Mental Health, Mental Illness, Healthy Aging: A New Hampshire Guidebook for Older Adults and Caregivers
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The information in this guidebook has been carefully researched to ensure its accuracy and completeness. However, due to the ever changing nature of the field we assume no responsibility for errors, inaccuracies, omissions or any other inconsistencies.

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December 2001
Acknowledgments

Project Coordinator

Elaine de Mello, Community Education Coordinator, National Alliance for the Mentally Ill, NH

Advisory Committee and Contributors

Steve Bartels, MD, MS, Medical Director, Division of Behavioral Health and Director, Aging Services Research Program, Dartmouth Psychiatric Research Program

Jim Bretz, Wellness and Disease Management, Division of Elderly and Adult Services

Michele Leonard, Director of Senior Services, The Mental Health Center of Greater Manchester

Todd Ringelstein, Administrator of Older Adult Mental Health Services, Division of Behavioral Health

Bernie Seifert, Consultant, Older Adult Services, Division of Behavioral Health

Janet Stiles, Founder and President of A Way To Better Living, Inc.

Connie Tefft, Coordinator of Education, American Association of Retired Persons

Technical Editor, Tracy Sutton-Masters, Arlington, Va.

This guidebook was produced as a joint effort of the National Alliance of the Mentally Ill (NAMI NH) and the NH Division of Behavioral Health. Other collaborators to recognize include the NH Office of Consumer Affairs, the NH Mental Health and Aging Advisory Council, the Elders Services Directors of the community mental health centers in New Hampshire, the NH Division of Elderly and Adult Services, and the NH Coalition on Substance Abuse, Mental Health, and Aging for their contributions and support of this guidebook. Many individuals and organizations, including those listed here, assisted with the completion of this guidebook.

Special thanks goes to Janet Stiles, for all of her hours of reviewing and contributions of knowledge and humor.

Information about the cover art:
“Sailing Through Life,” September 2001. Painting contributed by Al Goodridge, age 64, of Atkinson, New Hampshire. Al and his wife, Patricia, are active in mental health and aging advocacy efforts in the state of New Hampshire.

We would also like to acknowledge the educational grants from the following companies that helped support this project:

Sponsor:
Astra-Zeneca Pharmaceuticals

Contributor:
Johnson & Johnson

With grateful appreciation to all who helped to make this Guidebook possible, Elaine de Mello, Project Coordinator, NAMI NH
Other Primary Contributors

Charlene Baxter, Program Leader in Family Development and Program Leader for Communities, UNH Cooperative Extension

Jill Burke, Disability/Substance Abuse Policy Analyst, Division of Elderly and Adult Services

Lynne Clowes, Cultural Competency Coordinator, NH Minority Health Coalition

Michael Cohen, Executive Director, National Alliance for the Mentally Ill, NH

Mary Ellen Copeland, Mental Health Educator and Author

Chiara Dolcino, Esq., Attorney

Dorinda Downing, Business Administrator, Division of Behavioral Health

Rick Figari, Transportation Policy Analyst, Division of Elderly and Adult Services

Julia Freeman-Woolpert, Project Coordinator, Project Response, Division of Developmental Services

Brent Forester, MD, Geropsychiatrist, Senior Services, The Mental Health Center of Greater Manchester

Heather Hesse-Stromberg, Manager of Elder Services, Behavioral Health and Developmental Services of Strafford County

David Hilton, Director, Office of Consumer Affairs, Division of Behavioral Health

Carrie Hughes, ARNP, C, Director of Riverbend Elders Services, Riverbend Community Mental Health

Pam Jolivette, Director of Nutrition and Elder Services, Community Action Program

Lucille Karatzas, Director of Elder Services, Seacoast Mental Health Center

John Kitchen, Esq., Attorney

Lynn Koontz, Administrator, Office of Community Services, Division of Elderly and Adult Services

Susan Langle, Esq., Director, Client and Legal Services, Division of Behavioral Health

Chris Littlefield, Senior Assisted Living Team Clinician, The Mental Health Center of Greater Manchester

Judith A. B. McCarthy, MS, ARNP, CS, Senior Services Coordinator, Genesis Behavioral Health

Velma McClure, Managing Attorney, Senior Hot Line, NH Legal Services

Margaret Morrill, Program Specialist, Division of Elderly and Adult Services

Pat Nelson, Statewide Staff Development Administrator, Second Start

Patricia Reed, Coordinator, Human Resource Development, Division of Behavioral Health

Roxie Severance, Coordinator of Elder Services, NH Housing and Finance Authority

Sue Staples, ServiceLink Coordinator, Division of Elderly and Adult Services

Lynn Villemaire, MD, Geropsychiatrist, The Mental Health Center of Greater Manchester

Charles Zoeller, Administrator, Pine Rock Manor, Warner, NH
Foreword

Stephen J. Bartels, MD, MS  
Medical Director, New Hampshire Division of Behavioral Health  
President, The American Association for Geriatric Psychiatry

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

Fortunately, there have been dramatic advances in our understanding of these disorders over the last decade and major gains in developing new treatments. Effective treatments are now available for most of these disorders, resulting in increased functioning and greater quality of life.

Yet all too often older persons with psychiatric illnesses fail to receive treatments and services that they need. Family members are often left with the task of sorting out a confusing array of providers, treatments, and systems of care, without access to basic information. This guidebook provides consumers and family members with useful, practical information on psychiatric problems in late life and the array of available treatments that can help. This guide also promotes involvement of families as an informed member of the treatment team, along with the physician and other health care providers. Finally, the guidebook includes important information on prevention and wellness. For example, social supports and remaining mentally and physically active in senior years can help to prevent depression, and even improve memory.

