



GET CONNECTED

Linking Older Adults with Resources on
Medication, Alcohol, and Mental Health



2017 EDITION



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PROGRAM COORDINATOR'S GUIDE



EXECUTIVE SUMMARY

Alcohol and medication misuse and mental health conditions can be significant problems for older adults. Our growing life expectancy, coupled with the aging of the “baby boom” generation make the need to address these issues more critical than ever before. As with other age groups, by preventing these problems from occurring in the first place, and by addressing them promptly when they do arise, we can enhance the lives and health of millions of older Americans. The Get Connected Toolkit was created to help health and aging services providers learn more about alcohol and medication misuse and mental health conditions in older adults so they can address these issues more effectively. It has been designed to help health and aging services providers undertake health promotion, advance prevention messages and education, and undertake screening and referral for mental health conditions and the misuse of alcohol and medications. The Get Connected Toolkit helps coordinate these efforts and link your organization and the older adults you serve to other valuable community-based and national resources.

The Get Connected Toolkit is the result of public-private partnership between the Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services, and the National Council on Aging (NCOA). The organizations met with older adult consumers and health and aging services providers to gather information on how best to engage the aging services network in addressing the alcohol and medication misuse and mental health needs of older adults.

The Program Coordinator’s Guide is the key to understanding and using the Toolkit. This guide was developed to increase awareness of alcohol and medication misuse and mental health conditions in older adults. It can instruct

health and aging services providers on how to use the Toolkit.

This guide provides:

- An overview of medication, alcohol, and mental health conditions in older adults;
- A description of the toolkit contents; and
- A five-step process on how to use the kit to teach staff and older adults about these issues.

It may take some time to become comfortable with this Toolkit and get staff on board. However, your efforts will pay off. Greater attention to medication, alcohol, and mental health conditions among older adults can greatly improve the quality of their lives.



INTRODUCTION

Alcohol and medication misuse and mental health conditions are significant problems for older adults. In fact, substance misuse and abuse among older adults is one of the fastest growing health problems in America. Most people over 65 do not use illegal drugs, but almost 20 percent of older adults misuse alcohol, over-the-counter medicines, and prescription drugs—most often unintentionally.


Physiological changes in older adults can render alcohol and medications harmful at doses lower than those used by younger people. Many older adults are unaware of this fact. Few are aware, for example, that the National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism (NIAAA) recommends that adults ages 65 and older who are healthy and do not take medications drink no more than three alcoholic drinks a day or a maximum of seven drinks per week. Furthermore, NIAAA advises women of any age to drink somewhat less than recommended drinking limits. Women typically experience alcohol-related problems at lower drinking levels, weigh less pound-for-pound and have less water in their bodies, and are more likely to live longer than men. Women who drink are more susceptible to liver damage, heart disease, and breast cancer, and older women may be especially at risk for alcohol problems resulting from loneliness and depression.^{1,2}

With longer life expectancies, more older adults develop chronic diseases, and therefore more depend on prescription medicines. Although people 65 years of age and older comprise only 13 percent of the population, they account for

almost 30 percent of all medications prescribed in the U.S.³ Many of these prescriptions are for depression and anxiety, and an estimated one in four older adults has symptoms of mental illness in a given year.⁴ Perhaps not surprisingly, more than 80 percent of emergency room department visits made by older adults result from adverse drug reactions.⁵

Generational differences in attitudes about substance misuse and abuse and mental health conditions make it difficult for older adults to seek help. In addition, health care providers often overlook these problems for the following reasons:

- Signs of treatable mental health conditions and substance misuse and abuse can mimic signs commonly attributed to aging.
- Many older adults are reluctant to seek help. Unfortunately, many would rather avoid the shame, prejudice, and discrimination associated with substance misuse and abuse and mental health diagnoses.
- Many people mistakenly believe that these problems are not preventable or worth treating in older adults.

- 
- Many people mistakenly believe that symptoms of mental health conditions, such as sadness, depression, and anxiety, are a natural part of the aging process or are a grief response to retirement or loss of a spouse instead of a mental health condition requiring treatment.
 - Personal stereotypes and bias may prevent health and social service providers from screening older adults.
 - Health and social service providers may lack the information and training needed to effectively screen at-risk older adults and refer them to appropriate resources for assistance.

The good news is that prevention and treatment of substance misuse and abuse and mental health conditions among older adults is possible. By using the materials in the Toolkit, organizations can play an important role in preventing, identifying, screening, educating, and referring at-risk clients for further care. For a relatively low cost, these organizations can help their clients lead more productive and healthier lives. The information in this guide addresses questions and concerns you may have about this program and how you can adapt it for use in your organization.

WHO SHOULD USE THE GET CONNECTED TOOLKIT?

Organizations that provide services to older adults are in the best position to benefit from this program. Their clients know and trust them and their referrals have the greatest likelihood of success in follow-through. These organizations include:

- Senior centers
- Adult day care services
- Nutrition programs
- State agencies
- Health and social service programs
- Public housing facilities
- Veterans programs
- Coalitions related to older adults
- Assisted living centers
- Faith-based organizations

The Toolkit provides the materials necessary for training staff who work with older adults. The intent of the training is not to turn staff into prevention and treatment experts. Rather, it is designed to accomplish the following goals:

- Help staff better understand the issues associated with substance misuse and abuse and mental health conditions in older adults;
- Increase staff confidence and comfort in addressing these problems; and

- Provide resources to enable staff to screen and refer at-risk clients to an appropriate advisor such as a physician, an alcohol counselor, or a mental health professional.

The Toolkit also includes materials to educate older adults. It includes awareness-raising and self-screening tools designed to help them overcome obstacles to seeking help.

THE ROLE OF THE PROGRAM COORDINATOR

Your organization should designate a staff member to serve as a program coordinator who will carry out or oversee the program using the materials provided in the Toolkit. The most likely person is someone who handles health promotion and education for staff and clients. Another likely candidate is the person responsible for developing health service agency collaboration, screening, and referrals. In some organizations, the same person may handle both functions. In other organizations, a team approach may work best.



WHAT'S IN THE GET CONNECTED TOOLKIT?

The materials provided in the Toolkit make the program coordinator's job simple. The Toolkit includes everything the coordinator needs to accomplish the following tasks:

- Determine if the organization is ready, willing, and able to implement the program;
 - Create or enhance the organization's resource database;
 - Conduct education sessions for staff and older adults or identify resources to conduct the sessions; and
 - Help the organization draft a plan for future programs.
- The following chart provides brief descriptions of the Toolkit components. One copy of the fact sheets, screening tools and blank forms is included. Feel free to copy or tailor these items for your program.

THE GET CONNECTED TOOLKIT

MATERIALS IN TOOLKIT	DESCRIPTION
Program Coordinator's Guide (Binder)	The guide provides: <ul style="list-style-type: none">• An overview of substance misuse and abuse and mental health conditions among older adults.• A description of the Toolkit contents.• A five-step process with information on implementing the program, developing resources, conducting education sessions, and planning for future developments.
Fact Sheets (Binder) (one reproducible copy of each is included)	The fact sheets dispel myths and misconceptions regarding substance misuse and abuse and mental health conditions in older adults. <ol style="list-style-type: none">1. Myths and Realities of Alcohol, Medications, and Mental Health Conditions in Older Adults2. The Safe Use of Alcohol and Medications: Tips for Older Adults3. Preventing Medication and Alcohol Misuse Among Older Adults4. An Invisible Problem: Alcohol and Older Adults5. Prevention, Intervention, and Treatment of Alcohol Problems Among Older Adults6. Prescription and Over-the-Counter Medications and Older Adults7. Keeping a Healthy Outlook on Life: Mental Health Conditions and Older Adults8. Prevention and Treatment of Mental Health Conditions Among Older Adults

Screening Tools (Binder) (one reproducible copy of each is included)	<p>The screening questionnaires are not diagnostic tools. They are designed to identify problems that may indicate the need for referral to an appropriate professional.</p> <ul style="list-style-type: none"> • 10 Important Questions for Those Over 65 • Check Your Mood
Handouts (Binder) (one reproducible copy of each is included)	<ul style="list-style-type: none"> • NIH, NIAAA Recommended Sensible Drinking Limits • Questions To Ask a Doctor or Pharmacist
Aging-Related Resource List (Binder)	<p>The resources list includes contact information and descriptions for hotlines, clearinghouses, websites, and national organizations involved with substance misuse and abuse and mental health conditions among older adults.</p>
Forms and Resources (Binder) (one reproducible copy of each is included)	<p>Blank forms for use in building your organization’s resource database, a checklist for conducting education sessions, a form to generate publicity, a feedback form, and a sign-up sheet are included in this section.</p> <ul style="list-style-type: none"> • Alcohol and Medication Resources • Mental Health Conditions Resources • Program Logistics Checklist • Sample Publicity • Sample Feedback Form • Sample Sign-in Sheet • How to Order Additional Copies
YouTube Video: “It Can Happen to Anyone: Problems with Alcohol and Medications Among Older Adults” by the American Association of Retired Persons (AARP) and Hanley-Hazelden (available online via YouTube)	<p>The video shows older adults struggling with alcohol use while coping with the challenges of aging. It is designed to break the silence surrounding substance misuse and abuse, and is a good way to initiate discussion. Intended primarily for older adults, it is also effective as an awareness-raising tool for family members and staff.</p>
Brochures (Links are included)	<p>The brochures provide an overview of substance misuse and abuse, mental health conditions, and stress the importance of seeking help.</p> <ul style="list-style-type: none"> • “As You Age...A Guide to Aging, Medicines, and Alcohol”: http://store.samhsa.gov/product/As-You-Age-A-Guide-to-Aging-Medicines-and-Alcohol/SMA04-3940 • “Good Mental Health Is Ageless”: http://store.samhsa.gov/product/Good-Mental-Health-is-Ageless/SMA15-3618

Note: An additional resource, SAMHSA’s Treatment Improvement Protocol (TIP) Series 26, *Substance Abuse Among Older Adults: A Guide for Social Services Providers*, provides information about substance misuse and abuse among older adults as well as in-depth technical information on diagnosis and treatment. It is available online at the SAMHSA Store at www.store.samhsa.gov.

GETTING STARTED: ADAPTING THE PROGRAM FOR YOUR ORGANIZATION

This program offers your organization an opportunity to provide a service to your clients and to have a positive impact on a growing medical and social problem. But where do you begin? The information in this section will help you determine how to adapt the program to your organization's needs and resources and lay the groundwork for success.

FIVE STEPS TO GET CONNECTED

To help ensure that your organization and clients benefit from this program, follow this five-step process:

Step 1: Assess Organizational Strengths and Challenges

Step 2: Identify Resources

Step 3: Educate Staff

Step 4: Educate Older Adults

Step 5: Plan Future Developments

These steps are designed for use with the materials provided in the Toolkit. As you read through each step, refer to the relevant materials mentioned.

STEP 1: ASSESS ORGANIZATIONAL STRENGTHS AND CHALLENGES

How does your organization currently address the needs of at-risk older adults? It is important to know where you are so that you

can determine where you are going and how to get there. What obstacles might stand in the way of implementing this program? Assessing challenges will give you the framework to develop strategies to overcome them. This exercise does not need to be laborious or time-consuming. Simply talking to coworkers informally or setting aside some time at a staff meeting can help you address the following five areas.

INTEREST/WILLINGNESS

Are organization leaders and staff interested or willing to learn more about substance misuse and abuse and mental health conditions among older adults?

If yes, you have the support to initiate this program.

If no, getting buy-in from the leaders or decision makers in your organization is important. Consider putting together a short program using the video and relevant fact sheets from the Toolkit. Encourage open discussion of how your organization can integrate this program.

KNOWLEDGE/EDUCATION

Has your organization previously addressed substance misuse and abuse and mental health conditions among older adults? Have these problems surfaced among the older adults your organization serves? Do any staff members have knowledge or expertise in these matters?

If yes, learn what was done, who did it, and what happened as a result. Discuss how to incorporate the toolkit materials with existing materials.

If no, familiarize yourself with the problems. Watch the YouTube video, review the fact sheets, and read the publications included in the Toolkit. You can enhance your self-study by seeking additional information or assistance as needed from a local expert.

TRAINING/EXPERIENCE

Have any staff members received training in substance misuse and abuse and mental health conditions? Is there a designated health educator or trainer on staff who can conduct the education sessions?

If yes, that staff member can use or adapt the education materials included in the Toolkit.

If no, locate a local expert who is willing and able to conduct the sessions and provide the Toolkit materials for his or her use.

ORGANIZATIONAL RESOURCES

Is staff available to take a leadership role in implementing the program? Are appropriate referrals in place to support this effort?

If yes, review your resources to ensure that all referrals are current and appropriate.

If no, you may have to do some creative problem solving with leaders in your

organization. Draft a wish list outlining what resources and referrals are needed. Refer to the resources list in the Toolkit and brainstorm with staff members to find ways to fill gaps.

CHALLENGES/CONSTRAINTS

Are any factors working against your effort? Have you met with any resistance? Are there external factors that make it difficult to start the program at this time?

If yes, you will have to develop strategies to overcome the challenges and solicit leadership support. Brainstorm with interested staff on ways to address concerns and questions. Use relevant materials from the Toolkit, such as the video or fact sheets, to make your case.

If no, you have a green light to proceed.

Once you have the go-ahead signal, compile and summarize what you learned about your organization's strengths and challenges. If appropriate, involve additional staff or community members to discuss this information and offer input and ideas. Meet with these individuals to accomplish the following goals:

- **Share findings.** What interest, willingness, resources, and referrals exist on which to build an educational program for older adults?
- **Identify gaps.** What training, community experts, and referrals are needed to implement the program?
- **Determine the top two or three needs.** When will your organization begin to address the substance misuse and abuse and mental health conditions of the older adults served?

You may also want to ask the group some directed questions for thought, such as the following:

- What health issues do you see in older adults that might indicate substance misuse and abuse or mental health conditions?
- What are the effects of substance misuse and abuse and mental health conditions on our clients?

STEP 2: IDENTIFY RESOURCES

Identifying resources is an important step in implementing this program. Your organizations must make a connection with one or more people in the community who deal with substance misuse and abuse or mental health conditions, especially among older adults. These individuals can serve as advisors or assist with education, screening, and referrals.

Before you take on the task of building your resource database, know what you are looking for. The more concrete you are about the resources and referrals you are seeking, the better.

Staff members may have to make several calls to identify people who are willing to make themselves or staff available when needed. Whenever possible, callers should identify multiple resources for each area of expertise.

The Toolkit provides the following materials to help you start building your resource database:

- Two sample forms to help staff collect resource data: one for alcohol and medication resources and one for mental health resources. While all of the questions may not apply to each organization, using the forms will help staff collect uniform information.
- The Aging-Related Resource List, which contains contact information and brief descriptions for relevant agencies, clearinghouses, and institutes.

Following are organizations, individuals, or programs that are good candidates to contact for your resource database:

- Support groups for older adults dealing with loss and grief
- Pharmacists
- Physicians or nurses, nurse practitioners, or physician assistants
- Gerontologists
- College or university programs on gerontology, nursing, social work, medical pharmacology, public health, and psychology
- Psychiatrists (with specialty in geriatrics)
- Social workers with expertise in aging or substance misuse and abuse
- Alcohol treatment practitioners
- Health educators
- Chemical dependency counselors
- Alcoholics Anonymous
- Veterans Administration
- Area Agency on Aging
- Health departments
- Substance use and abuse treatment programs
- Hospitals
- Libraries, clearinghouses, and services that offer recorded health messages or access to trained professionals who can answer questions.

Consider creating a matrix that indicates area of expertise, contact information, and procedures for requesting assistance. A sample matrix follows. Another option is to enter key information into a searchable database.

SAMPLE RESOURCE MATRIX

Area of Expertise	Name of Organization	Contact Person and Phone	How To Request Assistance	What the Organization Can Provide
Medication				
Outpatient addiction treatment				
Geriatric medicine				
Social work				
Chemical dependency				
Mental health conditions				
Support groups				
Health education/promotion				
Training				

Forming partnerships or other supportive relationships can help establish ongoing access to resources. Developing and maintaining relationships with those to whom you have made referrals can improve the quality of referrals to your organization. Such ongoing contacts may provide opportunities for your organization to set up regular services for older adults. These services could include the following:

- Seminars
- Q&A sessions
- Health check sessions in which a pharmacist comes in to review medications
- Wellness workshops

STEP 3: EDUCATE STAFF

The program coordinator, a qualified staff member, or a local expert may lead the staff education sessions. The materials in the Toolkit have been designed to make the session leader's job easier, and include the following:

- Teaching agendas
- Class outlines with recommended teaching times (Sessions are designed to last 1.5 to 2 hours)
- A list of materials required to teach the session
- Tips for preparation and conducting the session effectively
- Learning objectives

- Exercises, activities, and suggestions for group discussion
- A feedback form

To enhance the sessions, consider inviting guest speakers drawn from your resource database or the resources list in the Toolkit. Speakers can make presentations in their area of expertise or form a panel to answer questions. Cross-training between staff members and specialists in the community with expertise in age-related health issues is encouraged because it strengthens the ties between organizations. It also improves the referrals that result from such collaboration.

