful to know that there are many family members who are coping with the challenges and hardships that come with the illness. It is common for caregivers to experience feelings of grief, frustration, and depression related to the care of an aging relative.

Whatever your level of involvement, you may find that you are better able to help your loved one when you can take some

time for yourself as well as spend time with others who understand your situation. The Wellness chapter of this book has more information on caring for yourself.

Most of the information in this Guidebook is about caring for an older adult. This chapter is about caring for you, the caregiver.

This chapter will help you to understand how much to expect of yourself in the role of caregiver and where to go when you decide it's time to get some help.

Chapter Content

Who Is the Caregiver?	2
Know Your Limits	2
Where to Find Help for the Caregiver	2
The National Alliance on Mental Illness (NAMI)	2
New Hampshire Family Caregiver Support Program (NHFCSP)	3
The Alzheimer's Disease and Related Disorders Association (ADRDA)	3

Who Is the Caregiver?

A caregiver may be someone who does any of the following:

- Provides support long distance, such as by phone.
- Is close by and available to assist as needed.
- Provides continuous physical support.
- Provides continuous emotional support and help.

The caregiver, or support person addressed in this Guidebook, is generally a family member who attends to the daily needs of an older adult with mental illness.

Know Your Limits

It is important for you to know what your limits are as a caregiver and not to extend your obligations beyond what you are capable of offering. If an additional family member would like you to care for them, there are reliable resources for them to find help. In New Hampshire, ServiceLink will provide them with referrals for help: 800-634-9412.

You can only provide quality care if you take care of yourself. Getting rest, setting appropriate limits, and seeking supports are ways to strengthen your ability to care for an ill family member.

If you have good friends or family members who are willing to care for your family member when you need a break, be sure to ask for and gratefully accept their help. This is difficult for some of us to do if we have always handled our responsibilities ourselves. *Make yourself do it—you deserve it.*

Where to Find Help for the Caregiver

This section describes some organizations designed to provide support to family members with mental illness or types of dementia, including Alzheimer's disease.

The National Alliance on Mental Illness (NAMI)

This organization provides support to family members, education, and advocacy on behalf of individuals with mental illness throughout the United States. NAMI NH has an office in Concord, NH. Services available in New Hampshire to family members and persons with mental illness include:

- An information and referral line for questions about mental illness and mental health resources in New Hampshire.
- A library of materials about mental illness.
- Support groups and educational classes for family members held in locations around the state.

NAMI NH works to empower family members to exercise their rights in order to improve the quality of their lives and the lives of their family members with mental illness. NAMI NH teaches families the skills they need to receive person-centered, culturally competent care for their family members and support for themselves.

For more information on NAMI NH, contact them directly.

Phone: 800-242-6264 (NAMI)
Email: info@naminh.org
Web site: www.naminh.org

New Hampshire Family Caregiver Support Program (NHFCSP)

This organization provides support, assistance, resources, and information to aid in caregiving responsibilities.

Services are available to those who care for these types of individuals:

- Adults 60 years or older who need help in two or more areas of daily living, such as personal care, budgeting, hygiene, shopping.
- Adults 60 years or older who have a cognitive or other mental impairment and require substantial supervision.

Services are also available for:

- Grandparents who are 60 years or older and provide care for a child who is 18 years old or younger.

For more information on NHFCSP, contact them directly:

Phone: 800-351-1888, Ext. 5554, or call NH ServiceLink at 866-634-9412
Email: NHFamilyCaregiver@dhhs.state.nh.us
Web site: www.nh.gov/servicelink

The Alzheimer's Disease and Related Disorders Association (ADRDA)

This organization promotes caregiver support groups that provide mutual support and guidance, as well as education to cope with the challenges of caregiving.

An absolute *must*
is getting enough
rest!

A variety of support groups and services may be available, depending on your circumstances and where you live. To find out what is available in your region, contact the New Hampshire Chapter.

Phone: 800-272-3900
Web site: www.alz.org

Chapter 1. Needs of the Caregiver (Support Person) _____

Chapter 2. Wellness and Healthy Living

Chapter Overview

Making sensible choices about lifestyle and habits can help promote good mental and physical health throughout our lives. This chapter explores the many ways to keep our minds and bodies strong and resilient.

“Anyone who stops learning is old, whether at twenty or eighty.”
—Henry Ford

Chapter Content

An Active Lifestyle	6
Exercise	6
Diet and Nutrition	7
Health Care	7
Psychiatry and Psychotherapy for Older Adults	8
Spiritual Resources	9
Local Churches, Synagogues, and Mosques	9
Pastoral Counselors	9
Relaxation Techniques	9
Recreational and Social Opportunities	10
Humor	11
Working	12
Sexual Health	12
Education	12
Feeling Connected	13
Peer Counseling and Support	13
Independent Living	14
Wellness and Recovery	14
Additional Information	14

An Active Lifestyle

It is important for older adults with mental health problems and their caregivers to practice healthy lifestyles that help reduce stress and that maintain physical and mental health. Studies show that the effects of aging are minimized by staying..

- mentally alert.
- intellectually curious.
- physically active.
- socially active.

"Youth is the gift of nature, but age is a work of art. "
– Garson Kanin

By staying active, older adults can...

- maintain good mental health.
- prevent mental disease.
- manage symptoms of mental illness.
- remain independent.

Look for low-cost activities that can be done alone or with friends to help deal with emotional distress or mental illness.

Exercise

Exercise helps to relieve:

- Stress.
- Pain.
- Boredom.

Exercise improves:

- Feelings of well-being/mood.
- Health.
- Balance.
- Coordination.
- Circulation.
- Mental acuity.
- Breathing.

Consult a physician before starting an exercise program.

Consider the variety of sports and activities that are available. These can be done alone or with others as part of an exercise regimen adaptable to your lifestyle and physical abilities:

- Walking.
- Jogging.
- Stretching.
- Yoga.

-
- Biking.
 - Swimming.
 - Tai Chi.

Check for special programs and discounts.

- Some private health care insurance companies will refund a certain amount of money towards exercise equipment or a health club membership.
- In some communities, YMCA facilities, health clinics, and hospitals offer exercise and health programs that are free or relatively inexpensive, and specially designed for older adults.

Diet and Nutrition

- Eat a balanced, healthy diet.
- Use alcohol and tobacco in moderation, or eliminate altogether.
- If in doubt about your use of alcohol, tobacco, or other substances, consult your physician.
- Use the following foods with caution:
 - Artificial sweeteners.
 - Chocolate.
 - Coffee.
 - Caffeinated teas.
 - Sodas.
- Drink an adequate amount of water every day (3 – 4 8-oz. glasses) to maintain good physical and mental health.
- Pay close attention to your specific nutritional needs.
- Monitor potassium levels in order to have...
 - healthy eyesight.
 - clear thinking ability.
 - regular heartbeat.
- Consult with appropriate nutritional experts and medical specialists when you are in doubt.
- Be aware that vitamin and mineral deficiencies can cause psychiatric symptoms. As we get older, our digestive tracts become less efficient in absorbing nutrition from our diets.
- Be aware that any physical or emotional symptoms may be related to nutritional need.

Health Care

- Have a physical examination at least once a year.
- Consult with your physician if at any time symptoms emerge or change.
- Have a thorough physical examination before starting psychiatric medication.
- Check with your doctor about possible drug interactions related to the medications you are taking.

- Check with your doctor before using any over-the-counter medications.
- Make a list of all of your health concerns, even those you think are insignificant, and take the list with you when you go to the doctor; if you see multiple doctors, take the list to each one. See “Making the Most of Doctor Visits” on page 50 for more information.
- Check with your doctor if you don’t sleep well (7 – 9 hours/night is a good average).
- Schedule tests for hearing and vision as needed. Our senses become less acute as we age. The senses affected are the following:
 - Sight.
 - Hearing.
 - Smell.
 - Taste.
 - Touch.
- Check with your doctor if you notice any change in the senses. Changes in your senses (that is, tingling in feet or hands, unusual odors with no basis) could be an indication to your doctor of a medical problem.

Psychiatry and Psychotherapy for Older Adults

Consult your physician or local mental health center for counseling as needed for any of the following conditions:

- Preventing serious depression.
- Managing anxiety.
- Grief counseling.
- Addressing other symptoms that develop later in life.

Experienced counselors for a variety of personal and social issues are available in most communities. For appropriate referrals, consult with your primary care physician or a local mental health center. See Chapter 5, “Types of Treatment Available,” beginning on page 43.

For some problems, psychiatric medication may be prescribed. If you receive a prescription for psychiatric medication...

- take medication only as directed.
- do not take anyone else’s medication.
- only adjust dosages if your physician directs you to do so.
- consult with your physician or pharmacist about drug interactions between all drugs you take, prescribed or not.
- talk with your physician about the benefits and side effects of any medication that is prescribed.

Spiritual Resources

Local Churches, Synagogues, and Mosques

- Involvement in a local religious group can be a valuable source of spiritual growth and support.
- Often there are special programs and caring networks for aging adults.
- Pastors, priests, rabbis, and imams may be trained to do spiritual counseling and to make referrals to other helpful community resources as needed.

Pastoral Counselors

- A pastoral counselor is trained in both psychology and theology and thus can address psychological and spiritual issues.
- If you are experiencing emotional difficulties and wish to address these matters in the context of religion and spirituality, you might consider meeting with a pastoral counselor.
- The American Association of Pastoral Counselors, which can be reached at 703-385-6967, can help to find the name of a certified pastoral counselor near you.

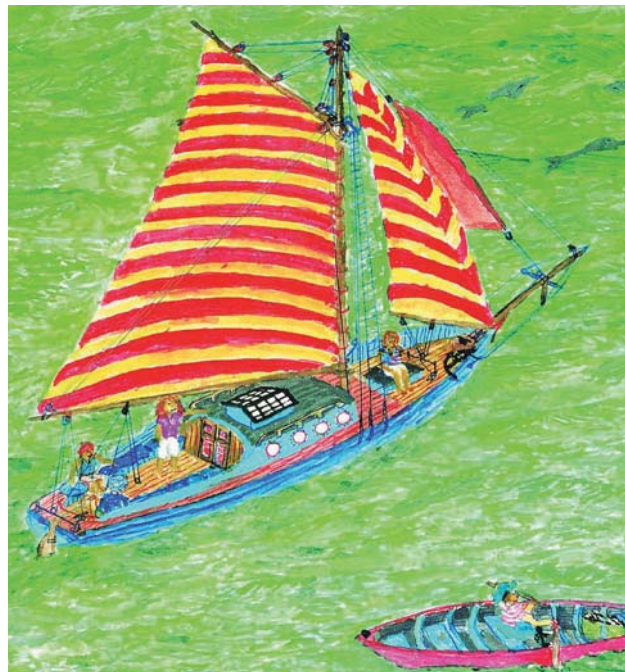
Relaxation Techniques

Relaxation techniques can...

- be easily learned.
- reduce stress.
- minimize symptoms of mental illness (such as anxiety and depression).

Here are some relaxation techniques:

- Deep breathing.
- Meditation.
- Visualization.
- Aromatherapy.
- Relaxation tapes.
- Taking a hot bath or shower.
- Drinking a hot cup of herbal tea.
- Listening to soothing music.
- Massage and reiki.
- Biofeedback.
- Hobbies (such as gardening, reading, woodworking, and needlework).



Recreational and Social Opportunities

New Hampshire offers many opportunities for free, or a nominal cost, and/or a senior citizen discount. The following web site provides information on what New Hampshire has to offer:

- www.nh.gov/visitors/tourism.html

Some restaurants offer “early-bird specials,” senior citizen discounts, or special menus for senior citizens with lower prices.

Information on free or inexpensive activities can be found in the following places:

- Local library.
- State and local newspapers.
- Public access television.
- Internet.
- Local parks and recreation department.
- Local senior centers.
- Bulletin boards in local businesses.

Taking advantage of recreational and social opportunities can...

- take our minds off our problems.
- decrease isolation.
- increase social connections.
- increase connection with our community.
- improve our overall sense of well-being and enjoyment.

New Hampshire offers some wonderful opportunities, such as:

- Old Home Days.
- Fall Fairs.
- Christmas and Holiday Fairs.
- Local town recreation departments offering activities and trips.
- Local senior centers offering friendship, activities, and trips.
- Museums, like the Currier Gallery of Art, a nationally known gallery.
- The local historical society.
- New Hampshire sports teams: Manchester offers professional football (The Wolves), hockey (The Monarchs), and baseball (The Fisher Cats).
- Tourists railroads (Wilton Scenic and North Conway Scenic).
- Hobby groups (model trains, quilting, crafts, gardening, ham radio, writing, and so forth).
- Antique shows.
- Model trains shows.
- State parks.
- Cultural and ethnic fairs.
- Scenic drives.

Humor

The ability to find humor in life can relieve stress and strengthen self-esteem and provide a sense of well-being. It has been demonstrated that people who learn to have a humorous outlook actually improve their physical health and immunity to a variety of diseases.

Maintain a sense of humor about yourself, and laugh with others, not at them. Be playful and don't be afraid to have fun.

Surround yourself with people and activities that increase light-hearted enjoyment, such as comics, shared jokes, and other opportunities for amusement.

A touring group of seniors in New Hampshire who do one-act plays on issues facing older adults is called "Senior Moments." Taking a humorous approach to real situations can make life a bit easier. For starters, share the following with some of those people and have a good laugh together.

"A sense of humor can help you overlook the unattractive, tolerate the unpleasant, cope with the unexpected, and smile through the unbearable."

—Moshe Waldoks

The Senility Prayer

God grant me the senility to forget the people I never liked, the good fortune to run into the ones I do like, and the eyesight to tell the difference. Now that I'm older, here's what I know:

- I started out with nothing, and I still have most of it.
- My wild oats have turned into prunes and All Bran.
- I finally got my head together; now my body is falling apart.
- Funny, I don't remember being absentminded.
- You know you are getting old when everything either dries up or leaks.
- If all is not lost, where is it?
- It is easier to get older than it is to get wiser.
- Some days you're the dog – some days you're the hydrant.
- I wish the buck stopped here; I sure could use a few.
- If you don't learn to laugh at trouble now, you won't have anything to laugh at when you are older.
- It's hard to make a comeback when you haven't been anywhere.
- The only time the world beats a path to your door is when you're in the bathroom.
- If God wanted me to touch my toes, he would have put them on my knees.
- When I'm finally holding all the cards, why does everyone decide to play chess?
- It's not hard to meet expenses...they're everywhere.
- These days, I spend a lot of time thinking about the hereafter...I go somewhere to get something and then wonder what I'm here after.

Sexual Health

Sexual relationships between consenting adults can continue to add enjoyment to the lives of older adults. Like other relationships, when sexual contact is mutual and welcome, both partners can have a satisfying experience at *any* age.

Positive intimate relationships can help decrease loneliness and improve spirits. Practice safe sex to avoid sexually transmitted diseases such as:

- Gonorrhea.
- AIDS.
- Syphilis.

Working

Many adults postpone retirement, or continue working at some level *after* they have “retired.” Employment may provide necessary or discretionary income, but a job can also provide the following benefits:

- Satisfaction.
- A sense of productivity.
- Connection with others with a common interest or task.
- Structure and ability to maintain skills in a particular area.

Working after retirement may allow for choice in where and how much one works, and may allow an opportunity to explore a job or volunteer position that re-energizes or develops new skill sets and interests.

Earned income can affect your benefits, so you may wish to check with the Social Security Administration about the guidelines for income if you are receiving federal benefits.

Education

Our desire to learn does not go away when we finish our primary school years. Many adults continue taking classes for personal or professional benefit well into adulthood.

Many opportunities exist for continued schooling, including the Osher Institute of Granite State College, which provides educational opportunities for older adults (see www.cll.edu/olli) and the RISE program at Rivier College in Nashua (see www.rivier.edu/departments/rise).

Other opportunities for learning include local colleges, universities, and local adult education programs offered through the city or town.

Taking classes or furthering our education can provide the following benefits:

- Strengthen existing skills.
- Generate new skills.
- Stimulate the brain’s learning process.
- Stimulate the brain’s memory process.

Feeling Connected

As we get older, we experience significant personal loss as loved ones and friends pass away. It is important to recognize and accept the normal sadness and grieving that accompanies this time in life.

Studies show that mental wellness is, in part, related to the healthy relationships that we have.

To continue in good mental health...

- maintain spiritual customs.
- maintain social customs.
- maintain old relationships.
- maintain family connections.
- develop new relationships.
- maintain relationships with grandchildren.
- explore civic organizations (Lions Club, Kiwanis, Elks Club, Veterans of Foreign Wars).
- explore community organizations.
- explore senior centers.
- explore day programs.
- explore churches, synagogues, or mosques.
- explore local community peer support agencies.
- volunteer in the community.

Peer Counseling and Support

Using the support of friends and family to deal with life issues as we get older can be effective and helpful in adjusting to the changing demands of our lives.

Utilize peer, family, and caregiver support groups and educational programs:

- NAMI NH: (800-242-6264)
- NH Family Caregiver Support Program (800-351-1888, Ext. 5554), or call ServiceLink at 866-634-9412.

Senior centers in larger towns and cities can provide companionship for older adults.

Investigate peer support centers for persons with mental illness:

- Call ServiceLink at 866-634-9412.
- Call the NH State Office of Consumer and Family Affairs at 603-271-5138.
- Read more about peer support centers in “Peer support agencies” on page 128.

Independent Living

Being able to remain in the home of our choice provides a sense of comfort and security if we have the proper supports. When mental health and/or substance abuse issues add further challenges, specialized services can make a difference.

There are programs that help older adults solve problems so they can maintain their independence, such as REAP (Referral, Education Assistance, and Prevention) and Wrap Around services. ServiceLink can help locate resources like these to provide supports to keep older adults living independently. More information about these programs is in the Appendix.

General information about independent living can be found through the following link:

www.nw.org/network/comstrat/agingInPlace/links.asp

Wellness and Recovery

We can control the way we care for ourselves; we can influence our health positively through good habits, a strong support network, and self-care activities. Our good habits can promote wellness and recovery for any illness that may affect our lives.

Many communities have wellness programs through local hospitals and health clinics.

Many good resources promote recovery when dealing with mental health issues. Mary Ellen Copeland has written several books and provides a regular newsletter, which can be accessed through the following web site:

www.mentalhealthrecovery.org

Additional Information

Aging Issues, a statewide quarterly newsletter, is available through the NH Department of Health and Human Services, Bureau of Elderly and Adult Services by contacting Margaret Morrill at 800-351-1888, Ext. 4683 or mmorrill@dhhs.state.nh.us

Copeland, Mary Ellen (2000). *The Loneliness Workbook: A Guide to Developing and Maintaining Lasting Connections*, New Harbinger Publications, Inc.

Positive Aging Resource Center. www.positiveaging.org

Chapter 3. Mental Illness – Myths and Facts

Chapter Overview

Mental illness is common, yet not well understood. In 1999, the Surgeon General cited that one in five individuals will experience some type of mental illness in their lifetime.

People with mental illness do get better with proper treatment and support. Not everyone with mental illness needs ongoing treatment. Many learn to manage their illness and are able to successfully recover.

“There are so many talents and abilities and accomplishments to share - no one should feel that life is over just because he or she has mental illness.”

This chapter clarifies the true nature of mental illness and dispels some of the more common misconceptions that many people still believe today.

Chapter Content

Some Facts	16
Some Myths and Facts	16

Some Facts

Experiencing mental health problems or being diagnosed with a mental illness evokes many feelings for the individuals affected, not only for the person with the problems, but for their family, friends, and others associated with them.

Mental illness has had a long history of negative associations, and the stigma that remains with mental health disorders continues to affect people negatively. With education and understanding about mental illness, we can begin to eliminate stigma and increase the quality of life and access to treatment for those who are coping with it.

The stigma of mental illness should not prevent people from leading normal lives in the community or getting the treatment that they need. Listed below are some of the many people who have had successful lives and contributed significantly to society while dealing with mental illness:

Abraham Lincoln, Winston Churchill, Beethoven, Isaac Newton, Anthony Hopkins, Harrison Ford, Mike Wallace, Patty Duke Austin, Dick Clark, Ted Turner, and Jane Pauley.

With understanding and the right services and supports, recovery is possible.

Science has shown that mental disorders are best understood as a result of a combination of factors: disturbances in the brain's "wiring" process during early development, genetic influences, chemical imbalances, brain trauma, and severe life stress. People cannot be blamed (and should not blame themselves) for these disorders, any more than they can be blamed for having diabetes.

Some Myths and Facts

Below are some of the beliefs associated with mental illness and the facts that actually explain these confusing or negative impressions:

Myth: If I have a mental health problem, I should be able to take care of it myself.

Fact: Some mental health problems, such as mild depression or anxiety, can be relieved with support, self help, and proper care. However, if problems or symptoms persist, a person should consult with their primary doctor or a qualified mental health professional.

Myth: If I have a mental illness, it is a sign of weakness – it's my fault.

Fact: Mental illness is not anyone's fault anymore than heart disease or diabetes is anyone's fault. According to the Surgeon General's report: "Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof), associated with distress and/or impaired functioning."

Mental illnesses are not conditions that people choose to have or not have. Mental illnesses are not results of willful, petulant behavior. No one should have to feel ashamed of this condition any more than they would be ashamed of any other medical condition.

Myth: If I seek help for my mental health problem, others will think I am crazy.

Fact: No one should delay getting treatment for a mental health problem that is not getting better, just as one would not wait to take care of any other medical condition that needed treatment. Some people worry that others will avoid them if they seek treatment for their mental illness. Early treatment can produce better results. Why suffer alone needlessly? Seeking appropriate help is a sign of strength, not weakness or “craziness.”

Myth: People diagnosed with mental illness are always out of touch with reality.

Fact: People suffering from even the most severe of mental illnesses are in touch with reality more often than they are not. Many people quietly bear the symptoms of mental illness without ever showing signs of their illness to others, and most people with mental illness live productive, active lives...consider Winston Churchill and Abraham Lincoln.

Myth: Stress causes mental illness.

Fact: Only partially true. Stress may occasionally trigger an episode or cause symptoms such as anxiety or depression, but persistent symptoms appear to be biological in nature. There are possibly other factors that contribute to mental illness – the cause is not yet fully understood.

Myth: A person can recover from a mental illness through positive thinking and prayer.

Fact: Recovery is possible when the person receives the necessary treatment and supports. Spirituality can be an important source of strength for some individuals as well.

Myth: People who have a mental illness are dangerous.

Fact: People who have mental illness are no more violent than someone suffering from cancer or any other serious disease. Evidence shows that persons with mental illness are more likely to be victims of a crime than to commit a crime.

Myth: Most people with mental illness live on the streets or are in mental hospitals.

Fact: Over two thirds of Americans who have a mental illness live in the community and lead productive lives. Most people who need hospitalization are only there for brief periods to get treatment and are then able to return home, just like persons hospitalized for other conditions. Some people with mental illness do become homeless and could benefit from treatment and services.

Chapter 3. Mental Illness - Myths and Facts ---

Chapter 4. Mental Health Issues

Chapter Overview

Mental health problems can occur at any point in life and are not caused by aging. Many health problems are common disorders and can be improved with the right treatment and/or support. This chapter reviews some of the categories of mental health disorders and the kinds of services and supports that promote recovery.

“Character cannot be developed in ease and quiet. Only through experiences of trial and suffering can the soul be strengthened, vision cleared, ambition inspired, and success achieved.”
-Helen Keller

Chapter Content

Grief and Loss	20
Phases of Grief	20
Treatment	20
Differences between Grief and Depression	21
Suicide	22
Risk Factors	22
Warning Signs	23
Prevention	23
Mental Health Disorders	25
Prevalence and Treatment	25
Finding Services	26
Mood Disorders	27
Anxiety Disorders	29
Thought Disorders	31
Personality Disorders	32
Substance Use Disorders	33
Cognitive Impairments	36
Traumatic Brain Injury	40
Developmental Disabilities	41
Additional Readings	42

Grief and Loss

Adults face numerous losses as they age. These include changes in their economic, social, and personal status related to job retirement; decline in health; and the deaths of friends and family. The death of a spouse or other loved one can be a profound loss bringing on a grief process that can cause changes in mood and behavior.

“Life doesn’t have to be perfect to be wonderful.”
– Annette Funicello

Phases of Grief

These are the most commonly experienced phases of grief:

- **Denial.** Expressing disbelief, or not being able to acknowledge the loss.
- **Anger.** Being enraged that the loss could have happened to them.
- **Bargaining.** Attempting to make “deals” in an effort to change the situation for the better.
- **Depression.** Having feelings of despair or hopelessness.
- **Acceptance.** Being able to move beyond the loss and resume previous activities and behavior.

Treatment

The phases outlined above are normal reactions to a loss and usually will eventually pass. However, if a person does not seem to get to the acceptance stage or shows prolonged signs of depression (longer than two weeks), a mental health evaluation should be sought (see “Depression” on page 27). While grief and loss can be emotionally difficult, many older adults are able to adapt to the changes in their life and regain a sense of joy and happiness. The support of family, friends, and sometimes health professionals can aid in this process. If a person is not seriously depressed (see the following table for differences between grief and depression) or at immediate risk, the following simple approaches can refocus a person’s outlook:

- A visit from a family member or friend.
- A change of environment, such as a short trip away from home.
- Leading the person to talk about joyful memories from their past.
- Working with health care professionals to address sleep and anxiety issues.
- Developing a close system of supportive people.
- A mild antidepressant.

Important! If at any time, there is a concern about a mental health disorder and/or suicide risk, a professional evaluation should be sought.

Differences between Grief and Depression

The symptoms of grief and depression are similar. The table below describes the behavior and characteristics of people who are grieving and people who have depression. More details are provided for depression in “Depression” on page 27.

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

[Source: *A Mental Health Guide for Older Kansans and Their Families*]

Suicide

Every year in the United States, over 30,000 people take their own lives. It is estimated that 90% of people who die by suicide have had some type of mental health or substance abuse disorder. Americans over the age of 65 have the highest rate of suicide of any age group. Statistically, this rate increases even more for white males and persons over the age of 85. Nationally, there are 15 elderly suicides per day, or one elderly suicide every 95 minutes. Older adults who are either single, widowed, or divorced are at higher risk than those who are married. Men account for 85% of the suicides among persons aged 65 years and older; white men over 85 are at the greatest risk of all age-gender-race groups. [Source: National Center for Health Statistics, National Vital Statistics System]

Depression that goes untreated is a major factor in suicide attempts. However, depression is very treatable! It is important to seek help immediately if you are having thoughts of dying or if you know a person who seems to have lost interest in caring of him/herself or shows any of the warning signs listed in this section. If you are feeling like life is not worth living, or are having thoughts of dying, there is help. Contact the national hotline at 800-273-TALK, or your local emergency room to get the 24-hour number or your community mental health center (community mental health centers are also listed in “Community Mental Health Centers” on page 124).