Being informed is a first step toward achieving better health.
Introduction

This guidebook was written for older adults with mental health concerns or mental illness and their caregivers and family members. Living with mental health problems can be challenging, and as an individual grows older, further health issues are often encountered. The intention of this book is to help individuals in their later years and their families find information and resources that may help ease the difficulties of mental illness and related issues of aging, and support healthy approaches for consumers and their caregivers. We encourage providers using this book to direct individuals and families to information pertinent to them.

While the medical and clinical information in this book is general, some of the resources described within are particular to residents of the state of New Hampshire. The information is current as of the production of this book, but, as our knowledge about aging and mental illness develops, and organizations and services evolve, some information change in the future. It is also noted that the resources identified within are not inclusive, and no omissions are intentional.

We encourage readers to pursue the resources as they see fit and make inquiries whenever more information is needed.

This book was produced through the National Alliance for the Mentally Ill (NAMI NH) with the help of many people in the state of New Hampshire and the support of the New Hampshire Division of Behavioral Health. NAMI NH is a grassroots organization that provides education, support, and advocacy for persons with mental illness and their families. This guidebook helps to serve NAMI NH’s goal to provide education designed to enhance the quality of life for persons with mental illness and their family members.

For more copies of this guidebook, or for comments or more information, please contact:

NAMI NH
10 Ferry St.
Unit 314
Concord, NH 03301
1-800-242-6264 (NAMI)
www.naminh.org
naminh@naminh.org
Needs of the Caregiver (Support Person)

You Are Not Alone

If you are the family member of an individual with mental illness, it may be helpful to know that there are many family members who are coping with the challenges and hardships that come with the illness. If you are providing support for an aging relative, the difficulties can be compounded with medical and other problems. It is common for caregivers to experience feelings of grief and depression related to the care of an aging relative. Whatever your level of involvement, you may find that you are better able to help your loved one when you can take some time for yourself as well as spend time with others who understand your situation. The Wellness section of this book has more information on caring for yourself.

It is important for you to know what your limits are as a caregiver and to not extend your obligations to family beyond what you are capable of offering. If an additional family member would like you to care for them, there are reliable resources for them to find help. In New Hampshire, ServiceLink can help them find referrals for services (1-866-634-9412). You can only provide quality care if you take care of yourself. Getting rest, setting appropriate limits, and seeking supports are ways to strengthen your ability to care for an ill family member.

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

The National Alliance for the Mentally Ill

The National Alliance for the Mentally Ill (NAMI) provides support to family members, education, and advocacy on behalf of individuals with mental illness throughout the United States. NAMI NH has an office in Concord, New Hampshire with services available at no charge, including the following:

- an information and referral line for information and inquiries about mental illness and mental health services in New Hampshire
- a library full of materials about mental illness
- over a dozen support groups around New Hampshire for family members
- educational classes for family members offered around New Hampshire

For more information about NAMI NH, call 1-800-242-6264 (NAMI).

“The caregiver needs a caregiver.”
**Community Mental Health Centers**

Family support services are also available through community mental health centers. If your loved one receives treatment from a local mental health center, contact them to see what kinds of supports may be available for family members. You can get the number of your community mental health center from the Appendix of this book, from the phone book, or by contacting Service-Link (1-866-634-9412) or NAMI NH (1-800-242-6264).

**Alzheimer's Groups**

If you are a support person for someone with Alzheimer's disease, there are support groups available in New Hampshire through the Alzheimer's Association. While it may feel like there is not enough time to add a support group into your demanding schedule, the benefit you get from sharing with others may help you enormously in coping with the problems you face on a daily basis.

For more information on Alzheimer's support groups, contact the Alzheimer's Association, New Hampshire chapter at: 1-800-750-3848.

A caregiver may be someone who:

- provides support long distance, such as by phone
- is close by and available to assist as needed
- provides continuous physical support
- provides continuous emotional support and help

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

Older adults with mental health problems and care providers need to practice healthy lifestyles to help reduce stress and maintain physical and mental health. There are activities that cost little and can be done alone or with friends that will enhance effective and beneficial self-care while dealing with emotional distress or mental illness.

◆ Studies show that the effects of aging are minimized by staying:
  • mentally alert
  • intellectually curious
  • physically active

◆ People can:
  • maintain good mental health
  • prevent disease
  • manage symptoms of mental illness
  • remain independent

Diet and Nutrition

Eat a balanced, healthy diet

◆ Use alcohol and tobacco in moderation, if not eliminate altogether.
◆ If in doubt about your use of alcohol, tobacco, or other substances, consult your physician.
◆ Use the following foods with caution:
  • artificial sweeteners
  • chocolate
  • coffee
  • caffèinated teas
  • sodas

◆ Drink an adequate amount of water every day (48–64 ounces each day) to maintain good physical and mental health.
◆ Pay close attention to your specific nutritional needs.
◆ Monitor potassium levels. Potassium deficiency can result in:
  • fatigue
  • depression
  • problems with heart functioning

◆ Consult with appropriate nutritional experts and medical specialists when you are in doubt.
◆ Be aware that vitamin and mineral deficiencies can cause psychiatric symptoms. As we get older, our digestive tracts become less efficient in absorbing nutrients from our diets.
◆ Be aware that physical or emotional symptoms may be related to nutritional need.