STEP 4: EDUCATE OLDER ADULTS

The Toolkit includes materials to educate older adults that are similar to the materials developed for staff education. However, before your organization offers this education, you must consider some basic questions:

- Who will respond to questions or concerns clients may have about alcohol, medication, or mental health conditions? Does this individual need additional resources to feel comfortable in this role?
- Are the referrals for assessment and treatment appropriate and current?
- What follow-up system is in place to ensure that clients get the help they need?

Once you feel confident that these questions have been adequately addressed, you are ready to schedule an older adult education session. The Toolkit includes the following materials:

- A program logistics checklist
- A sample publicity form to help you advertise the program
- Teaching agendas

- Class outlines with recommended teaching times (Sessions are designed to last one hour)
- A list of materials required to teach the session
- Tips for preparation and conducting the session effectively
- Learning objectives
- Exercises, activities, and suggestions for group discussion
- A feedback form

Some organizations have had success training older adults to provide educational sessions. Recruiting and training a core group of active older adults is challenging. However, peer education is very effective, so it is worth the effort.

STEP 5: PLAN FUTURE DEVELOPMENTS

To have the greatest impact on the problems affecting at-risk older adults, your organization should continue to use this program on an ongoing basis. A staff meeting to set priorities and assign tasks will help in planning and implementing next steps. Involving staff in the process will help ensure that they are committed to making the program work. Following are some suggested next steps.

Evaluate the existing program and assess future needs by asking:

- How did the sessions go?
- What worked?
- What did not work?
- How can we improve the program?
- How did staff receive the program? Older adults?
- What would help older adults most?
- What would help the organization most?

- What types of messages should we include in health promotion efforts?
- What referral resources are available?
- What topics must we still cover?

Integrate issues related to medication, alcohol, and mental health into organizational programs by:

- Discussing substance misuse and abuse and mental health conditions as they relate to other health programs or activities your organization conducts (e.g., the impact of substances on exercise and nutrition).
- Promoting resources for information and assistance (e.g., the Check Your Mood self-screener included in the toolkit).
- Including websites that address medication, alcohol, and mental health conditions in computer classes.
- Incorporating the issues into lifestyle programs (e.g., retirement or moving can put older adults at risk for depression or alcohol misuse).
- Addressing the issues as part of holiday programs, such as “Coping With Holiday Stress.”
- Addressing the issues in sessions on coping with stress, loss, or grief.
- Incorporating the issues in sessions on diseases such as osteoporosis (alcohol use can increase the risk of falls) and diabetes (drinking is unsafe).
- Providing self-screening tools at health fairs and other appropriate events and in annual surveys.
- Inviting speakers from Alcoholics Anonymous and other appropriate programs to present programs.
- Inviting recovery groups such as Alcoholics Anonymous or self-help groups to hold meetings at your facility.
- Increasing links with assessment and treatment organizations by establishing referral networks.
- Identifying and implementing evidence-based interventions that promote older adult wellness, using SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP), at www.nrepp.samhsa.gov.
- Identifying materials to add to your organization’s library, mount on a bulletin board, or place in a display case.
- Identifying local educational offerings appropriate for staff and clients.
- Identifying appropriate websites on which to place advertisements directed toward clients and staff.
- Informing older volunteers of resources to help their peers.
- Encouraging the faith community to offer information and training at their facilities.



REFERENCES

1. National Institute on Alcohol Abuse and Alcoholism. (2011). Women and Alcohol. Retrieved from <http://pubs.niaaa.nih.gov/publications/womensfact/womensFact.pdf>
2. Blow, F. C. & Lawton-Barry, K. (2002). Use and misuse of alcohol among older women. *Alcohol Research & Health*, 26(4), 308–315. Retrieved from <http://pubs.niaaa.nih.gov/publications/arh26-4/308-315.pdf>
3. National Council on Alcoholism and Drug Dependence. Seniors and Drugs. Retrieved from <http://www.ncadd.org/index.php/learn-about-drugs/seniors-vets-and-women/241-older-adults>. Accessed December 14, 2012
4. Kessler, R. C., Chiu, W. T., Demler, O., & Walters, E. E. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*. 2005; 62(6):617–27.
5. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, Drug Abuse Warning Network. (2012). *Data Spotlight: Adverse drug reactions are often the reason for emergency department visits resulting in hospitalization among older adults*. Retrieved from <http://www.samhsa.gov/data/spotlight/Spot066DrugReaxOlderAdults2012.pdf>
6. Substance Abuse and Mental Health Services Administration. (1998). *Substance abuse among older adults: A guide for social service providers*. Treatment Improvement Protocol (TIP) 26. U.S. Department of Health and Human Services No. (SMA) 98-3179. Rockville, MD: SAMHSA.



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PROGRAM SUPPORT MATERIALS
EDUCATION CURRICULA

PROGRAM SUPPORT MATERIALS
EDUCATION CURRICULA

STAFF EDUCATION: SUGGESTED CURRICULUM

STAFF EDUCATION SESSION 1— IT CAN HAPPEN TO ANYONE: COPING WITH LIFE TRANSITIONS

AGENDA

Introduction	10 minutes
Opening Exercise	10 minutes
YouTube Video Presentation	30 minutes
Group Discussion	10 to 40 minutes
Group Activity	15 minutes
Questions and Answers	10 minutes
Closing and Feedback	5 minutes
1.5 to 2 hours total	

MATERIALS NEEDED

- ☐ YouTube Video: “It Can Happen to Anyone”
- ☐ Computer/internet access
- ☐ Self-Screener: 10 Important Questions for Those Over 65
- ☐ Pencils
- ☐ Flip chart with markers

PREPARATION

- Review all related materials before session.
- Make sure internet is connected and cue YouTube video.
- Make copies of self-screener for each participant.
- Post the phone number of the staff or resource person or pass out business cards before the session for later follow-up.
- Be aware of local resources available if someone requests them.

INTRODUCTION—10 MINUTES

Trainer Note: When introducing yourself, share something about yourself—why you chose this work or a personal story related to the topic. The key is to establish rapport and give the group confidence in your abilities.

- Introduce yourself.
- Introduce the Get Connected Toolkit.
- If there is a speaker or resource person, introduce this person.

Agenda

Post agenda for session (above) on flip chart in front of room or review it aloud with the group.

Expectations for the Session

Trainer Note: Suggested expectations are listed here. Feel free to add to this list or adapt it to your group. Solicit agreement from the group.

- Ask questions when something is unclear.
- One person speaks at a time.
- Respect differing opinions and experiences.
- Confidentiality—what is said in the room, stays in the room.
- Start and end the session on time.
- If the leader of the group does not know an answer to a question, the leader will find the answer and follow up.

Learning Objectives

Trainer Note: Present the learning objectives below. Whenever possible, tie an objective to a recent news story, statistic/trend, or experience.

- Increase understanding that life transitions associated with aging can lead to problems with alcohol and medications.
- Learn the warning signs of an alcohol or medication problem and why these signs are hard to detect among older adults.
- Increase awareness that prevention and screening can help identify a need for help.

OPENING EXERCISE—10 MINUTES

Before you show the YouTube video, introduce key points:

- Alcohol and medications are part of our society.
- Alcohol is used in celebrations, religious rituals, and social situations.
- Prescription medicines and over-the-counter drugs provide relief, healing, and health for many.

- Both alcohol and medications can affect physical health, emotional well-being, community involvement, and relationships with friends and family.
- Screening can help identify those who may need help.
- Many people may feel uncomfortable discussing these topics, so this presentation is designed to make it easier.

Solicit quick answers to the question: “Why do older adults drink alcohol?” Have participants call out answers.


YOUTUBE VIDEO PRESENTATION—30 MINUTES

Trainer Note: After you introduce the YouTube video, turn off the lights. Make sure everyone can see and hear adequately.

- Introduce the YouTube video.
- Explain that this video was selected because it presents an overview of issues for older adults. The people portrayed in the video are real people with real problems. Alcohol and medication misuse cuts across all racial and ethnic lines, levels of education, income, and religions. It is a pervasive problem in our society.
- Show the YouTube video.
- Solicit brief comments or questions before you proceed with discussion.

GROUP DISCUSSION—10 TO 40 MINUTES

Trainer Note: Depending on the time allowed, discussion can take several directions. Choose from the following questions and possible responses to start the discussion. Try to elicit responses from the participants rather than just suggesting the items in the lists. The key is to increase sensitivity and comfort with the issues



and break down personal barriers or biases that can inhibit work on these issues. Above all, try to guide the discussion toward a view of the overall message of the YouTube video—rather than focusing on the particular situation or circumstances of the individuals who appear in the presentation.

Challenges

1. What are some of the challenges people face as they grow older?

Possible responses:

- Retirement
- Loss of spouse, friends
- Isolation/Less social contact
- More health problems
- Loss of independence

2. How do people cope with these challenges in both positive and negative ways?

Possible responses:

The ability to remain involved with others is key to handling transitions and life changes in a healthy and productive way. Positive coping might include the following:

- Exercise
- Social clubs and networks
- Attending senior center activities
- Volunteer work
- Attending a religious ceremony or event
- Visiting with family and friends

Negative coping skills might involve the following:

- Drinking
- Overmedicating

- Isolation
- Retreating from things once enjoyed
- Fear
- Illness
- Sleeping
- Withdrawing from social interactions

Alcohol and Medications

1. Why might a person use or misuse alcohol and medicines?

Possible responses:

- Grief, loss, sadness
- Loneliness
- Stress
- Chronic pain
- Illness
- Sleep problems
- Social pressure
- Celebration
- Reduce inhibitions

2. What excuses might a person use to rationalize the use of alcohol or medicines?

Possible responses (in addition to the responses listed above):

- Elevate mood
- Mask depression
- Increase ability to sleep
- Decrease pain
- Deal with social pressure
- Gain acceptance
- Relieve boredom

Warning Signs

1. Why is it so difficult to detect problems with alcohol and medications in older adults?

Possible responses:

- Symptoms similar to other diseases
- Aging process
- Denial of problem
- Prejudice and discrimination associated with alcoholism
- Cultural bias
- Social isolation

2. What are some of the warning signs?

Possible responses:

- Memory loss
- Dizziness
- Depression
- Neglect of self, home, hygiene
- Sleep problems
- Drinking more, and more often

What You Can Do

1. What concerns and attitudes prevent us from stepping in to help someone we suspect of having a problem with alcohol?

Possible responses:

- Prejudice and discrimination associated with alcoholism
- Fear of rejection
- Fear of losing a friend
- Denial of problem
- Lack of knowledge to recognize problem

- Cultural beliefs
- Privacy issues

2. What can we do to help?

Possible responses:

- Acknowledge our feelings.
- Get help from a doctor or counselor.
- Be sensitive to protect self-confidence and self-esteem.
- Not ignore what we suspect might be a problem.
- Get support from family and friends.

GROUP ACTIVITY—15 MINUTES

Trainer Note: The purpose of this activity is to educate staff about the importance of screening. By conducting the self-screening with staff, you can show them how they can use the experience to educate older adults and conduct the screening more effectively.

State that many of the people in the YouTube video did not realize that medications or alcohol was a problem for them until they had grown dependent. By that time, it was difficult for them to acknowledge the problem and seek help.

Screening can help people recognize a possible problem, allowing them to get help and prevent further health problems.

Introduce activity:

- Pass a copy of “10 Important Questions for Those Over 65” to each participant.
- Make sure each person has a pen or pencil.
- Explain that the self-screener helps each of us to evaluate our own situation and does not provide a definitive diagnosis.

- Emphasize that all results are confidential.
- Read each question and have participants mark answers on the self-screener.
- Explain how to self-score.
- Recommend that any participants with concerns about themselves or a loved one speak to a physician, health or mental health specialist, or alcohol counselor.
- Offer to be available after the session to address any questions.

If time permits, ask:

1. Do you know anyone who might benefit from this screening?
2. How might you approach someone to offer this screening?
3. What problems might you encounter?

QUESTIONS AND ANSWERS—10 MINUTES

CLOSING—5 MINUTES

Summarize key points:

- Life changes and transitions can be difficult for older adults, and strong coping skills are needed.
- Loss, grief, and new roles can lead to problems with alcohol and medications.
- Get help. If you think something is wrong, it probably is. Ignoring a problem will not make it go away, and it may make the problem worse.

Thank participants for coming and participating and for their willingness to talk about what can be a difficult topic.

FEEDBACK

Pass out the feedback form (a sample form appears in the Forms and Resources section) and stay around for individual questions after the session. Be ready with additional resources included in the Get Connected Toolkit, and have available local and internet resources.

STAFF EDUCATION SESSION 2: USING MEDICATIONS WISELY

AGENDA

Introduction	10 minutes
Opening Exercise	20 minutes
Presentation	45 to 75 minutes
Questions and Answers	10 minutes
Closing and Feedback	5 minutes
1.5 to 2 hours total	

MATERIALS NEEDED

- ☐ Fact Sheets
 - #4: An Invisible Problem: Alcohol and Older Adults
 - #6: Prescription and Over-the-Counter Medications and Older Adults
- ☐ Brochure
 - “As You Age...A Guide to Aging, Medicines, and Alcohol” available at <http://store.samhsa.gov/product/As-You-Age-A-Guide-to-Aging-Medicines-and-Alcohol/SMA04-3940>
- ☐ Props
 - Empty wine bottle/glass, shot glass, beer can, prescription bottle, or bottles of over-the-counter medicines such as Tylenol, NyQuil, cough syrup, or Benadryl
 - Measuring cup
 - Magnifying glass
- ☐ National Institute on Alcohol Abuse and Alcoholism’s (NIAAA) recommended drinking limits
- ☐ Flip chart with markers

PREPARATION

- Review all related materials before the session.
- Prepare a flip chart with NIAAA’s recommended drinking limits.
- Make copies of fact sheets to hand out at the end of the session.
- Share the link of the brochure with interested individuals.
- Determine who will present information and invite speakers, if needed.

INTRODUCTION—10 MINUTES

Trainer Note: When introducing yourself, share something about yourself to establish rapport with the group.

Post the phone number of the staff or resource person, or pass out business cards.

This topic is important because:

- One in five older adults has problems with alcohol and/or medications. This means we all probably know someone with problems, whether or not we know that person is suffering.
- Alcohol and medication misuse/abuse in aging constitutes a silent epidemic—underdiagnosed and undertreated.
- This is a health problem that can be prevented and treated.
- The Get Connected Toolkit addresses alcohol and medication misuse in aging services organizations around the country.

Agenda

Post agenda for session (above) on flip chart in front of room or review it aloud with group.

Expectations of the Session

Trainer Note: Suggested expectations are listed here. Feel free to add to this list or adapt it to your group. Solicit agreement from group.

- Ask questions when something is unclear.
- One person speaks at a time.
- Respect differing opinions and experiences.
- Confidentiality—what is said in the room, stays in the room.
- Start and end the session on time.
- If the leader of the group does not know an answer to a question, the leader will find the answer and follow up.

Learning Objectives

Trainer Note: Present the learning objectives below. Whenever possible, tie an objective to a recent news story, statistic/trend, or experience.

- Increase awareness of medication and alcohol misuse/abuse in older adults.
- Learn why problems are hard to recognize.
- Understand the impact of medication and alcohol misuse on the lives of older adults.
- Learn recommended sensible drinking limits for people over 65.

OPENING EXERCISE—20 MINUTES

On a table in the front of the room, place an empty wine bottle/glass, beer can, shot glass, prescription bottle, and bottles of over-the-counter medicines such as Tylenol, NyQuil, cough syrup, or Benadryl, as well as a magnifying glass.

Trainer Note: You can choose one of the following exercises, depending on time, comfort level, what you want to emphasize, and the group.

1. Pose the question: What is a drinking problem?

Solicit responses.

Ask:

- How much alcohol is a drinking problem?
- How many drinks of hard liquor? Wine? Beer?
- How does it differ for an older adult who:
 - Has diabetes?
 - Is taking sleeping pills or a painkiller?
 - Is just taking Tylenol for headaches?

Summarize responses on a flip chart.

2. Pass around wine bottle and beer can and ask the group to read the labels.

Ask: What percentage of alcohol is in the wine and the beer?

Solicit responses from group.

3. Have water in the wine bottle and ask a volunteer to pour “a glass of wine” into an empty wine glass.

Ask the group if this is the right amount for a serving of wine.