Risk Factors

Family members, health care providers, and other supporters should be aware of the following risk factors and warning signs:

- Divorce, widowhood, or single status (marriage has a minimizing effect).
- Males are at high risk within six months after the loss of a partner.
- Lower socioeconomic status.
- Retirement of those who have few other interests.
- Persistent insomnia.
- Marked feelings of guilt and inadequacy.
- Estrangement from family and friends.
- Extreme isolation.
- Delirium.
- Agitation.
- Alcoholism.
- Life-changing physical disorder.
- Painful, debilitating, and/or terminal illness.
- Threat of extreme dependency or institutionalization.

[Source: Mary Ellen Copeland]

Warning Signs

A task force of expert clinician-researchers developed a mnemonic (IS PATH WARM) to remember key warning signs of someone who may be at high risk for suicide. The following may be signs that the person is thinking about suicide, particularly if the person is experiencing other symptoms of depression and/or recent losses:

- I** Ideation: Thinking, writing, or talking about death or suicide
- S** Substance Abuse: Increased drug and/or alcohol use

- P** Purposelessness: No reason for living; no sense of purpose in life
- A** Anxiety: Agitation; unable to sleep or sleeping all of the time; excessive worry
- T** Trapped: Feeling like there is no way out; feeling helpless
- H** Hopelessness: Feeling like things will never get better

- W** Withdrawal: Isolating from friends, family, society; loses interest in usual activities/hobbies
- A** Anger: Rage, uncontrolled anger, seeking revenge
- R** Recklessness: Engaging in risky activities, seemingly without thinking
- M** Mood Change: Dramatic mood changes; noticeable behavior changes

If these are observed and/or if someone expresses a plan to die or kill themselves, immediate help should be sought by contacting a mental health professional or calling 800-273-TALK (8255) for a referral.

[Reference: American Association of Suicidology: www.suicidology.org]

People who are feeling suicidal may say something specific about their desire to die; but others may make only subtle comments or say nothing at all. Many people who have died by suicide have communicated their plans in some way in advance. Some individuals may stop treatment or medications or may not eat because of a desire to die or fade away. Behaviors such as these should not be ignored. Treatment and social service providers should be made aware of signs, even subtle signs, that a person may want to die. According to one study, 70% of older adults who died by suicide visited their primary care physician within a month of their death; 40% within the same week and 20% that same day.

[Source: NIMH Publication No. OM-99-4207]

Prevention

If you are feeling hopeless or are providing care for someone who may be suicidal, speak to someone you trust about it immediately and seek help from a professional.

What to do if you think someone is suicidal:

- Talk with the person and express your concerns honestly. This will not make them suicidal; instead, it may open the opportunity for them to discuss their feelings and seek help.
- Determine if the person has access to means, such as a stockpile of medication or a gun. If they do, help find a way to ensure that the means will not be accessible until a qualified professional has evaluated them and feels they are not at risk (see “Restricting Lethal Means” below).
- Do not leave the person alone until you can get them connected with help!

- Get the person in touch with professionals who can evaluate them, such as a mental health center, if they are not already in treatment. Follow-up to ensure that they are getting treatment.
- In urgent situations, mental health centers around New Hampshire have 24-hour emergency services; or contact the provider with whom the person is in treatment.
- Call 911 if you feel the person is at imminent risk and refusing to be evaluated.

Refusing treatment. If a person who shows signs of being suicidal refuses to see someone for an evaluation, they may need to be brought in under an involuntary legal process called a Complaint and Prayer. This is a last resort option and community mental health centers can consult as to when this would be appropriate. If someone is concerned about an individual who appears to be suicidal and refusing to be seen, consultation with a mental health professional should be sought. The person should not be ignored if they refuse to seek help, but should be encouraged to talk with a person who may be able to help them. It may help if a support person offers to accompany them to their first appointment.

Restricting Lethal Means. A person who is suicidal and has the ability to carry out their plan is at very high risk of death by suicide. Suicide is a public health problem and is everyone's business. We should talk with the individual and/or someone who is involved to help keep them safe around methods which can be lethal, such as knives, medication, poisons, ropes, vehicles, guns, etc. Firearms are the most lethal method of suicide and the primary cause of suicides in New Hampshire. The presence of a firearm in the home increases the likelihood of suicide by 5 times compared to a home without a firearm, even if the firearm is properly stored. In 2002, 72% of suicides by adults over 65 nationally involved a firearm.* If you are concerned about someone and you know that they have access to a gun, talk with them about having the gun secured outside of their home until a professional can evaluate the person's safety. Communicate with caregivers, family, and treatment providers about your concerns. In some communities, police departments will store a firearm for a period of time until it is safe to return it to the owner.

[*Source: National Center for Health Statistics, National Vital Statistics System]

“Family members and health care professionals need to take preventive action, even if the person doesn't want them to-it may be necessary to save their life.” (Mary Ellen Copeland)

For more information on suicide prevention in the elderly, consult the following:

Building Community Competence: The Role of Gatekeepers in Preventing Late Life Tragedies. www.sprc.org/library/BuildingCompetence.pdf

Elderly Suicide: Secondary Prevention.
www.nursing.uiowa.edu/centers/gnirc/protocols.htm

The Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT)
www.sprc.org/whatweoffer/factsheets/prospect.pdf

For more information on the NH State Suicide Prevention Plan, or Lethal Means Restriction in NH, contact Elaine Frank, Injury Prevention Center at 603-653-1135 or Elaine.M.Frank@Dartmouth.edu.

Mental Health Disorders

This section will describe some mental health disorders and the treatments that are found to be effective. There are many types of disorders that are not covered in this section. Mental health disorders described here are those that are generally more common, severe, and/or disruptive for older adults and their families.

Prevalence and Treatment

Some mental health disorders can develop early in life (occurring as young as childhood and adolescence), such as schizophrenia and bipolar disorder. Other mental health disorders, such as depression and anxiety, can develop at any time in life and tend to be fairly common in older adults. According to the Surgeon General's report on mental health, up to 20% of adults over 65 experience some type of mental disorder, yet researchers believe that over 60% of those people needing mental health services go without. However, individuals who get proper treatment generally respond well. According to a report from the National Institute of Mental Health in 1993, the success rate for treating disorders like bipolar disorder and panic disorder is 80%, schizophrenia and obsessive compulsive disorder is 60%, and 90% of people treated for major depression report improvement. With advances in the past decade, these treatment rates are even better. By comparison, the success of treating cardiovascular diseases is only 55-60%. [Source: Mass Mental Health. www.mamh.org/changingminds_defining.htm]

So, why would so many individuals not get the treatment that they need? There may be several reasons:

- First, many mental health problems may go unrecognized or unreported. The individual experiencing the problem may not realize that they need mental health treatment, or feel too embarrassed to ask for help.
- Others, including doctors and caregivers, may dismiss symptoms as a natural part of the aging process; for instance, the person who seems hopeless or melancholy may be thought to be grieving or experiencing prolonged bereavement. As a result, what is actually depression may go untreated.
- Sometimes, mental health symptoms can show up as physical complaints, and an assessment may not fully explore causes and options.
- The stigma of mental illness can prevent people from recognizing or admitting a mental health problem.

Mental health disorders that are not severe can often be treated through one's primary care physician (PCP) once a thorough physical has been done. Biological or physical factors that can influence the mental health of individuals at any age include:

- A vitamin deficiency.
- Nutrition.
- Prescription medications.
- Vitamins or other nutritional supplements.
- Over-sensitivity to alcoholic beverages.
- Over-the-counter drugs (some may be overused or may interact with prescriptions).

- Herbal products or medicines.
- Type and amount of exercise.
- Stress of change and loss (common for older adults).
- Bump on the head or other injury.
- Physical illness.

Finding Services

Mental health professionals

More serious mental health disorders should be referred to a mental health professional. In New Hampshire, there are private providers who accept various types of insurance. Community mental health centers exist in every region of the state and accept both private insurance as well as Medicaid and Medicare. See “Mental Health Centers and Peer Support Agencies” on page 124 for a listing of mental health centers. There are also some facilities that specialize in the care of older adults with mental illness. Less serious problems may be handled by a primary care physician and/or another specialized practitioner. See Chapter 5, “Types of Treatment Available,” beginning on page 43.

Self-help

Most of the disorders described in this section reference various types of medical or mental health treatment options. It is important to remember that many people with these disorders also find that an effective part of recovery is gained through learning self-help techniques and getting support from others with a similar experience. See Chapter 2, “Wellness and Healthy Living,” beginning on page 5 for more information on ways that one can direct their own recovery and health.

Peer support

Most of the disorders described in this section reference various types of medical or mental health treatment options. It is important to remember that many people with these disorders also find that an effective part of recovery is gained through learning self-help techniques and getting support from others with a similar experience. See “Peer support agencies” on page 128 for contact information for peer support centers in New Hampshire.

Family support and education

Ongoing support from caregivers is another important element for a person who needs mental health treatment. Research has demonstrated that when the families and caregivers of persons with mental illness receive support and information to help them understand and cope with the effects of the illness, the recovery for the person with the illness is improved. NAMI NH is a resource where individuals and their families can find information, support groups, and educational programs about mental illness. For more information, contact NAMI NH: 800-242-6264 (NAMI) or www.naminh.org.

Mood Disorders

Depression

Depression is a common disorder found in older adults, affecting as many as 20% of people over 65. However, it is not a normal part of the aging process and should not be ignored.

Depression...

- may be overlooked by caregivers and treatment providers.
- is often associated with other medical problems, such as cancer, heart disease, diabetes, Parkinson's disease, vitamin deficiency, medical operations, and trauma such as from a car accident.
- can diminish a person's ability to recover from other illnesses.
- can increase the risk of suicide, which is higher in older adults than any other age group.

Researchers estimate that in any given year, depressive illness affects 12% of women and 7% of men of all ages. Some questions remain, however, as to whether women have a higher incidence because men are less likely to recognize signs of depression and seek help. [Source: NIMH Publication No. 03-4972, *Men and Depression*, 2003]

Clinical depression should not be confused with bereavement, which is generally a grief reaction to some type of loss (see "Grief and Loss" on page 20). Signs of clinical depression can include:

- Change in sleep habits, either sleeping much more or much less.
- Poor appetite or overeating, resulting in significant weight loss or gain.
- Poor concentration or difficulty making decisions.
- Fatigue or loss of energy.
- Expression of hopelessness or worthlessness.
- Persistent low mood or apathy.
- Excessive crying.
- Recurring aches and pains that don't respond to treatment.
- Persistent anger, hostility, and/or irritability.
- Low self-esteem.
- Loss of pleasure or interest in usual activities, including sex.
- Feelings of hopelessness or pessimism.
- Feelings of guilt, worthlessness, or helplessness.
- Expressing desire to die or thoughts about dying, and/or making a suicide attempt.

These are not normal signs of aging. These symptoms of depression generally persist for two weeks or more, and can occur continuously or in cycles for periods of years. Sleep disturbance in and of itself is common in older adults, and can be linked to depression, poor health and other problems such as angina and overuse of tranquilizers. The good news is that depression is a very treatable disorder.

Here are some questions to ask yourself:

In the past month, have you...

- been bothered by having little interest or pleasure in doing things?
- been bothered by feeling down, depressed, or hopeless?
- had difficulty sleeping or had a poor appetite with weight loss?
- felt irritated or annoyed by little things?

If you answered “yes” to any of these questions, talk to a professional who can assess your feelings and help you determine what might be beneficial. [Source: *Outcomes-Based Treatment Plan*]

Available Treatment

- Counseling or psychotherapy can be an effective treatment for depression.
 - The most effective non-medication treatments for depression include problem-solving therapy (PST) and cognitive-behavioral therapy (CBT), and interpersonal psychotherapy (IPT).
- Medications.
 - Many older and newer antidepressants exist on the market.
 - The newer families of antidepressants (called SSRI’s and SNRI’s) tend to have fewer significant side effects and are as effective as the older antidepressants.
 - About 65 – 80% of individuals will respond to the first medication used.
 - Older adults may need lower doses than younger persons.
 - It is important that your doctor is aware of all medications that you take.
- Hospitalization is sometimes used short-term.
- Other alternatives exist and should be discussed with a doctor.

In most cases, a combination of medication and counseling will have the most effective results.

Bipolar Disorder

Bipolar disorder (also known as manic-depression) is less common than depression (about 1% of individuals have this diagnosis). The disorder includes a depressive phase as well as a manic phase. It usually starts earlier in life (late adolescence or early adulthood), but may continue to need treatment later in life. Although not always, the phases of mania and depression can immediately follow one another. A person may cycle rapidly through several episodes (sometimes up to four times a year) or may experience very infrequent episodes (sometimes only once or twice in a lifetime). Each phase generally lasts at least a few weeks.

During the manic phase, symptoms may include (for depressive symptoms, see “Depression” on page 27):

- Exaggerated self-esteem and/or self-confidence.
- A decreased need for sleep, and a high energy level.
- Talkative to the point where it is difficult to “get a word in edgewise.”

-
- Rapid speech and reports of racing thoughts.
 - Reckless behavior such as driving too fast, spending money carelessly, or getting involved in promiscuous relationships.
 - Delusional beliefs or paranoia along with mood disturbance.

Here are some questions to ask yourself.

In the past month have you been feeling...

- “high,” without the use of drugs or alcohol?
- so full of energy that you got into trouble?
- overly confident?
- that people think you are not your usual self?

During these “high” times, have you...

- needed less sleep?
- talked too much without stopping?
- been so active that others worried about you?

[Source: *Outcomes-Based Treatment Plan*]

These may be signs of a manic phase, particularly if you or members of your family have been diagnosed with bipolar disorder. It is in your interest to talk with a professional who can assess your symptoms and determine any need for treatment.

Treatment. Mood stabilizers are a type of medication that can be very effective. Some common examples include:

- Lithium.
- Tegretol (carbamazapine).
- Depakoate (valproate).
- Lamictal (lamotrigine).

It is helpful for individuals to...

- recognize their symptoms.
- be able to consult their physician to make any necessary medication adjustments.
- recognize and avoid situations that cause their symptoms to get worse.

Support persons can help by knowing the early warning signs.

Anxiety Disorders

The symptoms in this group of disorders are also common for persons in their older years; over 11% of persons over 55 are believed to meet the criteria for an anxiety disorder. We all feel occasional moments of nervousness accompanied by increased pulse rate, sweaty palms, and/or a queasy stomach. Signs of anxiety that persist, or are so severe as to interrupt our ability to carry out normal activities, may indicate a disorder that should be evaluated and treated.

Symptoms of an anxiety disorder include:

- Unexplained fear or feeling of dread or panic.
- Restlessness or feeling “on the edge.”
- Irritability.
- Agitation.
- Disturbed sleep (difficulty falling or staying asleep, or restless unsatisfying sleep).
- Headaches, muscle tension, and/or pain.
- Stomachache or diarrhea.
- Chills or hot flashes.
- Difficulty concentrating.
- Loss of energy, easily fatigued.
- Shaking, trembling, or hand wringing.
- Racing or pounding heart.
- Rapid breathing.
- Chest pain.
- Constant worry; fears of “going crazy” or “dying.”
- Preoccupation with relationships and conversations with others.

Some anxiety disorders have specific patterns of symptoms and behaviors. The following are some specific categories:

Phobic Anxiety Disorder

This disorder is experienced as a significant and persistent fear that is excessive or unreasonable. The fear may focus on a specific item or situation, such as a type of animal, or fear of heights, or a fear of an illness or intrusive medical procedure, and will lead to avoidance of any situation or activity that could expose the person to the fear.

Obsessive Compulsive Disorder

This disorder is marked by persistent thoughts (obsessions) which in turn produce a repetitive behavior (compulsion) to such an excessive level that it interferes with other daily activities. A standard example is that of someone who washes their hands multiple times yet still feels compelled to wash again.

Panic Disorder

This disorder is often experienced as physical problems that include sweating, heart palpitations, dizziness, and/or extreme fear, without an obvious cause. The attacks usually last between 5 and 30 minutes, and can recur up to several times daily. People suffering panic attacks sometimes contact emergency services believing they are having a heart attack or some other serious physical ailment because the panic attack occurs so suddenly and unexpectedly. People who suffer from these attacks live in fear of these attacks recurring because of their unpredictable nature.

Post-Traumatic Stress Disorder (PTSD)

This disorder results from a traumatic experience. Traumatic experiences can include any of the following:

- An accident or serious injury.
- Being physically or sexually abused or assaulted.
- A natural disaster.
- A war.
- An event where you thought you would be killed.

Having experienced an event or witnessed such an event can cause trauma, which is a natural reaction to a terrible and scary event. A common example of PTSD is the reaction of veterans of war who were exposed to heavy combat or other traumatic experiences.

Symptoms such as the following may occur immediately after, or many years after a traumatic event:

- Recurrent thoughts, dreams, and/or fears about the event.
- Persistent sense that the event is recurrent.
- An avoidance of anything (person, place, or thing) that reminds one of the event.
- Other symptoms of anxiety, such as those described earlier in this section.

These reactions can affect mood, concentration, ability to sleep, and ability to relate to others. When these symptoms are severe and last more than a few months, a diagnosis of PTSD may apply.

Treatment. Treatment for anxiety disorders can help individuals cope and function better and may include the following:

- Verbal therapies, such as cognitive behavior therapy.
- Relaxation techniques.
- Medications.

Here are some questions to ask yourself about anxiety:

During the past month, have you...

- felt worried, nervous, or anxious?
- had unpleasant thoughts constantly go around and around in your mind?

If your answer is “yes” to either question, you may benefit from talking to a professional who can help you to deal with your anxiety.

[Source: *Outcomes-Based Treatment Plan*]

Thought Disorders

Schizophrenia

Schizophrenia affects only 1% of the population and usually develops in early adulthood. Older adults with schizophrenia have usually been dealing with this illness for several

years. “Late onset schizophrenia,” sometimes brought on by severe stress such as a physical illness or loss of a loved one, may also develop in some older adults. This diagnosis is not very common.

Characteristics of schizophrenia include the following:

- Disorganized thoughts.
- Difficulty focusing in conversation.
- Delusions, such as beliefs or convictions that are not based in reality (person believes they are a god or some famous person).
- Hallucinations (most common are auditory, such as hearing nonexistent voices; occasionally may see something/someone that is not there).
- Social isolation or withdrawal.
- Paranoid thinking or ideas (believes others are out to get him/her).
- Odd or eccentric behavior (heavily dressed in warm weather).

Symptoms described here may also be signs of a dementia. It is important for a qualified professional to evaluate the person's symptoms and determine whether they are a result of schizophrenia or a developing dementia.

Schizophrenia should not be confused with dementia. Many persons with schizophrenia do get better and have overcome the symptoms of the illness enough to function normally.

Treatment. Medications used to treat schizophrenia are called antipsychotics, or neuroleptics. The newer versions of these medications are sometimes more effective and have different side effects than the older antipsychotics. It is very important to discuss these choices with your doctor, including the benefits and potential side effects. Working with a therapist or case manager who understands the symptoms can assist you and your support person to manage the symptoms and help you to live as independently as possible.

Personality Disorders

Borderline Personality Disorder

Problems related to persons with borderline personality disorder are generally due to destructive or chaotic behavior patterns. The individual with this disorder may function very well for periods of time, but can also lose ability to manage their emotions and their reactions, often with damaging results to themselves and those close to them.

Characteristics of someone with a borderline personality disorder include the following:

- Extreme emotions and mood swings.
- Frequent bouts of depression.
- Difficulty controlling emotions, often demonstrating rageful reactions.
- Impulsive behaviors and poor judgment.
- Stormy or violent relationships.
- Dramatic, or overly intense.

- Self destructive and “parasuicidal” behavior, such as cutting oneself with razor blades or taking overdoses, not always with the intent to die.

Treatment. While medication may be helpful, some of the most effective treatment is through structured models based on “cognitive behavioral therapy.” Provided in both group and individual counseling sessions, cognitive behavior therapies, such as Dialectical Behavior Therapy (DBT) can teach the individual to manage their feelings and replace destructive behaviors with healthier habits through practice, repetition, and supportive relationships.

Substance Use Disorders

Misuse or abuse of alcohol and/or other drugs can include drinking too much alcohol, taking prescription drugs without the advice or supervision of a doctor, using illegal drugs (like marijuana), or taking inappropriate or excessive amounts of over-the-counter (OTC) medicines. Most substance-related problems experienced by older adults have to do with alcohol or alcohol combined with prescription or over-the-counter drugs. In addition, alcohol use contributes to many health problems experienced by older adults, including falls and accidental injuries, depression, anxiety, confusion, memory loss, and malnutrition. Alcohol also affects treatment for other health problems and interacts with medication, sometimes in a harmful way.

Alcohol Misuse

Drinking as a health risk factor is related to how much and how often a person drinks. As people get older, their bodies are less able to handle drinking alcohol in a safe way. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) recommend that men 65 and older drink no more than one standard drink per day or seven standard drinks per week. They recommend that older women drink less than one standard drink per day.

According to NIAAA, a standard drink is any drink that contains about 14 grams of pure alcohol. Standard drink equivalents are listed below, along with the number of standard drinks in different container sizes for each beverage. These are approximate because different brands and types of beverages vary in their actual alcohol content. However, if you are not sure, information printed on the container will say how many standard drinks it contains.

Type of Alcohol	Container and Measurement
Beer or Wine Cooler (5% alcohol)	12 oz. container = one standard drink
	16 oz. container = 1.3 standard drinks
Malt Liquor (7% alcohol)	12 oz. container = 1.5 standard drinks
	16 oz. container = 2 standard drinks

Type of Alcohol	Container and Measurement
Wine (12% alcohol)	5 oz. glass = 1 standard drink 750 ml (25 oz.) bottle = 5 standard drinks
Hard Liquor (80 proof/40% alcohol)	One mixed drink = 1 or more standard drinks (depending on the type and amount of alcohol in the drink) One pint (16 oz.) = 11 standard drinks One fifth (25 oz.) = 17 standard drinks

Alcohol Use and Health Concerns. Recommended drinking limits are lower for people over 60 because of changes in water content, lower tolerance to alcohol, and decreased ability to metabolize alcohol. These changes can make even drinking small amounts risky. If you are over the age of 60 and you have at least one chronic illness, you will have increased sensitivity to alcohol or what is called a decreased tolerance to alcohol. Given these physiological changes, alcohol use can trigger or worsen serious health problems, including the following:

- Increased risk for hypertension.
- Heart problems and stroke.
- Impaired immune system and capacity to fight infection and cancer.
- Cirrhosis and other liver diseases.
- Decreased bone density.
- Gastrointestinal bleeding.
- Depression, anxiety, and other mental health issues.
- Malnutrition.
- Sleep disturbances.
- Diabetes.
- Sexual dysfunction.
- Memory impairment.

Your ability to remember, learn new things, and store information begins to diminish slightly with age. These natural changes may be increased and complicated by alcohol use. Chronic over-age drinking can cause serious, irreversible changes in brain function, although this is more likely to occur if you have a long history of alcoholism.

- Increased symptoms of neurological disorders, such as Parkinson's disease.

[Source: *Awareness and Prevention of Elder Substance Misuse*.
www.eldersubstancemisuse.org]

Signs of Alcohol Misuse or Abuse. Older adults are often reluctant to mention that they might be having a problem with misuse or abuse of alcohol or other drugs, so it is important for caregivers to look for the following signs of alcohol misuse or abuse:

- Memory trouble after having a drink or taking medicine.
- Loss of coordination (walking unsteadily, frequent falls).
- Changes in sleeping habits.
- Unexplained bruises.
- Persistent self-doubt.
- Irritability, sadness, depression.
- Unexplained chronic pain.
- Changes in eating habits.
- Wanting to stay alone a lot of the time.
- Failing to bathe or keep clean.
- Having trouble finishing sentences.
- Difficulty staying in touch with family or friends.
- Lack of interest in usual activities.

Here are some questions to ask yourself about alcohol and medications:

- Do you drink alcohol routinely every week?
- Do you drink more than the number of standard drinks recommended for men or women your age?
- Do you ever drink more than you think you should?
- Do you ever take medication when you are drinking alcohol?
- Do you ever take any drugs that are not prescribed?
- Do you ever take more medication than is directed by the label on the bottle?
- Do you ever take medication in a way that is different from the instructions on the label, for example, more frequently or less frequently than the instructions indicate?
- Do you ever use medications prescribed for a family member or friend?

If you answered “yes” to any of these questions, talk to a health care provider to see whether this may be affecting your health and, if so, to get recommendations on what you can do to get help.

Treatment. Adults over the age of 55 have the highest rate of success with substance abuse treatment and achieving and maintaining sobriety. Identification of the problem and involvement of the family is important, especially given the medical risks and social isolation associated with many older adults.

Treatment usually involves the following:

- Structured programs.
- Groups focused on prevention.
- Alternate activities.
- Self-help with family supports.

Medications may be prescribed for withdrawal (especially in cases where the individual has been dependent upon alcohol or other substances).

The important thing to remember is that you should not be ashamed to tell somebody that you think you or the person for whom you are caring might have a problem with drinking alcohol or taking drugs, whether they are prescribed by a doctor or not. The sooner you get help, the sooner the you will be able to prevent other health problems from starting or getting worse. Talk to your physician if you have concerns.

Outreach programs, such as REAP (Referral, Education, Assistance, and Prevention) are another way to get connected with help. For more information on REAP, contact ServiceLink: 866-634-9412, or your community mental health center.

Medication and Drug Misuse

Drug misuse can take place in combination with alcohol or without alcohol. Misuse of prescription medicine is the most common form of drug abuse among older adults. Drug misuse includes overuse, underuse, or erratic use of medications. Drugs that are not prescribed by a doctor, such as over-the-counter products, vitamins, minerals, and herbals, can also cause problems if not used properly. Drug misuse happens when a person takes the wrong dose, when the drug is not taken for the reason it was prescribed, when it is used at the same time as another medication that interacts with it in a dangerous way, when a person skips doses, and when medication is used with alcohol.

Some older people may self-medicate with tranquilizers and over-the-counter drugs without talking to their doctor first, or they may decide to use somebody else's medicine because they think it might help them. In other cases, older adults may take too much or too little medicine because they do not understand the instructions that come with the prescription. It is always a good idea to ask the pharmacist if you don't understand the instructions that come with your prescription. If you have trouble reading the label on prescription drugs, you can ask the pharmacy if it can use larger type on the labels to make them easier to read.

[Source: *Aging, Medicines, and Alcohol*. (brochure) Center for Substance Abuse Treatment]

For additional information on Elder Substance Abuse, consult:
www.eldersubstancemisuse.org

Cognitive Impairments

Dementia

Dementia is a term used for a group of symptoms associated with non-treatable, irreversible, progressive illnesses (like Alzheimer's disease) that affect the brain. A person with dementia exhibits the following symptoms:

- Memory loss.
- Confusion.
- Disorientation.
- Judgment problems.