Health Care

◆ Have a physical examination at least once a year.
◆ Have a thorough physical examination before starting psychiatric medication.
◆ Make a list of all of your health concerns—even those you think are insignificant—and take the list with you when you go to the doctor.
Schedule tests for hearing and vision as needed. Our senses become less acute as we age. The senses affected are:

- sight
- hearing
- smell
- taste
- touch

Check with your doctor:

- If at any time symptoms emerge, or change.
- About possible drug interactions of any medications you may be taking.
- Before using over-the-counter (OTC) medications.
- If you notice any change in the senses (i.e. tingling in feet or hands, unusual odors with no basis).
- If you don't sleep well—the right amount of sleep is 7–9 hours per night.

Psychiatry and Psychotherapy for Older Adults

- Consult your physician or local mental health center for counseling as needed for:
  - preventing serious depression
  - managing anxiety
  - grief counseling
  - addressing other symptoms that develop later in life

- Experienced counselors are available in most communities for a variety of personal and social issues. For appropriate referrals consult with your primary care physician or a local mental health center.

- For some problems, psychiatric medication may be prescribed.

Medications

- Take medication only as directed.
- Do not take anyone else's medication.
- Adjust dosages only under the direction of your physician.
- Consult with your physician or pharmacist about any over-the-counter medication or herbs you may wish to take.
- Consult with your physician or pharmacist about drug interactions between all drugs you take, prescribed or not.
- Use psychiatric medications with caution and regular monitoring. Psychiatric medications can affect the following functions:
  - heart rate
  - breathing
  - digestion
  - vision
  - hearing
  - balance

“When I go back to doing the things I used to enjoy, like artwork and model building, I get out of my negative mood.”
Exercise

◆ Exercise helps relieve:
  • stress
  • pain
  • boredom
◆ Exercise improves:
  • well-being
  • health
  • balance
  • coordination
  • circulation
  • mental acuity
  • breathing
◆ Consult a physician about the right regimen for your age and physical condition.
◆ Consider many varieties of sports and activities such as:
  • walking
  • jogging
  • stretching
  • yoga
  • biking
  • swimming
  • Tai Chi
◆ These can be done alone or with others as part of an exercise regimen adaptable to your lifestyle and activities.
◆ Check for special programs and discounts:
  • Some private health care insurance companies will refund a certain amount of money toward exercise equipment or a health club membership.
  • In some communities, YMCA facilities, health clinics, and hospitals offer exercise and health programs that are free, or relatively inexpensive, and specially designed for older adults.
  • Many of these can be done on your own at no expense.

Relaxation Techniques

◆ Many techniques can:
  • be easily learned
  • help reduce stress
  • minimize symptoms of mental illness (such as anxiety, depression, etc.)
◆ Some relaxation techniques are:
  • deep breathing
  • meditation
  • visualization
  • aroma therapy
  • use of relaxation tapes
  • taking a hot bath or shower
  • drinking noncaffeinated tea
  • listening to soothing music
  • use of massage and reike
  • biofeedback
  • hobbies (such as gardening, reading, etc.)

Sexual Health

◆ Sexual relationships between consenting adults can continue a sense of enjoyment in the lives of older adults. Like other relationships, when sexual contact is mutual and welcome, both partners can have a satisfying experience at any age.
◆ Positive intimate relationships can help decrease loneliness and improve spirits.
Practice safe sex to avoid sexually transmitted diseases such as:
- gonorrhea
- AIDS
- syphilis

Feeling Connected

As we get older, we experience significant personal loss as loved ones and friends pass away.

It is important to recognize and engage in the normal sadness and grieving that accompanies this time in life.

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

To continue in good mental health:

- Maintain:
  - spiritual customs
  - social customs
  - old relationships
  - family connections

- Develop new relationships
- Tend to grandchildren

“Al is building a scale model schooner from scratch; he’s been working on it for two years—it is truly an amazing piece of work.”

Explore:
- civic organizations (such as Lion's Club, Kiwanis, Elks Club, Veterans of Foreign Wars)
- community organizations
- senior centers
- day programs
- churches
- local community peer support agencies

Volunteer in the community

Use New Hampshire support groups as needed, offered by:
- NAMI NH, for family members (1-800-242-6264)
- Peer support centers for consumers (Call ServiceLink 1-866-634-9412)
- See Appendix listings for peer support centers and family support services

Peer Counseling and Support

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

Peer counseling is available through peer support agencies around New Hampshire.

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

In summary, we can take control over the way we care for ourselves and influence our health positively through good habits and self-care activities. For recommended readings, see Sources of Information and Inspiration in the Appendix of this book.
Mental Illness—Myths and Facts

“There are so many talents and abilities and accomplishments to share—no one should feel that life is over just because you have mental illness.”

People with mental illness do get better with the help of proper treatment and support. Some eventually do not need ongoing treatment. Some people can learn how to manage their illness on their own after proper treatment.

Experiencing mental health problems or being diagnosed with a mental illness evokes many feelings for the individuals affected, not only for the person with the problems, but for their family, friends, and others associated with them. Mental illness has had a long history of negative associations, and the stigma that remains with mental health disorders continues to affect people negatively. With education and understanding about the facts on mental illness, we can begin to eliminate stigma and increase the quality of life and access to treatment of those who are coping with it. The stigma of mental illness should not prevent people from leading normal lives in the community or getting the treatment that they need.