Pour the amount into the measuring cup so everyone can see. Compare it with the recommended 5 ounces for one glass of wine.

Pass around several prescription and over-the-counter bottles and the magnifying glass and ask the group to read the labels. Observe what the group does.

Ask:

- Which medicines should not be taken with alcohol?
- What other warnings did you see? Expired? Causes drowsiness?

- Were the directions clear? Can you read them? What does “take as needed” mean? What does “take on an empty stomach” mean?

Present NIAAA’s recommended limits for a standard drink, recommended drinking limits for people over 65, and guidelines on who should never drink (“Recommended Sensible Drinking Limits”).

Emphasize it is not how much or how often an older adult drinks that defines a drinking problem.

PRESENTATION—45 TO 75 MINUTES

Trainer Note: Several options are available for this presentation. Coordinator can present material, invite a speaker to present, or arrange for a panel of experts. Use Fact Sheets #4 and #6 for content information. For more information, see Chapters 2 and 3 in SAMHSA’s Treatment Improvement Protocol (TIP) Series 26, *Substance Abuse Among Older Adults: A Guide for Social Services Providers*, accessible through the SAMHSA Store.

If using a resource person or panel of speakers, introduce them.

Key Points To Cover in the Presentation

A physician, health or mental health specialist, or alcohol counselor can speak about:

- Why people drink or misuse medication;
- What puts older adults at risk of developing a problem with medication or alcohol;
- Why healthy older adults who do not take medications should drink no more than three alcoholic drinks a day, or a maximum of seven drinks per week—and why women are advised to drink less;
- Signs and symptoms of alcohol misuse; and

- Barriers to recognizing a problem in older adults.

A pharmacist can speak about:

- Drug interactions and interactions with alcohol;
- Side effects of medications;
- Risk factors for medication misuse;
- Risk factors specific to older adults;
- Warning signs of medication misuse; and
- Ways to avoid misuse.

An older adult in recovery or a family member of someone who misuses substances such as alcohol and medication can speak about:

- How the problem went from use to misuse;
- Impact of misuse on the individual, family, friends, and community; and
- How he/she got help.

QUESTIONS AND ANSWERS—10 MINUTES

CLOSING—5 MINUTES

Summarize key points:

- This is a largely unrecognized problem among older adults.
- Review reasons problems go unrecognized and untreated.
- Educating ourselves is the first step to dispelling myths and getting the facts.

Thank the speaker or panel for their time.

Thank staff for their time and willingness to embark on this program.

FEEDBACK

Pass out the feedback form (sample appears in the Forms and Resources section).

Pass out handouts.

STAFF EDUCATION SESSION 3: KEEPING A HEALTHY OUTLOOK ON LIFE

AGENDA

Introduction	10 minutes
Opening Exercise	10 minutes
Presentation	40 minutes
Group Activity	20 to 50 minutes
Questions and Answers	5 minutes
Closing and Feedback	5 minutes
1.5 to 2 hours total	

MATERIALS NEEDED

- ☐ Fact Sheets
 - #1: Myths and Realities of Alcohol, Medications, and Mental Health Conditions in Older Adults
 - #7: Keeping a Healthy Outlook on Life: Mental Health Conditions and Older Adults
 - #8: Prevention and Treatment of Mental Health Conditions Among Older Adults
- ☐ Self-Screener
 - Check Your Mood
- ☐ Brochure
 - “Good Mental Health Is Ageless” available from the SAMHSA Store at <http://store.samhsa.gov/product/Good-Mental-Health-is-Ageless/SMA15-3618>.
- ☐ Pencils
- ☐ Flip chart with markers

PREPARATION

- Review all related materials before the session.
- Make copies of the Check Your Mood self-screener for each participant.
- Share the link to the brochure with interested individuals.
- Select a resource person or speaker, if needed.
- Review confidentiality policies for your organization and how these policies may apply to conducting screening and referral with older adults.

INTRODUCTION—10 MINUTES

Trainer Note: When introducing yourself, share something about yourself to establish rapport and let the group get to know you.

- Post the phone number of the staff or resource person, or pass out business cards.
- Introduce yourself.
- Introduce the speaker or resource person, if needed.

Agenda

Post the agenda for the session (above) on a flip chart in the front of the room or review it aloud with the group.

Expectations for the Session

Trainer Note: Suggested expectations are listed here. Feel free to add to this list or adapt it to your group. Solicit agreement from the group.

- Ask questions when something is unclear.
- One person speaks at a time.
- Respect differing opinions and experiences.
- Confidentiality—what is said in the room, stays in the room.

- Start and end the session on time.
- If the leader of group does not know an answer to a question, the leader will find the answer and follow up.

Learning Objectives

Trainer Note: Present the learning objectives below. Whenever possible, tie an objective to a recent news story, statistic/trend, or experience.

- Increase awareness that substance misuse and abuse and mental health conditions in older adults are not part of the aging process and can be treated.
- Increase awareness that prevention and treatment are effective for alcohol and mental health conditions, particularly for older adults.
- Increase comfort and confidence in discussing sensitive issues with older adults.
- Understand what health and aging services providers can do to help older adults.

OPENING EXERCISE—10 MINUTES

Using Fact Sheet #1, Myths and Realities of Alcohol, Medications, and Mental Health Conditions in Older Adults, state one myth at a time. (The last five myths focus on mental health conditions.) Read the myths as facts. Have participants discuss their feelings about the statements or share an experience with a statement. Read the “Reality” piece after each myth before you move to the next statement.

Summarize: Acknowledge the range of responses you heard. Discuss how pervasive misconceptions in society can hurt older adults and how this session can start to dispel some of these myths.

This topic is important because:

- Untreated alcohol, medication, and mental health conditions can significantly reduce the quality of life for older adults and cause serious health problems.
- Prevention and treatment are effective, particularly among older adults.
- Recognizing problems and overcoming discomfort in talking about difficult issues can improve health and quality of life.
- Many of these problems can be prevented with education and information.
- There is a need to decrease the prejudice and discrimination and isolation that results from mental health conditions.
- Older adults have a need for more mental health services that are accessible and affordable.
- The Get Connected Toolkit increases awareness of mental health conditions in older adults as a first step to addressing these problems.

PRESENTATION—40 MINUTES

Trainer Note: If you have chosen a speaker for this session, introduce him or her. A social worker or alcohol counselor would be a good choice for this session. A health educator or trainer familiar with the topic would also be appropriate. Use Fact Sheets #7 and #8, as well as the brochure, “Good Mental Health Is Ageless” (available from the SAMHSA store at <http://store.samhsa.gov/product/Good-Mental-Health-is-Ageless/SMA15-3618>), for content information.

Key points in the presentation:

- Common mental health conditions in older adults include:
 - Anxiety

- Cognitive impairment
- Depression
- Recognizing symptoms of mental health conditions:
 - Solicit examples from the group and supplement information.
- Challenges to recognizing symptoms.
- Impact of mental health conditions in older adults.

Use an example that fits older adults to illustrate the impact, such as Bingo, book clubs, or other social activities.

- When older adults suffer from depression, they may not want to attend [insert social activity, e.g., Bingo, book club].
- When older adults suffer from cognitive impairment, they may forget [insert skill or piece of information, e.g., how to play Bingo, the plot of the book they are reading].
- When older adults suffer from sensory impairment, they may not hear [insert example, e.g., the Bingo numbers] or see [insert example, e.g., the numbers on their Bingo card].

Summarize: We know mental health conditions are prevalent in older adults. We know prevention and treatment are effective. What is the “disconnect”?

Solicit responses from the group.

Possible responses:

- Prejudice and discrimination
- Denial
- Discrimination
- Uninformed health care providers
- Symptoms hard to recognize
- Lack of access to needed services.

GROUP ACTIVITY—20 TO 50 MINUTES

Trainer Note: The purpose of this activity is to educate staff about the importance of screening. By conducting the self-screening with staff, you can help them use the experience to educate older adults and conduct the screening more effectively.

- Pass a copy of the screening tool “Check Your Mood” to each participant.
- Explain that this self-screener provides a useful way for older adults to review their health and raise awareness of potential problems. The self-screener does not give a diagnosis. The information may motivate an individual to seek help.
- Emphasize that all results are confidential and will not be viewed by anyone else.
- Read each question aloud and ask participants to fill out their own self-screeners in private.
- Explain how to self-score.
- Emphasize that if the self-screener detects a problem, the individual should speak with a doctor or another health care professional.

Discuss the experience and what they learned by doing the self-screener.

Ask:

1. Do you know anyone who may benefit from this screening tool?
2. How might you approach someone to offer screening?

Solicit opening lines from the group, such as:

- I am concerned about...
- Would you be interested in learning more about...?
- You used to love to...and now...

Role Play

Ask for two volunteers to role-play a scenario of a health and aging services provider approaching an older adult to ask if he or she would be interested in the screening tool for depression.

Get feedback from the rest of the group.

If time permits, this is a good time to discuss the role of the health and aging services provider in providing education, screening, and referral to providers of mental health services.

- Discuss the protocol for how screening and referral will work in your organization.
- Discuss roles and responsibilities.
- Discuss what is NOT the role of the health and aging services provider (e.g., do not judge, diagnose, assume, treat, break confidentiality).
- Present resources and referrals in place once an older adult is identified.
- Review follow-up procedures.
- Discuss confidentiality issues, policies, and procedures.

QUESTIONS AND ANSWERS—5 MINUTES

CLOSING—5 MINUTES

Summarize key points:

- Up to 5 percent of older adults meet the diagnostic criteria for depression, and 3–14 percent meet the diagnostic criteria for an anxiety disorder.^{1,2}
- Education and screening can help identify those who may need help from a doctor.

- Treatments are effective and can improve quality of life.
- Approaching an older person with a suspected problem is a skill that can be learned.
- The Get Connected Toolkit recommends encouraging all older adults to take self-screeners for alcohol use and depression.
- Confidentiality issues must be recognized for successful screening to take place.

Thank the speaker.

Thank participants for their time and willingness to embark on this program. Acknowledge the hard work of staff and the important impact they have on the lives of older adults.

Encourage participants to think about these issues, review materials, and notify you if they are concerned about an older adult.

FEEDBACK

Pass out forms (sample appears in the Forms and Resources section) for anonymous feedback.

Pass out handouts.

REFERENCES

1. Hybels, C. F., & Blazer, D. G. (2003). Epidemiology of late-life mental disorders. *Clinics in Geriatric Medicine*, 19(4): 663–696.
2. Wolitzky-Taylor, K. B., Castriotta, N., et al. (2010). Anxiety disorders in older adults: A comprehensive review. *Depression and Anxiety*. 27: 190–211.

OLDER ADULT EDUCATION: SUGGESTED CURRICULUM

OLDER ADULT EDUCATION SESSION 1— IT CAN HAPPEN TO ANYONE: COPING WITH LIFE TRANSITIONS

AGENDA

Introduction	5 minutes
Opening Exercise	5 minutes
YouTube Video Presentation	25 minutes
Group Activity	15 minutes
Questions and Answers	5 minutes
Closing and Feedback	5 minutes
60 minutes total	

MATERIALS NEEDED

- ☐ YouTube video: “It Can Happen To Anyone”
- ☐ Computer/Internet access
- ☐ Self-Screener: 10 Important Questions for Those Over 65
- ☐ Pencils
- ☐ Flip chart with markers

PREPARATION

- Review all related materials before the session.

- Make sure the internet connection works and cue the video.
- Make copies of the self-screener for each participant.

INTRODUCTION—5 MINUTES

Trainer Note: When introducing yourself share something about yourself—why you chose this work or a personal story related to the topic. The key is to establish rapport and give the group confidence in your abilities.

- Post the phone number of the staff or resource person, or pass out business cards.
- Introduce yourself.
- Introduce the Get Connected Toolkit.
- If there is a speaker or resource person, introduce this person.

Agenda

Post the agenda for session (above) on flip chart in the front of the room or review it aloud with the group.

Expectations for the Session

Trainer Note: Suggested expectations are listed here. Feel free to add to this list or adapt it to your group. Solicit agreement from the group.

- Ask a question when something is unclear.
- One person speaks at a time.

- Respect differing opinions and experiences.
- Confidentiality—what is said in the room, stays in the room.
- Start and end the session on time.
- If the leader of the group does not know an answer to a question, the leader will find the answer and follow up.

Learning Objectives

Trainer Note: Present the learning objectives below. Whenever possible, tie an objective to a recent news story, statistic/trend, or experience.

- Increase understanding that life transitions associated with aging can lead to problems with alcohol and medications.
- Learn the warning signs of an alcohol or medication problem and why these signs are hard to detect among older adults.
- Increase awareness that prevention and screening can help to identify a need for help.

OPENING EXERCISE—5 MINUTES

Before you show the YouTube video, introduce the following key points:

- Alcohol and medications are part of our society.
- Alcohol is used in celebrations, religious rituals, and social situations.
- Prescription medicines and over-the-counter drugs provide relief, healing, and health for many people.
- Both alcohol and medications can affect physical health, emotional well-being, community involvement, and relationships with friends and family.
- Screening can help identify those who may need help.

- Many people may feel uncomfortable discussing these topics, so this presentation is designed to make it easier.

Solicit quick answers to the question: “Why do older adults drink alcohol?”

Have participants call out answers.

YOUTUBE VIDEO PRESENTATION—25 MINUTES

Trainer Note: After you introduce the YouTube video, turn off the lights. Make sure everyone can see and hear adequately.

- Introduce the YouTube video.
- Explain that this video was selected because it presents an overview of issues for older adults. The people portrayed in the video are real people with real problems. Alcohol and medication misuse cuts across all racial and ethnic lines, levels of education, income, and religions. It is a pervasive problem in our society.
- Show the YouTube video.
- Solicit brief comments or questions before you proceed with discussion.

GROUP ACTIVITY—15 MINUTES

Trainer Note: The purpose of this activity is to educate older adults about possible alcohol problems. Emphasize that the activity is voluntary and all results are confidential. If help is available in the room, offer it to those who may have trouble seeing or reading.

State that many of the people in the YouTube video did not realize that medications or alcohol was a problem for them until they had grown dependent. By that time, it was difficult for them to acknowledge the problem and seek help.

Screening can help people recognize a possible problem, allowing them to get help and prevent further health problems.

Introduce the activity:

- Pass a copy of “10 Important Questions for Those Over 65” to each participant.
- Make sure each person has a pen or pencil.
- Explain that the self-screener helps each of us to evaluate our own situation and does not provide a definitive diagnosis.
- Emphasize that all results are confidential and will not be viewed by anyone else.
- Read each question and have participants mark answers on the self-screener.
- Explain how to self-score.
- Recommend that any participants who have concerns about themselves or a loved one speak to a physician, health or mental health specialist or alcohol counselor.
- Offer to be available after the session to address any questions.

If time permits, ask:

1. Do you know anyone who may benefit from this screening?
2. How might you approach someone to offer this screening?

QUESTIONS AND ANSWERS—5 MINUTES

Trainer Note: Be prepared for personal questions and questions such as where to get help for a friend in need. Have a list or be aware of local resources available to assist someone in need. A resource person might be able to answer these questions and provide referrals, if necessary.

CLOSING—5 MINUTES

Summarize the following key points:

- Life changes and transitions can be difficult for older adults, and strong coping skills are needed.
- Loss, grief, and new roles can lead to problems with alcohol and medications.
- Get help. If you think something is wrong, it probably is. Ignoring a problem will not make it go away, and it may make the problem worse.
- Screening is one way to identify people in need of help.

Thank participants for coming and participating and for their willingness to talk about what can be a difficult topic.

FEEDBACK

Pass out the feedback form (a sample appears in the Forms and Resources Section).

Stay around for personal questions an older adult might ask after the session.

OLDER EDUCATION SESSION 2: USING MEDICATIONS WISELY

AGENDA

Introduction	10 minutes
Opening Exercise	10 minutes
Presentation	30 minutes
Questions and Answers	5 minutes
Closing and Feedback	5 minutes
60 minutes total	

MATERIALS NEEDED

- ☐ Fact Sheets
 - #4: An Invisible Problem: Alcohol and Older Adults
 - #6: Prescription and Over-the-Counter Medications and Older Adults
- ☐ Brochure
 - “As You Age...A Guide to Aging, Medicines, and Alcohol” available at <http://store.samhsa.gov/product/As-You-Age-A-Guide-to-Aging-Medicines-and-Alcohol/SMA04-3940>
- ☐ Props
 - Empty wine bottle/glass, shot glass, beer can, prescription bottle, or bottles of over-the-counter medicines such as Tylenol, NyQuil, cough syrup, or Benadryl
- ☐ Measuring cup
- ☐ NIAAA’s recommended drinking limits
- ☐ Flip chart and markers

PREPARATION

- Review all related materials before the session.
- Prepare a flip chart with NIAAA’s recommended drinking limits.
- Make copies of fact sheets to hand out at the end of the session.
- Share the link to the brochure with interested individuals.
- Determine who will present information and invite speakers, if needed.