Other areas affected are the following:

- Language skills.
- Perception.
- Learning abilities.
- Abstract thinking.
- Reasoning.
- Personality.

The losses caused by dementia interfere with a person's ability to function normally in social and occupational activities. Schizophrenia should not be confused with dementia.

Vascular Dementia. Vascular dementia is the second most common form of dementia. Vascular dementia can be caused by very small or "mini-strokes," or can also result from a major stroke. Risk factors include high blood pressure, blood vessel disease or clogged arteries that supply blood to the brain, or a history of brief episodes of paralysis or loss of sensation or TIA's (transient ischemic attacks). Unlike Alzheimer's dementia, memory problems in vascular dementia are usually sudden (not gradual). The most important treatment for vascular dementia is to prevent strokes from occurring. Prevention includes working closely with your doctor to control blood pressure and to reduce fats (triglycerides and lipid levels) in your blood. It is also very important to have a healthy lifestyle including abstaining from smoking, maintaining a healthy weight and diet, and engaging in some form of regular exercise.

Senility. You may have heard the terms "senility" or "hardening of the arteries" used to describe the above symptoms. In reality, "senility" is a word relating to the changes that occur in the process of growing old. For a long time it was believed (and still is mistakenly believed by many in the health care field) that losing the ability to think and remember was a normal part of aging. Over time, "senility" became associated specifically with memory loss instead of a general term referring to all aspects of the aging process. "Senile dementia" became the accepted diagnosis for older people experiencing memory problems. In effect, the diagnosis was saying that the person was demented because they were old.

It is now known that losing one's ability to think and remember is not normal, no matter what the age of the person is. There is a reason for memory loss, and any one of the following could be true. The memory loss could be...

- treatable and reversible.
- treatable and irreversible.
- non-treatable and irreversible.

"Senility" alone is no longer considered an appropriate term to describe mental impairments in older adults. At times, "dementia" is given as a diagnosis for a memory problem. This is also inaccurate because dementia is not a disease. It is a cluster of symptoms. It must have a cause. If the only diagnosis given is dementia, the physician should be asked what the cause is of the dementia symptoms.

"Hardening of the arteries" was a term that became popular when it was thought that all memory loss was due to circulation problems (causing lack of oxygen to the brain). There

is such a thing as “vascular dementia,” as described above, but “hard arteries” do not cause it. The problem lies in the fatty deposits inside the artery walls that may dislodge and block a blood vessel in the brain or to the heart.

Alzheimer’s Disease

Alzheimer’s disease is by far the most common form of dementia (approximately 75 % of all cases of dementia). Almost five million people in America have this disease. The greatest risk factor for getting Alzheimer’s is old age; nearly half of people over age 85 suffer from Alzheimer’s disease. Genetics also plays a role, but genetics do not necessarily predict whether someone will develop Alzheimer’s.

Stages of progression. From diagnosis to death, the disease may last from two to twenty years, with the average length of duration being just over eight years. The disease varies from individual to individual, as much as the aging process varies from individual to individual. There is no way of predicting how long any person may have the disease or how severe the symptoms will be. In many cases, the younger the person is at onset of symptoms, the faster the disease progresses. The person with Alzheimer’s disease will experience several stages as the disease progresses.

In the early stages...

- there is gradual short-term memory loss, behavior changes, and personality changes.
- the person is able to handle many daily tasks.
- the person can recognize familiar people and places and navigate familiar surroundings.

In the middle stages...

- the person’s ability to perform routine tasks remains, while orientation to time, person and place, judgment, and abstract thinking are impaired.
- the person can carry out familiar social interactions.
- the person can walk and move without difficulty.

In the late stages...

- the person can interpret and use basic body language.
- the person can enjoy sounds, smells, sights, and touch.
- the person will eventually require total care.

Treatment. When initially diagnosed, a person with Alzheimer’s disease may respond best when cared for at home by a family member and with community supportive services whenever possible. If severe dementia makes it too difficult or unsafe to care for an individual in their own home, then a residential program such as an assisted living facility or nursing home with a specialized unit designed to care for persons with Alzheimer’s disease and related disorders may be necessary. A physician may recommend medications that can be helpful.

Support for Caregivers. Caregivers can benefit from information, support, and respite when caring for an individual with Alzheimer’s disease. For more information on support groups in New Hampshire, contact the Alzheimer’s Association at: 800-272-3900.

Lowering Risk for Alzheimer’s

- **Nutrition.** Look for foods like vegetables, fruits, whole grains that are rich in folic acid, antioxidants, and vitamins B6, B12, C and E. Also, omega 3 fatty acids, like those found in fish, walnuts, and flaxseed. Avoid excessive alcohol and fat.
- **Exercise your mind.** Stay mentally active; that is, take classes, read, try a new hobby, or learn a new language or craft. The more challenging, the better.
- **Stay physically healthy.** Get regular exercise and watch your weight. Avoid or treat high blood pressure. Make sleeping and resting high priorities.

See Chapter 2, “Wellness and Healthy Living,” beginning on page 5, for more information on healthful habits.

[Source: *The Forgetting: A Discussion Guide*. www.tpt.org/NPD/forgetting]

For additional information on Alzheimer’s and dementia, contact the Alzheimer’s Association at www.alzheimersanddementia.org.

Delirium

A term that refers to treatable and/or reversible memory problems is “delirium.” Delirium looks just like dementia except that it’s onset is rather sudden, while dementia has a gradual progression. There are many things that may cause delirium. It is important to determine what is causing the memory problems so that the treatable may be treated. Like any other physical problem, if a treatable memory problem is not recognized as such and is not treated in an accurate and timely fashion, the person may decline into a non-treatable condition.

More than one cause of delirium may be present and a delirium may be present with a dementia, complicating the problems associated with dementia. A sudden change in memory or physical functioning is the “red flag” to indicate that a delirium is involved, whether the person has a dementia or not. It is imperative that a physician be seen whenever such changes are noticed.

Your personal physician can do a complete assessment and medical evaluation to determine the cause and prescribe treatment to alleviate the symptoms of delirium.

The following table will help clarify the confusion people often have between the symptoms of depression, delirium, dementia, and the normal aging process:

Characteristic	Depression	Delirium	Dementia	Normal Aging
Onset	Variable	Usually sudden, caused by acute medical disorders	Variable; often gradual or unnoticed	No specific chronological pattern for symptoms
Duration	Weeks to years	Days to weeks	Months to many years	Some changes begin in mid 30s
Progression	Variable	Within days, symptoms are suddenly severe	Varies with type of dementia	Small changes over long time periods

Characteristic	Depression	Delirium	Dementia	Normal Aging
Memory	Person usually complains of memory problems	Person often denies having problems	Person usually unaware; problem noticed by others	Person may complain of mild losses or forgetfulness
Attention	Often impaired	Impaired	Often intact	Normal
Judgment	Variable; person often believes it is impaired	Poor	Poor; person's behavior is frequently inappropriate	Normal
Insight	Cognitive distortion likely (self doubt, negative thoughts, etc.)	Impairment likely, sometimes intermittent	Usually absent	Normal; consistent with personal history
Sleep	Early morning waking common; insomnia; excessive sleep	Typically disturbed	Often normal; day-night reversal possible	Increased likelihood of intermittent waking
Problems functioning	Mild to extensive	Mild to extensive	Mild to extensive	None, or few problems
Hallucinations and delusions	Not usually experienced	Sometimes vivid	Sometimes present	Absent

[Citation: *A Mental Health Guide for Older Kansans and Their Families*, 2000]

Traumatic Brain Injury

A traumatic brain injury (TBI) is an acquired injury to the brain that can occur after a trauma or injury to the head, even if there is only a brief period of disorientation or unconsciousness. It can also be caused by a lack of oxygen to the brain. Persons who have had a TBI can have changes in thinking, personality, mood, behavior, and motor skills. With older adults, most traumatic brain injuries are due to falls. Sometimes the person, and even the doctor, does not recognize that their symptoms are due to a TBI. Many of the symptoms of a TBI look like symptoms of other disorders, and no two brain injuries have exactly the same effects. Especially in an older person, the symptoms may be thought to be due to the aging process or to some other medical condition.

The following are some of the most common changes that can occur after a TBI:

- Depression.
- Difficulty concentrating or recalling recent events.
- Confusion.

-
- Anger, irritable feelings, or even aggressiveness.
 - Fatigue, headaches.
 - Impulsive behavior and/or poor judgment.
 - Apathy, lack of initiation.
 - Other personality changes.

Treatment/Services. There is no cure for TBI, although there can be improvement over time. Prevention is very important! Learn ways to make your home and yourself safer from falls and other accidents. Even though there is no cure, rehabilitation and ongoing treatment can help relieve some of the symptoms of TBI and improve the person's ability to manage daily tasks. The Bureau of Developmental Services provides services to access resources, case management, and long term supports for individuals with severe acquired brain disorders.

ServiceLink (866-634-9412) can put you in touch with organizations and services that provide assistance to persons with brain injuries. The Brain Injury Association of New Hampshire (603-225-8400) runs support groups throughout the state for individuals and families, and can provide information and referrals to services and supports. For information on the internet: Brain Injury Association of America, www.biausa.org.

There are also specialized services for persons with TBI - see Guidebook section entitled: "Types of Treatment." If the person exhibits behaviors which are difficult to deal with, refer to Chapter 7, "Coping with Challenging Behaviors," beginning on page 65, for suggestions that may be helpful.

Developmental Disabilities

Persons with developmental disabilities are usually diagnosed in childhood. Developmental disabilities are disabilities attributable to mental retardation or a condition found to be closely related to mental retardation (an IQ of approximately 70 or below). Individuals who have this disability have mild to severe limitations in adaptive functioning in specified skill areas, such as completion of routine tasks like shopping and preparing meals. Developmental disabilities such as autism and related disorders may include severe challenges in social functioning and communication skills that begin before the age of three years.

It is important to note that individuals with developmental disabilities can also experience mental illness such as depression, bipolar disorder, and schizophrenia. In fact, persons with developmental disabilities may be more vulnerable than the general population to some forms of mental illness, and this is true for older adults as well. The diagnosis of mental illness in persons with developmental disabilities is sometimes complicated by the fact that the illness may be expressed differently. Consequently, assessment and treatment of mental illness in persons with developmental disabilities, including older adults, may be best provided by clinicians who are specially trained in this area.

Available Services

Depending upon individual need and eligibility, there are comprehensive services throughout New Hampshire for persons with developmental disabilities through

Chapter 4. Mental Health Issues

community-based organizations called Area Agencies. Contacting ServiceLink (866-634-9412) can direct you to the area agency nearest you. There are also some specialized services provided collaboratively by area agencies and community mental health centers. Inter-agency teams are designed to serve people who have both a developmental disability and a mental illness.

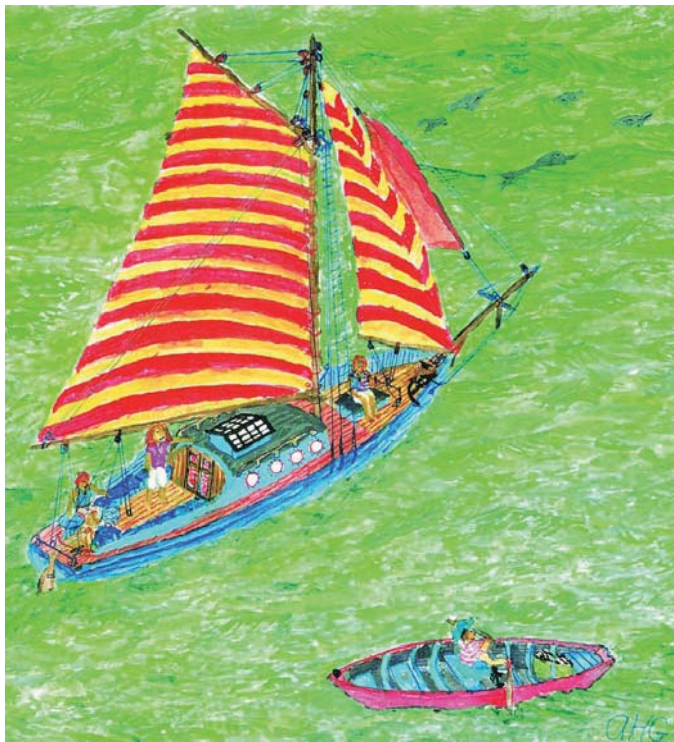
Additional Readings

Copeland, Mary Ellen (1992) *The Depression Workbook: A Guide for Living With Depression and Manic Depression*. New Harbinger Publications, Inc.

Torrey, E. Fuller (1998) *Schizophrenia: A Manual For Families, Consumers, and Providers*. Revised Edition, Harper and Row, New York.

U.S. Department of Health and Human Services, Mental Health. *Mental Health: A Report of the Surgeon General-Older Adults and Mental Health*. Rockville, Maryland.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institute.



Chapter 5. Types of Treatment Available

Chapter Overview

The types of treatments and services available for older adults with mental health issues vary depending on how severe their need is. Many older adults get their treatments primarily through their family doctor, often referred to as their “primary care physician.” Primary care can address mild forms of anxiety, depression, and other common mental health problems. Many individuals may feel comfortable using their primary care physician as the only one involved in their care, but for some situations, specialized mental health care may be necessary.

If you have any symptoms or concerns about the way you are feeling, talk to your

doctor. If you have questions about your medication, you can talk to your pharmacist or your doctor.

In addition to knowing how the treatment system works, you need to be persistent and assertive about getting the services you need. The demand for services is greater than the capacity of the system that provides them, so be prepared to “push” for what you and your family need.

In this chapter, we describe most of the agencies you might work with and the services provided by each agency.

Chapter Content

Treatment Providers	44
Types of Mental Health Services	44
Private Outpatient Care	44
Home-based Nursing Services	44
NH Bureau of Behavioral Health	44
Community Mental Health Centers	45
State Facilities	46
Inpatient Psychiatric Services	47
Self-Help and Peer Support	47
Summary	47

Treatment Providers

There may be times that the family doctor needs to make a referral for more specialized mental health care than she or he is qualified to provide, just as they might for other medical conditions. Depending on the need, recommended specialists may include:

- Psychiatrist (a medical doctor with a specialty in psychiatry).
- Geropsychiatrist (a psychiatrist with a specialty in working with older adults).
- Clinical psychologist.
- Clinical social worker.
- Pastoral counselor.
- Clinical nurse specialist.
- Nurse practitioner.
- Physician's assistant.

Types of Mental Health Services

Private Outpatient Care

Outpatient counseling. Specialized counselors, such as some of those listed above, will see individuals and families in their offices for psychotherapy or “talk therapy.” Some types of psychotherapy, such as cognitive behavioral therapy, can be very effective in treating some conditions like depression, anxiety, and personality disorders. Psychotherapy may at times be provided in conjunction with medication prescribed by a licensed physician or nurse practitioner.

Private psychiatrists. A limited number of physicians who specialize in psychiatry will see patients in their office. They can provide both psychotherapy and prescribe medication.

In-home counseling and consultation services. Some organizations offer in-home counseling and coordination of services for persons of all ages.

Home-based Nursing Services

Visiting nurses. Some home-based nursing services specialize in psychiatric nursing and can provide mental health counseling as well as help to manage medication for homebound persons.

Payment. Private outpatient and home-based nursing services are generally paid through private insurance and/or person's ability to pay full fees. In some cases, Medicaid and/or Medicare will cover some of the costs.

NH Bureau of Behavioral Health

The NH Bureau of Behavioral Health (BBH) is the state office for behavioral and mental health services, which is a part of the Division of Community Based Care and Health and

Human Services in New Hampshire. BBH provides funding to community mental health centers and peer support centers. Examples of some of the organizations and services funded through BBH follow.

Community Mental Health Centers

There are ten regional community mental health centers throughout the state. (See listing at the end of this section.) To increase accessibility, some of the community mental health centers also have satellite offices within their regions.

Services

Each center provides an array of outpatient mental health services. In addition to providing office-based services, all of the centers have staff who will visit people that are homebound. Services offered to *individuals of all ages* include the following:

- Assessment.
- Individual or group counseling.
- Case management for mental health services.
- Medication evaluation and monitoring services.
- Emergency mental health services (24 hours/day).

In addition to these services, some centers offer specialized services for *older adults*, including the following:

- Outreach to persons who are homebound.
- Day treatment programs.
- Mental health services for residents of nursing facilities.
- Family/caregiver support.
- Respite care.
- Housing options, including residential group homes.
- Services to assist persons with Alzheimer's disease or other dementias.
- Coordination with inpatient units providing geropsychiatric care.

Practitioners

Community mental health centers are staffed by a variety of clinicians including psychiatrists, nurse practitioners, clinical social workers, clinical psychologists, pastoral counselors, psychiatric nurses, and mental health counselors. Some of the clinicians are specially trained to work with older adults. For example, a few of the mental health centers have a geriatric psychiatrist on staff. A geriatric psychiatrist is a medical doctor who specializes in psychiatry and has received additional training in elder mental health issues and medical conditions.

Payment

Most of these services are available to those who meet state eligibility. Community mental health centers provide eligibility evaluations, and Medicaid funding is typically resolved for those with significant symptoms.

Community mental health services accept private insurance as well as Medicaid and Medicare. They also offer a sliding scale for fees based on ability to pay.

Geographic regions

Each mental health center has a region, which includes several towns to which they provide services. The mental health centers can provide more information about the services they have to offer and areas that they serve.

To find out more about mental health services for older adults in your region, contact the Administrator for Older Adult Mental Health Services, NH Bureau of Behavioral Health, at 603-271-5094. You may also call one of the following mental health centers directly:

Region I: Northern Human Services. Phone: 603-447-2111

Region II: West Central Behavioral Health Services. Phone: 603-448-0126

Region III: Genesis Behavioral Health. Phone: 603-524-1100

Region IV: Riverbend Community Mental Health Center. Phone: 603-228-2101

Region V: Monadnock Family Services. Phone: 603-357-4400

Region VI: Community Council of Nashua. Phone: 603-889-6147

Region VII: The Mental Health Center of Greater Manchester. Phone: 603-668-4111

Region VIII: Seacoast Mental Health Center. Phone: 603-431-6703

Region IX: Community Partners. Phone: 603-749-4015

Region X: Center for Life Management Behavioral Systems. Phone: 603-434-1577

For a more detailed listing of community mental health centers, including the towns that they serve, see “Community Mental Health Centers” on page 124.

State Facilities

New Hampshire Hospital. New Hampshire Hospital (NHH) is located in Concord. Persons are generally admitted to NHH on an involuntary basis or through a guardian, and only when a less restrictive setting, such as a local hospital or outpatient treatment, is not an option due to the severity of the person's illness. Admissions to NHH are intended to be short-term. There is a clinical team at the hospital that specializes in the care of older adults. You can reach NHH at 603-271-5300.

Glenclyff Home for the Elderly. Glenclyff is a state owned facility that specializes in providing nursing home level care for older adults with long-term mental illness and/or developmental disabilities. Glenclyff strives to improve the quality of life and to minimize

or eliminate the institutional-like living environment for all of its residents. You can reach Glencliff at 603-989-3111.

Inpatient Psychiatric Services

Some hospitals provide special inpatient units for older adults. These are often referred to as geropsychiatric units. They are staffed with a team of clinicians who specialize in mental health care for older adults in need of short-term hospitalization. Some hospitals may also offer an alternative to hospitalization such as day treatment, which does not involve an overnight stay. See “Hospitals in NH accepting geropsychiatric admissions” on page 127.

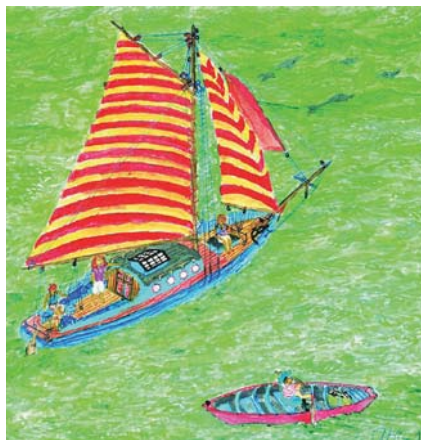
Self-Help and Peer Support

Most of the disorders described in this section reference various types of medical or mental health treatment options. It is important to remember that many people with these disorders also find that an effective part of recovery is gained through learning self-help techniques and getting support from others with a similar experience. Peer support centers are designed to provide support and encourage self-help for persons with mental illness. For more information on peer support centers, contact the Office of Consumer and Family Affairs at 603-271-5138. Also, the “Wellness” section of this Guidebook offers more information on ways that one can direct their own recovery and health.

Summary

Your needs for services may change depending on the severity of the mental health problems or issues related to aging. If you are unsure of what kind of services you should be seeking, you can start by discussing your needs with your primary care doctor. If there is a mental health specialist or social worker involved with your family, you can discuss options with them as well.

See the Appendix C, “Community, State, and National Resources,” beginning on page 111 for further listings of services and organizations that can help.



Chapter 5. Types of Treatment Available ---

Chapter 6. Medical Care

Chapter Overview

Our bodies change throughout life, and changes that we experience in later years can be complex. Mental health problems and physical problems are often related. For instance, studies clearly show that chronic depression in older adults can increase the risk of having a heart attack, and can also result in greater disability and a higher chance of dying after having a heart attack.

Therefore, recognizing and treating mental health problems can improve overall health.

This chapter provides information and practical suggestions to help you use the health care system so that it provides you with the care you need for good physical and mental health.

Chapter Contents

A Helpful Mindset for Good Care	50
Making the Most of Doctor Visits	50
Before Visiting the Doctor	51
While at the Doctor's Office	52
New Prescription Medications	53
Managing Prescriptions	54
Buying Prescription Medicine Online	54
Types of Psychotropic Medications	56
Guidelines for Medical Care	58
Urgent Medical Care	58
Prevention of Disease and Disability	58
Notes	62
Medication Log	63

A Helpful Mindset for Good Care

Following a doctor's advice about medication and personal care is part of staying healthy. Individuals should also inform their doctor about symptoms and personal habits that are known to affect one's health.

Sometimes physical or chemical changes in the body cause changes that are *interpreted* as mental health problems. If changes in a person's thinking, behavior, or ability to remember or understand occurs, it is important to get a physical exam to rule out all possible reasons before assuming that the person has developed dementia or some type of mental illness. Early detection and treatment may help to correct certain problems.

It is difficult for some people to ask a doctor questions, and it is difficult for *everyone* to remember all the questions he or she had planned to ask. It may be helpful to have a caregiver accompany you to medical appointments. That way, the doctor can base his or her assessment on more thorough information. Also, the caregiver can help to gain information from the doctor and provide clarification after the appointment.

Making the Most of Doctor Visits

Here are some issues/questions for individuals and their family members/caregivers to consider before visiting the doctor:

- If something is different, did the change occur after a new medication was started or increased?
- Was a thorough physical done to be certain there is no other medical illness that may be causing the change in the person's behavior or thinking?
- Has the doctor used specific blood tests to check thyroid levels, B12, and other levels? Has a urinalysis ever been ordered?
- Is the person's nutrition adequate, and eating habits and sleeping habits sufficient?
- Is there any possibility that the person has suffered a trauma to the head due to an accident or fall?
- Is the person taking any medication, prescribed or over the counter, that could have side effects and/or interact with other medication the person might be taking?
- Is the person confused regarding the amount and type of medication they are taking, as well as potential drug interactions?
- Is pain medication being used? If so, how much? Are there any side effects?
- Is the person able to afford the medication being prescribed?
- Does the person drink beer, wine, or other types of alcohol, and has their pattern of drinking changed? Could the alcohol have any effect on the medication they are taking?
- Has there been a recent loss such as the death of a loved one, the death of a pet, divorce, loss of a job, financial loss, a move, or the loss of an important relationship (due to moving away or an argument)? If so, these could cause depression or temporary memory problems.

"The doctor misdiagnosed my father's condition after a brief interview with him. I was in the waiting room, but no one interviewed me. I should have gone in with my father to help provide complete information."

- Has there been a significant change in health of the support person or another close loved one?

[Citation: *A Mental Health Guide for Older Kansans and Their Families*, 2000, page 29]

AARP strongly recommends that you be prepared for each visit to your doctor and provides guidelines similar to these noted here. The best way to make the most of your time is to come to your appointment prepared.

Before Visiting the Doctor

What to Do at Home	Done?
Write down my questions and observations, and bring a pen and paper to take notes.	
Make a list of my symptoms/problems (any changes since last visit to doctor? Change in appetite? Change in sleep? Swelling of feet or ankles?)	
Bring a list of all of my medications, including vitamins, herbs, over-the-counter medicines, etc. Include dosages and how often I take them, or bring the bottles to the appointment.	
Bring a list of all doctors that I see (specialists, eye doctor, chiropractor, etc.)	
Bring a list of any food or medicine allergies.	
How much caffeine do I drink daily (number of cups of coffee, tea, sodas), and how much chocolate do I eat?	
How many alcoholic drinks, including beer, wine, and cocktails, do I have each week? What size?	
Does my family have any specific concerns or questions for the doctor? Ask them to write them down, and give this to the doctor during my visit.	
Take a support person with me who can help ask and answer questions and clarify information as needed.	
If I have a special problem...	
Write down when the problem began (one week ago, one day ago) and the frequency (once a day, once a week, every hour).	
What is the problem (headache, blurred vision, stomach pains, chest pain) and how severe is it? Include other symptoms such as, the headache is accompanied by blurred vision.	
If pain is the problem, a description of the pain (throbbing, pulling, sharp, dull, crushing, deep). Give a <i>detailed</i> description, the way you would describe a painting to someone who is blind.	

When does the problem occur? Do I notice any specific pattern, for example after meals, when I have certain foods, during the night, etc?

What was I doing the first time I noticed the problem?

Have I ever had a problem/symptom like this before? What was the outcome? Is anything different this time?

While at the Doctor's Office

What to Do Before and During the Visit	Done?
---	--------------

Read through your list while waiting for the doctor.

Ask all of the questions you need to. You have a right to question the doctor or medical staff regarding their diagnosis and recommended treatment.

Write down the answers to the questions and anything else relevant to the visit. Be sure to do this while you are still in the office.

What to Ask the Doctor

What is wrong with me? How do you know? What caused the problem?

Do I need to have any tests done? What kind of tests? What will the tests reveal? How will they be done?

Do I need to prepare for the test? When will I know the results?

Will my insurance cover the cost of the tests?

Will I need to have the tests done again?

If I am given a specific diagnosis...

What are my choices from the current guidelines for treatment?

What are the benefits and risks of each treatment?

What are the side effects?

How effective is each treatment?

Which treatment is most common for my condition?

What do I do if treatment fails?

What would happen if I decline a particular treatment?

What is the outlook or prognosis?

How do I know if I am improving or getting worse?

Do I need to see a specialist?

Should I get a second opinion? Do I need a follow-up visit?

Where can I go to get more help and information (web sites, support groups, organizations)?

What lifestyle changes need to be made?

If my doctor prescribes medication...