Below are some of the beliefs and myths associated with mental illness and the facts that can clarify confusing or negative impressions:

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

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

**Myth:** If I have a mental illness, it is a sign of weakness—it’s my fault.

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

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

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

**Reality:** No one should delay getting treatment for a mental health problem that is not getting

* See Surgeon General reference
better, just as one would not wait to take care of a medical condition that needed treatment. Some people worry that others will avoid them if they seek treatment for their mental illness. Early treatment can produce better results. Seeking appropriate help is a sign of strength, not weakness.

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

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

Myth: Stress causes mental illness.

Reality: This is only partially true. Stress may occasionally trigger an episode or cause symptoms such as anxiety or depression, but persistent symptoms appear to be biological in nature. There are probably many things that can contribute to mental illness—the cause is not yet fully understood.

Myth: A person can recover from a mental illness by turning his or her thoughts positively and with prayer.

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

Myth: People who have a mental illness are dangerous.

Reality: People who have mental illness are no more violent than is someone suffering from cancer or any other serious disease.

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

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

Grieving
There are numerous losses that adults face as they age. These include changes in their economic, social, and personal status related to job retirement, decline in health, and deaths of friends and family. The death of a spouse or other loved ones can be a profound loss bringing on a grief process that may cause changes in mood and behavior. There are phases of grieving that include the following:

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

Treatment
These stages are normal reactions to a loss and should pass. However, if a person does not seem to get to the acceptance stage or shows prolonged signs of depression (longer than two weeks), a mental health evaluation should be sought (see Depression, this section). While grief and loss can be emotionally difficult, many older adults are able to adapt to the changes in their life and regain a sense of joy and happiness. The support of family, friends, and sometimes health professionals, can aid in this process.

Mental Health Disorders

Some mental health disorders can develop early in life (occurring as young as childhood and adolescence), such as schizophrenia and bipolar disorder. Other mental health disorders, such as depression and anxiety, can develop at any time in life and tend to be fairly common in older adults. According to the Surgeon General's report on mental health, up to 20% of adults over 65 experience some type of mental disorder, yet researchers believe that more than 60% of those people needing mental health services go without. However, individuals who get proper treatment generally respond well.

“We need to get away from labels. Every one of us at some point has a problem with our body and our mind—no matter who you are or what age you are. You can't see a disability in some people.”
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Grief</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onset of depressed feelings</td>
<td>Caused by one or more recognizable losses (loved one, independence, financial security, pet, etc.)</td>
<td>May not relate to a particular life event or loss, or a loss may be seen as punishment</td>
</tr>
<tr>
<td>Expressions of anger</td>
<td>May be openly angry; anger often misdirected</td>
<td>Irritable and may complain; does not express anger openly</td>
</tr>
<tr>
<td>Expressions of sadness</td>
<td>Feelings of sadness, and emptiness, weeping</td>
<td>Pervasive feelings of sadness, hopelessness; chronic feelings of emptiness; may have difficulty weeping or maintaining physical comfort; may be preoccupied with loss of person, object, or ability; may have thoughts of suicide; longer-term loss of self-esteem</td>
</tr>
<tr>
<td>Physical complaints</td>
<td>Earache, headache, diarrhea, cough, cold, etc.</td>
<td>May have difficulty falling asleep, may have insomnia, may have numbness, weakness, or other physical complaints</td>
</tr>
<tr>
<td>Others' reactions</td>
<td>Tendency for others to feel sympathetic and offer support may not want to touch or hold the person who is grieving</td>
<td>Tendency for others to feel sympathetic for person may want to touch or hold the person who is grieving</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>May have difficulty falling asleep, may have numbness, weakness, or other physical complaints</td>
<td>May have difficulty falling asleep, may have numbness, weakness, or other physical complaints</td>
</tr>
<tr>
<td>Coping</td>
<td>Agitated; may have difficulty understanding or expressing feelings of depression or grief</td>
<td>Calm; may have difficulty understanding or expressing feelings of grief and depression</td>
</tr>
<tr>
<td>Feelings of sadness and hopelessness</td>
<td>May be openly angry; anger often misdirected</td>
<td>May be preoccupied with loss of person, object, or ability; may have thoughts of suicide; longer-term loss of self-esteem</td>
</tr>
<tr>
<td>Grief</td>
<td>Grief</td>
<td>Depression</td>
</tr>
</tbody>
</table>
So why wouldn't so many individuals get the treatment that they need? There may be several reasons:

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

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

- a vitamin deficiency
- nutrition
- prescription medications
- vitamins or other nutritional supplements
- over-sensitivity to alcoholic beverages
- over-the-counter drugs (some may interact with prescriptions)
- herbal use
- type and amount of exercise
- stress of change and loss (common for older adults)
- bump on the head or other injury
- physical illness

More serious mental health disorders should be referred to a mental health professional. In New Hampshire there are private providers who accept various types of insurance. Community mental health centers exist in every region of the state and accept private insurance as well as Medicaid and Medicare. (See Appendix for listing of mental health centers). There are also some facilities that specialize in the care of older adults with mental illness.

This section will describe some of the disorders that occur and their treatments.

**Depression**

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

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

Clinical depression should not be confused with bereavement, which is generally a grief reaction to some type of loss.
**Signs of clinical depression include:**

- change in sleep habits, either sleeping much more or much less
- poor appetite or overeating, resulting in significant weight loss or gain
- poor concentration or difficulty making decisions
- fatigue or loss of energy
- expressions of hopelessness or worthlessness
- persistent low mood or apathy
- low self-esteem
- loss of pleasure in usual activities
- expressing desire to die or thoughts about dying, and/or making suicide attempt

These symptoms generally persist for two weeks or more and can occur continuously or in cycles for periods of years. Sleep disturbance in and of itself is common in older adults and can be linked to depression, poor health, and other problems such as angina and overuse of tranquilizers. The good news is that depression is a very treatable disorder.