INTRODUCTION—10 MINUTES

Trainer Note: When introducing yourself, share something about yourself to establish rapport with the group.

Post the phone number of the staff or resource person or pass out business cards.

Introduce yourself.

This topic is important because:

- One in five older adults has problems with alcohol and/or medications.¹ This means we all probably know someone with a problem, whether or not we know he or she is suffering.
- This is a silent epidemic—it is underdiagnosed and undertreated.
- This is a health problem that can be prevented and treated.
- The Get Connected Toolkit addresses alcohol and medication misuse in aging services organizations around the country.

Agenda

Post the agenda for the session (above) on a flip chart in the front of the room or review it aloud with the group.

Expectations of the Session

Trainer Note: Suggested expectations are listed here. Feel free to add to this list or adapt it to your group. Solicit agreement from the group.

- Ask questions when something is unclear.
- One person speaks at a time.
- Respect differing opinions and experiences.
- Confidentiality—what is said in the room, stays in the room.
- Start and end the session on time.
- If the leader of the group does not know an answer to a question, the leader will find the answer and follow up.

Learning Objectives

Trainer Note: Present the learning objectives below. Whenever possible, tie an objective to a recent news story, statistic/trend, or experience.

- Increase awareness of medication and alcohol misuse in older adults.
- Learn why problems are hard to recognize.
- Understand the impact of medication and alcohol misuse on the lives of older adults.
- Learn recommended sensible drinking limits for people over 65.

OPENING EXERCISE—10 MINUTES

On a table in the front of the room, place empty wine bottle/glass, beer can, shot glass, prescription bottle, and bottles of over-the-counter drugs such as Tylenol, NyQuil, cough syrup, or Benadryl.

Trainer Note: You can choose one of the following exercises, depending on time, comfort level, what you want to emphasize, and the group.

1. Pose the question: What is a drinking problem?

Solicit responses.

Ask:

- How much alcohol does one need to drink to have a drinking problem?
- How many drinks of hard liquor? Wine? Beer?
- How does it differ for an older adult?
- How does it differ for an older adult who:
 - Has diabetes?
 - Is taking sleeping pills or a painkiller?
 - Is just taking Tylenol for headaches?

Summarize responses on a flip chart.

2. Pass around the wine bottle and beer can and ask the group to read the labels.

Ask: What percentage of alcohol is in the wine and the beer?

Solicit responses from the group.

3. Have water in the wine bottle and ask a volunteer to pour what he or she thinks is “a glass of wine” into an empty wine glass.

Ask the group if this is the right amount.

Pour the amount into the measuring cup so everyone can see. Compare with the 5 ounces recommended for one glass of wine.

Then pass around several prescription and over-the-counter bottles and ask the group to read the labels. Observe what the group does.

Ask:

- Which medicines should not be taken with alcohol?

- What other warnings did you see? Expired? Causes drowsiness?
- Were the directions clear? Can you read them? What does “take as needed” mean? What does “take on an empty stomach” mean?

Present NIAAA’s guidelines for a standard drink, recommended drinking limits for people over 65, and who should never drink.

Emphasize that it is not how much or how often an older adult drinks that defines a drinking problem.

PRESENTATION—30 MINUTES

Trainer Note: Several options are available for this presentation. The coordinator can present material or invite a speaker to present the information. You can choose a local health care professional such as a physician, nurse, or alcohol counselor to present the material, or invite a pharmacist. An older adult in recovery or a family member of someone with a medication or alcohol problem might be useful for a brief presentation after the facts are presented. Use Fact Sheets #4 and #6 for content information. For more information, see Chapters 2 and 3 in SAMHSA’s Treatment Improvement Protocol (TIP) Series 26, *Substance Abuse Among Older Adults: A Guide for Social Services Providers*, accessible through the SAMHSA Store.

Key Points To Cover in the Presentation

If using a resource person, introduce him or her. Cover the key points below in the presentation.

A physician, health or mental health specialist, or alcohol counselor can speak about:

- Why people drink or misuse medication;

- What puts older adults at risk of developing a problem with medication or alcohol;
- Why healthy older adults who do not take medications should drink no more than three alcoholic drinks a day or a maximum of seven drinks per week, and why women are advised to drink less than this amount;
- Signs and symptoms of alcohol misuse; and
- Barriers to recognizing a problem in older adults.

A pharmacist can speak about:

- Drug interactions and interactions with alcohol;
- Side effects of medications;
- Risk factors for medication misuse;
- Risk factors specific to older adults;
- Warning signs of medication misuse; and
- Ways to avoid misuse.

An older adult in recovery or a family member of someone who misuses substances can speak about:

- How the problem went from use to misuse;
- Impact of misuse on the individual, family, friends, and community; and
- How the individual got help.

QUESTIONS AND ANSWERS—5 MINUTES

CLOSING—5 MINUTES

Summarize the following key points:

- This is a largely unrecognized problem among older adults.
- Review reasons why problems go unrecognized and untreated.

- Educating ourselves is the first step to dispelling myths and getting the facts.

Thank the speaker or panel for their time, if present.

Thank participants for coming and participating and for their willingness to talk about what can be a difficult topic.

FEEDBACK

Pass out forms (a sample appears in the Forms and Resources section) for anonymous feedback.

Pass out handouts.

Stay around for any personal questions an older adult might want to ask after the session. Have local resources and possible internet resources available if asked for them.

RESOURCES

1. Substance Abuse and Mental Health Services Administration (1998). *Substance Abuse Among Older Adults: A Guide for Social Services Providers*. Treatment Improvement Protocol (TIP) Series 26. U.S. Department of Health and Human Services Publication No. (SMA) 98-3179. Rockville, MD: Author.

OLDER ADULT EDUCATION SESSION 3: KEEPING A HEALTHY OUTLOOK ON LIFE

AGENDA

Introduction	5 minutes
Opening Exercise	10 minutes
Presentation	20 minutes
Group Activity	15 minutes
Questions and Answers	5 minutes
Closing and Feedback	5 minutes
60 minutes total	

MATERIALS NEEDED

- ☐ Fact Sheets
 - #1: Myths and Realities of Alcohol, Medications, and Mental Health Conditions in Older Adults
 - #7: Keeping a Healthy Outlook on Life: Mental Health Conditions and Older Adults
 - #8: Prevention and Treatment of Mental Health Conditions Among Older Adults
- ☐ Self-Screener
 - Check Your Mood: A Depression Screening Tool
- ☐ Brochures
 - “Good Mental Health Is Ageless” available from the SAMHSA Store at <http://store.samhsa.gov/product/Good-Mental-Health-is-Ageless/SMA15-3618>.
- ☐ Pencils
- ☐ Flip chart and markers

PREPARATION

- Review all related materials before the session.
- Make copies of the self-screener for each participant.
- Share the link to the brochures with interested individuals.
- Select a resource person or speaker, if needed.

INTRODUCTION—5 MINUTES

Trainer Note: When introducing yourself, share something about yourself to establish rapport with the group.

- Post the phone number for the staff or resource person, or pass out business cards.
- Introduce yourself.
- Introduce the speaker or resource person, if needed.

Agenda

Post the agenda for the session (above) on a flip chart in the front of the room, or review it aloud with the group.

Expectations for Session

Trainer Note: Suggested expectations are listed here. Feel free to add to this list or adapt it to your group. Solicit agreement from the group.

- Ask questions when something is unclear.
- One person speaks at a time.
- Respect differing opinions and experiences.
- Confidentiality—what is said in the room, stays in the room.
- Start and end the session on time.
- If the leader of the group does not know an answer to a question, the leader will find the answer and follow up.

Learning Objectives

Trainer Note: Present the learning objectives below. Whenever possible, tie an objective to a recent news story, statistic/trend, or personal experience.

- Increase awareness that mental health conditions in older adults are not part of the aging process and can be treated.
- Increase awareness that prevention and treatment are effective for alcohol and mental health conditions, particularly for older adults.
- Increase comfort and confidence in discussing sensitive issues with health care providers when problems arise.

OPENING EXERCISE—10 MINUTES

Using Fact Sheet #1, Myths and Realities of Alcohol, Medications, and Mental Health Conditions in Older Adults, state one myth at a time. (The last five myths focus on mental health conditions.) Read the myths as facts. Have participants discuss their feelings about the statements or share an experience with the statement. Read the “Reality” piece after each myth before you move to the next statement.

Summarize: Acknowledge the range of responses you heard. Discuss how pervasive misconceptions in society can hurt older adults and how this session can start to dispel some of these myths.

This topic is important because:

- Untreated alcohol, medication, and mental health conditions can significantly reduce quality of life for older adults and cause serious health problems.
- Treatment is effective, particularly among older adults.
- Recognizing problems and overcoming discomfort in talking about difficult issues can improve health and quality of life.
- Many of these problems can be prevented with education and information.
- There is a need to decrease the discrimination and isolation that result from mental health conditions.
- There is a need for more mental health services that are accessible and affordable for older adults.
- The Get Connected Toolkit increases awareness of mental health conditions in older adults as a first step to addressing these problems.

PRESENTATION—20 MINUTES

Trainer Note: If you have chosen a speaker for this session, introduce him or her. A social worker or an alcohol counselor would be a good choice for this session. A health educator or trainer familiar with the topic would also be appropriate. Use Fact Sheets #7 and #8 as well as the brochure, “Good Mental Health Is Ageless” (available from the SAMHSA Store at <http://store.samhsa.gov/product/Good-Mental-Health-is-Ageless/SMA15-3618>), for content information.

Cover the following key points in the presentation:

- Common mental health conditions in older adults include:
 - Anxiety
 - Cognitive impairment
 - Depression
- Recognizing symptoms of mental health conditions.
 - Challenges to recognizing symptoms.
- Impact of mental health conditions in older adults.

Use an example that fits older adults to illustrate the impact, such as Bingo, book clubs, or other social activities.

- When older adults suffer from depression, they may not want to attend [insert social activity, e.g., Bingo, book club].
- When older adults suffer from cognitive impairment, they may forget [insert skill or piece of information, e.g., how to play Bingo, the plot of the book they are reading].
- When older adults suffer from sensory impairment, they may not hear [insert example, e.g., the Bingo numbers] or see [insert example, e.g., the numbers on their Bingo card].

Summarize: We know mental health conditions are prevalent in older adults. We know prevention and treatment are effective. What is the “disconnect”?

Solicit responses from the group.

Possible responses:

- Prejudice and discrimination
- Denial
- Discrimination
- Uninformed health care providers
- Symptoms hard to recognize
- Limited access to health care

GROUP ACTIVITY—15 MINUTES

Trainer Note: The purpose of this activity is to educate older adults about possible alcohol problems in themselves and those they love.

- Pass a copy of the self-screening tool “Check Your Mood” to each participant.

- Explain that this self-screener provides a useful way for older adults to review their health and raise awareness of potential problems. The self-screener does not give a diagnosis. The information may motivate an individual to seek help.
- Emphasize that all results are confidential.
- Read each question aloud and ask participants to fill out their own self-screeners in private.
- Explain how to self-score.
- Emphasize that if the self-screener detects a problem, the individual should speak with a doctor or health care professional.

Discuss the experience and what they learned by doing the self-screener.

Ask:

1. Do you know anyone who might benefit from this screening tool?
2. How might you approach someone to offer screening?


QUESTIONS AND ANSWERS—5 MINUTES

Trainer Note: Be prepared for personal questions and questions such as where to get help for a friend in need. A resource person might be able to answer these questions and provide referrals, if necessary.

CLOSING—5 MINUTES

Summarize key points:

- Up to 5 percent of older adults meet the diagnostic criteria for depression, and 3–14 percent meet the diagnostic criteria for an anxiety disorder.^{1,2}
- Education and screening can help identify those who may need help from a physician,



health or mental health specialist, or alcohol counselor.

- Treatments are effective and can improve quality of life.
- Approaching an older person with a suspected problem is a skill that can be learned.
- The Get Connected Toolkit recommends encouraging all older adults to take self-screeners for alcohol use and depression.
- Confidentiality issues must be recognized for successful screening to take place.

Thank the speaker.

Thank participants for coming and participating and for their willingness to talk about what can be a difficult topic. Thank them for their time and willingness to embark on this program.

Encourage participants to think about these issues, review materials, and notify you if they have concerns.

FEEDBACK

- Pass out forms (a sample appears in the Forms and Resources section).
- Pass out handouts.
- Stay around for any personal questions an older adult might want to ask after the session. Be ready with local resources if someone asks for them.

REFERENCES

1. Hybels, C. F., & Blazer, D. G. (2003). Epidemiology of late-life mental disorders. *Clinics in Geriatric Medicine*, 19(4): 663–696.
2. Wolitzky-Taylor, K. B., Castriotta, N., et al. (2010). Anxiety disorders in older adults: A comprehensive review. *Depression and Anxiety*. 27: 190–211.



GET CONNECTED

Linking Older Adults with Resources on
Medication, Alcohol, and Mental Health



PROGRAM SUPPORT MATERIALS
FACT SHEETS AND HANDOUTS

PROGRAM SUPPORT MATERIALS
FACT SHEETS AND HANDOUTS



FACT SHEET #1:

MYTHS AND REALITIES OF ALCOHOL, MEDICATIONS, AND MENTAL HEALTH CONDITIONS IN OLDER ADULTS

Many people have misconceptions about mental health conditions and/or substance use disorders, especially in older adults. Lack of correct information can prevent older adults from seeking and receiving help for these issues. Learning what is reality and what is a myth can help improve the quality of life for you or someone you care about.

MYTH

Only older adults who consistently drink a lot of alcohol have an alcohol problem.

REALITY

The key point in determining a problem is how the alcohol affects the person's health, functioning, and relationships with others. For example, in people with medical conditions such as diabetes and high blood pressure, even one drink per day can be a problem.

MYTH

Over-the-counter medicines and alcohol can be used together safely.

REALITY

It is never safe to drink alcohol while taking medicine. Both prescription and over-the-counter medicines can intensify the effects of alcohol. This can be dangerous or even fatal. In addition, using medicines and alcohol together, even several hours apart, can change a drug's effects. For example, the drug might not work.



MYTH

If alcohol and medication misuse were a problem, the doctor would tell the older adult.

REALITY

Unfortunately, many doctors and other health care professionals do not ask questions about the use of alcohol with medications. Therefore, older adults are at risk for harmful interactions of alcohol with medications. It is important for them to let their doctor know what drugs they are taking and how they use alcohol.

MYTH

It's easy to tell when an older adult has an alcohol problem.

REALITY

The symptoms of alcohol misuse are sometimes mistaken for signs of aging or physical illness. Alcohol misuse can mimic or intensify the signs and symptoms of many illnesses. In addition, medical problems can mask alcohol dependence.

MYTH

Very few women become alcoholics.

REALITY

Many women have problems with alcohol. Women may not drink publicly; they may remain private about their alcohol use. Thus, people often don't know they have problems.

MYTH

Treating substance misuse and abuse issues in older adults is a waste of time and effort. It's too late for them to change.

REALITY

Substance misuse and abuse interventions and mental health treatments are effective with older adults. They can greatly improve quality of life.



MYTH

Feeling sad or depressed is part of growing old. There's nothing you can do to help the older adult.

REALITY

Depression is common among older adults, but it isn't a normal part of aging. Believing that depression is inevitable prevents older people from seeking and getting the help they need.

MYTH

Older adults suffering from depression or anxiety disorders lack inner strength to fight the debilitating feelings.

REALITY

Depression and anxiety disorders have many possible causes. Lack of inner strength is not one of them. Causes of depression and anxiety include heredity, stressful events such as the death of a loved one, retirement, health problems, and reactions to medicine. Drug interactions and alcohol and drug combinations can also lead to depression and anxiety.

MYTH

The most common sign of depression is crying.

REALITY

Denial of mental health conditions is often more common and more predictable than any other symptom. The last person to recognize a problem is often the person with the problem. Because of the strong negative prejudice and discrimination association with mental health conditions, many older adults are afraid to seek help. Other signs of depression include being easily upset and feeling fearful, forgetful, confused, hopeless, lonely, and tired. Loss of appetite is also common.