What does this medicine do? What are the side effects?

What should I do if I experience any side effects?

Can I take a generic version of this drug?

Will this medicine interact with any that I already take?

Should I avoid any kind of food or activity while I take this medicine?

At the end of your appointment, before leaving the doctor's office, summarize in your own words what was discussed; that is, "Doctor, let me see if I understand you correctly..."

Although you might think your doctor already knows all the medications you are taking, sometimes things are not written in your chart. This happens often when a patient is being seen by more than one doctor, and information about test results or new medications hasn't gotten from one doctor to the other yet. Make sure that you tell your doctor about your caffeine and alcohol use. Bring any vitamins, nutritional supplements, or herbal medicines you are taking, too. While these usually do not require a prescription, they can still interact with other medicines you are taking.

The more information you give your doctor, the better the quality of the information, diagnosis, and treatment you will receive.

Think of it as a partnership between you and your doctor: your doctor provides the expertise and medical experience, you provide the information on what is happening to you, the knowledge of your body, and the willingness to be the healthiest you can.

[Adapted from: AARP. www.aarp.org/health/stayinghealthy/prevention]

New Prescription Medications

Be sure you know the following before you leave the doctor's office with a new prescription:

- Name of the drug, including generic equivalents.
- What is it used for.
- When to take it.
- How much to take (the dosage).

Repeat this information back to your doctor, nurse, and pharmacist. Also, write down the information, not only so you will remember it, but also in case an error is made in calling in the medication or in filling the medication.

Repeat and discuss any side effects with the doctor and/or pharmacist, know whether to take it on a full or empty stomach, with or without water.

Know what foods and over-the-counter, herbal supplements, and homeopathic medications to avoid taking with the medication.

Know whether the medication can make you sensitive to the sun.

Know what to do if you miss a dose.

Managing Prescriptions

Talk to your pharmacist about your medication. This is especially important if you are seeing more than one doctor. **USE ONLY ONE PHARMACY.**

If the cost of medication is an issue, discuss this with your doctor. Perhaps it is possible to obtain a less expensive alternative or samples.

Carry a current list of medications with you at all times in case of an emergency, and bring this list to your medical appointments. Your pharmacy may be able to provide such a list.

Report any medications you are taking to all doctors you see, including over the counter drugs, dietary supplements, and herbal remedies, which have medicinal properties and can interact with other medicines!

Here are some questions to ask yourself about your medications:

- Do I find it difficult to take my medications as prescribed; for instance, do I miss doses or increase doses on my own?
- Do I need help remembering to take my medications?
- Have I put off purchasing or taking my prescribed medications because they were too expensive?

If you answered “yes” to any of these questions, you should consider having a support person help you manage or purchase your medications.

Talk with your doctor and have a physical exam before you get any *new* medicine.

Use only medicine that has been prescribed by your doctor or another trusted professional who is licensed in the U.S. to write prescriptions for medicine.

Ask your doctor if there are any special steps you need to take to fill your prescription.

Buying Prescription Medicine Online

The following advice is offered by the U.S. Food and Drug Administration:

The internet has changed the way we live, work, and shop. The growth of the internet has made it possible to compare prices and buy products without ever leaving home. But when it comes to buying medicine online, it is important to be very careful. Some web sites sell medicine that may not be safe to use and could put your health at risk.

Some web sites that sell medicine...

- are not U.S. state-licensed pharmacies or aren't pharmacies at all.
- may give a diagnosis that is not correct and sell medicine that is not right for you or your condition.

-
- won't protect your personal information.

Some medicines sold online...

- are fake, "counterfeit," or "copycat" medicines.
- are too strong or too weak.
- have dangerous ingredients.
- have expired (are out-of-date).
- are not FDA-approved (haven't been checked for safety and effectiveness).
- are not made using safe standards.
- are not safe to use with other medicines or products you use.
- are not labeled, stored, or shipped correctly.

These tips will help protect you if you buy medicines online:

- Know your source to make sure it is safe.

Make sure a web site is a U.S. state-licensed pharmacy. Pharmacies and pharmacists in the United States are licensed by a state's board of pharmacy. Your state board of pharmacy can tell you if a web site is a state-licensed pharmacy and is in good standing. Find a list of state boards of pharmacy on the National Association of Boards of Pharmacy (NABP) web site at www.nabp.info.

The NABP is a professional association of the state boards of pharmacy. It has a program to help you find some of the pharmacies that are licensed to sell medicine online. Internet web sites that display the seal of this program have been checked to make sure they meet state and federal rules. For more on this program and a list of pharmacies that display the Verified Internet Pharmacy Practice Sites™ Seal (VIPPS Seal), go to www.vipps.info.

- Look for web sites with practices that protect you. A safe web site should...
 - ♦ be licensed by the state board of pharmacy where the web site is operating.
 - ♦ provide a licensed pharmacist to answer your questions.
 - ♦ require a prescription from your doctor or other health care professional who is licensed in the U.S. to write prescriptions for medicine.
 - ♦ provide a way for you to talk to a person if you have problems.
- Be sure your privacy is protected.

Look for privacy and security policies that are easy to find and easy to understand.

- Don't give any personal information (such as social security number, credit card number, or medical or health history) unless you are sure the web site will keep your information safe and private.

Make sure that the site will not sell your information, unless you agree.

- Protect yourself and others.

Report web sites you are suspicious of or that you have complaints about. Go to www.fda.gov/buyonline and click **Notify FDA about problem web sites**.

Buying your medicine online can be easy. Just make sure you do it safely. For more information on buying medicines and medical products over the internet, go to www.fda.gov, and click **Buying Medicines Online**.

For related information, go to one of the following:

- Imported medicine, www.fda.gov/importeddrugs.
- Counterfeit medicine, www.fda.gov/counterfeit.
- Generic drugs, www.fda.gov/cder/ogd.
- U.S. Department of Health and Human Services/Food and Drug Administration, www.fda.gov, 888-INFO-FDA (888-463-6332).
- National Council on Patient Information and Education, www.talkaboutrx.org.

Types of Psychotropic Medications

The following is a sample list of medications that might be prescribed for mental health symptoms. New medications are always being added, so this list may not be current.

Type	Generic Name	Brand Name
Mood Stabilizer	Lithium carbonate	Cibalith, Eskalith Lithane, Lithobid
	Carbamazepine	Tegretol
	Divalproex sodium	Depakote
	Lamotrigine	Lamictal
	Gabapentin	Neurontin
	Verapamil	Calan, Isoptin
	Topiramate	Topamax
	Antidepressant	Citalopram
Fluoxetine		Prozac
Sertraline		Zoloft
Paroxetine		Paxil
Trazadone		Desyrel
Venlafaxine		Effexor
Nefazodone		Serzone
Mirtazipine		Remeron
Amitriptyline		Elavil, Endep
Desipramine		Nonpramin, Pertofane
Doxepin	Adapin, Sinequan	

Type	Generic Name	Brand Name
	Imipramine	Tofranil, Imavate
	Nortriptyline	Pamelor, Aventyl
	Phenelzine	Nardil
	Tranlycypromine	Parnate
	Clomipramine	Anafranil
	Amoxapine	Asendin
	Bupropion	Wellbutrin
	Fluvoxamine	Luvox
	Escitalopram	Lexapro
	Duloxetine	Cymbalta
Anti-psychotic	Fluphenazine	Prolixin, Permitil
	Perphenazine	Trilafon
	Haloperidol	Haldol
	Thiothixene	Navane
	Loxapine	Loxitane
	Clozapine	Clozaril
	Risperidone	Risperdal
	Olanzapine	Zyprexa
	Quetiapine	Seroquel
	Chlorprozamine	Thorazine
	Thioridazine	Mellaril
	Trifluoperazine	Stelazine
	Mesoridazine	Serentil
	Molindone	Moban
	Pimozide	Orap
	Aripiprazole	Abilify
	Ziprasidone	Geodon
Cholinesterase Enhancing Agent	Donepezil	Aricept
	Galatamine	Reminyl, Razadyne
	Rivastigmine	Exelon
	Tacrine	Cognex
	Memantine	Namenda

Guidelines for Medical Care

Urgent Medical Care

An urgent medical evaluation/examination is recommended if you have any of the following symptoms.

- Recurrent, persistent chest pain, and new onset of chest pain.
- Acute abdominal pain.
- Acute shortness of breath, persistent coughing, or choking.
- Recent trouble with acute right or left-side weakness, slurred speech, or numbness.
- Sudden changes in vision, hearing, or comprehension.
- Acute onset of confusion or disorientation (assess with MMSE).
- New onset of urinary incontinence.
- Persistent nausea, vomiting, or diarrhea.
- Dizziness or difficulty with balance.
- Areas of redness, swelling, or unhealing sores.
- Severe chills, sweating, or fever.
- Unexplained and persistent bruising.

Prevention of Disease and Disability

The following are guidelines for preventive medical care based on U.S. Preventative Task Force and other national guidelines. This is a sample of the kinds of guidelines used for medical screening of older adults. Your physician may have similar guidelines that she or he uses. Guidelines do change periodically, so you should consult with your physician about any medical tests and examinations.

Screening Recommendations

Disease to Be Detected	Tests	Frequency	Comment^{a b}
Abdominal Aortic Aneurysm	Abdominal ultrasonography	Once between ages 65 and 75	Recommendation A by USPSTF for men who have ever smoked; recommendation C for men who have never smoked; recommendation D for women
Alcohol use disorders	Alcoholism screening questionnaire	An initial visit, and when problem drinking is suspected	Recommendation B by USPSTF for all adults, including everyone 65 or older; USPSTF recommends counseling to reduce to one or fewer drinks/day for people 65 or over who consume more than 1 drink/day; abstinence is recommended for those who meet the criteria for alcoholism
Cognitive Disorders (for example, dementia, delirium)	Mental status questionnaire	Not applicable	Recommendation I by USPSTF
Depression (major depressive disorder)	Depression screening questionnaire	Annually	Recommendation B by USPSTF for all adults 65 or older
Diabetes Mellitus	Plasma glucose level	Annually	Recommendation I by USPSTF for general population 65 or older, but recommendation B for everyone with hypertension or dislipidemia; Medicare covers screening every 6 months for people with hypertension, diabetes, dislipidemia, or a history of high plasma glucose levels

Chapter 6. Medical Care

Disease to Be Detected	Tests	Frequency	Comment^{a b}
Dislipidemia	Fasting serum total, LDL, and HDL cholesterol levels; triglyceride levels optional	At least every 5 years, more for those with coronary artery disease, diabetes, peripheral arterial disease, or who have had a stroke	Recommendation A by USPSTF; Medicare covers screening every 5 years
Falls	Inquiry about falls during the previous year	Annually	Recommendation by the AGS, BGS, and AAOS
Glaucoma	Intraocular pressure measurement	Annually	Recommendation I by USPSTF; Medicare covers test yearly for high-risk patients (those with diabetes, a family history of glaucoma, and Blacks 50 or older)
Hearing deficits	Hearing test	Annually	Recommended by USPSTF and CTFPHE everyone 65 or older, but neither recommends a strategy
Hypertension	Blood pressure (BP) test	At least every two years for those with systolic BP less than 130 mm Hg and diastolic BP less than 85; more frequently for people with higher BP	Recommendation A by USPSTF for all adults 65 or older
Obesity or under-nutrition	Height and weight measurement; body mass index (kg/m^2) calculation	At least annually	Recommendation A by USPSTF for all adults 65 or older; body mass index over 25 indicates overweight; body mass index over 30 indicates obese

Disease to Be Detected	Tests	Frequency	Comment^{a b}
Thyroid dysfunction (Hypothyroidism, or Hyperthyroidism)	Thyroid stimulating hormone level	None recommended	Recommendation I by USPSTF
Tobacco use	Inquiry about tobacco use	At least once	Recommendation A by USPSTF; cessation counseling and appropriate drug therapy for all who report tobacco use
Visual deficits	Snellen visual acuity test	Annually	Recommendation by USPSTF for all adults 65 or older

^aUSPSTF recommendations based on strength of evidence and net benefit, that is, benefit minus harm:

A=strong evidence in support

B=good evidence in support

C=balance of benefit and harm too close to justify recommendation

D=evidence against

I=evidence is insufficient to recommend for or against

^bUSPSTF (U.S. Preventive Services Task Force)

AGS (American Geriatrics Society)

BGS (British Geriatrics Society)

AAOS (American Academy of Orthopaedic Surgeons)

CTFPHE (Canadian Task Force on the Periodic Health Examination)

[Source: *Merck Geriatric Manual*, available on their web site at www.merck.com/map]

Notes

Record information here that you may use regularly or need quickly. This is a partial list of topics – add your own.

ServiceLink 866-634-9412

NAMI NH (Concord office) 800-242-6264 (NAMI NH)

Local Support Group

Primary Care Physician

Other Treatment Provider

Community Mental Health Center

Local Hospital

Local Police Department

Legal Counsel

Pharmacy

Chapter 7. Coping with Challenging Behaviors

Chapter Overview

It can be emotionally exhausting to provide support for someone with a mental illness, particularly if the person is also struggling with difficulties related to aging. Changes in mood and behavior can feel unpredictable and frightening, both for the person with the

mental illness and for those people close to her or him. Understanding the pattern of behaviors and some of the helpful responses to the behaviors can provide the person with mental illness and the support person(s) with a sense of security and the ability to handle the unstable periods.

Chapter Content	
Challenging Behaviors Related to Mental Illness	66
Challenging Behaviors	66
Responding to Challenging Behaviors	66
Effects of Medications on Behavior	67
Challenging Behaviors Related to Dementia	68
Challenging Behaviors	68
Responding to Challenging Behaviors	68
Physical and environmental causes	68
Angry or agitated behaviors	69
Wandering	69
Wanting to go home	69
Shadowing (following caregiver around)	70
Verbal repetition	70
Changes in sleep patterns	70
Loud verbal noises/yelling	71
Catastrophic reaction	71
Caregiver sets the tone	71
Personal Growth of the Caregiver	72
Challenging Behaviors Related to Other Disorders	72
Responding to Challenging Behaviors	72
Hoarding	72
Driving	72
Summary	73

Challenging Behaviors Related to Mental Illness

Handling the challenging behaviors (symptoms) associated with mental illness is not something caregivers have to deal with alone. Seeking support and information can help guide a constructive response to someone who is exhibiting symptoms or challenging behaviors and reduce the tension for both persons.

Challenging Behaviors

Some of the more challenging symptoms experienced by persons with mental illness may include the following:

- Delusions: fixed beliefs based on imaginings, which result in suspiciousness or paranoia.
- Hallucinations: hearing voices and seeing images that can be persistent or frightening.
- Mood swings and mood reactions that do not relate to the current situation.
- Difficulty concentrating due to other symptoms.
- Irritability.
- Changes in sleep patterns.

Important! Some symptoms may be related to other medical conditions. A thorough evaluation may help to determine what is causing each symptom.

Responding to Challenging Behaviors

The following ways of responding to challenging behaviors are often successful with people with mental illness:

- Speak in a calm, slow voice.
- Give directions one at a time and in a clear manner.
- Explain things in a simple, direct way.
- Avoid sarcasm.
- Avoid statements that could be confusing.
- Do not try to convince the person that their delusions are not real. Instead, display sensitivity to their feelings by saying things such as, “This must feel very frightening to you; how can I be of some help?”
- Lower the stimulation in the surrounding area. Background noise, such as a radio, may be contributing to distractions or hallucinations.
- Reduce movement in the surrounding area. Too much movement may distract or distress the person.
- *If the person is agitated,*
 - Stand aside and allow space for them to exit.
 - Invite them to go outside if there is not a risk of their running away.
 - Provide a safe environment.

-
- *If the person threatens violence,*
 - Be gentle but firm about setting limits.
 - Take the necessary measures to keep them, yourself, and others around them, safe.
 - Leave the area, if necessary.
 - Do not argue or increase the stress level. Let them know in a calm manner that you will not tolerate anyone in the family getting hurt, including them.
 - Contact the local mental health center or the police if you feel there is imminent danger.

Effects of Medications on Behavior

People who have mental illness and their caregivers must consider the side effects of medications or the interactions of different medications, because they, not the mental illness itself, sometimes cause the behaviors (symptoms) listed below.

Many times, we assume these symptoms are a natural part of the disease and overlook the possibility that they may be caused by medication or another condition. It is important to try to find the cause of each symptom and to explore whether or not it can be prevented, avoided, or reversed by adjusting the medications.

- Hallucinations.
- Delusions.
- Paranoia.
- Confusion.
- Disorientation.
- Anxiety.
- Shuffling gait.
- Drooling.
- Facial tics.
- Increased/decreased sexuality.
- Incontinence.
- Constipation.

If a specific medication causes an undesirable side effect, you can consult a doctor to explore the possibility of using a different medication. Unfortunately, an ideal solution is not always available. Sometimes an individual may need to decide between dealing with the symptoms of their illness or the side effects of the medication taken to reduce the symptoms.

Challenging Behaviors Related to Dementia

Challenging Behaviors

The more common behaviors and issues that we observe in people with dementia are listed here. Constructive responses to these behaviors are suggested in “Responding to Challenging Behaviors” on page 68.

- Agitation/anger/combativeness.
- Wandering.
- Wanting to go home.
- Shadowing.
- Verbal repetition.
- Changes in sleep patterns.
- Loud yelling/noises.
- Catastrophic reaction.
- Hoarding.
- Driving.

Responding to Challenging Behaviors

Here are some useful responses for each of the behaviors mentioned above. Remember that they may not work each and every time, and responses may change as the disease progresses. When the action you take is not effective, try a different approach.

Physical and environmental causes

People with dementia are often unable to tell you what is wrong. Caregivers need to be aware of and look for signs of physical discomfort. When a person exhibits an unwanted behavior, consider the following possible causes before assuming that the mental illness is causing the behavior:

- Physically ill.
- Experiencing pain.
- Needing to use the bathroom.
- Hungry or thirsty.
- Frightened by how someone approached them or talked to them.
- Experiencing a side effect of a medication.
- Experiencing a medication interaction if they are taking more than one medication.
- Anxious about being in an unfamiliar place.
- Distracted by too much activity in the area.
- Distracted by noise.
- They may also be agitated by the following physical conditions in the surroundings:
 - ◆ Bright lights.

-
- Not enough light.
 - Loud, bold colors.
 - Room temperature.

People with memory loss may recognize the need to eat or drink or use the toilet, but are unable to locate or ask where or how to satisfy those needs. In frustration, they may then have a sudden change in behavior or functioning level.

Angry or agitated behaviors

- Alternate quiet times with more active periods.
- Make sure the person is well rested before starting an activity.
- Reduce the noise level, clutter, or number of people in the area.
- Maintain a consistent routine.
- Remove the person from a stressful situation gently and in a calm manner.
- Use food items or a favorite activity to distract them.
- Use music, photo albums, massage, or readings to calm the person.
- Use a gentle touch, such as holding their hand or hugging to help them feel reassured.
- Make sure they are comfortable, not too hot or too cold, or that their clothing is not binding or tight.

Wandering

- Allow a person to wander if the environment is safe and secure.
- Place familiar objects, furniture, and pictures in surroundings.
- Help direct the person with clearly marked rooms, using name plaques, pictures, or a decorated door.
- Remove items that trigger desire to go out, such as shoes, coat, purse, keys, etc.
- Try locks on doors that are out of reach or sight. Install slide bolts on top or bottom of outside door.
- Distract with food, activity, or conversation.
- Place night lights throughout the home.
- Consider using a beanbag chair for sitting and resting. They are comfortable yet difficult to get out of without assistance.
- Provide wanderer with some type of identification such as Medic-Alert bracelet, labels sewn into clothing, emergency cards in wallets, purse, or pocket.

Wanting to go home

- Go for a walk or a drive. Getting out even for a short time is helpful. Upon returning home, the person often recognizes it as home.
- Respond to the emotion being expressed, i.e. “Are you feeling scared?” or “I know you are lonely.”
- Offer reassurance.

Chapter 7. Coping with Challenging Behaviors

- Look at a photo album with pictures of the person's childhood. Reminiscing about the past may ease tension and anxiety.
- Try redirecting the person's attention with an activity, food, music, a walk, or other exercise.

Shadowing (following caregiver around)

When a person is totally dependent on someone, and that person sometimes cannot be seen, the older adult may then become distressed and panic. The following approaches can help reduce the distress:

- Maintain a consistent routine.
- Involve them in a regular activities program.
- Give repetitious chores to perform such as the following:
 - Folding towels.
 - Winding yarn.
 - Dusting.
- Give reassurance.

Verbal repetition

- Do not remind the person that they have asked the same question before, as this may be upsetting to them.
- Respond to the emotion instead of the specific question. The person may simply want reassurance.
- Use brief statements.
- Try a gentle touch when verbal response does not help.
- Use a calm voice when responding to repeated questions.
- Use simple written reminders with people who can still read.
- Do not discuss plans with a person until just before the event if this causes agitation and repeated questions.
- Ignore the behavior. If there is no response or reinforcement, the behavior may stop.
- Redirect their attention to focus on a simple task or activity such as looking at a magazine, picture book, or TV.

Changes in sleep patterns

- Check whether the person is too hot or too cold upon awakening. Internal thermostat may change with dementia.
- Provide adequate lighting during evening hours. Shadows, glares, or poor lighting may contribute to agitation and hallucinations.
- Have the person spend less time in bed. Try getting them up earlier or keeping them up later until tired.
- Make sure the person is getting adequate exercise. Try to take one or two vigorous walks a day.

-
- Make sure the person is not hungry at night. Try a light snack before bedtime or during the night.
 - Avoid bathing or heavy activities late in the afternoon or evening unless a warm bath relaxes a person.
 - Allow the person to sleep in an armchair, recliner, or on the couch if refusing to go to bed.
 - Give a backrub or massage legs at bedtime or during night wakefulness.

Loud verbal noises/yelling

- Provide adequate meals/snacks to minimize hunger.
- Have a regular toileting schedule to minimize incontinence.
- Make sure there are frequent position changes if bedridden or in a chair.
- Lower stress in the environment. Minimize the noise and avoid overstimulation.
- Approach with soft, soothing voice.
- Call the person by name and identify yourself.
- Explain in short, simple sentences, what you are doing or going to do with them.
- Break tasks into short steps briefly explaining each one.
- Try massage, stroking the person's hands, arms, or head.

Catastrophic reaction

- Sometimes a person with dementia may become suddenly angry or physically violent reacting to stress or frustration. This is known as a “catastrophic reaction.”
Should this occur...
 - ◆ protect yourself.
 - ◆ try to remain calm.
 - ◆ distract the person by talking about something else, offering a favorite food, or suggesting a different activity.
 - ◆ if they are unable to be controlled or redirected, remove yourself from the room and get help in handling the situation.

Caregiver sets the tone

Someone's attitude, mood, or approach, when talking to a person with dementia, is very important. A caregiver can lessen distress and set the tone in almost every situation because the individual with dementia takes their cues from the caregiver.

If the caregiver is abrupt, talking too loudly, or rushing through a task, this will be communicated to the person with memory loss, and he or she may react negatively. A caregiver speaking calmly and reassuringly can reduce anxiety for the older adult with dementia.

Find out what the person has enjoyed in the past and organize activities that appeal to his or her interests and abilities. Music can reach people when not much else can; it can decrease agitation and improve mood, socialization, and appetite.

Personal Growth of the Caregiver

When caring for someone with dementia, caregivers often find themselves having to do the following:

- Learn new skills.
- Deal with situations they never dealt with before.
- Cope with feelings of frustration.
- Work toward understanding the cause of certain behaviors in order to deal more effectively with them.

"There are dreams of love, life, and adventure in all of us. But we are also sadly filled with reasons why we shouldn't try. These reasons seem to protect us, but in truth they imprison us. They hold life at a distance. Life will be over sooner than we think. If we have bikes to ride and people to love, now is the time."

–Elisabeth Kubler-Ross

Challenging Behaviors Related to Other Disorders

Responding to Challenging Behaviors

Hoarding

Hoarding is the excessive collection and retention of items or animals to the point that it interferes with daily functions, and/or use of one's living space. Severe hoarding can cause safety and health hazards. Hoarding is generally considered a type of obsessive compulsive behavior. It is estimated that older adults represent a large proportion of people who hoard.

- Have the safety of the person evaluated; consider a referral for a medical and mental health evaluation. Use a collaborative approach that involves the older adult in seeking solutions. Select persons and agencies that will work with them in a respectful and supportive way.

[Source: Los Angeles County Department of Mental Health, Older Adults Services Division website at www.la4seniors.com/hoarding.htm]

Driving

Another difficult situation that confronts caregivers is the person's inability to drive safely. If the driver is putting himself/herself and others at risk and does not recognize the danger, consider the following:

- One way to prevent them from driving the car is to either remove the distributor cap from under the hood or disconnect the battery cable.
- If someone with dementia insists on driving when it is no longer safe to do so, the caregiver could try to get support from the individual's doctor. Receiving a "prescription" from a physician indicating that the individual should not drive may be more readily accepted than if the instructions come from the caregiver.
- Having the Department of Motor Vehicles suspend the driver's license is another option.

Summary

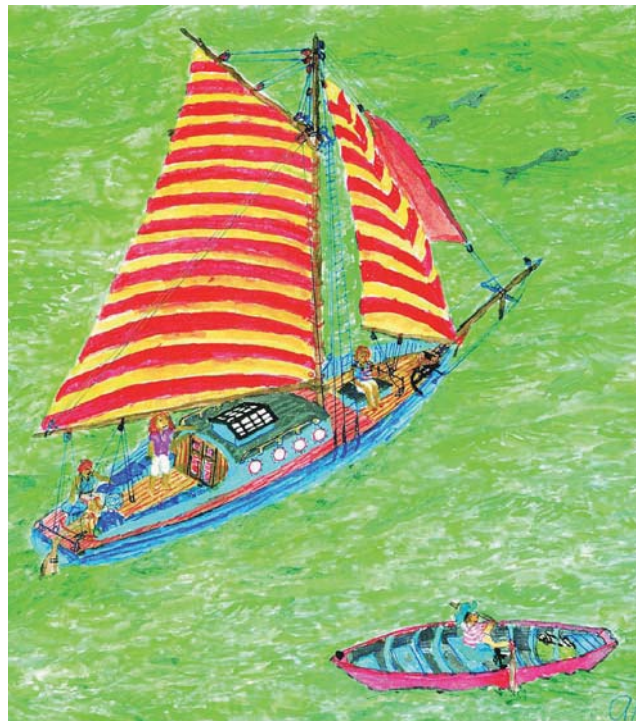
It is important for the caregiver to remember that the best approach to unwanted challenging behaviors is prevention. The caregiver's approach to the situation may prevent further unwanted behavior.

An important rule of thumb for the caregiver is to ask this question:

If the person is not hurting or endangering himself or anyone else, is this behavior really a problem?

If the caregiver is flexible and creative in his or her attitude and reaction to the behavior, the behavior may disappear as quickly as it arose. Remember that the behavior is caused by the illness, not by choice.