**Questions to ask yourself:**

In the past month:

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

If you answered yes to any of these questions, talk to a professional who can assess your feelings and help you determine what might be beneficial.

**Treatment**

There are different kinds of treatments:

- Medications: many older and newer antidepressants exist on the market. About 65–80% of individuals will respond to the first medication used.
- Counseling can be another useful part of treatment.
- Hospitalization is sometimes used short term.
- Electroconvulsive treatment may be used successfully, as determined with a doctor.
- Other alternatives exist and should be discussed with a doctor.

**Suicide: The Risk of Untreated Depression**

Americans over the age of 65 have the highest rate of suicide of any age group. Statistically this rate increases even more for white males and persons over the age of 85. Older adults who are either single, widowed, or divorced are also at higher risk than those who are married. Some individuals may stop taking medications or may not eat because of a desire to fade away.

Depression that goes untreated is a major factor in suicide attempts. An estimated 27 out of 30 people who commit suicide are clinically depressed. However, depression is very treatable! It is important to seek help immediately if a person seems to have lost interest in taking care of him/herself.

* Source: Outcomes Based Treatment Plan.
Suicide Risk Factors*

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

- divorce, widowhood or single status-marriage has a minimizing effect
- males are at high risk within six months after the loss of a partner
- lower socioeconomic status
- retirement of those who have few other interests
- living in an urban area
- persistent insomnia
- marked feelings of guilt and inadequacy
- estrangement from family and friends
- extreme isolation
- delirium
- agitation
- alcoholism
- depression induced by a physical disorder
- painful, debilitating and/or terminal illness
- the threat of extreme dependency or institutionalization

People who are feeling suicidal may say something specific about their desire to die; but others may make only subtle comments or say nothing at all.

The following may be signs that a person is thinking about suicide, particularly if the person is experiencing other symptoms of depression:

- withdrawal from those close to them
- putting closure on relationships, saying goodbye, and/or expressing guilt and regrets
- writing or revising a will, and/or giving away possessions
- making statements like: “I have nothing to live for” or “my family would be better off without me”
- expressing plans to die, and describing a method that is thought through and feasible

Risk of suicide is increased with those who show signs of depression or thoughts of suicide and have the ability to carry out the plan, i.e. have access to a gun or other lethal means.

If you are feeling hopeless or are providing care for someone who may be suicidal, speak to someone you trust about it immediately and seek help from a professional. There are many simple solutions that can refocus a person's outlook:

- a mild antidepressant
- a visit by person's family
- a change of environment (i.e. a short trip away from home)
- leading the person to talk about joyful memories from their past
- work with health care professionals to address sleep and anxiety issues
- work to develop a close system of supportive people

What to do if you think someone is suicidal:

- Talking with the person and expressing your concern can open the opportunity for them to discuss their feelings and seek help.
- Allow the person to talk as often and as long as they need to.
- Get the person in touch with professionals who can evaluate them, such as a mental health provider.

* Source: Mary Ellen Copeland.
health center, if they are not already in treatment. Follow up to ensure that they are getting treatment.

In urgent situations, mental health centers around NH have 24 hour emergency services; or contact the mental health provider with whom the person is in treatment. Call the police if you feel the person is in imminent risk and refusing to be evaluated.

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

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

Bipolar Disorder

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

_During the manic phase, symptoms may include (for depressive symptoms, see section on depression):

- exaggerated self-esteem and/or self-confidence
- a decreased need for sleep and high energy level
- talkative to the point where it is difficult to “get a word in edgewise”
- reports of thoughts that are racing and rapid speech
- reckless behavior such as driving too fast, spending money carelessly, or getting involved in promiscuous relationships
- person may have some delusional beliefs or paranoia along with mood disturbance
Questions to ask yourself:

In the past month have you been feeling:

◆ “high” (without the use of drugs or alcohol)?
◆ so full of energy that you got into trouble?
◆ overly confident?
  In the past month have:
◆ people thought you were not your usual self?
◆ you needed less sleep?
◆ you talked too much without stopping?
◆ you been so active that others worried about you?

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

Treatment

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

◆ Lithium
◆ Tegretol
◆ Depakoate

It is helpful for individuals to:

◆ recognize their symptoms
◆ be able to consult their physician to make any necessary medication adjustments
◆ prevent symptoms from getting worse

Support persons can help by knowing the early warning signs.

Anxiety Disorders

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

Symptoms of an anxiety disorder include:

◆ an unexplained fear or feeling of dread or panic
◆ restlessness or feeling “on the edge”
◆ irritability
◆ agitation
◆ disturbed sleep (difficulty falling or staying asleep, or restless unsatisfying sleep)
◆ headaches, muscle tension, and/or pain
◆ stomachache or diarrhea
◆ chills or hot flashes
◆ difficulty concentrating
◆ loss of energy, easily fatigued
◆ shaking, trembling, or hand wringing
◆ racing or pounding heart
◆ rapid breathing
◆ chest pain
◆ constant worry; fears of “going crazy” or “dying”
◆ preoccupation with relationships and conversations with others

* Source: Outcomes Based Treatment Plan.
Some anxiety disorders have specific patterns of symptoms and behaviors. The following are some specific categories:

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

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

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

**Post Traumatic Stress Disorder (PTSD)**
PTSD results from a traumatic experience and is experienced usually with recurrent thoughts, dreams or fears that can affect mood, concentration, ability to sleep, and ability to relate to others. The event may be recent or distant, and the reaction to the event may show up for the first time long after the event. A common example of PTSD is the reaction of veterans of war who were exposed to heavy combat or other traumatic experiences.