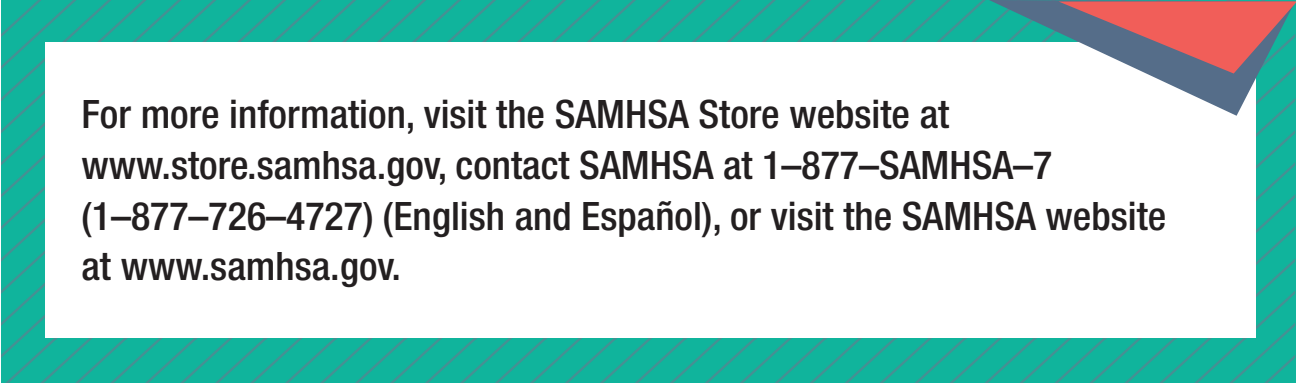


MYTH

If an older adult says that drinking is his or her last remaining pleasure, it is generally best to allow the person to continue to drink. Even if it causes him or her problems, it doesn't matter as long as others are not being put at risk.

REALITY

Problem drinking seriously affects physical health and quality of life. It can lead to loneliness, isolation, and depression. It can also lead to forgetfulness, and it may reduce problem-solving skills. Sometimes others unknowingly encourage drinking if they think older people have only a limited time left and therefore should be allowed to enjoy themselves.



For more information, visit the SAMHSA Store website at www.store.samhsa.gov, contact SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español), or visit the SAMHSA website at www.samhsa.gov.



FACT SHEET #2:

THE SAFE USE OF ALCOHOL AND MEDICATIONS: TIPS FOR OLDER ADULTS

You may have heard that consuming alcohol can be beneficial to your health. This isn't always true. Age-related changes make older adults more sensitive to the effects of alcohol. In addition, older adults are more likely to be taking at least one medication for a chronic illness. Alcohol can interact with medical conditions or medication and cause problems.

SENSIBLE DRINKING LIMITS

As people age, their sensitivity to alcohol increases. Older adults may become intoxicated more easily. Therefore, the National Institute on Alcohol Abuse and Alcoholism recommends that adults 65 and older who are healthy and do not take medications drink no more than three alcoholic drinks a day or a maximum of seven drinks per week. Women are advised to drink less than this because their bodies react differently to alcohol than men's do.

One alcoholic drink is:

- 12 ounces of beer;
- 5 ounces of wine; or
- 1.5 ounces of liquor (80 proof).

Do not drink alcohol if you:

- Plan to drive;
- Perform activities requiring attention, such as minding grandchildren or using power tools;
- Take certain prescription or over-the-counter drugs (ask your doctor or health care provider);

- Have certain medical conditions, such as high blood pressure or diabetes; or
- Are in recovery from alcohol problems.

BENEFITS AND RISKS OF ALCOHOL USE

Research suggests there may be both benefits and risks to moderate drinking (up to two drinks per day for men and up to one drink per day for women). The benefits include reducing stress and tension, improving mood, reducing the risk of heart attacks, reducing inhibitions and shyness, and improving one's ability to interact with others. However, these benefits can be achieved instead through diet and exercise.

It is important to understand the risks as well as potential benefits so that you can make a good decision about alcohol use. If you don't drink, don't start. Alcohol can increase the risk of stroke, cause confusion, and slow the time it takes to react to a dangerous situation while driving.

Alcohol can also interact harmfully with hundreds of medications. Alcohol causes some drugs to be more potent than intended and other drugs to be less effective. Certain medical problems can get worse or go unrecognized. Finally, alcohol can be addictive. Family problems and violence can result.


THE DECISION TO USE ALCOHOL

There are tradeoffs involved in any decision about drinking. The risks may offset the health benefits. Little research has been done on the effects of alcohol on older adults. Any beneficial effects of alcohol probably can be achieved with alternatives, such as:

- Changing one's diet;
- Beginning a simple exercise program; or
- Quitting smoking.

QUESTIONS TO ASK YOUR DOCTOR OR PHARMACIST ABOUT YOUR MEDICATION

- What is the name of the drug I have been prescribed? Is a generic equivalent available?
- Why am I taking it? Do I really need it?
- What are the side effects? Which of these should I report right away?

- 
- How often should I take the medication?
 - How much do I take?
 - When should I take the drug? What should I do if I miss a dose?
 - Should I take it with food or on an empty stomach?
 - Are there any special precautions I should be aware of? Are there foods to avoid? Can I drink alcohol with this medication? Can I drive while taking this drug?
 - When can I stop taking this drug?
 - Will this drug interact with any other prescription or over-the-counter drugs I am taking?

MEDICATION DO'S

- DO understand all instructions before you take a medication.
- DO follow instructions exactly. If you miss a dose, do not take two doses next time without calling your doctor.
- DO keep all medications in one place.
- DO keep medications taken by mouth separate from those you put on skin.
- DO check the expiration dates on all prescription and over-the-counter drugs.
- DO organize a system for taking medications, such as a chart or a plastic pill container.


MEDICATION DON'TS

- DON'T drink alcohol in combination with other drugs without first asking a doctor or pharmacist.
- DON'T give, take, or trade medications with another person.
- DON'T transfer a drug from its original container to another, except for pill containers.
- DON'T save medications for future use.
- DON'T take medications in the dark.
- DON'T stop taking medications without first checking with a doctor.
- DON'T break pills without first checking with a doctor or pharmacist.



GENERAL HEALTH TIPS

- Eat well and exercise regularly.
- Stay in touch with friends and relatives.
- Participate in interesting activities.
- Get plenty of rest, but don't use alcohol to help you sleep. Try warm milk, or talk to your doctor or other health care professional about other options.



For more information, visit the SAMHSA Store website at www.store.samhsa.gov, contact SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español), or visit the SAMHSA website at www.samhsa.gov.



FACT SHEET #3:

PREVENTING MEDICATION AND ALCOHOL MISUSE AMONG OLDER ADULTS

Preventing substance misuse and abuse among older adults can be difficult. Sometimes it's hard to tell a problem exists. People may mistake alcohol and drug problems for a bad mood, dementia, or Alzheimer's disease. But knowing what to look for can help.

Symptoms of alcohol or medication problems in older adults include the following:


- Blackouts
- Forgetfulness or trouble concentrating
- Frequent falls and unexplained bruising
- Shakes or tremors
- Constant irritability and altered mood
- Depression or anxiety
- Poor hygiene and self-neglect
- Sleep problems or daytime drowsiness
- Slurred speech
- Clumsiness and trouble walking

Alcohol and drugs can interact with each other to cause these symptoms. Also, drugs can interact with each other. Thus, it is crucial to make sure older adults take their medications properly.

PREVENTION FRAMEWORK

The Institute of Medicine suggests a prevention framework based on levels of risk:

- Universal programs, such as seminars and posters in senior centers. These target general groups, regardless of risk. For older people, the goal is to prevent inappropriate use of alcohol and medications. An example would be posting



the recommended drinking limit. This is no more than three drinks per day or a maximum of seven drinks per week. People with certain conditions, such as diabetes, are advised not to drink alcohol. In addition, women are advised to drink less than this because their bodies react differently to alcohol than men's do.

- Selective programs, such as screening and brief interventions. These target people with above average risk for substance misuse and abuse. Individuals are targeted based on risk factors. In older people, these include grief over the death of a spouse, retirement, and health problems.
- Indicated programs, such as elder-specific treatment programs. These target people engaged in high-risk behaviors. The goal is to prevent chronic use and severe problems.

Based on this framework, several prevention strategies are available.


PREVENTION STRATEGIES

Information dissemination. This is designed to increase knowledge and change attitudes about substance use. Programs include health promotion seminars and media campaigns. For example, a discussion at a senior center could focus on aging and alcohol.

Prevention education. This teaches participants important skills. These include coping with life changes, using medicines properly, and using alcohol appropriately. Programs include bereavement support groups, retirement programs, and wellness programs. Efforts can also include providing tools such as medication tracking charts.

Alternative activities. These replace, reduce, or stop substance use. Many older adults drink socially for companionship and something to do. Alternatives include Foster Grandparents, arts programs, and book clubs.

Problem identification. This helps refer individuals with substance use disorders for assessment and treatment. Service providers can help by encouraging the use of screening tools. A popular tool for older people is the Michigan Alcoholism Screening Test—Geriatric Version (See Screening Tool #1). It is easy for older adults to use and score.



Community-based processes. These expand community resources for preventing substance misuse and abuse in older adults. An example is a prevention partnership. Partnerships may include:

- Caregivers
- Educators
- Community leaders
- Health care providers
- Family members
- Neighbors
- Roommates
- Friends
- Pharmacists
- Senior center staff
- Spiritual leaders

Environmental approaches. These promote policy changes to decrease risk and prevent substance misuse and abuse. An example would be alcohol-free parties at senior centers.

ASPECTS OF PROMISING PREVENTION PROGRAMS FOR OLDER ADULTS

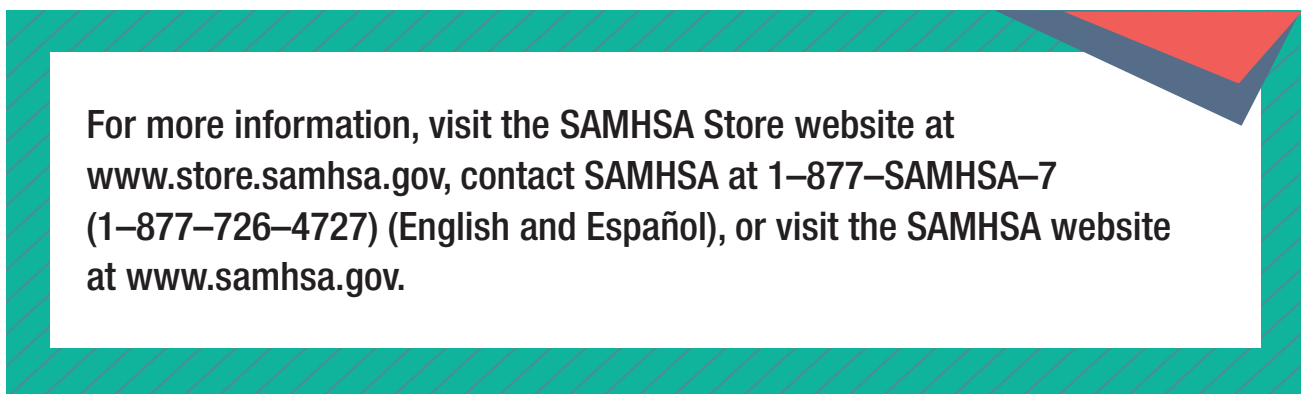
It is important to tailor prevention programs to older adults. Prevention efforts for older people include:

- Outreach at senior centers, residential facilities, and other community settings
- Interdisciplinary approaches among medical, legal, financial, and social service professionals
- Age-appropriate materials
- Family and caregiver involvement
- A philosophy that encourages older people to seek and accept help
- Growth opportunities
- Commitment to healthy aging
- Culturally sensitive approaches



The number of prevention programs aimed at older adults is growing. Examples of prevention programs follow.

- **Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)**—This is a community depression program designed to detect and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations. The program incorporates four evidence-based components into the ongoing service delivery of care/case management or social service programs serving older individuals in the home environment over several months. For more information, visit www.ncoa.org/improve-health/center-for-healthy-aging/content-library/Healthy-Ideas.pdf.
- **Across Ages**—This mentoring program pairs older adults with middle school children. The goal is to provide the children with positive, nurturing role models. Across Ages has been recognized as a Model Program by the Center for Substance Abuse Prevention. For more information, contact SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) at 1–866–436–7377 or visit www.nrepp.samhsa.gov.
- **Wellness Initiative for Senior Education (WISE)**—This is a curriculum-based health promotion program that aims to help older adults increase their knowledge and awareness of issues related to health and the aging process. Based on the health belief model of behavioral change, WISE provides older adults with the information and resources they need to maintain a healthy lifestyle and become empowered in regard to both their health and the health care they receive. The six-lesson WISE curriculum is delivered by trained substance misuse and abuse prevention specialists at small-group sessions held weekly over a six-week period. Each lesson lasts two to three hours and normally includes breakfast or lunch. For more information, contact SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) at 1–866–436–7377 or visit www.nrepp.samhsa.gov.



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FACT SHEET #4:

AN INVISIBLE PROBLEM: ALCOHOL AND OLDER ADULTS

When people think about getting older, many things come to mind, such as retirement, grandchildren, and hobbies. But one thing we don't often think of is alcohol problems. Right now, it is estimated that more than 2 million older people in the United States have some sort of alcohol problem.¹

An alcohol problem is defined as drinking above the limits recommended by the National Institute on Alcohol Abuse and Alcoholism, using alcohol while taking prescription drugs, or using alcohol in any other way that is harmful. It is crucial to address alcohol problems among older people, because these problems can be harmful and even fatal.


AN INVISIBLE PROBLEM

Even as the number of older adults with alcohol problems climbs, the problem remains unrecognized and untreated. Until recently, alcohol misuse was not discussed in either substance misuse and abuse or gerontological literature.

For various reasons, such as lack of training and hurried doctor visits, health care providers often overlook alcohol problems among older adults. Such problems can be hard to diagnose because symptoms may mimic other disorders often linked with older people. These include diabetes, dementia, and depression.

Many older adults disapprove of and feel shame about alcohol abuse. Many do not want to seek professional help for what they consider a private matter. Many relatives of older people with alcohol problems, particularly their adult children, are also ashamed of the problem and choose not to address it.

Ageism further contributes to this problem and to the silence. Younger adults often unconsciously assign different quality-of-life standards to older adults. Many will



dismiss problems with remarks such as, “Grandmother’s sherry is the only thing that makes her happy.” In addition, some people think that helping older adults with alcohol problems is a waste of resources.

The serious effects of alcohol make it essential to identify, prevent, and treat problems among older adults. Preventing the harmful effects of alcohol misuse and abuse can give an older person a longer, more productive, and healthier life.

RISK FACTORS FOR ALCOHOL PROBLEMS

Risk factors make people more vulnerable to alcohol problems. As individuals age, many experience losses, including:

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

Older adults who are trying to cope with these losses may use or abuse alcohol.

PROTECTIVE FACTORS

Protective factors increase resistance to alcohol misuse by promoting healthy behavior. They also offset risk factors. Protective factors for older adults include:

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

- Sense of purpose and identity
- Ability to live independently

SIGNS AND SYMPTOMS

Changes in behavior, drinking patterns, or physical condition may indicate a drinking problem. One symptom might not be meaningful, but if several occur, a problem might exist. It is important to check for various signs and symptoms of alcohol problems, such as:

- Making excuses, hiding or denying drinking, getting annoyed when asked about drinking;
- Blackouts or seizures;
- Bladder and bowel incontinence, urinary retention, difficulty urinating;
- Dry mouth, dehydration, malnutrition, muscle wasting, anorexia, changes in eating habits;
- Memory problems, confusion or disorientation, blurred vision, slurred speech;
- Drinking in spite of medical warnings against it;
- Arrests for drinking and driving, frequent car accidents;
- Frequent falls, unexplained bruising, tremor, lack of coordination, problems walking;
- Increased tolerance to alcohol or withdrawal symptoms when alcohol is removed;
- Morning drinking;
- Neglect of home, bills, pets, personal hygiene, or self;
- Persistent irritability and altered mood, depression, or anxiety;
- Problems with family and friends, withdrawal from social activities, sexual problems;
- Sleep problems, unusual fatigue, malaise, or daytime drowsiness;
- Suicidal thoughts or suicide attempt;
- Unusual restlessness and agitation, aggressive or abusive behavior; and
- Nausea, vomiting, heartburn, bloating, and indigestion.

If these signs or symptoms are present, it is advisable to consult a physician.

EFFECTS OF ALCOHOL MISUSE

Alcohol can trigger health problems in older adults or make them worse, including:

- Increased risk of high blood pressure and heart disease
- Increased risk of stroke
- Impaired immune system and ability to fight infection
- Cirrhosis and other liver diseases
- Decreased bone density and chronic pain
- Internal bleeding and ulcers
- Depression, anxiety, amnesia, and other mental health conditions
- Cancer of the stomach, larynx, pancreas, liver, or esophagus

In addition, alcohol abuse may further elevate older adults' risk for injury, illness, and financial decline. It can also lead to family dysfunction, legal problems, and social problems. The toll on society is also great, with more injuries and illnesses and higher health costs.

For more information, visit the SAMHSA Store website at www.store.samhsa.gov, contact SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español), or visit the SAMHSA website at www.samhsa.gov.