Allow the person to “tell their story,” reminisce, talk about past experiences, discuss their family memories. This process may help them to find their strengths and reestablish coping mechanisms used in the past that may still be effective.



Chapter 7. Coping with Challenging Behaviors ---

Chapter 8. Diversity Issues

Chapter Overview

In 2005, ethnic minorities account for 47% of the U.S. population. In the U.S today, 15% of residents over the age of five speak a language other than English at home. According to the 2000 census, the ethnic and culturally diverse Asian, African, African-American, Latino, and Native American communities made up about 4% of the population of New

Hampshire. This figure will continue to grow as the rate of immigration of minority groups continues.

This chapter explains what the term “diversity” means, outlines the barriers that different diverse minorities with mental illness might encounter in New Hampshire, and provides the information they need to overcome these barriers.

Chapter Content

Characteristics of Diversity	76
Types of Services and Aids	76
Help for Minority Groups	76
Racial, Ethnic, and Linguistic Minorities	76
Literacy Minorities	77
Deaf and Hard of Hearing Minorities	77
Gay, Bisexual, Lesbian, and Transgender Minorities	78
Summary	79

Characteristics of Diversity

Some older adults in the community may experience barriers to services because of any of the following characteristics:

- Language.
- Culture.
- Race.
- Ethnicity.
- Economic status.
- Religious beliefs.
- Age.
- Sexual orientation.
- Abilities.
- Disability.
- Literacy.

Types of Services and Aids

Older adults who are in certain minority categories are encouraged to seek any of the following services and aids that would help:

- Interpreters.
- Written materials in the appropriate language.
- Sensitive health care providers.
- Resources and information that are easier to understand.
- Easy accessibility.

Being part of a minority group, in addition to dealing with mental health problems, can compound the feelings of isolation and loss for an older adult. It can help to know that you are not alone and that there are resources available, such as those described here and listed in the Appendix of this book.

Help for Minority Groups

The discussion in this section is about some of the minority groups not often addressed as part of the aging population in this country and in New Hampshire.

Racial, Ethnic, and Linguistic Minorities

According to the 2000 census, the New Hampshire population of minorities reflected about 49,000 individuals. Most of these groups live in urban parts of the state, with large populations in Hillsborough and Rockingham counties, although the demographics are continually changing. [Source: U.S. Census Bureau and The Medical Education Group]

Access to health care for minorities is below average nationally, but services are available in New Hampshire. The *New Hampshire Minority Health Coalition* was established in 1993 to identify populations in the state with barriers to accessing appropriate medical and mental health care, to advocate for adequate and appropriate services, and to empower these populations to be active participants in their own health care. The NH Minority Health Coalition can be reached at 603-627-7703 or toll-free at 866-460-9933.

New Hampshire Catholic Charities provides counseling, referrals, support, advanced planning, and advocacy for older adults, as well as supports to caregivers. For further information, contact NH Catholic Charities at 603-624-4717, Ext. 12.

Many physicians and other health providers may not be aware of the culturally driven perspectives and health seeking behaviors of minority groups. Consequently, a gap in understanding and values may exist between the provider and the person seeking services. When service providers have an understanding of the person's cultural background, then diagnosis, treatment, and access to services are improved. Caregivers who assist older adults with cultural differences can help bridge this gap. Community health centers in some areas around the state have providers who have special training in cultural competency. All medical facilities are required to provide some interpretive services, with advance notice, if needed. It is recommended that the older adult or caregiver call the facility at least a day ahead of the appointment to request an interpreter.

Mental health needs of individuals can depend on a variety of factors including cultural norms, language, generational attitudes, and life experiences. Views about mental health and even basic communication ground rules can vary for different cultures.

Communicating when under stress makes this process even more challenging. Refugees may have particular experiences of trauma, losses, and culture shock that will influence the kind of mental health services to be provided. Helping providers understand the trauma that the person has experienced will ensure that services will help the person to adjust to their present living situation.

Literacy Minorities

Adult Basic Education programs exist around New Hampshire for persons over 16 years of age; older adults are welcome in any adult education programs. Adult education programs can provide literacy instruction, remedial work in basic skills, GED preparation and testing, English as a Second Language, and vocational training in the business field. Information on programs around New Hampshire can be obtained by calling the Bureau of Adult Education at 603-271-6698.

For persons who have difficulty with reading due to a disability such as vision problems, there are programs through libraries for eligible individuals. More information is available through the NH State Library at 603-271-3429, or the national web site at www.loc.gov/nls.

Deaf and Hard of Hearing Minorities

Deaf people have major differences from hearing people in terms of expression of language and interpretation of communication. These differences in body language and

gestures can lead to misunderstanding between hearing and deaf people, or when a mental health assessment is being conducted. Awareness of the communication and cultural differences and use of sign language, if indicated, can reduce the barriers and misinterpretations that occur.

The *Northeast Deaf and Hard of Hearing Services, Inc.* (NDHHS) agency is a “one-stop resource” center for services for Deaf and Hard of Hearing, Late-Deafened, and Deaf-Blind citizens of New Hampshire. NDHHS provides: referral services, information and referral, education, advocacy, outreach, and transition employment programs. NDHHS also has an equipment and materials loan program and does outreach and training regarding Relay NH services. Phone: 800-492-0407 (Voice) or 866-634-4764 (TTY). www.ndhhs.org. After hours emergency interpreter services: 800-552-3202.

A Deaf Services Team operates out of *Community Council* in Nashua at 603-889-6147. The staff includes both bilingual and bicultural professionals to offer culturally competent mental health services to persons with mental health disorders who are Deaf and Hard of Hearing. Services are provided primarily in the Nashua region, although technical assistance and case consultation are available outside of Nashua as resources allow.

The Hearing and Vision Program Specialist with the *NH Department of Health and Human Services, Bureau of Elderly and Adult Services* provides information and referral services, advocates for communication and vision access in the Department of Health and Human Services ensuring access for the clients served by the agency, and conducts workshops statewide on the topics “Hearing Loss, Resources, and Technology” and “Beyond the Hearing Aid: Hearing Assistive Technology.” The Hearing and Vision Program Specialist also provides hearing assistive technology consultations. You can contact them by phone at 800-351-1888, Ext. 8352.

Gay, Bisexual, Lesbian, and Transgender Minorities

It is estimated that one to three million Americans over the age of 65 are gay, lesbian, bisexual, or transgender (GLBT) elders. In New Hampshire, this group represents about 20,000 individuals. This number and proportion will increase significantly within the overall older population as the “baby boomers” move into the over-65 generation.

Federal and state programs established to assist older Americans can be ineffective and discriminatory, and at times are irrelevant to GLBT elders. If you are someone, or a caregiver of someone, who identifies with this group, there are programs that will help you access services. If you do not self-identify as being GLBT out of fear and years of “being in the closet,” there are agencies that may be able to help you.

If you need assistance in securing a place to live, money, benefits, or to help overcome a financial concern, consult with a financial advisor who would have products in the insurance field, such as:

- Annuities.
- Life insurance.
- Charitable remainder trusts.

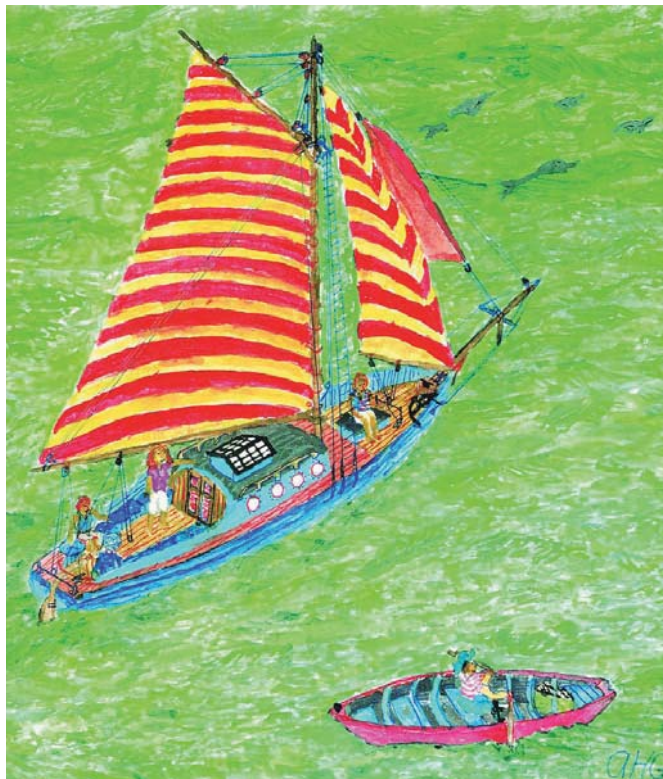
If needing assistance with social services, networking, support groups, and advocacy, consult with one or more of the following New Hampshire organizations:

-
- **P-FLAG: Parents, Families, & Friends of Lesbians and Gays-NH**
Phone: 800-750-2524
Web site: www.pflagnh.org
 - **Gay-Lesbian Hot Line**
Phone: 888-843-4564
 - **Rainbow Resources: The Gay Info Line of NH**
Web site: www.rainbowresources-nh.org

See “Diversity Issues” on page 135 for additional resources.

Summary

Many communities, organizations, and schools around the state hold special events to recognize cultural diversity and acknowledge many holidays beyond those traditionally celebrated. Increasing awareness and expansion of resources related to the growing diverse cultural fabric of New Hampshire is gradually decreasing the isolation and limitations that some citizens have felt in the past.



Chapter 9. Domestic Violence and Abuse

Chapter Overview

No one should ever have to live with domestic violence. Many people think of domestic violence as physical violence (pushing, pulling hair, hitting, or battering that happens between husband and wife or intimate partners).

Domestic violence and abuse can also include the following types of abuse:

- Emotional abuse.
- Sexual abuse.
- Neglect.
- Exploitation.

Maltreatment can be caused by individuals who have a relationship with

an adult, including the following:

- Spouse or partner.
- Adult child.
- Sibling.
- Household member.
- Professional working in the home.

No one should ever have to live with domestic violence.

This chapter examines the personal rights of older adults and the steps that can be taken to ensure protection of those rights.

Chapter Content

Protecting Yourself from Domestic Violence and Abuse	82
Protective Services Law	82
Mandatory Reporting	83
Protecting Yourself as a Consumer	84
Loans	84
Scams	84
Identity Theft	85
Unwanted Phone Solicitations	85

Protecting Yourself from Domestic Violence and Abuse

Maltreatment can be caused by anyone, including family members and paid service providers who provide care in adults' homes or by staff who work in settings such as nursing homes, assisted living facilities, residential care facilities, homes for persons with developmental disabilities or mental illness, rehabilitation centers, and hospitals.

Protective Services Law

Older adults may be more vulnerable to becoming victims if they have a mental or physical disability or are dependent upon others for care.

Persons are considered incapacitated when limited by a physical or mental function so that they cannot manage their own estate or are at risk of harm or hazard as a result of their incapacitation. Incapacitation includes individuals who have mental and/or physical illnesses that put them at risk and require treatment in the state service system. Just being elderly and frail places individuals at risk. It is against the law to abuse, neglect, or exploit any of these adults.

There is a specific law, entitled "Protective Services to Adults" (Chapter 161-F, Subdivision 161-F: 42-57), designed to protect such individuals from the following:

- Abuse.
- Neglect.
- Exploitation.
- Self-neglect.

The following are some of the definitions contained in the "Protective Services to Adults" law:

abuse

Any act or omission by a person that can harm, or potentially harm, someone's physical, mental, or emotional health or safety. The specific kinds of abuse may include:

emotional abuse

The misuse of power, authority, or both, verbal harassment, or unreasonable confinement which results or could result in the mental anguish or emotional distress of the individual.

physical abuse

The use of physical force which results in or could result in physical injury to an individual.

sexual abuse

Sexual contact or interaction involving an adult without his or her informed consent.

neglect

Another type of act or failure to act on behalf of an older adult that results, or could result, in the loss of necessary services to maintain the minimum mental, emotional, or physical health of an older adult, such as withholding medical care or failing to assist someone who needs help obtaining meals.

exploitation

This means the illegal use of an older adult or their property for another person's profit or advantage, such as using pressure, duress, harassment, deception, or fraud to obtain money, property, or services from the person.

serious bodily injury

Any harm to an older adult's body that causes, or could cause, severe, permanent, or prolonged loss of/or impairment to a person's health or function of any part of the body.

Mandatory Reporting

New Hampshire law requires mandatory reporting of adult abuse, neglect, self-neglect, and exploitation. The law states that in addition to certain professionals, *anyone* who has a reason to believe that maltreatment is occurring is required to make a report. When your report is received, an investigation will be conducted, and a decision made as to whether the adult is being/has been abused, neglected, exploited, or is self-neglecting, and whether or not protective services are needed. If services are needed, they will be offered to the adult. There may also be a need to take other actions and/or refer adults to other service systems for additional assistance.

Make reports of suspected abuse, neglect, or exploitation as follows:

For individuals who are living under the following conditions:

- In their own homes.
- In apartments.
- With relatives.
- With friends.
- In a boarding home.
- With no permanent address.

Contact the Bureau of Elderly and Adult Services (BEAS) at 800-949-0470.

For individuals who are living in the following types of facilities:

- Nursing homes.
- Residential care facilities.
- Supported residential care facilities.
- Other assisted living facilities.

Call the Office of the Long-Term Care Ombudsman at 800-442-5640 (if calling within NH) or 603-271-4375 (if calling from outside NH).

It is against the law for anyone, including a family member, to...

- threaten you so that you fear for your physical safety.
- destroy, or threaten to destroy, your property.
- enter your residence against your will.
- assault you.
- follow you around in a way that would make a reasonable person afraid.

- interfere with your freedom.
- force sexual contact on you.
- harass you.

For persons who cannot afford an attorney but need legal advice about domestic violence or other personal matters, NH Legal Assistance provides free legal help and has a special Senior Citizen's Law Project Advice Line: 888-353-9944, or in Manchester only: 603-624-6000, or by TTY: 800-634-8989.

If you have reason to believe that abuse, neglect, or exploitation is occurring to an incapacitated adult, *you have a responsibility under the law cited above to make a report* to the Department of Health and Human Services, Bureau of Elderly and Adult Services at 800-949-0470, or 603-271-7014. The TDD Relay Access number in New Hampshire is: 800-735-2964. You have this responsibility to report, regardless of your relationship with the incapacitated adult, if you are in any of the following categories:

- Incapacitated adult.
- Caregiver of an incapacitated adult.
- Friend.
- Neighbor.
- Relative.
- Professional who is or is not working with an incapacitated adult.
- No relation.

Protecting Yourself as a Consumer

Loans

Before you take out a home equity, second mortgage, internet, “pay day” or other loan, or apply for a reverse mortgage, be sure you understand all of the costs associated with the loan and read the fine print. Many people find out too late that the loan that they thought would get them out of debt only put them deeper into the hole. Take the time to make sure the loan you are considering makes financial sense. If you have questions or concerns about a loan, contact the Consumer Law Project for Seniors at 800-634-8989 for free advice, or the New Hampshire Consumer Protection and Antitrust Bureau at 603-271-3641. The Consumer Credit Counseling Service can help you make payment arrangements with your creditor and otherwise work with you to help reduce your monthly payments without taking out a loan. Call the Consumer Credit Counseling Service at 800-327-6778.

Scams

Unfortunately, there are dishonest people who will try to trick you into giving them your money. Be very careful about anyone who arrives on your doorstep, calls on the phone, or sends you an e-mail asking for money. Often, scam artists say they are from a reputable charity and they are not! Give money only to known charities and avoid giving over the

phone or by computer because you can never be sure who's really on the other end of the line. There are many scams that hook you by telling you that you've won a lottery, a free trip, or you might be sent a "check" or receive something that looks like it comes from a government agency or even a friend. Other schemes including pyramid schemes, chain letters, "sure bet" investments, people who want to share found money or help you recover money, are all very likely to be phony. Be skeptical and suspicious. Before you send any information or money, contact the NH Consumer Protection and Antitrust Bureau at 603-271-3641.

Identity Theft

Identity theft happens when a scam artist steals your name, social security number, credit card, or other personal information. They use this information to get credit cards or loans which they then don't pay! Never, never, ever give out your credit card number, social security number, or other information to a stranger in person, over the phone, by e-mail, or on the internet! If someone calls or e-mails asking for this information and claiming to be, for example, your bank or the social security office, ask if you can call them back. Then, before you dial, check the phone book or your records to make sure it is the correct number.

To make sure you are not the victim of identity theft, review your credit card and bank statement carefully. You should also review your credit report on a regular basis. To get a free copy of your credit report, call toll-free 877-322-8228. You can also contact the Consumer Law Project for Seniors at 800-634-8989 for free advice or the NH Consumer Protection and Antitrust Bureau at 603-271-3641.

Unwanted Phone Solicitations

You can ask to be placed on the "do not call" list and this may help reduce the number of phone solicitations you receive. Call the National Do Not Call Registry toll-free at 866-290-4236. Should you receive a call from a solicitor, you can directly request them to take you off of their call list.

Chapter 9. Domestic Violence and Abuse ---

Chapter 10. Legal Issues

Chapter Overview

You, as an older adult, have certain legal rights and protections to help ensure that your wishes are respected, even if you become incapacitated.

Caregivers of older adults also need to know about these laws, as they can help ensure that the older adult's wishes are honored and that they receive respectful, appropriate care.

"The only source of knowledge is experience."
– Albert Einstein

The information in this chapter will help you understand the laws that are important to older adults with mental health and/or other health care concerns.

Chapter Content

Your Legal Right to Respectful Care	88
What If Your Rights Are Not Respected?	88
Planning Ahead	89
Advanced Directives	89
Do Not Resuscitate Orders	89
Financial Power of Attorney	90
Paying for Long-Term Care	90
A Will	91
Where to Keep Legal Papers	91
What If You Did Not Plan Ahead?	92
Representative Payee	92
Naming a payee	92
Guardianship	92
Naming a Guardian	93
Involuntary Emergency Hospitalization	93
Probate Commitment	93

Your Legal Right to Respectful Care

The New Hampshire “Patient’s Bill of Rights,” New Hampshire Revised Statutes Annotated (RSA 151), states that anyone receiving mental health and medical care in any nursing home or other facility has the legal right to respectful, dignified, confidential medical care. This includes the right to all of the following:

- Have your mental health/medical information treated confidentially.
- Decide who can access your information via a “release of information” form.
- Receive truthful information about medical options so you can make an informed decision.
- Obtain copies of your medical records.
- Get answers to your questions and work in partnership with your health providers.
- Get a second opinion if necessary.
- Express any dissatisfaction about your prescribed treatment or medication to your doctor or provider.
- Express your dissatisfaction to an ombudsman associated with the facility if you feel you are not getting satisfaction with your doctor or provider.
- File complaints without reprisals.

There are other laws that protect you whether you are in a nursing home or at home. For example, the federal Health Insurance Portability and Accountability Act (HIPPA) says that your medical information cannot be disclosed without your permission. That is why you must sign a special form if you want your doctor to discuss your medical condition with your family, your lawyer, or others. Consider signing a release to include those who may be helpful with your medical care. For more information on New Hampshire RSAs related to mental health protection, see “RSAs (State Laws)” on page 108.

What If Your Rights Are Not Respected?

If you are receiving treatment from your community mental health center and you have a complaint about your treatment, you can speak to the complaint investigator available at the community mental health center.

"The more sand that has escaped from the hourglass of our life, the clearer we should see through it."

– Jean Paul

Most medical facilities have a complaint process. For complaints about care in nursing homes or other long-term care facilities, contact the Office of the State Long-Term Care Ombudsman at 800-442-5640 (in NH), or 603-271-4375 (outside NH). You can also contact the New Hampshire State Medical Board or your health insurance company.

Planning Ahead

Advanced Directives

An advanced directive is a legal document written in advance of illness that allows you to specify the type of medical treatment you would or would not want. In New Hampshire, we have two kinds of advance directives: the living will and the health care power of attorney.

A living will is a statement that says that if you become terminally ill or permanently unconscious, you don't want to be kept alive artificially. If you sign a living will, you are saying "I want to be allowed to die naturally, and no life-sustaining treatment should be given to prolong the dying process." Do not sign a living will if you do not agree with this approach to end-of-life care!

A health care power of attorney is a document where you appoint someone (called your "agent") to make medical decisions for you if you are unable to make decisions for yourself. You can choose someone you trust to serve as your power of attorney; someone you would want to make health care decisions on your behalf in the event you cannot.

Both of the above documents permit you to specify whether you want artificial feeding or hydration and other types of "life sustaining treatment." Living will and health care power of attorney forms can be obtained from any hospital, as well as from the Foundation for Healthy Communities, your local senior center, or your doctor. It is not necessary to hire a lawyer to help with your living will or health care power of attorney, but you should take care to follow the form's directions carefully. Many senior centers can help with the signing of these documents. Copies of both your living will and health care power of attorney should be given to your agent, local hospital, mental health center, and doctor(s).

Remember!

Make your own medical decisions as long as you can communicate with your doctor (even if the care you want goes against your advance directives!). Only if your doctor decides you are unable to communicate or to make informed medical decision will your agent and advance directives take over.

State law says medical treatment cannot be given to you or withheld from you over your objections!

Under no circumstances is it legal to withhold food or water if you can eat and drink normally.

It is important for older adults to discuss their values, wishes, and worries about end-of-life care with their agent, loved ones, and their health care provider. It is better to let everyone know where you stand on these often emotional issues before you become ill.

Do Not Resuscitate Orders

If you become so ill that you would not wish to have CPR, you can ask your doctor to issue a "Do Not Resuscitate" order or DNR. A DNR tells medical personnel that they

should not use Cardio Pulmonary Resuscitation (CPR) to revive you if you stop breathing or your heart stops.

If you do not have a DNR order, Emergency Medical Technicians (EMTs) who are called to your home during a medical emergency are required by law to perform CPR, even if you have signed a living will or health care power of attorney! Only a DNR order will allow EMTs to forgo CPR, so it is important to discuss DNR orders with your doctor if you do not want CPR performed under certain conditions.

Financial Power of Attorney

We've discussed how important it is to appoint someone you trust to make medical decisions for you if you become incapacitated. It is just as important to name someone you trust to make financial decisions for you if you become incapacitated.

A financial power of attorney is a legal document that allows you to appoint someone you trust to manage your finances and related matters. A financial power of attorney allows you to appoint someone you trust to:

- Pay bills.
- Cash or deposit checks.
- Handle insurance matters.
- Take care of pets.
- File tax returns.
- Take care of all other financial matters as needed.

It is highly recommended that you see an attorney to help with a financial power of attorney. State law requires specific language in order for the power of attorney to be legally effective.

A financial power of attorney is a relatively inexpensive document and can save you a great deal of money and heartache in the long run. If you should become incapacitated and do not have an agent appointed under a financial power of attorney, then loved ones might be forced to seek a guardianship to ensure that your bills are paid.

Your agent under a financial power of attorney can be a trusted family member, caregiver, or a professional (accountant, attorney, etc.).

Much of the financial exploitation of older adults occurs at the hands of a family member who is named agent under a financial power of attorney, so choose your agent carefully!

Some older adults add their adult child's name to a joint bank account so the child can pay bills. There are many reasons why this may not be wise! A financial power of attorney is usually a better option.

Paying for Long-Term Care

Many older adults worry about how they will manage to pay for an extended stay in a nursing home or other facility. There are various state and federal programs to help pay

for this care. These programs, however, all have different financial eligibility requirements and rules about things such as transferring assets to children or others.

- Consult with both the appropriate state agency that handles the application process and an attorney who is knowledgeable about these programs.
- Couples especially need to take care to do all they can to protect their assets for the spouse who is healthy and will need to make ends meet at home. There are many ways, permitted under each program's rules, for providing for the healthy spouse's financial security.
- Look into purchasing a long-term care insurance policy, which can help pay for home care, day care, and nursing home care.

A Will

The legal documents we've discussed so far will ensure that your financial and health care needs will be taken care of during your life. You should also think about what happens after your death. Your living will, health care power of attorney, and financial power of attorney are only valid while you are alive. None of these documents can help distribute your worldly possessions to your loved ones after you've died.

In order to have a say over who should receive your assets after your death, you need either a last will and testament (a will) or a trust. It is especially important for couples or those who have dependent adult children to have a will or trust to make sure their surviving loved ones are provided for.

A will is filed in the probate court after you die and the court makes sure your assets go to those you name in your will. A trust is often called a "will substitute" because it can do the same thing as a will; that is, make sure your possessions get distributed after your death according to your wishes. A trust can also be helpful during your lifetime, because you can name a trustee to manage your financial affairs for you if you are unable to do so.

An attorney can help you decide whether a trust or a will works best for you.

Where to Keep Legal Papers

Where should you store all these legal papers? While you want to keep these important documents safe from fire, theft, or accidents (spilled coffee!) you also want to make sure they are available to those who might need them if you are laid up in the hospital. Options include the following:

- Leaving your originals with your attorney.
- Using a fireproof lock box in your home.
- Renting a safe deposit box at a bank. (Make sure someone else can get access to your box if necessary!)

Check with your attorney about what the best option is for you.

A copy of your health care power of attorney and living will, information about allergies, medications, contact people in case of an emergency, etc. should be kept somewhere where they can be easily located (in your wallet and in your home). There are special

“File of Life,” “Vial of Life,” and “Yellow Dot” packets available through various service organizations and police/sheriff departments that go in or on your refrigerator or in your car glove box. This will help you organize and store this important information for emergency responders.

What If You Did Not Plan Ahead?

What happens if you have not signed a health care power of attorney and a financial power of attorney? Or, what if people believe that you are acting in ways that will result in harm to yourself or others?

Advanced directives can be written for mental health care and may allow for some personal choices to be upheld while reducing the impact of a crisis.

Our laws are written to protect your right to make decisions about your own life. However, there are also laws to protect people who are no longer able to care for themselves. If you do not have an agent to act on your behalf, or if you are a danger to yourself or others, then these “last resort” options are there to protect you.

Representative Payee

The Social Security Administration will appoint a person called a representative payee to cash your social security check (and only your social security check) and use this cash to pay your bills if you are unable to manage your monthly check yourself. A payee can only deal with your social security benefits; they cannot manage or sell your other assets, handle insurance matters, and so forth.

Naming a payee

- The “payee” can be a family member, caregiver, or friend.
- Agents under a financial power of attorney can also be payees, but they must first apply to be your payee.
- Sometimes, naming a representative payee is something you want, but it can also be an involuntary process imposed by Social Security in order to protect you.

To start the representative payee process, a form must be filed with the Social Security Administration that states why the person needs a representative payee. Social Security will decide based on medical information whether naming a payee is necessary.