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

- verbal therapies, such as cognitive behavior therapy
- relaxation techniques
- medications

**Questions to Ask Yourself About Anxiety**
During the past month, have you:

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

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

* Source: Outcomes Based Treatment Plan
Schizophrenia

Schizophrenia affects only 1% of the population and usually develops in early adulthood. Older adults with schizophrenia have usually been dealing with this illness for several years. “Late onset schizophrenia,” sometimes brought on by severe stress such as a physical illness or loss of a loved one, may also develop in some older adults. This diagnosis, however, is not very common.

Characteristics of schizophrenia include:

◆ disorganized thoughts
◆ difficulty focusing in conversation
◆ delusions, such as beliefs or convictions that are not based in reality (i.e., person believes they are God or some famous person)
◆ hallucinations (most common are auditory, such as hearing nonexistent voices; occasionally may see something or someone that is not there)
◆ social isolation or withdrawal
◆ paranoid thinking or ideas (i.e., believes others are out to get him/her)
◆ odd or eccentric behavior (i.e., heavily dressed in warm weather)

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

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

Treatment

Medications used to treat schizophrenia are called antipsychotics, or neuroleptics. The newer versions of these medications have been improved significantly in that they are more effective and have fewer side effects than some of the medications used in the past. This is especially important for older adults who may be on multiple medications and are more susceptible to experiencing side effects or toxic levels of their medication.

Working with a therapist or case manager who understands the symptoms can assist the individual and support person to manage the symptoms and help the consumer live as independently as possible.

Borderline Personality Disorder

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

Characteristics of someone with a Borderline Personality Disorder include:

◆ extreme emotions and mood swings
◆ frequent bouts of depression
◆ difficulty controlling emotions, often demonstrating rageful reactions
◆ impulsive behaviors and poor judgment
◆ stormy or violent relationships
◆ dramatic, or overly intense
◆ self-destructive and “parasuicidal” behavior, such as cutting oneself with razor blades or taking overdoses, not always with the intent to die

_Treatment_

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

_Substance Use or Abuse_

Substance use or abuse can include excessive drinking, using illegal drugs, taking prescribed drugs without the advice or supervision of a physician, or taking excessive amounts of over-the-counter (OTC) drugs. Substance use or abuse can complicate the mental and physical health of individuals. Older adults are especially vulnerable because of bodily changes that take place as people age and other medical problems that may exist.

_Alcohol Misuse_

An estimated 10–15% of Americans over 65 are addicted to alcohol, and 20% are “problem drinkers.” Addiction to alcohol is four times higher in men than women.

Excessive alcohol use can result in:

◆ amnesia
◆ delirium
◆ convulsions
◆ gastritis
◆ ulcers
◆ confusion
◆ unsteadiness and broken bones (from falling)
◆ anemia
◆ liver and heart complications
◆ increased risk of driving while intoxicated
◆ higher risk of at-home accidents such as falls and fires
◆ social isolation
◆ loneliness
◆ increasing inability to manage finances
◆ inability to manage tasks of daily living

Use of alcohol with sedatives and other medicines can also be a lethal combination. Talk with your physician about any questions you have related to use of substances, including alcohol, as well as prescribed medications.

_Medication Misuse_

Medication misuse may take place with or without the presence of alcohol. Some older persons may self-medicate through the use of tranquilizers and over-the-counter drugs without consulting their physician, or they may decide to share someone else's medicine because they think it will help them. In other situations, individuals may not take the medicine as prescribed due to lack of understanding about the medication regimen (dosage amount, schedules, possible side effects, and other directions that may be issued with the prescription).
Any of the situations described above can lead to dangerous health complications.

**Signs of Alcohol Misuse or Abuse***

**Early signs**
- sneaking drinks
- gulping first drinks
- unwillingness to discuss drinking
- guilty feelings about drinking
- more frequent memory blanks

**Addictive signs**
- conspicuous drinking
- flashes of aggression
- grandiose or “showy” behavior
- personal relationships risked and devalued
- decreased sexual drive
- loss of friends due to drinking
- unreasonable resentments
- noticeable self-pity
- most functioning is focused on getting and using alcohol

**Chronic signs**
- regular morning drinking
- tremors, prolonged binge or continuous drinking
- impaired thinking
- loss of alcohol tolerance

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

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**Questions to Ask Yourself About Substance Abuse†**

- Do you drink alcohol routinely every week?
- Do you ever take any drugs that are not prescribed?
- Do you ever smoke or chew any tobacco products?
- Do you use a lot of caffeine?
- Do you ever take more medication than is directed by the label on the bottle?
- Do you ever use medications prescribed for a family member or a friend?

If you answered yes to any of these questions, seek professional guidance to determine if you have a substance abuse problem and could benefit from treatment.

**Treatment**

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

Treatment usually involves:

- structured programs
- groups designed at prevention
- alternate activities
- self-help with family supports
- medications may be prescribed for withdrawal (especially in cases where the individual has been dependent upon alcohol or other substances)

† Source: Outcomes Based Treatment Plan
For detoxification with older adults, an inpatient setting such as a specialized hospital unit is best equipped to treat the older adult because the treatment may take longer and potential medical complications may exist. However, less serious cases can generally be treated outside of a hospital setting and have a good chance of recovery, especially with the involvement and support of family and caregivers.