1. Schonfeld, L., & Dupree, L. W. Treatment approaches for older problem drinkers. *International Journal of the Addictions* 30(13&14):1819-42, 1995. As cited in: Substance Abuse and Mental Health Services Administration (1998). *Substance Abuse Among Older Adults: A Guide for Social Services Providers*. Treatment Improvement Protocol (TIP) Series 26. U.S. Department of Health and Human Services Publication No. (SMA) 98-3179. Rockville, MD: SAMHSA.

FACT SHEET #5:

PREVENTION, INTERVENTION, AND TREATMENT OF ALCOHOL PROBLEMS AMONG OLDER ADULTS

We drink to one another's health and spoil our own.

—Jerome K. Jerome

A range of services is available for older people who have alcohol problems or are at risk. The chart below matches levels of use to prevention and treatment approaches. Check marks indicate prevention, intervention, and treatment approaches that are suitable for different levels of alcohol consumption.

	Prevention and Education	Brief Advice	Brief Intervention	Pretreatment Intervention	Formal Specialized Treatment
Abstinence	✓				
Low-Risk Use	✓	✓	✓		
At-Risk Use			✓	✓	✓
Problem Use			✓	✓	✓
Abuse/Dependence			✓	✓	✓



PREVENTION AND EDUCATION ABOUT OLDER ADULTS' PROBLEMS WITH ALCOHOL

Prevention and education encourage healthy lifestyles and successful strategies to cope with life challenges as one ages. Programs aim to reduce the likelihood of using alcohol to cope with stress. Examples include bereavement programs, retirement programs, and wellness programs.

Various organizations offer health and wellness programs for older adults. It is important to be familiar with prevention programs, activities, and organizations that can help prevent alcohol abuse in older adults. These include senior centers, community centers, and adult day care centers.

Keep an updated referral list containing contacts and phone numbers in your area. Get information on services offered, cost, schedule, and accessibility. Also, when possible, make prevention information, such as brochures, available in your office or center.

Leisure clubs, health fairs, doctors' offices, congregate meal sites, Meals-On-Wheels, and senior day service programs also provide venues for prevention activities. Older adults can be encouraged to identify problems through the use of self-screeners distributed at seminars or lectures, doctors' offices, drug stores, and senior centers.


BRIEF ADVICE

Brief advice can be used with people who do not yet have alcohol problems but may be at risk. It may include inviting a person who has recently increased drinking to cut down. Brief advice can also include education about the effects of excess alcohol use. Brief advice is usually given by a clinician as part of a health checkup.

BRIEF INTERVENTION

Brief interventions may be used to prevent or treat a problem. They can be used with any older adult who uses alcohol, regardless of the individual's risk level. A brief intervention involves one or more sessions. The sessions may include:

- Strategies to motivate change
- Education on medication and alcohol use or symptoms of depression
- Assessment and direct feedback
- Contracting and goal-setting to change behavior

- 
- Behavioral modification techniques
 - Use of written materials such as self-help manuals and journals

The goal is to motivate the problem drinker to change behavior. Many older at-risk and problem drinkers are ashamed about their drinking. Therefore, it is important to be non-confrontational and supportive.

PRETREATMENT INTERVENTION

If a person is in denial, a pretreatment intervention can help the person recognize the impact of alcohol use on his or her family and friends. A pretreatment intervention (or “intervention”) is a carefully planned meeting with the older person at which a few people talk about their concerns. These are usually close family members, health or social service providers, caregivers, and an addictions expert or other skilled counselor. It is advisable to include no more than three people because some older people may be overwhelmed by too much information from too many people.

Before the intervention, the addictions expert, counselor, or health or service provider and the family or friends meet to plan the intervention. Participants are coached about offering information in an emotionally neutral, factual manner while maintaining a supportive, non-accusatory tone. The key is to present clear evidence that a problem exists.

FORMAL SPECIALIZED TREATMENT

In some cases, when a person has problems with alcohol dependence, formal treatment may be needed. The sooner treatment starts, the faster life can begin to get better. Once older people commit to stop drinking, they are more likely than younger adults to stay sober.

Settings for treatment include outpatient services, residential rehabilitation, inpatient rehabilitation, and inpatient/outpatient detoxification treatment. In recent years, cost constraints have limited inpatient treatment.

Most group treatment programs integrate older people with other adults. A few specialized older adult treatment programs focus solely on older adults. When possible, elder-specific treatment options should be explored.



TYPES OF TREATMENT

Many forms of treatment exist. Depending on the desired outcome, different approaches may be used. Types of treatment include:


- Cognitive-behavioral approaches that teach people to recognize their motives for drinking and change their behavior
- Group-based approaches, which can help patients learn skills for coping with many of the life changes that can put one at risk for alcohol misuse, such as bereavement
- Individual counseling, which can help people deal with interpersonal conflicts and the underlying feelings of shame, denial, guilt, or anger
- Medical/psychiatric approaches that combine medication, such as Antabuse, with counseling
- Marital and family therapy, which can enhance treatment by focusing on rebuilding the social support network

Effective discharge planning is essential for older clients. Their social networks may have shrunk as a result of their alcohol problems, physical limitations, or loss of family members and friends. Therefore, it is crucial for clients' counselors or case managers to help them tap into available community resources.

Aftercare may entail arranging transportation to follow-up appointments and providing reminders of these appointments with dates and times on the calendar and phone calls. It also may involve more traditional functions, such as a clinician monitoring the older person's progress to prevent or minimize relapse.

Some treatment programs have begun networking for ongoing support of clients by publicizing their services to other local agencies, such as Area Agencies on Aging, and health care facilities. Prior consultation with the local Office on Aging and other groups that target older adults helps to ensure that the resulting network responds to their special needs.

Self-help groups have also been found to be effective. Some, such as Alcoholics Anonymous, meet in senior centers. Al-Anon is a support group for family and friends of people with alcohol problems. It helps them cope and find resources to address their family member's alcohol problem.



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FACT SHEET #6:

PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS AND OLDER ADULTS

Many of us hear our older relatives talk about all the pills they have to take. We rarely think about it. But nearly 20 percent of older people are addicted to various substances, such as alcohol and prescription drugs.¹ Many others misuse medications, leading to harmful drug interactions and alcohol-drug interactions.


Medications of concern in older adults include those used to treat anxiety, depression, insomnia, and other mood disorders. Older adults also use over-the-counter drugs such as pain relievers and herbal supplements.

Taking multiple medications and herbal supplements can lead to serious side effects and drug interactions. Therefore, it is important to ensure that older people use their medicines properly. Identifying, preventing, and treating this problem early can prevent injuries, loss of independence, hospitalization, and death.

SIDE EFFECTS OF SOME MEDICATIONS

Side effects of psychoactive drugs include the following:

- Excessive daytime drowsiness
- Loss of coordination, leading to falls and other problems
- Depression
- Delirium
- Insomnia
- Urinary problems
- Weakness
- Loss of appetite
- Constipation
- Withdrawal seizures



Few older people have problems with prescription pain relievers. However, pain relievers can present problems if mixed with alcohol or other medications.

DRUG AND ALCOHOL INTERACTIONS

Drug and alcohol interactions are of increased importance in older adults. Even social drinking can be a problem for someone taking medicine regularly. In addition, drugs stay in the body longer in older adults, so interactions are likely to be worse.

Examples of dangerous drug-alcohol interactions:

- Acetaminophen (such as Tylenol) may cause liver damage in people having more than three drinks a day.
- Alcohol can worsen central nervous system depression in people taking antidepressants such as Prozac, Elavil, and Wellbutrin.
- High doses of sedatives (such as Valium) mixed with alcohol can be lethal.

DRUG INTERACTIONS


Most older adults take at least one prescription drug. Some take as many as eight drugs daily. This puts them at a higher risk of drug interactions.

Harmful drug combinations can produce side effects such as fatigue, excessive sedation, coma, and death. Usually, however, the effects are mild. They include a change in sleep, appetite, or anxiety level. It is important to report side effects to a physician so that the dose can be adjusted. In some cases, a different medication might be needed.

RISK FACTORS FOR MEDICATION MISUSE

Few older adults use mood-altering drugs recreationally. Most problems stem from unintentional misuse. Misuse can take many forms, such as:

- Taking extra doses;
- Missing doses;
- Not following instructions;
- Using drugs that have expired;
- Not knowing about side effects;
- Sharing or borrowing drugs;

- 
- Intentionally misusing drugs to hurt oneself;
 - Taking the wrong drugs;
 - Mixing medications or drinking alcohol while taking medications; and
 - Going to multiple physicians to get more of the same drug, such as Valium, which can lead to abuse and addiction.

Risk of drug misuse among older people increases for many reasons, such as:

- Multiple physicians prescribing multiple drugs;
- Inappropriate prescribing, especially for women (e.g., prescribing the wrong medication or an inappropriate dose);
- Instructions and package inserts written in small print or confusing language;
- Failure to tell the doctor about over-the-counter medications, megadose vitamins, and herbal supplements ;
- Memory problems making it difficult to keep track of medication schedules;
- Problems taking medicine correctly because of alcohol use, depression, or self-neglect; and
- Missing instructions as a result of hearing or vision problems, memory problems, or language barriers.

WARNING SIGNS OF A DRUG PROBLEM

Warning signs of a drug problem include the following:

- Excessively worrying about whether mood-altering drugs are “really working”
- Worrying about having enough pills or whether it is time to take them
- Complaining about doctors who refuse to write prescriptions for preferred drugs
- Self-medicating by increasing doses of prescribed drugs that “aren’t helping anymore” or supplementing prescribed drugs with over-the counter drugs
- Withdrawing from family, friends, neighbors, and lifelong social practices
- Sleeping during the day and other sleep disturbances
- Unexplained injuries and changes in personal grooming and hygiene
- Expulsion from housing

WAYS TO AVOID MEDICATION MISUSE

It is possible to avoid medication misuse in many ways, including:

- Improving medication adherence by consumers, such as helping them read package inserts and understand instructions
- Encouraging health care professionals to explain carefully how and when medications must be taken and what must be avoided with prescriptions
- Improving doctor-patient communication—encouraging patients to share concerns and ask questions about their medication
- Encouraging consumers to inform health care providers and pharmacists of all medications they take regularly
- Addressing communication barriers such as hearing impairments, vision problems, low literacy, and language barriers
- Providing consumer aids, such as medication tracking charts and personal drug records
- Implementing policy changes, such as providing geriatrics-relevant labeling information

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REFERENCE

1. Substance Abuse and Mental Health Services Administration. (1998). *Substance Abuse Among Older Adults: A Guide for Social Services Providers*. Treatment Improvement Protocol (TIP) Series 26. U.S. Department of Health and Human Services Publication No. (SMA) 98-3179. Rockville, MD: Author.



FACT SHEET #7:

KEEPING A HEALTHY OUTLOOK ON LIFE: MENTAL HEALTH CONDITIONS AND OLDER ADULTS

“Dad doesn’t seem like himself lately. He doesn’t eat much and he sleeps all the time. He’s even stopped going to his weekly card game. Mom says she’s never seen him like this.”

“Well, he’s 75. What can you expect? Old people get depressed.”

Sound familiar? One of the myths of aging is that it’s depressing. Although many older adults do experience depression, it isn’t necessarily a normal part of aging; anxiety and other mental health conditions aren’t normal aspects of aging either. These are serious problems that need to be addressed. Effective treatment, including medication and counseling, is available. Many times, a primary health care provider can help.

COMMON MENTAL HEALTH CONDITIONS IN OLDER ADULTS

Many older adults experience mental health conditions that are not a normal part of aging. The most common are:

- Anxiety disorders, such as generalized anxiety disorder. Worry or “nervous tension,” rather than specific anxiety syndromes may be more common in older adults. Anxiety symptoms that do not meet the criteria for specific disorders occur in as many as 20 percent of older adults.^{1,2}
- Up to 5 percent of older adults meet diagnostic criteria for major depression, and up to 15 percent have clinically significant symptoms that affect their functioning (otherwise known as sub-syndromal depression or minor depression).³

RECOGNIZING MENTAL HEALTH CONDITIONS IN OLDER ADULTS

Problems such as anxiety and depression can be hard to recognize in older adults. Older patients may not admit to having mental health conditions because of the prejudice and discrimination associated with mental illnesses. And sadly, hurried office visits often cause some physicians to miss signs of anxiety or depression.

Symptoms of anxiety include chest pain, heart palpitations, shortness of breath, dizziness, and abdominal distress. People with phobias experience extreme, disabling, and irrational fear of something that poses little or no actual danger.

Symptoms of depression include:

- An “empty” feeling, ongoing sadness, and anxiety
- Loss of interest or pleasure in activities
- Problems with eating and weight (loss or gain)
- Sleep problems
- Irritability
- Tiredness and lack of energy
- Feelings of worthlessness, guilt, hopelessness, or helplessness
- Trouble focusing, remembering, or making decisions
- Recurrent thoughts of death or suicide

Sometimes medical problems are misdiagnosed as depression and the patient receives unnecessary medication. Therefore, proper screening is important. One useful tool is the Geriatric Depression Scale (see Screening Tool #2). One important way to recognize depression is to look for changes. If a normally upbeat person seems sad for a period of time, depression may be worth exploring.

RISK FACTORS IN OLDER ADULTS

Anxiety disorders trigger the body’s alarm system when there is no danger. This may be due to a chemical imbalance in the body. It may also be related to an unconscious memory, a side effect of medicine, or an illness. In older adults, changes such as moving to a new home, retiring, and losing a spouse can trigger anxiety. For example, unfamiliarity with a new neighborhood may lead an older person to develop anxiety about leaving the house.



Risk factors for anxiety in older adults include⁴:

- Chronic medical conditions
- Side effects from medications
- Sleep disturbance
- Perceived (self-reported) poor health
- Alcohol or prescription medication misuse or abuse
- Physical limitations in daily activities
- Stressful life events

Risk factors for depression in older adults include^{5,6}:

- Medical illness (particularly chronic health conditions associated with disability/decline)
- Perceived (self-reported) poor health, disability, or chronic pain
- Progressive/disabling sensory loss
- History of recurrent falls
- Sleep disturbances
- Cognitive impairment or dementia
- Medication side effects
- Alcohol prescription medication misuse or abuse
- Prior depressive episode or family history of depression
- Extended or long-standing bereavement
- Stressful life events (e.g., financial difficulties, new illness/disability, retirement or job loss)
- Dissatisfaction with one's social network

Often, a cycle of depression can develop. A person becomes depressed and stops participating in favorite activities, leading to more depression.

IMPACT OF MENTAL HEALTH CONDITIONS ON OLDER ADULTS

Disorders such as anxiety and depression can severely diminish quality of life. Older people may become more isolated because they are anxious about going out alone or eating in a restaurant. People with depressive symptoms, such as sleep and appetite disturbances, are at increased risk for functional and cognitive impairment, psychological distress, and death.

Older patients with depression visit the doctor and the emergency room more often, use more medication, incur higher outpatient charges, and stay longer at the hospital. In addition, suicide among older adults is higher than the national average.

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REFERENCES

1. Davis, M. J., Moye, J., & Karel, M. J. (2002). Mental health screening of older adults in primary care. *Journal of Mental Health and Aging*, 8(2), 139–49. As cited in: Gellis, Zvi D., and Stanley G. McCracken. 2008. Advanced MSW curriculum in mental health and aging. CSWE Gero-Ed Center. Available at www.gero-edcenter.org.
2. Lenze, E., Mulsant, B. H., Mohlman, J., Shear, K., Dew, M. A., Schulz, R., et al. (2005). Generalized anxiety disorder in late life: Lifetime course and comorbidity with major depressive disorder. *American Journal of Geriatric Psychiatry*, 13(1), 77–80. As cited in: Gellis, Zvi D., and Stanley G. McCracken. 2008. Advanced MSW curriculum in mental health and aging. CSWE Gero-Ed Center. Available at www.gero-edcenter.org.
3. Hybels, C. F., & Blazer, D. G. (2003). Epidemiology of late-life mental disorders. *Clinics in Geriatric Medicine*, 19(4): 663–96.
4. Wolitzky-Taylor, K. B., Castriotta, N., et al., (2010). Anxiety disorders in older adults: A comprehensive review. *Depression and Anxiety*. 27: 190–211.
5. Center for Mental Health Services. (2011). *Treatment of depression in older adults evidence-based practices (EBP) KIT*. HHS Publication No. SMA-11-4631. Rockville, MD: Substance Abuse and Mental Health Services Administration. www.store.samhsa.gov/product/Treatment-of-Depression-in-Older-Adults-Evidence-%20Based-Practices-EBP-KIT/SMA11-4631CD-DVD.
6. Fiske, A., Wetherell, J. L., & Gatz, M. (2009). Depression in older adults. *Annual Review of Clinical Psychology*. 5: 363–89.