Guardianship

When you are too ill to manage your own affairs, it is sometimes not enough to have a representative payee. In that case (assuming you have not signed a financial or health care power of attorney), it may be necessary for your loved ones to go to the probate court to ask that a legal guardian be appointed. If the court appoints a guardian, your guardian will be able to make financial and/or medical decisions for you. Before the probate court judge will appoint a guardian, however, you must be found “incompetent.” There must be proof that you have recently acted in a way that shows you are or will suffer substantial harm

because you are unable to manage your financial affairs and/or provide for your personal needs (food, clothing, shelter, health care, safety).

Often, older adults who need nursing home care, but are too ill to manage their own affairs and who do not have an agent under a power of attorney, will need to have a guardian appointed before they can be admitted to a nursing home.

The guardianship process can be expensive and emotionally difficult. If at all possible, have a health care and financial power of attorney in place so that a guardian is not needed.

Naming a Guardian

You can have a say about who you would want to act as your guardian and who you would NOT want to act as your guardian. An attorney can prepare a “Nomination of Guardian” form for you. If you become incompetent and need a guardian, the court will appoint the guardian of your choosing (if they are qualified to serve) and will not appoint those that you say should not be your guardian.

Involuntary Emergency Hospitalization

An involuntary emergency admission (IEA) is a process that may occur if an individual with a mental health disorder is refusing treatment, and this person's actions put him/herself or others at risk of imminent, serious harm. For example, someone who is delusional, keeps running onto busy streets brandishing a gun and threatening to shoot at passersby, but refuses to seek treatment, could be involuntarily hospitalized.

A doctor must authorize an IEA. In New Hampshire, you will be placed for 3 days at either the state hospital (New Hampshire Hospital) or a designated receiving facility, such as the Elliott Hospital in Manchester or Androscoggin Valley Hospital in Berlin. Placement can only occur after you are evaluated by a mental health professional/doctor who can verify that you refuse any other type of treatment and are a danger to yourself and/or others. Other options will be explored before hospitalization is forced upon you.

A judge will review your case within 3 days. If the judge agrees with the doctor, you can be hospitalized for up to 10 days.

Probate Commitment

A probate court judge can decide to extend the amount of time a person is hospitalized involuntarily beyond 10 days or can require that they leave only under certain conditions (a “conditional discharge”). These conditions usually require the patient to participate and comply with their treatment. Such conditions are only imposed if the person has a history of being at risk because they refused to accept or follow treatment recommendations.

Chapter 11. On Aging, Death, and Dying

Chapter Overview

In New Hampshire, 12% of the population is age 65 or older. That number is expected to double in 20 years. This growing population of older adults is a powerful influence on society. The grace and wisdom that comes with age is a well-earned gift.

As we age, it is important to focus on the positive factors associated with aging, not just on disease and disability. Research shows that how we treat our bodies through healthy attitudes and habits such as diet, exercise, and avoidance of the use of tobacco and alcohol, will have profound effects on how we individually experience the aging process.

Similarly, maintaining the healthy connections that keep us vibrant socially, emotionally, and spiritually, are key ingredients to our health throughout our life span.

"If we spent as much time feeling positive about getting older as we do trying to stay young, how much different our lives would be."

-Rob Brown

This chapter examines the topic of death and dying, using the studied wisdom left behind by Dr. Elisabeth Kubler-Ross.

Chapter Content

Emotional Stages of Loss	96
Wisdom from Kubler-Ross	96
Other Readings	97

Emotional Stages of Loss

In the process of aging, there is both gain and loss. Even with loss, there can be growth and resolution. Our ability to survive the loss of loved ones and face our own death will be shaped, in part, by our approach to life.

When facing the end of life, Dr. Elisabeth Kubler-Ross offers many insights in her book, *On Death and Dying*, “a profound lesson for the living,” according to *Life* magazine. Her insights are excerpted in the remainder of this chapter.

Dr. Elisabeth Kubler-Ross identifies the following five noticeable stages that people pass through when they are faced with imminent death:

- **Denial.** The individual will express disbelief or inability to acknowledge the loss.
- **Anger.** The person will be enraged that the loss could have happened to them.
- **Bargaining.** The individual will attempt to make "deals" in an effort to change the situation for the better.
- **Depression.** A feeling of despair or hopelessness will overcome the individual.
- **Acceptance.** The person is able to move beyond the loss and resume previous activities and behavior.

"It is really something of a feat to have lived seventy-five years, in spite of illnesses, germs, accidents, disasters, and wars. And now every fresh day finds me more filled with wonder and better qualified to draw the last drop of delight from it."

—Maurice Goudekot

These stages are not necessarily experienced in the order listed, and some people move through the stages more quickly than others. It is also interesting to note that these are the same stages that individuals experience when they face other major losses. Many such losses occur later in life, such as the death of a spouse, serious illness, or the end of a career through retirement or disability.

Wisdom from Kubler-Ross

The following are quotes from Dr. Elisabeth Kubler-Ross' book, *On Death and Dying*:

- Epidemics have taken a great toll of lives in past generations. Death in infancy and early childhood was frequent and there were few families who didn't lose a member of the family at an early age.
- When we look back in time and study old cultures and people, we are impressed that death has always been distasteful to man and will probably always be.
- Dr. Bell communicates... “give each patient a chance for the most effective possible treatment and not to regard each seriously ill patient as terminal, thus giving up on them.”
- We should not “give up” on any patient, terminal or not terminal. It is the one beyond medical help who needs as much if not more care than the one who can look forward to another discharge.

-
- It might be helpful if more people would talk about death and dying as an intrinsic part of life just as they do not hesitate to mention when someone is expecting a baby. A dying person can be of great help to the relatives in helping to meet his/her death. This can be done in different ways. If the patient is able to work through grief and show the family by example one who can die with equanimity, the family will remember the patient's strength and be able to bear their own sorrow with more dignity.
 - We have seen several patients who are depressed and morbidly uncommunicative until we spoke with them about the terminal stage of their illness. Their spirits were lightened, they began to eat again, and a few of them were discharged once more, much to the surprise of their families and the medical staff. I am convinced we do more harm by avoiding the issue than by using time and timing to sit, listen, and share.
 - Giving the family members a chance to vent their feelings about the burden of responsibilities they have to take on while one member is ill, or sometimes a night out while someone else sits home with the invalid, is of great help. People can function in a healthy way if they have respite from caregiving.

Dr. Kubler-Ross says the following about her book, *On Death and Dying*: “If this book serves no other purpose but to sensitize family members of terminally ill patients and hospital personnel to the implicit communications of dying patients, then it has fulfilled its task.”

Lastly, she stated that it is important to include young family members in the visits and conversations with the elder members who are ill. With the inclusion of the children, the event of death becomes not so much a mystery as an accepted part of life.

Other Readings

Kubler-Ross, Elisabeth, *On Death and Dying*. 1970. Macmillan Publishing Company, Inc.

Bell, Dr. Bertrand, “Pseudo-Terminal Patients Make Comeback.” August 1966.
Medical World News.

Forester, Dr. Brent, “Senior Moments: Graceful Aging is Successful Aging.”
August 2001, *The Senior Beacon*.

Wogrin, Carol, *Matters of Life and Death: Finding the Words to Say Goodbye*.
Broadway Books, Inc., 2001.

A practical guide on the importance of communicating with the terminally ill, offering suggestions on what to say and do to offer comfort, and to make the most of the final opportunities with loved ones.

Landay, David S., *Be Prepared: The Complete Financial, Legal, and Practical Guide for Living with a Life-Challenging Condition*. St. Martin's, 1998.

An attorney's guide to the practical concerns created by life-threatening illness.

Byock, Ira MD, *Dying Well: The Prospect for Growth at the End of Life*.
Riverhead Books, 1997.

Illustrated with stories by dying patients, a hopeful view of dying is offered as well as some conditions important for dying well.

Chapter 11. On Aging, Death, and Dying

Albom, Mitch, *Tuesdays With Morrie*. Doubleday, 1997.

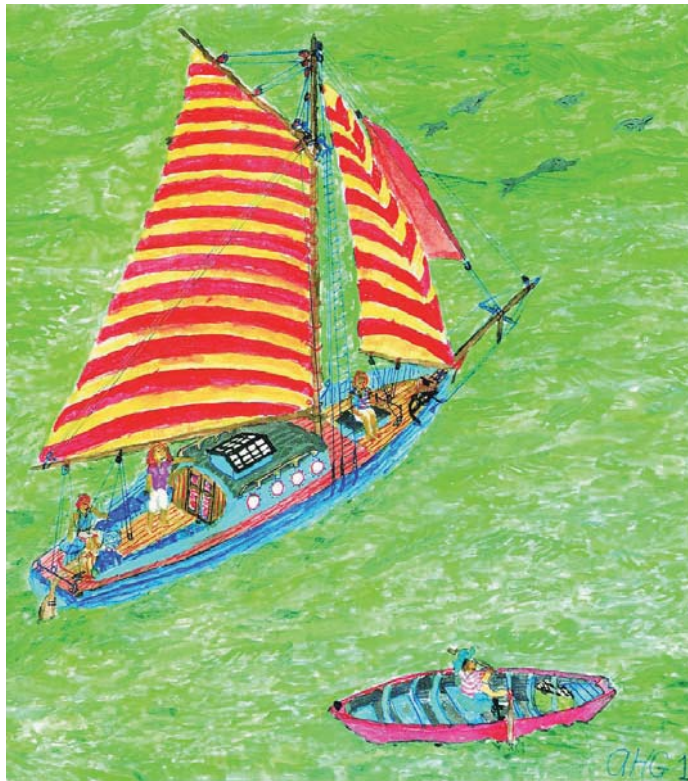
A former student connects with his college professor who is dying from ALS. Fourteen “classes with Morrie” are recounted.

Kelley, Patricia and Callanan, Maggie, *Final Gifts: Understanding the Special Awareness, Needs, and the Communications of the Dying*. New York: Simon and Schuster, 1992.

Beresford, Larry, *The Hospice Handbook: A Complete Guide*. Boston: Little, Brown & Co., 1993.

LeShan, Eda, *Learning to Say Goodbye*. New York: Macmillan New York, 1976.

Davidson, Glen W., *Living with Dying: A Guide for Relatives and Friends*. Minneapolis: Augsburg Fortress, 1975.



Appendix A. Source References

U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*, 1999. "Chapter 5: Older Adults and Mental Health." Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, 1994. Washington, DC. American Psychiatric Society.

Bartels, S. J., Miles, K. M., Cohen, M. J., and Dums, A. R. *Outcomes-Based Treatment Plan (OBTP)*, 1999. The New Hampshire-Dartmouth OBTP Toolkit: Behavioral Health Outcomes-Based Treatment Plan for Older Adults. Concord, NH: New Hampshire-Dartmouth Psychiatric Research Center.

National Alliance on Mental Illness New Hampshire, Concord, NH. *A Guidebook for Families*, 2000. (Available in local libraries around New Hampshire.)

Carman, M., Trout, N., Norris-Baker, L. Johannes, E., and Scarpelli, A. *A Mental Health Guide for Older Kansans and Their Families*, 2000. Manhattan, KS: Kansas Department of Social and Rehabilitation Services, and Kansas Mental Health and Aging Coalition.

Hatfield, Agnes. *Handbook for Caregivers of Elderly Relatives with Mental Illness*, 1996. National Alliance on Mental Illness of Maryland, Baltimore, MD.

Salvatore, Barbara and Allen, Wilma. *Living and Caregiving in New Hampshire*. Double U Books Division, Wellington Allen Group, Amherst, NH. (Available in local libraries around New Hampshire.)

NH Division of Elderly and Adult Services, Alzheimer's Disease Program, Concord, NH. *New Hampshire's Family Care Guide for Alzheimer's Disease and Related Disorders*.

Archibald, Nancy. *An Upper Valley Resource Directory for the Caregiver of an Aging Relative*. Upper Valley Support Group, Lebanon, NH.

Copeland, Mary Ellen, M.A., M.S. *Dealing with Depression Later In Life*. P.O. Box 301, W. Dummerston, VT 05357. Web site: www.mentalhealthrecovery.com

Ross, David. *Agitation in Older Persons with Dementia: A Guide for Families and Caregivers*, 1998. Expert Consensus Guideline Series: Web site by Ross Editorial Services at www.pscyhguides.com/gahe.html.

Agronin, Marc E. M.D. and Maletta, Gabe M.D. "Personality Disorders in Late Life: Understanding and Overcoming the Gap in Research." *American Journal of Geriatric Psychiatry* 8:1., Winter 2000.

National Institute of Mental Health, Bethesda, MD. *Depression and Suicide Facts for Older Adults*, 1999.

Forester, Dr. Brent. "Senior Moments: The Stigma of Mental Illness." *The Senior Beacon*, September 2001.

Appendix A. Source References

Frothingham, Stephen (Associated Press Writer). "Minority Population Doubles in 10 Years." *Union Leader*, March 24, 2001. Manchester, NH.

NH Legal Assistance, Concord, NH. "Domestic Violence." *It Helps to Know the Law* pamphlet series, May 2000.

New Hampshire Hospital Association, Concord, NH. *Advance Directives: What You and Your Family Should Know About Living Wills and Durable Powers of Attorney for Health Care*, 1991.

Office of Consumer Affairs, NH Division of Behavioral Health, Concord, NH. *About Advanced Directives for Psychiatric Care*, April 2001.

Los Angeles County Department of Mental Health, Older Adult System of Care. *Hoarding Fact Sheet*, 2005. Web site: www.la4seniors.com/hoarding.htm

U.S. Food and Drug Administration. *Buying Prescription Medicine Online*.

American Association of Suicidology. *Warning Signs*.

National Institute of Mental Health. Assorted publications on mental health disorders.

Eldersubstancemisuse.org. *Awareness and Prevention of Elder Substance Misuse*.

References for Aging, Death, and Dying

Kubler-Ross, Elisabeth. *On Death and Dying*. 1970. Macmillan Publishing Company, Inc.

Bell, Dr. Bertrand. "Pseudo-Terminal Patients Make Comeback." *Medical World News*, August 1966.

Forester, Dr. Brent. "Senior Moments: Graceful Aging is Successful Aging." *The Senior Beacon*, August 2001.

Appendix B. A Guide to Terminology

This Appendix contains clarifications for terms, abbreviations, and official state laws and rules that can provide protection for older adults with mental illness.

Chapter Content	
Glossary	102
Acronyms	106
Relevant New Hampshire Laws and Standards	108
RSAs (State Laws)	108
He-Ms (State Standards)	108

Glossary

Advanced Directive

A legal document, written in advance of an incapacitating illness, which allows a person to state their preference about their medical care.

affective disorder

A mood disorder, either too low (depression) or too high (mania). In “bipolar affective disorder,” a person fluctuates between depression (sadness, poor appetite, lack of enthusiasm, fatigue, feelings of worthlessness) and mania (fast speech, feelings of great power or attractiveness, agitation, irresponsible moneyspending, decreased need for sleep).

agent

A person designated to carry out personal or legal functions for an incapacitated individual, such as in an Advanced Directive.

aging in place

Growing older without having to move.

anti-psychotic medications

Literally “against psychosis,” these drugs help to prevent or reverse symptoms like paranoia, delusional beliefs, and hallucinations.

caregiver

A person, often but not always a family member, involved in the direct care and assistance to an older adult and/or person with a disability.

case manager

A professional, usually in the health care field, who helps to determine what services are needed and assists in coordinating those services.

catatonic

A withdrawn, unresponsive state, often with strange postures or movements, seen sometimes in people with schizophrenia.

chronic

Continuing over an extended period of time (usually years). A person with a chronic illness may have long periods without major symptoms, but these symptoms reappear repeatedly.

commitment

Involuntary hospitalization. This is a legal process requiring a medically supported judicial decision that the person is a danger to him/herself or others, or cannot care for him/herself. See “Legal Issues” section.

consumer

Person who receives or has received mental health treatment.

delusions

Bizarre or false beliefs. (For example, “I am the son of the Pope” or “the basement is full of aliens.”) A person with delusions often will not accept that these beliefs are incorrect, even in the face of evidence to the contrary.

depression

A type of mood disorder that commonly affects caregivers and older adults, but is not a natural part of aging. Symptoms include changes in sleeping and eating habits, low energy, lack of interest in usual activities, feelings of helplessness and worthlessness, and thoughts of suicide. Depression is very treatable and symptoms should not be ignored.

Durable Power of Attorney for Health Care

A document that allows an individual to name another person to make medical decisions should the individual become incapacitated. Preferences and instructions about medical care should be specified in the document.

Electroconvulsive Therapy (ECT)

A form of treatment for depression that can be very effective in cases where other treatment, such as medication, has not been successful.

genetic

Having to do with genes, which are the blueprints for traits passed from parents to children through the sperm and egg cells. Some traits of this kind include eye color, blood type, and the risk for developing certain illnesses, including schizophrenia and affective disorders.

group therapy

Psychotherapy involving a group of people and one or more trained "leaders." This is a particularly good way to improve social skills and receive support from peers who may have similar problems.

guardianship

A legal process whereby the courts appoint someone to manage the financial and/or personal affairs when the individual is no longer able to do so for themselves. This is considered as a last resort option.

hallucinations

A false sensory experience (feeling, smell, taste, vision, or sound). Many people with schizophrenia hear voices or sounds, which are called auditory hallucinations.

insanity

A common term with many definitions, including psychosis (see definition). Insanity is also a technical legal term used by judges and lawyers, and the definition varies with jurisdiction.

Involuntary Emergency Admission (IEA)

The procedure whereby temporary authority is granted to place an unwilling person in a hospital to prevent harm to him/herself or others.

living will

A legal document by which an individual can instruct a physician to withhold life-sustaining procedures if the individual should become terminally ill or permanently unconscious.

mania

See *affective disorder*.

Appendix B. A Guide to Terminology

medications

Drugs prescribed by a physician or nurse practitioner; often called “meds.” (Also see *neuroleptic medications*, *psychotropic medications*, and *anti-psychotic medications*.)

neuroleptic medications

Literally, drugs which affect the nervous system. This term is generally used to mean “anti-psychotic medications.”

obsessive-compulsive disorder (OCD)

Obsession is an unwanted impulse or idea that repeatedly comes up in a person’s mind. A compulsion is a constant behavior like counting, checking, washing hands, or saving things. Both symptoms can cause a lot of stress and anxiety and can interfere with an individual’s ability to carry out daily functions.

Outcomes-Based Treatment Plan (OBTP)

The tool used to gather initial information and assess the level of service needed for an older adult in the community mental health system.

paranoia

A disorder of thinking that causes a person to believe that other people or forces are observing him or her, influencing events, or planning harm to the person in some way.

peer support

The process of consumers helping each other either through individual relationships and/or structured programs and centers.

pharmacologic therapy

The use of medications in the treatment of illness.

psychiatrist

A medical doctor who has received specialty training in the treatment of mental illness. Psychiatrists can prescribe medications and may conduct psychotherapy.

psychiatric nurse

A nurse with additional training and experience in working with people with mental illness. Frequently administers medications prescribed by a doctor.

psychoanalysis

A type of psychotherapy, originating with Sigmund Freud, based on the idea that the person’s mental problems are caused by early childhood experiences, which must be uncovered and resolved in one or more sessions per week, lasting months to years. Though once used to treat psychosis, psychoanalysis is now generally felt to be less effective than medication since most psychoses appear to have a biological origin.

psychologist

A person with an advanced degree in psychology, qualified to do psychological testing and psychotherapy.

psychosis

A loss of contact with reality; a disorder in the thinking process that causes delusions (unshakable belief in things that are false or impossible), hallucinations (hearing voices), or disjointed thinking. Certain experiences (particularly religious ones) may be considered normal in one culture or time, and psychotic in another.

psychotherapy

Treatment of mental illness through conversation between a patient and a mental health professional. The goal is to enable the patient to understand him/herself, to improve communication skills and develop trust in others, and to offer support during difficult times. Often used in combination with medication, vocational rehabilitation.

psychotic

An adjective used to describe a person exhibiting the symptoms of psychosis.

psychotropic medications

A general term meaning any drug that alters a person's psychological functioning.

schizophrenia

A type of thinking disorder that involves periods of psychosis and, usually, ongoing social withdrawal. Hallucinations and paranoia are common symptoms. The inability to sort out the relevant information from among the many stimuli leads to confusion, uncertainty, and inappropriate behavior. A thinking disorder rather than a mood disorder.

self-medicate

When done outside of the advice of a physician, generally refers to taking of medication without supervision, and may also refer to use of drugs (legal or illicit) for purposes of relieving mental and/or physical discomfort without the advice of a physician.

shadowing

Short-term memory loss does not allow a person to remember where someone else is when they are out of the person's sight, how long they have been gone, or when they will return. Persons with short-term memory loss may follow or "shadow" a caregiver that they are totally dependent upon to avoid feeling lost, alone, distressed, or panicked.

social worker

A person with college-level training in social work, which includes case management (coordinating treatment, helping to obtain benefits and protect legal rights, helping to find appropriate living arrangements) and often counseling.

sundowning

People with diseases such as Alzheimer's disease often have late afternoon confusion, which is sometimes called "sundowning" or "sundown syndrome." Problems such as demanding behavior, disorientation, suspiciousness, or belief in things that are not true, may be due to changes in lighting from daylight to dusk causing vision problems, fatigue from active day schedule, restlessness, or overstimulation from activities of the day.

wraparound teams

A term describing a method for multiple organizations to collaborate to provide an effective network of supports to an individual or family based on the recipient's needs and desires.

Acronyms

Professionals, or treatment providers, working in the field of mental health often speak and write using abbreviations and acronyms that are unfamiliar to the lay person.

Whenever you do not understand what a professional is saying, stop them, and ask for clarification. Treatment providers are sometimes so accustomed to speaking in professional language that they might not realize they are using terms not commonly understood. Below is a list of some frequently used acronyms.

ACT	Assertive Community Treatment
ADL	Activities of Daily Living
BPD	Borderline Personality Disorder
C3	Client-Centered Conference
CA	Consumer Advocate
CC	Consumer Council
CD	Conditional Discharge
CM	Case Management/Case Manager
CME	Compulsory Mental Exam (aka Complaint and Prayer)
CMHC	Community Mental Health Center
CSP	Community Support Program
DBH	Division of Behavioral Health
DHHS	Department of Health and Human Services
ER	Emergency Room
ES	Emergency Services
ESTP	Emergency Services Treatment Plan
ETOH	Alcohol
HX	History
IEA	Involuntary Emergency Admission
IL	Independent Living
ISP	Individual Service Plan (same as ITP)
ITP	Individual Treatment Plan
JP	Justice of the Peace
LRE	Least Restrictive Environment
MHA	Mental Health Associate

MHDS	Mental Health/Developmental Services
MI	Mental Illness
MIMS	Mental Illness Management Services
NAMI	National Alliance on Mental Illness
NHH	New Hampshire Hospital
NIMH	National Institute of Mental Health
OBTP	Outcomes-Based Treatment Plan
PC	Protective Custody
PRN	Take medication as needed, as opposed to on a scheduled basis
PS	Peer Support
PSA	Peer Support Agency
PTSD	Post-Traumatic Stress Disorder
RSA	Revised Statutes Annotated
SA	Substance Abuse
SMI	Severely Mentally Ill
SPMI	Severe and Persistent Mental Illness
SPU	Secure Psychiatric Unit
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SX	Symptoms
TX	Treatment

Relevant New Hampshire Laws and Standards

***RSA* (State Laws)**

RSA 135-C

New Hampshire Mental Health Services System

RSA 135-C-27

Involuntary Emergency Admission Procedures

RSA 135-C-28

Includes a provision allowing police officers to place an individual in protective custody when that individual engages in behavior that indicates that he or she may pose a danger to him or herself or others as a result of mental illness.

RSA 135-C-19-a

Allows family members or others to access information about a consumer if the person requesting the information assists in the direct care for the consumer.

RSA 464-A

Guardians and conservators

RSA 151-A

Patient Bill of Rights

RSA 137-H

Living Will

RSA 137-J

Durable Power of Attorney for Health Care

Title XII, Chapter 161-F:42-57

Public Safety and Welfare, Protective Services to Adults

Note: Copies of RSA laws can be obtained by contacting the following office:

Bureau of Behavioral Health
105 Pleasant Street, Concord, NH 03301
Phone: 603-271-5000

***He-Ms* (State Standards)**

These are New Hampshire standards for services to individuals who receive funding through the New Hampshire Bureau of Behavioral Health. These standards have the full force of law and are legally binding for the facilities regulated by them.

He-M 202

Spells out protection procedures for the rights of persons receiving services in community mental health settings.

He-M 204

Explains procedures for fair hearings on appeals on Medicaid-funded mental health and developmental services.

He-M 309

Explains the rights of persons receiving mental health service in New Hampshire communities.

He-M 401

Explains placement into the mental health service delivery system and criteria for eligibility in state funded programs.

He-M 426

Describes the types of community mental health services that may be offered in state supported facilities and are reimbursable through Medicaid for eligible recipients.

He-M 1201

Lists criteria for administration of medications.

Note: Copies of He-M standards can be obtained by contacting the following office:

Bureau of Behavioral Health
105 Pleasant Street, Concord, NH 03301
Phone: 603-271-5000

Appendix B. A Guide to Terminology ---

Appendix C. Community, State, and National Resources

With the exception of the first section, the resources in this Appendix are organized under section headings that mirror the chapter titles.

The information is subject to change; if you cannot make contact with a service using the information provided, check with a

central service, such as ServiceLink, at 866-634-9412.

Many of the agencies in this listing prioritize individuals who are elderly or disabled.

Chapter Content	
Statewide Information and Referral	112
Needs of the Caregiver (Support Person)	113
Education and Support for the Caregiver and Family	113
Wellness and Healthy Living	114
Action and Planning Committees and Councils	114
Benefits and Finance: Federal, State, and Local	115
Religious Communities	116
Food and Nutrition	116
Heat and Fuel	116
Housing	116
Living Independently	119
Transportation	120
Wellness, Social, and Recreational Programs	121
Mental Illness – Myths and Facts	122
Mental Health Issues	122
Types of Treatment Available	124
Health Insurance, Medicare, and Medicaid	124
Mental Health Centers and Peer Support Agencies	124
Medical Care	131
Hearing and Vision	131
Medical Care	132
National Resources for Healthy Aging	133
Coping with Challenging Behaviors	134
Diversity Issues	135
Domestic Violence/Abuse and Legal Issues	136
On Aging, Death, and Dying	138

Statewide Information and Referral

NH ServiceLink Network is a statewide network of locally administered, community-based resources for seniors, adults with disabilities, and their families. There are 13 ServiceLink sites, as well as additional satellite locations throughout the state. Calling the toll-free number, 866-634-9412, connects you with the ServiceLink site in your area, and with trained persons who can help you find the resources that you need and explore a wide variety of opportunities. There is no cost associated with using ServiceLink. You can also visit the web site at www.state.nh.us/servicelink.

National Alliance on Mental Illness New Hampshire (NAMI NH) provides an information and referral line that can help callers find information and resources on mental health topics, including NAMI education and support programs. The referral line is available during business hours. NAMI NH also has an information library available to the public and a web site that provides mental health information and resources.