Dementia

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

- memory loss
- confusion
- disorientation
- judgment problems

Other areas affected are:

- language skills
- perception
- learning abilities
- abstract thinking
- reasoning
- personality

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

Senility

You may have heard the terms “senility” or “hardening of the arteries” used to describe the above symptoms. In reality, “senility” is a word relating to the changes that occur in the process of growing old. For a long time it was believed (and still is mistakenly believed by many in the health care field) that losing the ability to think and remember was a normal part of aging. Over time, “senility” became associated specifically with memory loss instead of a general term referring to all aspects of the aging process. “Senile dementia” became the accepted diagnosis for older people experiencing memory problems. In effect, the diagnosis was saying that the person was demented because they were old. It is now known that losing one's ability to think and remember is not normal no matter what the age of the person is. There is a reason for memory loss and it may be:

- treatable and reversible;
- treatable and irreversible; or
- nontreatable and irreversible.

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

“Hardening of the arteries” was a term that became popular when it was thought that all memory loss was due to circulation problems.
MENTAL HEALTH DISORDERS

(covering lack of oxygen to the brain). There is such a thing as “vascular dementia” but “hard arteries” do not cause it. The problem lies in the fatty deposits inside the artery walls that may dislodge and block a blood vessel in the brain or to the heart.

Alzheimer's Disease

Alzheimer's disease is by far, the most common form of dementia (approximately 75% of all cases of dementia). An estimated 4 million people in America have this disease. But it is not a new disease or an uncommon one. Dr. Alois Alzheimer first identified it in 1906. He discovered the unique brain changes when he performed an autopsy on a 55-year-old woman he had been following for approximately four years. Until the late 1970s, most of the medical and scientific community believed what Dr. Alzheimer described was a rare condition that affected people under the age of 65 and that everyone over the age of 65 with memory impairment had “senile dementia.” In the late 1970s it was discovered that the brains of those over the age of 65 and those under the age of 65 had the same exact changes. It was then realized that Alzheimer's disease is a much bigger problem than once thought.

Stages of Progression

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

Early Stages. There is gradual memory loss (short-term memory is affected), behavior and personality changes.

Middle Stages. The ability to perform routine tasks remains, while orientation to time, person and place, judgment and abstract thinking will be affected.

Last Stages. This disease will eventually leave a person requiring total care in the last stages.

Treatment

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

Delirium

A term that refers to treatable and reversible memory problems is “delirium.” Delirium looks just like dementia except that it's onset is rather sudden, while dementia has a gradual progression. There are many things that may cause delirium. It is important to determine what is causing the memory problems so that the treatable may be treated. Like any other physical problem, if a treatable memory problem is not recognized as
## Differences between Depression, Dementia, and Delirium

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

Source: *A Mental Health Guide for Older Kansans and Their Families,* (Kansas Department of Social and Rehabilitation Services, and Kansas State University, 2000) p. 30.
such and is not treated in an accurate and timely fashion, the person may decline into a nontreatable condition.

More than one cause of delirium may be present and delirium may be present with dementia, complicating the problems associated with dementia.

◆ A sudden change in memory or physical functioning is a “red flag” to indicate that delirium is involved, whether the person has dementia or not. It is imperative that a physician be seen whenever such changes are noticed.

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

Traumatic Brain Injury

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

Some of the most common changes that can occur after a TBI are:

◆ depression
◆ difficulty concentrating or recalling recent events
◆ confusion
◆ angry, irritable feelings or even aggressiveness
◆ fatigue, headaches
◆ impulsive behavior and/or poor judgment
◆ apathy, lack of initiation
◆ other personality changes

Treatment

There is no cure for TBI, although there can be improvement over time. Prevention is very important! Learn ways to make your home and yourself safer from falls and other accidents. Even though there is no cure, rehabilitation and ongoing treatment can help relieve some of the symptoms of TBI and improve the person's ability to manage daily tasks.

ServiceLink (1-866-634-9412) can put you in touch with organizations and services that provide assistance to persons with brain injuries. The Brain Injury Association of New Hampshire (225-8400) can provide information and referrals to services and supports. For information on the Internet, try the Brain Injury Association of America, www.biausa.org.

There are also specialized services for persons with TBI—see guidebook section Types of Treatment). If the person exhibits behaviors that are difficult to deal with, refer to section Coping with Challenging Behaviors for helpful suggestions.
Developmental Disabilities

Persons with developmental disabilities are usually diagnosed in childhood. Developmental disabilities include mental retardation, which means that the individual's intellectual functioning is significantly below average (an IQ of approximately 70 or below) and that s/he also has significant limitations in adaptive functioning in specified skill areas. Developmental disabilities such as autism and related disorders may also include severe deficits in social functioning and communication skills that begin before age three. It is important to note that individuals with developmental disabilities can also experience mental illness such as depression, bipolar disorder, and schizophrenia. In fact, persons with developmental disabilities may be more vulnerable than the general population to some forms of mental illness, and this is true for older adults as well. The diagnosis of mental illness in persons with developmental disabilities is sometimes tricky in that the illness may be expressed differently in these individuals. Consequently, assessment and treatment of mental illness in persons with developmental disabilities, including older adults, may be best provided by clinicians who are specially trained in this area.