FACT SHEET #8:

PREVENTION AND TREATMENT OF MENTAL HEALTH CONDITIONS AMONG OLDER ADULTS

Mental health is essential to a healthy life. Mental health conditions, including depression and anxiety, have a tremendous impact on older people's lives. But these problems can be treated. In fact, a range of treatments exists for most forms of mental health conditions.


Many people, including older adults, are afraid to seek help. Isolation and financial concerns can increase these fears. Older adults may not admit to having mental health conditions because of the prejudice and discrimination associated with mental illnesses. Many are embarrassed or reluctant to seek help.

Promoting acceptance of mental health conditions is important in removing the discrimination associated with these problems. It is important for older adults to understand these messages:

- You are not alone. Depression, anxiety, and other mental health conditions are more common than you think.
- These feelings are not your fault. Mental health conditions are real health concerns.
- You may feel better if you seek treatment or help. Treatment does work.
- The earlier you see a doctor or other health care professional and get help, the better you will feel.

MENTAL HEALTH PROMOTION

Mental health promotion efforts have traditionally been devoted to children and adolescents, but the value of mental health promotion with older adults is becoming recognized. Interventions can reduce the risk of mental health conditions and lessen the consequences.



Efforts to prevent late-onset mental illnesses vary. For example, grief counseling can help prevent depression. Depression training for general practitioners has been shown to reduce suicide.

Promoting good overall health can help prevent mental health conditions in older adults. Nutrition and exercise are important in keeping the mind alert.

In addition, it is important for older adults to participate in social activities. Maintaining social contacts with family, friends, and the community can help ease anxiety and prevent loneliness that can lead to depression. In addition, research has shown that meditation, prayer, and other spiritual activities may help reduce stress.


Improved public information is needed to educate older people about health promotion and mental health conditions. If older people understand that mental illness is not part of the normal aging process, they will be more likely to seek help. In addition, wellness programs, retirement programs, and bereavement groups are examples of ways to promote healthy aging.

ASSESSMENT AND DIAGNOSIS

Identifying late-life mental illnesses can be challenging. Many older adults have symptoms that do not meet the full criteria for depression or anxiety disorders. These “subclinical” disorders can cause significant problems. In addition, mental health conditions in older adults often occur with other medical disorders, and the symptoms may mimic or mask mental health conditions.

Older individuals are more likely to report physical symptoms than psychological ones. Therefore, it helps to look for clues such as nervousness or loss of appetite. It is important to understand that individual symptoms may not be a problem, but a cluster of symptoms could indicate a mental illness. Symptoms that fall outside the normal range or that interfere with daily functioning could also indicate a problem.

Primary care providers carry much of the burden for identifying mental health conditions in older adults. Unfortunately, a number of them may lack the training or experience to properly identify these conditions. Thus, many people who have depression or anxiety are not diagnosed or treated. It may be prudent to involve a geriatric specialist in the assessment process. In addition, primary care providers need to make an effort to convey messages to their patients that they are not alone and help is available.



Stereotypes about aging are also a problem. For example, many people believe that senility is normal. Others believe that depression is a natural part of the aging process. Therefore, they may delay encouraging relatives to seek care or may delay seeking care for themselves.

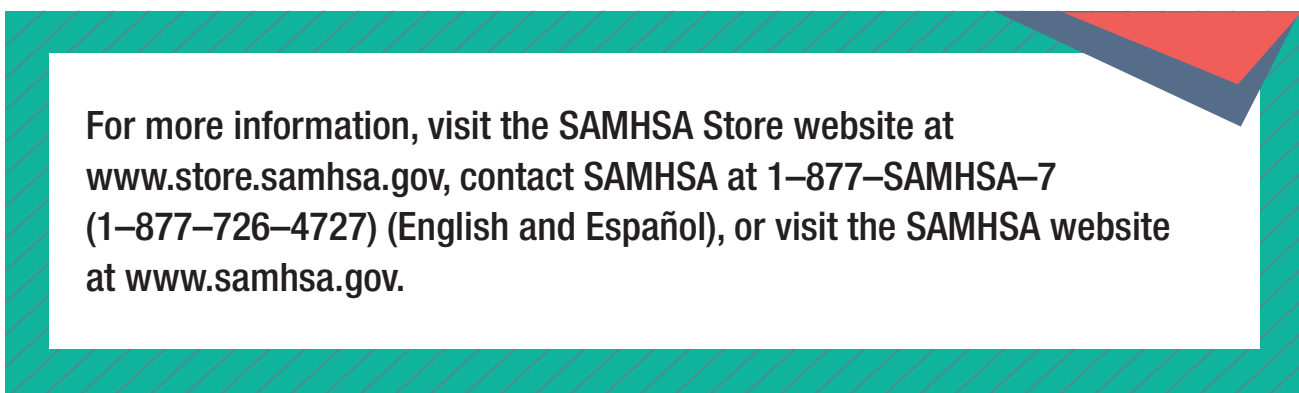
Screeners such as the Geriatric Depression Scale (see Screening Tool #2) can be used to help identify problems. Sometimes older adults themselves can complete these screening tools. Some must be completed by trained professionals. These tools will not give a definite diagnosis, but they can indicate that a problem might exist. A full assessment needs to be conducted by a health care professional for a proper diagnosis to be made.

INTERVENTION AND TREATMENT

A wide range of options is available to treat mental health conditions. Medications are often prescribed to help stabilize a person. Individual counseling and support groups can also help older adults cope with difficult situations.

Primary care settings are where most mental illnesses in older people are identified and treated. Many older people prefer to receive mental health treatment in a primary care setting. They find primary care convenient and affordable. In addition, Medicare and managed care plans promote the use of primary care physicians over specialists.

Although older adults prefer primary care, many of these physicians cannot effectively treat mental health conditions. Therefore, it is advisable to include geriatric specialists in the treatment process. As the population ages, baby boomers' managed care organizations will likely focus more attention on the mental health needs of older adults. This should help increase access to care.



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SCREENING TOOL #1:

10 IMPORTANT QUESTIONS FOR THOSE OVER 65

One of the more serious problems among older adults is alcohol abuse. Another problem is use of alcohol with medication, which can cause harmful interactions. Excessive alcohol use can increase the risk of health problems, such as high blood pressure, and can be fatal.

Research shows that many older people use alcohol at harmful levels. The NIAAA recommends that adults 65 and older who are healthy and do not take medications drink no more than three alcoholic drinks per day, or a maximum of seven drinks per week. Women are advised to drink less because their bodies react differently to alcohol than men's do.

Older adults who drink alcohol can benefit from answering the following questions. These questions are designed specifically for older adults. Your answers may indicate that you need to discuss your drinking with your doctor.

QUESTIONS	YES	NO
1. When talking with others, do you ever underestimate how much you actually drink?	<input type="checkbox"/>	<input type="checkbox"/>
2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does having a few drinks help decrease your shakiness or tremors?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does alcohol sometimes make it hard for you to remember parts of the day or night?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you usually take a drink to relax or calm your nerves?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you drink to take your mind off your problems?	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS	YES	NO
7. Have you ever increased your drinking after experiencing a loss in your life?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor or nurse ever said they were worried or concerned about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever made rules to manage your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
10. When you feel lonely, does having a drink help?	<input type="checkbox"/>	<input type="checkbox"/>

Scoring: If you have two or more “yes” responses, this indicates a possible alcohol problem. See your doctor.

Source: Michigan Alcoholism Screening Test—Geriatric Version©, The Regents of the University of Michigan, 1991.



SCREENING TOOL #2:

CHECK YOUR MOOD

We all feel sad from time to time. It's part of life. But when we stop enjoying things we used to and have trouble getting up in the morning, the problem may be more serious. Being depressed for a while, without letup, can change the way you think or feel.

It's a myth that depression is a natural part of aging. But it is a common problem. Up to 5 percent of older adults meet diagnostic criteria for major depression, and up to 15 percent have clinically significant depressive symptoms that affect their functioning.¹

Depression can be treated successfully. Options include “talk” therapy, medication, and other methods. There is no reason to suffer.

Although common among older adults, depression is often missed or untreated. Sometimes people think a depressed person is just cranky. Or they think that confusion caused by depression is a sign of Alzheimer's.

Depression isn't your fault. It could be caused by your medicine. Or maybe you've had a hard time dealing with retirement. The important thing is to get help as soon as possible. If left untreated, depression can lead to physical, mental health, and social issues.

Many different scales are used to tell if someone is depressed. One popular tool is the Geriatric Depression Scale. It is easy to use and requires no special medical knowledge. This scale has been tested and validated in many settings.

The Geriatric Depression Scale is not a substitute for a diagnosis by a professional. But it can help you see if you need to talk to your doctor about depression. If you've been feeling sad for several weeks or think you may be depressed, you can benefit from answering these questions.

No matter what you score on this questionnaire, it's a good idea to see a health care professional if you feel that problems with depression are affecting your life. The questions from the Geriatric Depression Scale are on the back of this fact sheet. Feel free to copy it and share it with others.

CHECK YOUR MOOD

(GERIATRIC DEPRESSION SCALE)

QUESTIONS	YES	NO
1. Are you basically satisfied with your life?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you dropped many of your activities and interests?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel like your life is empty?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you often get bored?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you in good spirits most of the time?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you afraid that something bad is going to happen to you?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you feel happy most of the time?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you often feel helpless?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you prefer to stay at home, rather than going out and doing new things?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you feel you have more problems with memory than most people?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you think it is wonderful to be alive now?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you feel pretty worthless the way you are now?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you feel full of energy?	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS	YES	NO
14. Do you feel that your situation is hopeless?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you think that most people are better off than you are?	<input type="checkbox"/>	<input type="checkbox"/>

Scoring: For questions 2, 3, 4, 6, 8, 9, 10, 12, 14, and 15, score one point for each “Yes” response. For questions 1, 5, 7, 11, and 13, score one point for each “No” response. If you score more than five points, please follow up with your doctor.

Source: Sheikh, J. I., & Yesavage, J. A. (1986). Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. *Clinical Gerontologist*, 5, 165–73.

REFERENCES

1. Hybels, C. F., & Blazer, D. G. (2003). Epidemiology of late-life mental disorders. *Clinics in Geriatric Medicine*, 19(4): 663–96.





NATIONAL INSTITUTES OF HEALTH, NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

RECOMMENDED SENSIBLE DRINKING LIMITS

Safe drinking limits are hard to set because the same amount of alcohol can affect people differently. For example, alcohol affects men and women differently. The NIAAA's safe drinking limits are explained below.

The NIAAA recommends that adults 65 and older who are healthy and do not take medications drink no more than three alcoholic drinks per day, or a maximum of seven drinks per week. Women are advised to drink somewhat less than these levels because their bodies react differently to alcohol than men's do.

THE STANDARD DRINK

One alcoholic drink means:

- 12 ounces of beer;
- 5 ounces of wine; or
- 1.5 ounces of liquor (80 proof).

These drinking guidelines are not intended for:

- People who plan to drive or perform activities requiring attention;
- People taking prescription medicines or over-the-counter drugs;
- People with certain medical conditions, such as diabetes; or
- People who are in recovery from alcohol problems.

If an individual does not drink (abstains), starting to drink is not advised.

Recommended safe drinking limits do not take into account body weight, patterns of drinking, or spacing of drinks. This is particularly important for older adults



(especially older women), in whom the toxic effects of alcohol are increased.

WHO SHOULD NEVER DRINK ALCOHOL

- People taking prescription pain medicine, sleeping pills, or over-the-counter drugs for sleep troubles;
- People taking prescription medicine to treat anxiety or depression;
- People with memory problems; and
- People with a history of falls or unsteady walking.



QUESTIONS TO ASK A DOCTOR OR PHARMACIST

TAKE THIS WITH YOU TO YOUR DOCTOR OR PHARMACIST.

What is the name of the medicine I have been prescribed?

Is there a generic form of the drug? If so, what is it called?

Why am I taking it?


Do I really need it?

What are the side effects? Which should I report immediately?

How often should I take the medication?

How much do I take?

What should I do if I miss a dose?



Are there any special precautions I should be aware of (such as taking with or without food)? Specifically ask, “Can I drink alcohol with this medication?”

When should I take the drug? What time of day? Do I have to wake up in the middle of the night to take a dose?

When can I stop taking this drug?

May I drive while taking this drug?

Will this drug interact with any other prescription or over-the-counter medications I am taking?

GET CONNECTED

Linking Older Adults with Resources on
Medication, Alcohol, and Mental Health



PROGRAM SUPPORT MATERIALS
FORMS AND RESOURCES

PROGRAM SUPPORT MATERIALS
FORMS AND RESOURCES

AGING-RELATED RESOURCE LIST

AGENCY & CONTACT INFORMATION	DESCRIPTION
FEDERAL RESOURCES	
Administration for Community Living Administration on Aging (AoA) www.aoa.gov	The Administration on Aging (AoA), part of the Department of Health and Human Services (HHS), is the federal agency responsible for advancing the concerns and interests of older people and their caregivers. AoA works with and through the Aging Services Network to promote the development of a comprehensive and coordinated system of home and community-based long-term care that is responsive to the needs and preferences of older people and their family caregivers. The Older Americans Act also charges AoA to serve as the effective and visible advocate for older individuals within HHS and with other departments and agencies of the federal government.
Agency for Health Research and Quality (AHRQ) www.ahrq.gov	AHRQ's mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. As one of twelve agencies within the Department of Health and Human Services, AHRQ supports research that helps people make more informed decisions and improves the quality of health care services. The "Elderly Healthcare" section of the AHRQ website provides access to a variety of resources related to healthy aging, seeking care, disease management, and more; as well as a variety of comparative effectiveness reviews and evidence-based reports.
Centers for Disease Control and Prevention (CDC) <i>Healthy Aging Program (HAP)</i> www.cdc.gov/aging	The CDC Healthy Aging Program (HAP) serves as the focal point for older adult health at CDC and establishes programs, develops innovative tools, and provides a comprehensive approach to helping older adults live longer, high-quality, productive, and independent lives. HAP collaborates with other CDC programs, such as those focusing on injury prevention, disability prevention, and adult immunizations, as well as key external partners. Through cooperative agreements, grants, and contracts, HAP supports projects for health promotion, preventive services, mental health, caregiving, decision making at the end of life, emergency preparedness, and chronic disease management. Among the resources developed by the program for public health and aging services professionals are interactive, web-based tools that provide data for action.