For information and referrals, contact 800-242-6264 (NAMI NH) or www.naminh.org.

Easter Seals provides a variety of services to help improve the lives of older adults and people with disabilities. For more information or help about services or for the location nearest you, contact 603-623-8863 or <http://nh.easterseals.com>.

NH Helpline is a statewide information and referral service to help callers access a variety of resources in New Hampshire. To access this service, call 800-852-3388. Services provided include the following:

- Information on social services and emergency help.
- Referral to appropriate agencies for help in solving problems.
- Aid in crises involving child or adult abuse, domestic violence, and alcohol or drug abuse.
- Assistance in locating basic needs such as food, housing, financial assistance, utilities, and clothing.
- Linkage with after-hours and crisis intervention with many other social service agencies throughout the state.

NH Department of Health and Human Services (NH DHHS) provides information about services available throughout the state. In addition to the following numbers, you can check the web site www.dhhs.state.nh.us.

- NH DHHS Toll-Free Number: 800-852-3345
- Bureau of Behavioral Health: 603-271-5000
 - Elder Services: 603-271-5094
 - Office of Consumer and Family Affairs: 603-271-5138
- Bureau of Elderly and Adult Services: 603-271-4650 or 800-351-1888
- Department of Public Health: 603-271-4501
- Office of Alcohol and Drug Policy: 603-271-6100
- Bureau of Health Facilities Administration: 603-271-4592

Needs of the Caregiver (Support Person)

Education and Support for the Caregiver and Family

National Alliance on Mental Illness New Hampshire (NAMI NH) is a grassroots organization that provides education, support, and advocacy for family members on behalf of individuals with mental illness. Information and educational classes about mental illness are available, as well as support groups for family members around New Hampshire. Call them at 800-242-6264 or 603-225-5359. Visit their web site at www.naminh.org.

You can also connect with the parent organization, the National Alliance on Mental Illness (NAMI) for information about NAMI, links to support and educational groups, and information on mental health disorders.

Colonial Place Three, 2107 Wilson Boulevard, Suite 300
Arlington, VA 22201
Information Helpline: 800-950-NAMI (6264)
Phone: 703-524-7600
TDD: 703-516-7227
Web site: www.nami.org

NH Family Caregiver Support Program (NHFCSP) provides valuable support, assistance, resources, and information to aid caregivers. The program is designed to help the caregiver provide the best care they can for their loved one and access helpful resources. Call them at 800-351-1888, Ext. 5554, or get more information on this program from ServiceLink at 866-634-9412.

Alzheimer's Disease and Related Disorders Association (ADRDA) promotes caregiver support groups that provide mutual support and guidance, as well as education to cope with the challenges of caregiving. (Contact the Greater NH Chapter at 800-272-3900 or ADRDA at www.alz.org.)

United States Administration on Aging Caregiver Resources offers information about where and how caregivers can obtain assistance and support. The Administration on Aging is the federal government's source for information on aging and the agency dedicated to policy development, planning, and the delivery of supportive home and community-based services to older persons and their caregivers.
Web site: www.aoa.gov/alz/public/alzcarefam/resources_carefam/resources_carefam.asp

Children of Aging Parents National Information Line
Phone: 800-227-7294

Aging Parents and Elder Care offers articles, comprehensive checklists, and links to key resources that can help family members during all stages of caring for elderly loved ones.
Web site: www.aging-parents-and-elder-care.com

Aging Day Care, Elder Abuse, Home Care Services, Housing, Nursing Homes, and Transportation
Publications in Spanish.
Web site: www.n4a.org

Appendix C. Community, State, and National Resources

Caregiver Media Group provides topic-specific newsletters, online discussion lists, chat rooms. All services are by, for, and about caregivers.

Web site: www.caregiver911.com

Here are some internet sites and the type of resources they offer to caregivers and families:

- www.aarp.org/grandparents/home
Aging, Parenting, Caregivers
- www.caps4caregivers.org
Aging, Caregivers
- www.thefamilycaregiver.org/ed
A national organization for caregivers.
- www.thefamilycaregiver.org/pdfs/HealthcrPrimer.pdf
General tips on home health care, including selecting a provider.
- www.thefamilycaregiver.org/pdfs/4messages.pdf
Information on caregiver advocacy.
- www.acsu.buffalo.edu/~drstall/hndbk0.html
The Caregiver's Handbook discusses caregiver problems, including mental health.
- www.thefamilycaregiver.org/pdfs/10_tips.pdf
List of ten tips for caregivers, and can be printed.

Wellness and Healthy Living

Action and Planning Committees and Councils

National Coalition on Mental Health and Aging

Web site: www.ncmha.org

Contact Deb Digilio at 202-336-6135 or ddigilio@apa.org.

New Hampshire Adult Mental Health Planning and Advisory Council

Contact Karen Orsini at 603-271-5053 or korsini@dhhs.state.nh.us.

State Committee on Aging identifies and represents the needs of the elderly to state administrators and policy makers.

Call 800-351-1888, Ext. 4385 or visit the web site at www.dhhs.state.nh.us/dhhs/scoa.

State Mental Health and Aging Consumer Advisory Council

Contact Todd Ringelstein at 603-271-5094 or tringelstein@dhhs.state.nh.us.

Mental Health and Aging on the World Wide Web is an online resource where older adults, their families, and caregivers can obtain mental health services specific to the needs of older adults, and get information on how to advocate for specific needs.

Web site: www.mhaging.org

The Senior Citizens Bureau (SCB) is a free, non-profit community resource for the elderly, children of the elderly, other caregivers, advocates, and professionals. The Bureau provides free or low-cost services and guidance to the elderly. In addition, it offers basic marketing, accreditation, and the opportunity for eldercare providers to

exhibit their dedication to the industry that they serve.

Web site: www.seniorcitizensbureau.com

Benefits and Finance: Federal, State, and Local

Entering the latter part of our life can bring many losses and declines, including reduced income if you stop working or face increased medical costs or other expenses.

Older adults may be eligible for reductions in costs or discounts, such as property tax abatements (check with your town office), or discounts at local businesses (inquire at your local store or pharmacy to see if senior citizen discounts are available). Joining AARP (American Association of Retired Persons) provides discounts and other benefits for seniors at pharmacies and many establishments.

In many segments of our society, there is still a stigma attached to accepting public assistance. Such feelings can prevent those who need such assistance from seeking it. Yet, older adults are entitled to many benefits and resources that can reduce hardship, and caregivers and friends can help to overcome the feelings of inadequacy it creates in people already struggling to overcome major obstacles. Using available benefits can help an individual remain more independent and self-sufficient, and less dependent upon family.

Here are some available benefits:

- **Social Security Retirement Benefits** provide cash benefits for workers aged 62 or older who have worked a sufficient number of years and contributed to the program during that time. Dependents may also be eligible for benefits. Call 800-772-1213.
- **Social Security Disability Benefits** exist for workers who become physically or mentally disabled prior to retirement age. Disability must be severe enough to prohibit substantial work and be expected to last for a year or more. Call 800-772-1213.
- **Supplemental Security Income** provides monthly cash payment to aged, blind, and disabled people who have little or no income. Recipients may be eligible for Medicaid benefits. A handicapped child under age 18 may receive this if the child and parent meet income and resource requirements. Call 800-772-1213.
- **National Council on Aging (NCOA)** has a web site designed to help older Americans determine what federal and state benefits and programs are available, depending on the individual's circumstances and requests. The web site can be accessed at www.benefitscheckup.org.
- **Aid to the Permanently and Totally Disabled (APTD)** provides financial assistance to persons aged 18–64 who are determined to be physically or mentally disabled and meet certain eligibility requirements. For more information, contact the NH Department of Health and Human Services at 800-852-3345, or visit the web site at www.dhhs.state.nh.us/dhhs/aptdanboaa.
- **Old Age Assistance (OAA)** provides financial assistance to persons aged 65 and older who meet certain eligibility requirements. For more information, contact the NH Department of Health and Human Services at 800-852-3345, or visit the web site at www.dhhs.state.nh.us/dhhs/aptdanboaa.
- **Local Town and City Welfare Departments** offer assistance with needs such as food, rent, heat, and utilities for people who have no other means of support, need temporary assistance, or whose bare minimum in expenses exceeds their customary income.

Appendix C. Community, State, and National Resources—

- **Property Tax Discounts** for those who own their home include Property Tax Abatements for persons who qualify, Tax Deferrals for Elderly and Persons with Disabilities, and Property Tax Exemptions for the Elderly. Check with your town office to find out what is available and whether you qualify, or with the Senior Citizens Law Project Advice Line at 888-353-9944.

Religious Communities

Local churches, synagogues, or mosques can be valuable sources of spiritual growth and support. They often have special programs and caring networks for aging adults. Pastors, priests, rabbis, and imams may be trained to do spiritual counseling and to make referrals to other helpful community resources as needed.

Pastoral counselors are trained in both psychology and theology and thus can address psychological and spiritual issues. If you are experiencing emotional difficulties and wish to address these matters in the context of religion and spirituality, you might consider meeting with a pastoral counselor. The American Association of Pastoral Counselors at 703-385-6967 can provide the names of certified pastoral counselors near you.

Food and Nutrition

Meals on Wheels delivers meals to older adults who meet eligibility requirements. This service is available through local Community Action Programs.

Food Stamps are government coupons that can be used to buy food products at grocery stores. Eligibility for food stamps is based on income and assets. Application can be made through the NH Department of Health and Human Services district offices. (Central office number is 800-852-3345.)

Food Pantries are community-based food pantries that offer non-perishable groceries to persons in need. These are usually run by local churches, Salvation Army, and similar organizations, or Community Action Programs.

Nutrition Connections is a program of the University of NH Cooperative Extension. Nutrition Connections provides nutrition education to people with low income at no cost, helping with managing a food budget and making healthy choices. Call them at 800-FOODLINE (800-366-3546).

Heat and Fuel

Fuel assistance is available to low income households throughout New Hampshire and provides some payment towards fuel costs. Priority is given to those who are elderly, handicapped, or have families with three or more children. Fuel assistance is available through local Community Action Programs (CAP). For more information: 603-271-8317.

Housing

Please note that the web sites here may also contain information on home repair programs for people who have a home but need financial assistance in keeping up the home. As an

example, visit the following link, which contains information on home repair programs for people with low incomes and people over the age of 62:

www.rurdev.usda.gov/vt/vt504.htm

Also note that while some of the information contained on the web sites pertains to home ownership, some of the web sites also contain information on affordable apartment rentals.

- **New Hampshire Housing Finance Authority (NHHFA)** provides information on housing options and programs, as well as information about reverse mortgages and home ownership. For more information, call 800-640-7239, or visit them on their web site at www.nhhfa.org.

NHHFA also operates a broad range of programs designed to assist low- and moderate income persons and families to obtain decent, safe, and affordable housing throughout New Hampshire.

- **Community Action Program (CAP)** offers a wide range of programs such as fix-it programs to help older adults maintain their homes, housing information, fuel assistance information, etc. These programs are located throughout New Hampshire as shown below:

Community Action Program Belknap-Merrimack Counties, Inc. (BMCAP)
603-225-3295

Rockingham Community Action, Inc. (RCA)
603-431-2911 or 800-556-9300

Southern New Hampshire Services, Inc. (SNHS) (Greater Manchester area)
603-668-8600, Greater Nashua 603-883-9300

Southwestern Community Services, Inc. (SCS)
603-352-7512 or Toll-Free 800-529-0005

Strafford County Community Action Committee, Inc. (SCCAC) (Dover area)
603-749-1334

Tri-County Community Action Program, Inc. (TCCAP) (Berlin area)
603-752-7001 or 800-552-4617

In addition, for people living in the greater Manchester and Nashua areas, a “HELP” directory lists the services available. This directory is available for a nominal charge by calling the local CAP office. For the Greater Manchester area, the phone number is 603-668-8600. For the Greater Nashua area, the phone number is 603-883-9330.

- **Affordable Housing, Education, and Development** provides low- to moderate income households in Coos and northern Grafton counties with a variety of housing and education services. Visit them on their web site at www.homesahead.com.
- **Concord Area Trust for Community Housing** provides access to quality, affordable housing in Concord and throughout Merrimack County. Visit them on their web site at www.catchhousing.org.
- **Fannie Mae Foundation** creates affordable housing and homeownership opportunities in cooperation with local housing providers. Visit their web site at www.fanniemaefoundation.org.
- **Granite State Independent Living (GSIL)** provides a registry of apartments for people with disabilities and/or the elderly. For more information, call 603-228-9680 or 800-826-3700. The registry is online at www.gsil.org/housing_registry.php.

Appendix C. Community, State, and National Resources

In addition, GSIL offers information on obtaining Section 8 housing at www.gsil.org/housing_section8.php.

- **The Housing Partnership** provides quality, affordable housing and related services for low- to moderate income residents of the Greater Seacoast and southern Maine regions. Visit them on their web site at www.housingpartnership.org.
- **Laconia Area Community Land Trust** assists low- to moderate income households in the Laconia area to achieve self-sufficiency through the development of affordable housing and support programs. Contact them through their web site at www.lact.org.
- **Manchester Neighborhood Housing Services** helps people in the Greater Manchester area by providing access to quality housing services. Visit them on their web site at www.mnhs.net.

Nursing Homes/Long-Term Care

- **Residential Care Facilities and Assisted Living facilities** offer congregate type housing with a wide variety of services, from meals, housekeeping, social and recreational programs, to secure homes offering nursing services. For more information, contact the NH Association of Residential Care Homes at 800-544-0906. For information on assisted living residences, www.nhhfa.org/ss_assistedliving.htm.
- **Nursing Homes** provide residency, meals, nursing and rehabilitative care, medical services, and protective supervision for persons who are ill, frail, and need 24-hour supervision. One link to nursing information is www.nhhca.org. A listing of nursing homes licensed in New Hampshire can be obtained by contacting the NH Department of Health and Human Services, Bureau of Health Facilities Administration at 800-852-3345, Ext. 4592, or you can visit the web site at www.dhhs.state.nh.us/dhhs/bhfa.

The Medicaid program pays for nursing home care for persons who are eligible for Medicaid, have completed an assessment process, are determined by the Bureau of Elderly and Adult Services to have a medical need for a nursing home level of care, and meet other requirements. For more information, visit the web site at www.dhhs.state.nh.us/DHHS/BEAS/LTC-medicaid-eligibility.htm.

- **Home and Community-Based Care for the Elderly and Chronically Ill (HCBC-ECI) Program** is designed for seniors and persons with chronic illnesses and disabilities. Persons who qualify for nursing home care, but desire to remain in their own homes, may participate in the HCBC-ECI Program when they are determined eligible for Medicaid, qualify for a nursing home level of care, and meet other requirements. For more information, visit the Bureau of Elderly and Adult Services web site at www.dhhs.state.nh.us/dhhs/beas/home-community.

Other Housing Resources

- **Apartments and Congregate Housing Apartment complexes** in many communities are designed for older adults to maintain independent units but share recreational, social, and/or meal activities with others.
- **Homeless Shelters** are available for homeless persons around the state through town welfare departments. Shelters are located in some regions in New Hampshire operated by various organizations. For more information, call ServiceLink at 866-634-9412.

Living Independently

An array of resources exist for medical, mental health, and/or safety issues that can support an older adult in maintaining an independent lifestyle.

Services

The following are examples of some of the services available to older adults who choose a lifestyle of “aging in place” (living at home):

- **Home Health Care**

These are in-home medical services for qualified older adults in their home. Home health care is usually provided by local visiting nurse/home health associations.

Medicare may cover certain medical and psychiatric services.

Web site: www.homecarenh.org/ (Lists home care agencies in New Hampshire.)

Web site: www.hhhc.org/ (Lists home care, hospice care, and visiting nurse care.)

- **Personal Emergency Response Systems**

Personal response services enable people to get help if they fall or have an emergency. This service, available for a monthly fee, uses a machine and a help button to call a central number. Lifeline: 800-635-6156 (mention “Seniors Count” to receive a discount)

N.E. Emergency Response Systems: 800-888-0338 (mention “Seniors Count” to receive a discount)

- **Police Outreach**

Local police departments may be able to check in on older adults at times when a caregiver is unavailable. In some communities, there are officers who specialize in working with older adults. Some police departments have also had training in working with persons with mental illness. Check with your local department to see if arrangements can be made to provide check-in contacts.

- **Resident Education Assistance and Prevention (REAP)**

This program provides counseling and educational service to older adults in the community. REAP provides free, confidential services to help older adults better understand and deal with the many life changes they encounter and to address problems related to medication or alcohol misuse. Brief counseling is offered to adults in their homes. More information on REAP can be obtained through your local community mental health center, or one of the following:

ServiceLink: 866-634-9412

Web site: www.nhhfa.org/ss_reap.htm

- **Wraparound Services**

The wraparound approach to care enables a team of service providers in a community to work together to help a person who is at risk or who has multiple service needs.

Reaching out to seniors where they live and involving them and their families as the core of any planning is key to the process. Wraparound teams that focus on elders are located in several New Hampshire communities. A team generally includes professionals from a number of different fields: health, mental health, aging services, developmental disability services, home care, law enforcement, and other community organizations. One agency generally takes the lead in establishing the team and serves

Appendix C. Community, State, and National Resources

as the coordinator or contact point. More information on wraparound teams may be obtained through your local community mental health center, or one of the following:

ServiceLink: 866-634-9412

NH Bureau of Behavioral Health, Elder Services: 603-271-5094.

- **AOA: Administration on Aging**

An agency in the U.S. Department of Health and Human Services, it is one of the nation's largest providers of home-and community-based care for older persons and their caregivers. Their mission is to promote the dignity and independence of older people, and to help society prepare for an aging population.

Web site: www.aoa.gov

- **National Association of Area Agencies on Aging (N4As)**

The 661 N4As plan develop and arrange for services to assist older people who are in the greatest need. The N4As contract with 27,000 service provider agencies and public and private groups to provide home and community-based care services.

Web site: www.n4a.org

The Olmstead Decision

In 1999, the U.S. Supreme Court ruled in the Olmstead decision that people with disabilities have the right to live in the community, when appropriate. The Supreme Court said unnecessary institutionalization might violate a person's civil rights under the Americans with Disabilities Act (ADA). This case was initiated by two women with mental illness in a Georgia state hospital. The women wanted to live in the community. Their doctors agreed discharge was appropriate. The women sued the state of Georgia and won the right to live in the community.

Some older adults would like to stay in their communities but cannot because of the lack of housing, transportation, respite care, and other services. This Guidebook can be used to help older adults and families exercise the right to live in the community by providing information on the resources needed to stay in the community.

For more information on the Olmstead decision, see www.upennrrtc.org/issues/issue_olmstead.php (Consumer and family-friendly Olmstead information), or supct.law.cornell.edu/supct/html/98-536.ZO.html (The actual Supreme Court Decision).

Transportation

Communities around New Hampshire have various types of public transportation, some that are designed especially for older adults and adults with disabilities. You can find out about transportation that is available in your area through these resources:

- **New Hampshire ServiceLink**

Phone: 866-634-9412

- **New Hampshire Help Line**

Phone: 800-852-3388 or 603-225-9000

- **New Hampshire Department of Health and Human Services, Bureau of Elderly and Adult Services (BEAS)**

Contracts with a number of agencies to support transportation services for seniors and

adults with disabilities. BEAS also provides limited funding to support volunteer transportation efforts through programs like the Retired Senior Volunteer Program (RSVP).

Phone: 800-351-1888

- **Local public transit provider**

Some communities have a public transportation service. Check with ServiceLink at 866-634-9412, or your local Community Action Program to find out about transportation resources in your area.

Wellness, Social, and Recreational Programs

- **Adult Day Programming**

Adult day programs are community-based services that offer a planned program of health, social, and supportive services in a protective setting. Participants can attend for all or part of a day.

Bureau of Health Facilities Administration: 800-852-3345, Ext. 4592

Web site: www.dhhs.state.nh.us/dhhs/bhfa

- **Senior Centers**

Many communities offer senior programs such as health and wellness programs, educational opportunities, and more.

ServiceLink: 866-634-9412

- **Positive Aging Resource Center** promotes positive aging by providing information to caregivers, families, providers, and older adults.

Phone: 617-525-6123

Web site: www.positiveaging.org

- **Senior Companion Programs**

A volunteer program enabling eligible adults aged 60 and older to serve as companions to other seniors in their community.

Phone: 603-225-3295

- **YMCA/YWCA**

These facilities frequently offer social and exercise programs for older adults.

- **American Association of Retired Persons (AARP)**

Provides information about AARP and its services.

Phone: 888-687-2277

TTY: 877-434-7598

Web site: www.aarp.org

- **Elderweb**

Canadian-based online community of older adult computer users, assistance with computer and technical problems.

Phone: 780-497-5506

Web site: www.elderweb.org

- **Senior Link**

Online community to communicate with family and friends, with special sections on recreation and travel.

Web site: www.senior.com

- **Senior Net**

Health focus and support groups, book clubs, learning center, and roundtable discussions on current health issues.

Phone: 408-615-0699

Web site: www.seniornet.org

Mental Illness – Myths and Facts

- **National Mental Health Information Center (Center for Mental Health Services)**

Leads national efforts to improve prevention and mental health treatment services for all Americans.

Phone: 800-789-2647

Web site: www.mentalhealth.samhsa.gov

- **National Mental Health Association**

2001 N. Beauregard St, 12th floor

Alexandria, VA 22311

Web site: www.nmha.org

Mental Health Issues

- **National Brain Injury Foundation**

Creating a better future through brain injury prevention, research, education, and advocacy.

8201 Greensboro Drive, Suite 611

McLean, VA 22102

Phone: 703-761-0750

Family Helpline: 800-444-6443

Web site: www.biausa.org/Pages/home.html

- **Anxiety Disorders Association of America**

Phone: 240-485-1001

Web site: www.adaa.org

- **Obsessive Compulsive Foundation, Inc.**

676 State Street

New Haven, CT 06511

Phone: 203-401-2070

Web site: www.ocfoundation.org

- **Depression and Bipolar Support Alliance (formerly the National Depressive and Manic Depressive Association)**

730 N. Franklin, Suite 501

Chicago, IL 60610

Phone: 800-826-3632

Web site: www.dbsalliance.org

- **At a Glance: Suicide Among Elderly**

The national strategy for suicide prevention provides this fact sheet.

Web page: www.mentalhealth.org/suicideprevention/elderly.asp

-
- **Administrative Office on Aging: Depression and Suicide**
Their web page provides information on depression and suicide in older adults.
Web page:
www.aoa.gov/eldfam/healthy_lifestyles/mental_health/mental_health_dep.asp
 - **Suicide Prevention Advocacy Network (SPAN) USA**
Web site: www.spanusa.org
 - **American Association of Suicidology (AAS)**
Promotes research, public awareness, and education programs for suicide prevention
Phone: 202-237-2280
Web site: www.suicidology.org
 - **American Association for Geriatric Psychiatry**
Raises awareness of psychiatry and the effects of mental health disorders on the elderly.
This web site provides information, news, facts, and tools for a variety of audiences.
Web site: www.aagppa.org
 - **National Institute of Mental Health (NIMH)**
NIMH, Public Information and Communications Branch
Phone: 301-443-4513 or 866-615-6464
TTY: 301-443-8431 or 866-415-8051
Web site: www.nimh.nih.gov
 - **Alcoholics Anonymous (AA)**
A voluntary fellowship of alcoholics who help themselves and each other get and stay sober. Check the phone book for a local chapter, or contact the national office at:
Phone: 800-593-3330
Web site: www.alcoholics-anonymous.org
 - **National Institute on Alcohol Abuse and Alcoholism (NIAAA)**
Provides information on alcohol abuse and alcoholism. Contact them at:
Phone: 301-443-3860
Web site: www.niaaa.nih.gov
 - **National Council on Alcoholism and Drug Dependence, Inc.**
Can refer you to treatment services in your area. Contact:
NCADD, National Headquarters
12 West 21st Street, 8th Floor
New York, NY 10010
Phone: 800-622-2255
Web site: www.ncadd.org
 - **Substance Abuse and Mental Health Services Administration (SAMHSA)**
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201
Phone: 202-619-0257 or 877-696-6775
Web site: www.samhsa.gov
 - **National Clearinghouse for Alcohol and Drug Information (NCADI), division of SAMHSA**
Phone: 800-729-6686
TDD: 800-487-4889
Web site: www.health.org

■ Elder Substance Misuse

Sponsored by the Task Force on Elder Substance Abuse Awareness and Prevention and the NH Coalition on Substance Abuse, Mental Health, and Aging. Information for elders, caregivers, and providers on awareness and prevention of elder substance misuse.

Web site: www.eldersubstancemisuse.org

Types of Treatment Available

Health Insurance, Medicare, and Medicaid

Medicaid program is a federal and state funded program that serves needy individuals and families who meet financial and other eligibility requirements and certain other individuals who lack adequate resources to pay for medical care. The program provides payment for medical services ranging from routine medical care for children to institutional care for the elderly and disabled. For more information, call 800-852-3345, or visit the web site at www.dhhs.state.nh.us/dhhs/medicaidprogram.

Medicare is a federal health insurance program that offers Hospital Insurance coverage (Part A) and Medical Insurance (Part B) which helps cover doctors' services and outpatient care, and some other services not covered under Medicare Part A. Changes in Medicare Part D include prescription drug coverage programs. For more information, call 800-633-4227 (800-MEDICARE), TTY/TDD: 877-486-2048, or visit the official government web site for people on Medicare: www.medicare.gov.

Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare Beneficiary (SLMB) Program: This provision pays the portion of Medicare that covers health insurance. Check with your local welfare office for more information.

HICEAS: Stands for Health Insurance Counseling, Education, and Assistance Services to assist Medicare beneficiaries and their families in understanding their insurance coverage and options. Call HICEAS at 800-852-3388.

The Social Security Administration provides information about Social Security Benefits, Supplemental Security Income, and Medicare.

Phone: 800-772-1213

TTY: 800-325-0778

Web site: www.ssa.gov

Mental Health Centers and Peer Support Agencies

Community Mental Health Centers

Community mental health centers are non-profit agencies that provide mental health services to people of all ages. Every community mental health center in New Hampshire has some type of services specialized for older adults with mental health needs.

The centers are located in regions throughout the state. Following this listing of community mental health centers is a list of the towns each regional center serves.

- **Concord – Riverbend Community Mental Health, Inc. (Region IV)**
Phone: 603-228-1551
Web site: www.riverbendcmhc.org
- **Conway – Northern Human Services (Region I)**
Phone: 603-447-2111
Web site: www.nnhmhs.org
- **Dover – Community Partners (Region IX)**
Phone: 603-749-4015
- **Keene – Monadnock Family Services (Region V)**
Phone: 603-357-6878
Web site: www.mfs.org
- **Laconia – Genesis Behavioral Health (Region III)**
Phone: 603-524-1100
Web site: www.genesisbh.org
- **Lebanon – West Central Services, Inc. (Region II)**
Phone: 603-448-0126
Web site: www.wcbh.org
- **Manchester – Mental Health Center of Greater Manchester (Region VII)**
Phone: 603-668-4111
Web site: www.mhcgcm.org
- **Nashua – Community Council of Nashua (Region VI)**
Phone: 603-889-6147
Web site: www.ccofnashua.org
- **Portsmouth – Seacoast Mental Health Center, Inc. (Region VIII)**
Phone: 603-431-6703
Web site: www.seacoastmentalhealth.org
- **Salem – Center for Life Management Behavioral Systems (Region X)**
Phone: 603-434-1577
Web site: www.clmbehav.org

Towns served by community mental health centers

Concord – Riverbend Community Mental Health, Inc.

Allenstown	Danbury	Hopkinton	Sutton
Andover	Deering	Loudon	Warner
Boscawen	Dunbarton	New London	Weare
Bow	Epsom	Newbury	Webster
Bradford	Franklin	Northfield	Wilmot
Canterbury	Henniker	Pembroke	Windsor
Chichester	Hill	Pittsfield	
Concord	Hillsboro	Salisbury	

Appendix C. Community, State, and National Resources

Conway – Northern Human Services

Albany	Easton	Lisbon	Stark
Bartlett	Eaton	Littleton	Stewartstown
Bath	Effingham	Lyman	Stratford
Benton	Erroll	Madison	Sugar Hill
Berlin	Franconia	Milan	Tamworth
Brookfield	Freedom	Monroe	Tuftonboro
Carroll	Gorham	Moultonborough	Wakefield
Chatham	Hart's Location	Northumberland	Warren
Clarksville	Haverhill	Ossipee	Waterville
Colebrook	Jackson	Piermont	Wentworth Location
Columbia	Jefferson	Pittsburg	Wolfeboro
Conway	Lancaster	Randolph	Woodstock
Dalton	Landaff	Sandwich	
Dummer	Lincoln	Shelburne	

Dover – Community Partners

Barrington	Lee	New Durham	Strafford
Dover	Madbury	Rochester	
Durham	Middleton	Rollinsford	
Farrington	Milton	Somersworth	

Keene – Monadnock Family Services

Alstead	Hancock	New Ipswich	Surry
Antrim	Harrisville	Peterborough	Swanzey
Bennington	Hinsdale	Richmond	Temple
Chesterfield	Jaffrey	Rindge	Troy
Dublin	Keene	Roxbury	Walpole
Fitzwilliam	Lyndeborough	Sharon	Westmoreland
Fracestown	Marlborough	Stoddard	Wilton
Gilsum	Marlow	Sullivan	Winchester
Greenville	Nelson		

Laconia – GENESIS Behavioral Health

Alexandria	Bristol	Groton	Rumney
Alton	Campton	Hebron	Sanbornton
Ashland	Center Harbor	Holderness	Thornton
Barnstead	Ellsworth	Laconia	Tilton
Belmont	Gilford	Meredith	Wentworth
Bridgewater	Gilmanton	New Hampton	

Lebanon – West Central Services

Acworth	Dorchester	Langdon	Orford
Canaan	Enfield	Lebanon	Plainfield
Charlestown	Goshen	Lempster	Springfield
Claremont	Grafton	Lyme	Sunapee
Cornish	Grantham	Newport	Unity
Croydon	Hanover	Orange	Washington

Manchester – Mental Health Center of Greater Manchester

Auburn	Hooksett
Bedford	Londonderry
Candia	Manchester
Goffstown	New Boston

Nashua – Community Council of Nashua

Amherst	Litchfield	Mont Vernon
Brookline	Mason	Nashua
Hollis	Merrimack	
Hudson	Milford	

Portsmouth – Seacoast Mental Health Center

Brentwood	Greenland	Newfields	Portsmouth
Deerfield	Hampton	Newington	Raymond
East Kingston	Hampton Falls	Newmarket	Rye
Epping	Kensington	North Hampton	Seabrook
Exeter	Kingston	Northwood	South Hampton
Fremont	New Castle	Nottingham	Stratham

Salem – CLM Behavioral Health System

Atkinson	Hampstead	Salem
Chester	Newton	Sandown
Danville	Pelham	Windham
Derry	Plaistow	

For information on community mental health services in your area, contact your local mental health center or NH Bureau of Behavioral Health, Elder Services 603-271-5094.

Hospitals in NH accepting geropsychiatric admissions

Some hospitals have a specialized unit where older adults can be treated for psychiatric disorders in an inpatient setting. This includes both local and state facilities. The following is a listing of these hospitals alphabetically by location:

- New Hampshire Hospital (Concord): 603-271-5300
- Frisbie Hospital (Dover): 603-335-8487

Appendix C. Community, State, and National Resources

- Glenclyff Home for the Elderly (Glenclyff): 603-989-3111
- Lakes Region General Hospital, “Senior Psychiatric Services” (Laconia): 603-527-7100; Program Director: 603-527-7097
- Catholic Medical Center (Manchester): 603-663-6170
- Elliott Hospital (Manchester): 603-663-5300
- St. Joseph Hospital (Nashua): 603-882-3000
- Monadnock Community Hospital, “The Summit” (Peterborough): 603-924-7191
- Portsmouth Regional Hospital, Multi-Generational Unit (Portsmouth): 603- 436-0600
In NH: 800-924-1086; Outside NH: 800-221-9666

Peer support agencies

Peer support agencies are community-based self-help programs for persons with mental illness. They are run by persons coping with mental illness themselves. Peer support agencies provide group counseling and support and recreational and social opportunities.

Outreach may be available through visits or by phone “warm lines” if a person is anxious or wants to talk to someone who will listen and understand. The warm line is a good resource for people who are not in crisis but need someone to talk to.

Some peer support agencies have specialized programs for older adults. Information can be obtained through the Office of Consumer and Family Affairs at 603-271-5138, or through your local peer support agency.

Peer support agencies are listed *alphabetically by town*:

- **Serenity Steps**
567 Main Street, Berlin, NH 03896
Phone: 603-752-8111
Email: *Serenitysteps2003@yahoo.com*
- **Stepping Stone**
108 Pleasant Street, Claremont, NH 03743
Phone: 603-543-1388
Email: *Stepping_Stone@verizon.net*
- **The Haven**
27 Lombard Street, Colebrook, NH 03576
Phone: 603-237-4353
Email: *Thehaven@aspi.net*
- **Concord Peer Support**
55 School Street, Concord, NH 03301
Phone: 603-224-0083 or 603-224-0894
Email: *Cornerbridge@verizon.net*
Warmline: 800-306-4334
- **The Alternative Life Center**
110 West Main Street, Conway, NH 03818
Phone: 603-447-1765
Email: *Alcenter@adelphia.net*

-
- **Circle of LIFE**
11 Wall Street, P.O. Box 409, Derry, NH 03038-0409
Phone: 603-432-9072
Email: *Circleoflife@metro2000.net*
Web site: *www.nhpeersupport.com*
Warmline: 877-452-5433
 - **Tri-City Consumers' Action Cooperative**
814 Central Avenue, Dover, NH 03820
Phone: 603-749-5670 or 603-742-7559
 - **Seacoast Consumer Alliance Exeter**
148 Front Street, Exeter, NH
Phone: 603-772-5814
 - **Granite State Monarchs**
64 Beaver Street, P.O. Box 258, Keene, NH 03431
Phone: 603-355-5093
Email: *Granitestatemonarchs@verizon.net*
Warm Line: 866-352-5093
This peer support agency also offers group support in Peterborough.
 - **Lakes Region Consumer Advisory Board**
DBA Cornerbridge
328 Union Avenue, Laconia, NH 03247
Phone: 603-524-0801
Email: *Lrcab1@metrocast.net*
 - **Cornerbridge of Laconia**
328 Union Avenue, Laconia, NH 03247
Phone: 603-528-7742
 - **Next Step**
109 Bank Street, Lebanon, NH 03766
Phone: 603-448-6941
Warm Line: 888-582-0920 or 603-543-1388 for Claremont Area
Crisis Respite: 603-543-1388 or 888-582-0920
 - **Littleton Peer Support**
46 Cottage Street, Littleton, NH 03561
Phone: 603-444-5344
Warm Line: 866-447-1765
 - **On the Road to a Better Living**
13 Orange Street, P.O. Box 1721, Manchester, NH 03105-1721
Phone: 603-623-452c
Email: *Andreatinkham@hotmail.com*
Transitional Housing: 603-623-4523
Warm Line: 603-564-5549 (8:00 - 11:00 pm, 7 days per week)
 - **Gathering Place** - a member-operated social club
82 Main Street, Nashua, NH 03060
Phone: 603-886-1282
Email: *gatheringplace@harborhomes.org*

Appendix C. Community, State, and National Resources

- **Seacoast Consumer Alliance Portsmouth**
544 Islington Street, Portsmouth, NH 03801
Phone: 603-433-8679 or 603-427-6966
Email: Scallian@aol.com
- **Alternative Life Center South**
94 Center Street, P.O. Box 684, Wolfboro, NH 03896
Phone: 603-569-9121

Alcohol and substance abuse

- **Alcoholics Anonymous**
Phone: 800-593-3330
Web site: www.alcoholics-anonymous.org
- **Narcotics Anonymous**
Phone: 603-645-4777
Web site: www.na.org
- **Alanon and Alateen of New Hampshire**
Phone: 877-825-2665
Web site: www.al-anon.alateen.org

National self-help resources

- **National Mental Health Consumer Self-Help Clearinghouse**
Consumer-run national technical assistance center serving the mental health consumer movement.
1211 Chestnut Street, Suit 1207
Philadelphia, PA, 19107
Phone: 800-553-4539
Web site: www.mhselfhelp.org
- **Recovery, Inc.**
Self-help mental health group.
Phone: 312 337-5661
Web site: www.recovery-inc.com
- **Mental Health Recovery and WRAP, Mary Ellen Copeland**
Phone: 802-254-2092
Email: info@mentalhealthrecovery.com
Web site: www.mentalhealthrecovery.com/index.php
- **American Psychological Association's (APA) Office on Aging**
Serves as an information and referral resource for mental health professionals, older adults, and the public on issues facing older adults. APA's members include approximately 2,000 geropsychologists whose clinical work and research efforts focus on the mental health needs of older adults.
Web site: www.apa.org/pi/aging

Medical Care

Hearing and Vision

There are several organizations that provide services for persons with visual or hearing impairments. Some of them are listed here:

- **New Hampshire Association for the Blind** provides services statewide for individuals who are visually impaired. Contact them at 800-464-3075. They offer counseling, referral, low vision services, technology/Braille services, rehabilitation teaching, volunteer support, and orientation and mobility instruction.
- **Granite State Independent Living Foundation (GSIL)** provides orientation services, peer support, and reimbursement for transportation for qualifying persons with visual impairments. GSIL also provides interpreter referral services, and independent living services. GSIL is New Hampshire's Telephone Equipment Distribution Provider and manages the program Phone Link, thereby enabling individuals with telephone challenges to obtain amplified phones, TTY's and the CAPTEL phone (the telephone that captions). Call them at 800-826-3700.
- **Sight Services for Independent Living** is a statewide, community-based program designed to help adults aged 55 or older to maintain their independence at home and in the community. They offer peer counseling, vision information, aids and training, benefits planning, specific skills training, and information and referral. They can be reached at 800-581-6881.
- **Governor's Commission on Disability** provides an information and referral service for persons with disabilities. Contact them at 800-852-3405.
- **Northeast Deaf and Hard of Hearing Services, Inc. (NDHHS)** is a "one-stop resource" center for services for the Deaf and Hard of Hearing, Late-Deafened and Deaf-Blind citizens of New Hampshire. NDHHS provides referral services, information and referral, education, advocacy, outreach, and transition employment programs. NDHHS also has an equipment and materials loan program and does outreach and training regarding Relay NH services. Call them at 800-492-0407 (Voice) or 866-634-4764 (TTY).
- **Deaf Services Team** operates out of Community Council in Nashua. To contact them, call 603-889-6147. The professional staff has both bilingual and bicultural professionals to offer culturally competent mental health services for persons with mental health disorders who are Deaf and Hard of Hearing. Services are provided primarily in the Nashua region, although technical assistance and case consultation are available outside of Nashua as resources allow.
- **Hearing and Vision Program Specialist** with the NH Department of Health and Human Services, Bureau of Elderly and Adult Services, provides information and referral services, advocates for communication and vision access in the NH Department of Health and Human Services ensuring access for the clients served by the agency, and conducts workshops statewide on the topics "Hearing Loss, Resources, and Technology" and "Beyond the Hearing Aid: Hearing Assistive Technology." The Hearing and Vision Program Specialist also provides hearing assistive technology consultations. Call them at 800-351-1888, Ext. 8352.

Appendix C. Community, State, and National Resources

- **National Clearinghouse on Deafness and Other Communication Disorders**
provides free publications and referral service for hearing, balance, smell, taste, voice, speech, and language disorders. Contact them or obtain information from their web site at www.nidcd.nih.gov.

Medical Care

Community Health Centers serve medically underserved and geographically isolated individuals. Many health centers offer a variety of programs and services including mental health care and referrals to prescription drug assistance. A listing of Community Health Centers follows. For more information, visit web page, www.bistatepca.org/maps.htm

- **Carroll County**
White Mountain Community Health Center
Phone: 603-447-8900
Web site: www.whitemountainhealth.org
- **Coos County**
Coos County Family Health Services, Inc.
Phone: 603-752-3669, 603-752-2900, 603-752-2040, or 603-466-2741
Web site: www.coosfamilyhealth.org

Indian Stream Health Center
Phone: 603-237-8336

Ammonoosuc Community Health Services, Inc.
Phone: 603-837-2333
Web site: www.nchin.org/achs
- **Grafton County**
Mid-State Health Center
Phone: 603-744-6200
Web site: www.midstatehealth.org

Ammonoosuc Community Health Services, Inc.
Phone: 603-823-7078, 603-444-2464, or 603-747-3990
Web site: www.nchin.org/achs

Mid-State Health Center
Phone: 603-536-3890
Web site: www.midstatehealth.org

Mt. Mooselaukee Health Center
Phone: 603-764-5704
Web site: www.nchin.org/achs
- **Hillsborough County**
Hillsboro Family Health
Phone: 603-478-3141
Web site: www.concordhospital.org

Health Care for the Homeless Project
Mobile Community Health Team
Phone: 603-663-8716

Manchester Community Health Center

Phone: 603-626-9500

Web site: www.mchc-nh.org

Nashua Area Health Center

A center of Lamprey Health Care

Phone: 603-883-1626

Web site: www.lampreyhealth.org

■ **Merrimack County**

Capital Region Family Health Center

Phone: 603-227-7000

Web site: www.concordhospital.org

Health First Family Care Center

Phone: 603-934-0177

Web site: www.healthfirstfamily.org

New London Hospital

Phone: 603-526-2911

Web site: www.newlondonhospital.org

■ **Rockingham County**

Lamprey Health Care

Phone: 603-659-2494 or 603-895-3351

Web site: www.lampreyhealth.org

Families First Health and Support Center

Phone: 603-422-8208

Web site: www.familiesfirstseacoast.org

■ **Strafford County**

Avis Goodwin Community Health Center

Phone: 603-749-2346

Web site: www.avisgoodwinchc.org

■ **Sullivan County**

New London Hospital, Newport Clinic

Phone: 603-863-4100

Web site: www.newlondonhospital.org

Sullivan County Partners in Health

Phone: 603-543-6960

National Resources for Healthy Aging

■ **Agency for Healthcare Research and Quality**

Provides information on diseases, health plans, medication, prevention, quality of care, and wellness.

Web site: www.ahrq.gov/consumer

■ **American Geriatrics Society (AGS)**

AGS is a society for the providers of health care to the elderly. The mental health of older individuals is among the many topics addressed by this web site.

Web site: www.americangeriatrics.org

Appendix C. Community, State, and National Resources

- **Medicare: The Official U.S. Government Site for People with Medicare**
This is the official U.S. government site for people with Medicare, the nation's largest health insurance program. It is sponsored by the Centers for Medicare and Medicaid Services (CMS), the federal agency within the U.S. Department of Health and Human Services that runs the Nation's Medicare program.
Web site: www.medicare.gov
- **National Health Information Center**
Provides referral information to health care providers and consumers; puts you in touch with the organizations that can best answer your questions.
Publications in Spanish.
Phone: 800-336-4797
Web site: www.health.gov/nhic
- **National Institute on Aging**
One of the National Institutes of Health, NIA promotes healthy aging by conducting and supporting biomedical, social, and behavioral research and providing public education.
NIA Information Center
P.O. Box 8057
Gaithersburg, MD 20898-8057
Phone: 800-222-2225
TTY: 800-222-4225
Web site: www.nia.nih.gov
- **National Institutes of Health (NIH)**
NIH is the United States' medical research agency. NIH conducts research, provides information on diseases and health conditions, and offers a health information library, databases, information on health care organizations, mental health information, and toll-free numbers. Additional information is available on doctors, dentists, public clinics, hospitals, long-term care, nursing homes, health insurance, prescriptions, health fraud, Medicare, Medicaid, and medical privacy through www.healthfinder.gov.
Web site: www.nih.gov and www.health.nih.gov
- **Resource Directory for Older People**
A comprehensive directory of organizations that support the aging community. It is intended to serve health and legal professionals, social service providers, librarians, researchers, and older people and their families. The directory contains organizations' names, addresses, phone numbers, and fax numbers, as well as e-mail and web site addresses. The directory lists federal agencies, AOA-supported resource centers, professional societies, private groups, and volunteer programs.
Web site: www.nia.nih.gov/HealthInformation/ResourceDirectory.htm

Coping with Challenging Behaviors

- **National Alliance on Mental Illness (NAMI)**
Information and educational classes and support groups for families living with mental illness.
Web site: www.nami.org
In NH: Phone: 800-242-6264
In NH: Web site: www.naminh.org

-
- **National Institute on Aging, Alzheimer’s Disease Education and Referral Center**
Information on Alzheimer’s research, Alzheimer’s disease publications, and links to related health and mental health resources. Also lists a toll-free number for information and referrals, answers to Alzheimer’s questions, and to order publications.
Phone: 800-438-4380 (TTY: 800-222-4225)
Web site: www.alzheimers.org/
 - **National Institute on Aging Information Center**
Information on aging, Alzheimer’s disease.
Publications in Spanish.
Phone: 800-222-2225
TTY: 800-222-4225
Web site: www.nih.gov/nia
 - **Family Caregiver Alliance**
Information on Alzheimer’s disease, brain diseases, Parkinson’s disease, respite care. Cerebrovascular accident publications in Spanish.
Phone: 800-445-8106
Web site: www.caregiver.org
 - **Alzheimer’s Disease and Related Disorders Association**
Information on Alzheimer’s disease.
Publications in Spanish.
Phone: 800-272-3900
Web site: www.alz.org

Diversity Issues

National

- **Health Resources and Services Administration (HRSA)** envisions optimal health for all, supported by a healthcare system that assures access to comprehensive, culturally competent, quality care.
Phone: 301-594-4110
Web site: www.bphc.hrsa.gov
- **Kaiser Family Foundation** focuses on the major healthcare issues facing the nation. Read the Race, Ethnicity and Medical Care chartbook at the following web page:
www.kff.org/minorityhealth/6069-index.cfm
- **Native Elder Health Care Resource Center** is a national resource center for older American Indians, Alaska Natives, and Native Hawaiians, with special emphasis on culturally competent health care. Located in the School of Medicine’s Department of Psychiatry, University of Colorado.
Web site: www.uchsc.edu/ai/nehcrc
- **Gay and Lesbian Association of Retiring Persons, Inc. (GLARP)**
Phone: 310-709-8743 or 310-722-1807
Web site: www.gaylesbianretiring.org
- **Senior Action in a Gay Environment**
Phone: 212-741-2247
Web site: www.sageusa.org/index.php

Appendix C. Community, State, and National Resources

- **Office of Minority Health Resource Center**

Phone: 800-444-6472

Web site: www.omhrc.gov

New Hampshire

- **Catholic Charities** provides advocacy, counseling, referrals, and support for older adults from different cultures. Catholic Charities also provides information and support to caregivers. For more information call 800-562-5249 or 603-669-3030, or visit the web site at www.catholiccharitiesnh.org.
- **International Institute** serves refugees in New Hampshire. Most of the services are free or low cost. For more information, please contact International Institute of New Hampshire at 603-647-1500 or www.iiboston.org/iinh.htm.
- **New Hampshire Minority Health Coalition** offers programs, services, and connections to resources for people of racial and ethnic minority groups. This agency offers medical interpretation services. For more information, please contact them at 603-627-7703 or toll-free at 866-460-9933, or through their web page at www.nhhealthequity.org/english.html.
- **New Hampshire Department of Health and Human Services, Minority Health Office (MHO)** was established in 1999 and emerged as a reflection of the DHHS commitment to provide access to quality and competent health services to all residents of New Hampshire. The MHO provides a sustained focus on the provision of culturally and linguistically appropriate services to NH residents by DHHS, and also collaborates with federal, state, and community partners on initiatives to address health disparities. For more information, call 800-852-3345, Ext. 3986, or visit the web site at www.dhhs.state.nh.us/dhhs/mho.
- **Parents, Families, and Friends of Lesbians and Gays (PFLAG)** provides increased access to resource and networking information for the sexual minority community of NH. Call their Helpline at 800-750-2524, or visit their web site at www.pflagnh.org.
- **Rainbow Resources of New Hampshire - The Gay Info Line of NH.** Call them at 603-224-1686 or 800-750-2524; visit them on their web site at www.rainbowresources-nh.org, or send an e-mail to webmistress@rainbowresources-NH.org.

Domestic Violence/Abuse and Legal Issues

- **The Bureau of Elderly and Adult Services** serves people age 60+ and adults with chronic illness or disabilities over the age of 18. The Bureau of Elderly and Adult Services is part of the NH Department of Health and Human Services. It provides or funds a variety of long-term supports ranging from nursing facility care to residential care, adult day programs, adult protective services, home-delivered meals, homemaker services, family caregiver support programs, and other community-based alternatives. To learn more, call 800-852-3345, Ext. 4680, or visit the web site at www.dhhs.state.nh.us/dhhs/beas.
- **New Hampshire Legal Assistance/Senior Legal Advice Line** provides free, confidential legal services to low income individuals 60 years or older related to financial issues, family problems, food stamps, welfare, housing concerns, utility shut-

offs, tenant rights, consumer problems, estate planning, and other matters. For services, call 888-353-9944 or 603-624-6000. For a TTY connection, call 800-634-8989.

- **Bazon Center for Mental Health Law** is a national legal advocate for people with mental disabilities.
1101 15th Street, NW, Suite 1212
Washington, DC 20005
Phone: 202-467-5730
Web site: www.bazon.org
- **Civil Practice Clinic** deals with landlord/tenant, consumer, and family problems.
For services, call 603-225-3350.
- **Senior Law Home Page** helps older persons, families, attorneys, and financial planners to access information about “elder law,” as well as Medicare, Medicaid, estate planning, trusts, and the rights of older adults and disabled persons.
Phone of Goldfarb, Abrandt, Salzman & Kutzin LLP: 212-387-8400
Web site: www.seniorlaw.com
- **National Senior Citizens Law Center** promotes the independence and well-being of low income, elderly individuals and persons with disabilities.
Phone: 202-289-6976
Web site: www.nsclc.org
- **Public Utilities Commission** holds hearings on utility shutoffs.
For services, call 800-852-3793.
- **Office of the Ombudsman** assists consumers, employees, and the public to resolve disagreements with the NH Department of Health and Human Services.
For services, call 800-852-3345, Ext. 6941.
- **Office of the State Long-Term Care Ombudsman**
This office receives, services, investigates, and resolves complaints or problems related to residents of nursing homes and other long-term health care facilities. This program also provides advocacy and education to residents, family members, and facility staff concerning the legal rights of residents. For services, call 800-442-5640 (from within NH) or 603-271-4375 (from outside NH).
- **Disabilities Rights Center (DRC)** provides legal advocacy for persons with disabilities who feel that their rights have been violated and are in need of legal assistance. For services, call 800-834-1721.
Web site: www.drcnh.org
- **Office of the Public Guardian** serves as guardian or conservator or other court appointed services. For services, call 603-224-8041.
- **Granite State Guardianship Services** serves as guardian or conservator or other court appointed services. For services, call 603-837-9561 (Whitefield) or 603-224-0805 (Concord).
- **Enhanced Life Options** provides information on Special Needs Trusts and other services for persons with disabilities. For services, call 603-472-2543.
- **Elder Info Line National Hotline** is dedicated to the prevention of elder abuse and seeks to link seniors to resources, products, and service providers in their area. The hotline is available 24 hours daily at 866-847-4418. For services, also see www.seniorcitizensbureau.com/page5.htm.

On Aging, Death, and Dying

- **AARP Grief and Loss**

Information on aging, bereavement, death, and grief. Publications in Spanish.

Phone: 866-797-2277

Web site: *www.aarp.org/griefandloss*

NAMI New Hampshire

Families Helping Families

About NAMI NH

NAMI NH is the New Hampshire chapter of the *National Alliance on Mental Illness (NAMI)*. NAMI NH is a statewide grassroots network of affiliate chapters, staff, and volunteers that provide information, education, and support to persons of all ages who are affected by mental illness.

NAMI NH programs are financially supported in part by our membership dues. To become a member, contact NAMI NH at the phone number or e-mail address listed below.

Our Mission

NAMI NH is a grassroots organization of and for people of all ages and their families coping with mental illness. NAMI NH is dedicated to improving their quality of life through support to consumers and families; advocacy for non-discriminatory and equitable funding and policies; support of research into causes, symptoms, and treatments; and education to eliminate stigma and discrimination against persons with mental illness and emotional disorders.

Our Goals

- To provide to members and to the public: support, education, advocacy, and information about mental illness, treatment, and how to promote recovery and build resilience.
- To reduce stigma and improve the quality of life of persons affected by mental illness and their families by raising awareness about the negative effects of stigma, providing opportunities for the public to productively engage with persons affected by mental illness, and advocating for the elimination of barriers to treatment and support.
- To promote the understanding that mental health is essential to overall health, that treatment works, and that recovery from mental illness is possible.

Our Commitment

We will strive to accomplish our mission by working collaboratively and incorporating cultural competence into our work with families, consumers, and the public.

NAMI New Hampshire

15 Green Street, Concord NH 03301
Phone: 603-225-5359 or 800-242-6264

Fax: 603-228-8848

Email: info@naminh.org

To view this Guidebook online, go to:
www.naminh.org

NAMI New Hampshire

15 Green Street, Concord NH 03301

Phone: 603-225-5359 or 800-242-6264

Fax: 603-228-8848

Email: info@naminh.org