AGENCY & CONTACT INFORMATION	DESCRIPTION
Food and Drug Administration (FDA) www.fda.gov	<p>The Food and Drug Administration (FDA) is a scientific, regulatory, and public health agency. It is one of the nation's oldest and most respected consumer protection agencies. FDA's mission is to promote and protect the public health by helping safe and effective products reach the market in a timely way, monitoring products for continued safety after they are in use, and helping the public get the accurate, science-based information they need to use medicines and foods to improve their health. The FDA website offers a variety of resources specific to older adults, including a page dedicated to drug-related "Tips for Seniors."</p>
National Institutes of Health (NIH) www.nih.gov	<p>The National Institutes of Health (NIH) is one of the world's foremost medical research centers and the federal focal point for medical research in the U.S. The goal of NIH research is to acquire new knowledge to help prevent, detect, diagnose, and treat disease and disability. NIH works toward its mission by conducting research in its own laboratories; supporting the research of non-federal scientists in universities, medical schools, hospitals, and research institutions throughout the country and abroad; helping in the training of research investigators; and fostering communication of medical information.</p>
National Institute on Aging (NIA) www.nia.nih.gov	<p>The National Institute on Aging (NIA) conducts and supports biomedical, social, and behavioral research; provides research training; and disseminates research findings and health information on aging processes, diseases, and other special problems and needs of older people.</p>
National Institute on Alcohol Abuse and Alcoholism (NIAAA) www.niaaa.nih.gov	<p>The National Institute on Alcohol Abuse and Alcoholism (NIAAA) supports and conducts biomedical and behavioral research on the causes, consequences, treatment, and prevention of alcoholism and alcohol-related problems. NIAAA also provides leadership in the national effort to reduce the risks as well as the severe and often fatal consequences of these problems.</p>

AGENCY & CONTACT INFORMATION	DESCRIPTION
National Institute on Drug Abuse (NIDA) www.nida.nih.gov	<p>The National Institute on Drug Abuse’s (NIDA) mission is to lead the Nation in bringing the power of science to bear on drug abuse and addiction. This charge has two critical components: The first is the strategic support and conduct of research across a broad range of disciplines. The second is to ensure the rapid and effective dissemination and use of the results of that research to significantly improve drug abuse and addiction prevention, treatment, and policy.</p>
National Institute of Mental Health (NIMH) www.nimh.nih.gov	<p>The mission of the National Institute of Mental Health (NIMH) is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. The NIMH conducts a wide range of research, research training, research capacity development, as well as public information outreach and dissemination to fulfill its mission.</p>
NIH Senior Health www.nihseniorhealth.gov	<p>NIHSeniorHealth.gov is a website that makes aging-related health information easily accessible to older adults and their families. This site was developed by the National Institute on Aging (NIA) and the National Library of Medicine (NLM), which are both part of the National Institutes of Health (NIH). NIH Senior Health features authoritative and up-to-date health information from Institutes and Centers at NIH. Health topics include general background information, open-captioned videos, quizzes, and frequently asked questions (FAQs).</p>
Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov	<p>The Substance Abuse and Mental Health Services Administration (SAMHSA) works to strengthen the nation’s health care capacity to provide prevention, diagnosis, and treatment services for substance abuse and mental illnesses. SAMHSA works in partnership with states, communities, and private organizations to address the needs of people with substance abuse problems and mental illnesses as well as the community risk factors that contribute to these illnesses. Organizationally, SAMHSA serves as the umbrella for the Center for Mental Health Services (CMHS), the Center for Substance Abuse Prevention (CSAP), and the Center for Substance Abuse Treatment (CSAT).</p>

AGENCY & CONTACT INFORMATION	DESCRIPTION
SAMHSA Behavioral Health Treatment Services Locator www.findtreatment.samhsa.gov	<p>This locator allows users to find alcohol and drug abuse treatment or mental health treatment facilities around the country through the use of two unique tools—the Substance Abuse Treatment Services Locator and the Mental Health Treatment Services Locator. By searching for treatment using these two portals, users gain instant access to a list of public state agencies, treatment facilities funded by the Department of Veterans Affairs, the Indian Health Service, and Department of Defense, and licensed or certified private for-profit and non-profit behavioral health facilities.</p>
SAMHSA Center for Behavioral Health Statistics and Quality (CBHSQ) www.samhsa.gov/data	<p>The Center for Behavioral Health Statistics and Quality (CBHSQ) is an office within the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the Department of Health and Human Services. CBHSQ is the primary source of national data on the prevalence, treatment, and consequences of substance abuse in the United States. CBHSQ regularly collects data on drug-related emergency room visits and drug-related deaths. CBHSQ is also the national source of information on the location, organization, and capacity of providers that offer services to prevent and treat substance misuse and abuse and the cost, quality, and effectiveness of the services of these providers.</p> <p>SAMHSA has three major data collection systems to provide this information on a regular basis: the National Survey on Drug Use & Health (NSDUH), the Behavioral Health Services Information System (BHSIS)—including N-SSATS and TEDS—and the Drug Abuse Warning Network (DAWN).</p>
SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) www.nrepp.samhsa.gov	<p>SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) is a searchable online registry of mental health and substance misuse and abuse interventions that have been reviewed and rated by independent reviewers. The purpose of this registry is to assist the public in identifying scientifically based approaches to preventing and treating mental and/or substance use disorders that can be readily disseminated to the field.</p>


AGENCY & CONTACT INFORMATION	DESCRIPTION
SAMHSA Store www.store.samhsa.gov	<p>The SAMHSA Store is a clearinghouse of behavioral health resources and provides the latest information on the prevention and treatment of mental health and substance use disorders. Materials can be downloaded at no cost; some can be ordered for free or for a modest cost-recovery price.</p>
NATIONAL RESOURCES	
AARP <i>Brain Health & Longevity</i> www.aarp.org/health/brain-health	<p>AARP is a nonprofit, nonpartisan organization with a membership of more than 37 million that helps people 50 and older have independence, choice, and control in ways that are beneficial to them and society as a whole. The AARP website features information, tips, and quizzes about brain health and longevity.</p>
American Association for Geriatric Psychiatry (AAGP) www.aagponline.org	<p>The American Association for Geriatric Psychiatry (AAGP) is a national association representing and serving its members and the field of geriatric psychiatry. It is dedicated to promoting the mental health and well-being of older people and improving the care of those with late-life mental health disorders. AAGP's mission is to enhance the knowledge base and standard of practice in geriatric psychiatry through education and research and to advocate for meeting the mental health needs of older Americans.</p>
American Psychiatric Association (APA) www.psych.org	<p>The American Psychiatric Association (APA) is a medical specialty society recognized worldwide. Its 38,000 U.S. and international member physicians work together to ensure humane care and effective treatment for all people with mental health disorders, including mental retardation and substance-related disorders. The Healthy Minds, Healthy People component of the APA website also provides information and resources related to and specifically directed toward seniors.</p>

AGENCY & CONTACT INFORMATION	DESCRIPTION
American Psychological Association (APA) www.apa.org Office on Aging www.apa.org/pi/aging	The American Psychological Association (APA) in Washington, DC is the largest scientific and professional organization representing psychology in the United States and is the world's largest association of psychologists. APA's membership includes more than 150,000 researchers, educators, clinicians, consultants and students. Through its Committee on Aging, Office on Aging and Divisions related to aging issues, APA works to advance psychology as a science and a profession and as a means of promoting the health and welfare of older adults. Resources for professionals and consumers related to mental health disorders of older adults can be found on the Aging Issues website.
American Society on Aging (ASA) www.asaging.org	The American Society on Aging (ASA) is a large and dynamic network of professionals in the field of aging. Through programs such as the annual Aging in America Conference, the regional Conferences on Aging, and web seminars, they provide high-caliber training to strengthen the skills and knowledge of those working with older adults and their families. The organization has a contract with the California Department of Alcohol and Drugs to provide free training and technical assistance to non-profit and government based providers.
Mental Health America www.mentalhealthamerica.net	Mental Health America (MHA) is dedicated to promoting mental health, preventing mental health and substance use conditions, and addressing mental illnesses and addictions through advocacy, education, research, and service. Through public education and outreach to primary care providers, the Campaign for America's Mental Health seeks to increase the number of Americans who receive treatment for mental illnesses and to improve the manner in which mental illnesses are detected and treated in primary care settings. MHA's 320+ affiliates bring together mental health consumers, advocates, and service providers for collaboration and action. MHA's Resource Center provides free information on mental health to the public and makes referrals to local mental health services.

AGENCY & CONTACT INFORMATION	DESCRIPTION
National Alliance on Mental Illness (NAMI) www.nami.org	<p>The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports, and research and is steadfast in its commitment to raise awareness and build a community for hope for all of those in need. NAMI is the foundation for hundreds of NAMI State Organizations, NAMI Affiliates, and volunteer leaders who work in local communities across the country to raise awareness and provide essential and free education, advocacy, and support group programs.</p>
National Association of Area Agencies on Aging (N4A) www.n4a.org	<p>The National Association of Area Agencies on Aging (N4A) is the umbrella organization for the 629 area agencies on aging (AAAs) and 246 Title VI Native American aging programs in the United States. N4A advocates on behalf of the local aging agencies to ensure that needed resources and support services are available to older Americans. The organization's primary mission is to build the capacity of its members to help older people and people with disabilities live with dignity and choices in their homes and communities for as long as possible. The N4A website contains a directory of AAA's and Title VI agencies as well as aging-related news, consumer publications, and research reports.</p>
National Association of State Alcohol and Drug Abuse Directors (NASADAD) www.nasadad.org	<p>The purpose of the National Association of State Alcohol and Drug Abuse Directors (NASADAD) is to foster and support the development of effective alcohol and other drug abuse prevention and treatment programs throughout every state. NASADAD serves as a focal point for the examination of alcohol and other drug related issues of common interest to other national organizations and federal agencies. A variety of NASADAD reports and policy briefs on substance misuse and abuse prevention and treatment issues and initiatives are available on the association's website.</p>

AGENCY & CONTACT INFORMATION	DESCRIPTION
National Association of State Mental Health Program Directors (NASMHPD) www.nasmhpd.org	<p>The National Association of State Mental Health Program Directors (NASMHPD) organizes to reflect and advocate for the collective interests of State Mental Health Authorities and their directors at the national level. Its Older Persons Division was established to support NASMHPD on issues that specifically relate to older adults in accord with and subject to the amended by-laws of NASMHPD. Additionally, the Division provides opportunities for Division members to exchange information and ideas that may be relevant to state members. Division members consist of officially designated representatives responsible for older adult/geriatric mental health programs within the public mental health system and are appointed by the commissioner/director of each state or territory mental health agency. State contact information is available on the NASMHPD website.</p>
National Association of States United for Aging and Disabilities (NASUAD) www.nasuad.org	<p>The National Association of States United for Aging and Disabilities (NASUAD) was founded in 1964 under the name National Association of State Units on Aging (NASUA). In 2010, the organization changed its name to NASUAD in an effort to formally recognize the work that the state agencies were undertaking in the field of disability policy and advocacy. Today, NASUAD represents the nation's 56 state and territorial agencies on aging and disabilities and supports visionary state leadership, the advancement of state systems innovation, and the articulation of national policies that support home- and community-based services for older adults and individuals with disabilities.</p>
National Council on Alcoholism and Drug Dependence (NCADD) www.ncadd.org	<p>The National Council on Alcoholism and Drug Dependence, Inc. (NCADD) and its National Network of Affiliates is a voluntary health organization dedicated to fighting alcoholism, drug addiction, and the devastating consequences of alcohol and other drugs on individuals, families, and communities across the nation. NCADD and Network Affiliates provide an array of programs and services, including information and referral; prevention, education, and training; community awareness presentations and events; advocacy; and intervention, treatment, and recovery support. NCADD's website offers electronic resources and information related to alcohol use and abuse, including information specific to seniors and alcohol.</p>

AGENCY & CONTACT INFORMATION	DESCRIPTION
National Council on Aging (NCOA) www.ncoa.org	<p>The National Council on the Aging (NCOA) is the nation's first association of professionals dedicated to promoting the dignity, self-determination, well-being, and contributions of older persons. NCOA helps community organizations enhance lives of older adults by turning creative ideas into programs and services that help older people in hundreds of communities. The organization is a powerful advocate for public policies, societal attitudes, and business practices that promote vital aging.</p>
OTHER OLDER ADULT-RELATED RESOURCES	
Eldercare Locator 1-800-677-1116 www.eldercare.gov	<p>A toll-free nationwide telephone service to help caregivers locate services for older adults in their own communities.</p>
Geriatric Mental Health Foundation (GMHF) www.gmhfonline.org	<p>The Geriatric Mental Health Foundation (GMHF) was established by the American Association for Geriatric Psychiatry to raise awareness of psychiatric and mental health disorders affecting the elderly, eliminate discrimination of mental illness and treatment, promote healthy aging strategies, and increase access to quality mental health care for the elderly. The GMHF website provides access to a variety of factsheets and other resources related to mental health and/or substance use disorders among older adults, as well as tips for healthy aging. Also offered are a list of resources for older adults and their providers, as well as a geriatric psychiatrist locator for those interested or in need.</p>
Hanley Center www.hanleycenter.org	<p>At Hanley Center, treatment of alcohol and substance use disorders is based on the goals and spiritual principles of the 12 Steps of Alcoholics Anonymous. Hanley Center approaches treatment holistically, addressing the physical, mental, emotional, social, and spiritual well-being of patients. The Center for Older Adult Recovery provides the 12 Step-based rehabilitation program designed specifically for adults 55 and older. A residential treatment center provides a safe and supportive environment that encourages older adults to begin the recovery journey with people their own age.</p>



AGENCY & CONTACT INFORMATION	DESCRIPTION
Positive Aging Resource Center (PARC) <i>Brigham & Women's Hospital</i> www.positiveaging.org	The mission of the Positive Aging Resource Center (PARC) is to promote positive aging by providing information and resources to older adults and caregivers, health and social service professionals, and policy makers.
County of Bucks Area Agency on Aging <i>Project MEDS</i> <i>(Medication Education Designed for Seniors)</i> www.buckscounty.org/government/HumanServices/AAA	This project trains senior volunteers to give presentations on alcohol and other drugs to senior groups.



RESOURCE IDENTIFICATION FORM #1: ALCOHOL AND MEDICATION RESOURCES

Name of organization: _____

Telephone number: _____

Contact person: _____

1. What services are available for older adults with:

Alcohol problems: _____

Medication problems: _____

2. Who is the contact person for screening and assessment?

3. Does the agency accept insurance? ☐ Yes ☐ No

_____ Medicare _____ Medicaid


4. Do staff have experience and training to work with people over the age of 65?

☐ Yes ☐ No

Name of contact person(s) _____

5. What counseling and/or treatment programs are available?

6. What referrals for counseling and/or treatment are available?



7. What other resources does this organization recommend, including other counseling services, treatment programs, and self-help groups in your area?

8. What could you provide?

☐ Speaker (in what areas?)

☐ Onsite assessments

☐ Counseling on medication and alcohol misuse

☐ Referrals to treatment

☐ Resource for questions

☐ Health promotion

☐ Other _____



RESOURCE IDENTIFICATION FORM #2: MENTAL HEALTH CONDITIONS RESOURCES

Name of organization: _____

Telephone number: _____

Contact person: _____

1. What services are available for older adults with mental health conditions?

2. Who is the contact person for screening and assessment?

3. Does the agency accept insurance? ☐ Yes ☐ No

_____ Medicare _____ Medicaid


4. Do staff have experience and training to work with people over the age of 65?

☐ Yes ☐ No

Name of contact person(s) _____

5. What counseling and/or treatment programs are available?

6. What referrals for counseling and/or treatment are available?



7. What other resources does this organization recommend, including other counseling services, treatment programs, and self-help groups in your area?

8. What could you provide?

☐ Speaker (in what areas?)

☐ Onsite assessments

☐ Counseling on medication and alcohol misuse

☐ Referrals to treatment

☐ Resource for questions

☐ Health promotion

☐ Other _____



PROGRAM LOGISTICS CHECKLIST

BEFORE YOU CONDUCT YOUR PROGRAM

- ☐ Set a date and time
- ☐ Reserve a room
- ☐ Reserve equipment (computer with internet access) if necessary
- ☐ Advertise program
- ☐ Confirm a speaker or expert
- ☐ Gather resources
- ☐ Plan opening and closing of presentation
- ☐ Organize materials and handouts
- ☐ Make copies of handouts and feedback form
- ☐ Know your audience
- ☐ Time your presentation

BEFORE YOUR PRESENTATION

- ☐ Arrive early to set up
- ☐ Greet participants
- ☐ Notify participants of length of presentation
- ☐ Commit to starting and ending presentation on time
- ☐ Review agenda at beginning of presentation
- ☐ Review any housekeeping details—bathrooms, breaks, snacks, and expectations



DURING YOUR PRESENTATION

- ☐ Speak loudly, clearly, and slowly
- ☐ Establish contact with participants through introductions
- ☐ Solicit participation
- ☐ Talk with participants, not at them
- ☐ Repeat questions asked before you respond
- ☐ Solicit responses from the group
- ☐ Answer questions with confidence or offer to follow up with an answer

AFTER YOUR PROGRAM

- ☐ Provide feedback form for participant to give anonymous feedback
- ☐ Provide name and number for follow-up questions and concerns
- ☐ Make yourself available after the session for private questions and concerns
- ☐ Make notes on how the session was and ideas for what might be different next time

SAMPLE PUBLICITY

DID YOU KNOW THAT ...

(Use some quote or catchy fact to get attention, such as:)

“Older adults may suffer from problems with medications or alcohol and not know it?”

“Feeling depressed is not a necessary part of aging?”

You are invited to attend a program on

(Name of Program)

Learn the difference between signs of a chronic disease, a possible drug interaction, and normal aging.

Bring a friend or family member.

Please join us on (date and time).

DATE: _____

TIME: _____ (give beginning and end time)

PLACE: _____ (give directions)





SAMPLE FEEDBACK FORM

TELL US WHAT YOU THINK

Program title: _____

Date: _____

Speaker(s): _____

This presentation was: _____

The most valuable piece of information I learned was: _____

The program could be improved by: _____

Ideas for other educational topics or training: _____



Additional comments: _____



SAMPLE SIGN-IN SHEET

Program title: _____

Date: _____

PLEASE SIGN IN

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____





HOW TO ORDER ADDITIONAL COPIES

To order additional copies of the Get Connected Toolkit, visit the SAMHSA Store website at www.store.samhsa.gov, or contact SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727) (English or Español). Toolkits are available for download free of charge.

These brochures are also available for free:

- “As You Age...A Guide to Aging, Medicines, and Alcohol”
(available from the SAMHSA Store at <http://store.samhsa.gov/product/As-You-Age-A-Guide-to-Aging-Medicines-and-Alcohol/SMA04-3940>)
- “Good Mental Health Is Ageless”
(available from the SAMHSA Store at <http://store.samhsa.gov/product/Good-Mental-Health-is-Ageless/SMA15-3618>)