Treatment

Depending upon individual need and eligibility, there are comprehensive services throughout New Hampshire for persons with developmental disabilities through community-based organizations called Area Agencies. Contacting Service-Link (1-866-634-9412) can direct you to the area agency nearest you. There are also some specialized services provided collaboratively by area agencies and community mental health centers. Interagency teams are designed to serve people who have both a developmental disability and a mental illness. A mobile, state-level team is available to provide consultation and training to local interagency teams as needed for assessment or treatment planning with dually diagnosed individuals. See Types of Treatment for more information.

Self Help

Most of the disorders described in this section reference various types of medical or mental health treatment options. Many people with these disorders also find that self-help techniques and getting support from others with similar experiences are an effective part of recovery. See the Appendix for a listing of Peer Support Centers in New Hampshire and the Wellness section for more information on ways to direct one's own recovery and health.

“As for me, you must know I shouldn't precisely have chosen madness if there had been any choice. What consoles me is that I am beginning to consider madness as an illness like any other, and that I accept it as such.”

—Vincent Van Gogh, 1889)
Types of Mental Health Treatment Available

Available Treatments

The types of treatment and services available for older adults with mental health issues vary depending on how severe their need is. Many older adults get all of their treatment primarily through their family doctor. Medical care can address mild forms of anxiety, depression, and other common mental health problems. Many individuals may feel comfortable keeping their primary care physician as the only one involved in their care.

If you have any symptoms or concerns about the way you are feeling, talk to your doctor. If you have questions about your medication, you can talk to your pharmacist or your doctor.

There may be times that the family doctor needs to make a referral for more specialized mental health care, just as they might for other kinds of disorders. Depending on the need, these types of specialists may include:

- psychiatrist (a medical doctor with a specialty in psychiatry)
- geropsychiatrist (a psychiatrist with a specialty in working with older adults)
- clinical psychologist
- clinical social worker
- pastoral counselor
- clinical nurse specialist
- nurse practitioner
- physician’s assistant

Available Services

Private Outpatient Care

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

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

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

Home-based Nursing Services

Visiting nurses. Some home-based nursing services specialize in psychiatric nursing and can provide mental health counseling as well as help to manage medication for homebound persons.
Private outpatient and home-based nursing services are generally paid through private insurance and/or a person’s ability to pay full fees. In some cases, Medicaid and/or Medicare will cover some of the costs.

**Division of Behavioral Health**

The Division of Behavioral Health (DBH) is the state office for behavioral and mental health services. DBH provides funding to mental health organizations and facilities throughout New Hampshire to provide direct and supportive services to children and adults of all ages who need an intense and/or sustained level of mental health care. An example of some of the organizations and services funded through DBH are:

**Community Mental Health Centers.** There are 10 regional community mental health centers throughout the state (see listing in Appendix and at the end of this section). To increase service accessibility, some of the community mental health centers also have satellite offices within their regions.

Each center provides an array of outpatient mental health services. In addition to providing care on-site, all of the centers have staff that will visit people in their homes. Services offered to individuals of all ages include:

- assessment
- individual or group counseling
- case management for mental health services
- medication evaluation and monitoring services
- emergency mental health services (24 hours/day)

In addition to these basic services, some centers offer specialized services for older adults, including:

- outreach to persons who are homebound
- day treatment programs
- mental health services for residents of nursing facilities
- family/caregiver support
- respite care
- housing options, including residential group homes
- services to assist persons with Alzheimer's Disease or other dementias

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

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

To find out more about mental health services for older adults in your region, contact the Older Persons Unit, NH Division of Behavioral Health, at 271-5094. You may also call one of the following mental health centers directly:
See Appendix for addresses of the mental health centers above.

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

Glencliff Home for the Elderly. Glencliff is a state-owned facility that specializes in providing nursing home level care for older adults with long-term mental illness and/or developmental disabilities. Glencliff strives to improve the quality of life and to minimize or eliminate the institutional-like living environment for all of its residents. Glencliff: 989-3111.

Other Specialized Services

Inpatient Psychiatric Services. Some hospitals provide special inpatient units for older adults. These are often referred to as geropsychiatric units. They are staffed with a team of clinicians who specialize in mental health care for older adults in need of short-term hospitalization. Some hospitals also offer an alternative to hospitalization such as day treatment, which does not involve an overnight stay.

Project Response: Services for Persons with Traumatic Brain Injury. Project Response is a program operated through a federal grant to improve access and availability of services for persons of all ages with traumatic brain injury. Project Response will provide training to mental health centers and area agencies in sites around New Hampshire so that they can provide assessment and treatment for neurobehavioral problems that result from brain injury. For more information, contact the Project Response Coordinator at 271-5177.

Mobile Consultation Team: Assistance for Persons with a Developmental Disability and Mental Illness. This team has been formed statewide to work with teams formed in the mental health centers and area agencies that specialize in services to persons with both develop-
mental disabilities and mental illness. The mobile team can provide consultation and training around service and treatment questions and individual situations. For more information, call 271-5061 to inquire about the Mobile Consultation Team.

**Self Help**

It is important to remember that many people with mental health disorders find that an effective part of recovery is gained through learning self-help techniques and getting support from others with a similar experience. See the Appendix for a listing of Peer Support Centers in New Hampshire and the Wellness section for information on healthy living habits.

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

See the Appendix for a listing of services and organizations mentioned in this section.
Medical Concerns

“Everyone needs an advocate.”

Our bodies change throughout life, and changes that we experience in later years can be complex. Mental health problems and physical problems are often related. For instance, studies show that chronic depression in older adults can increase risk of cancer significantly. Therefore, recognizing and treating mental health problems can improve overall health.

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

Following a doctor's advice about medication and personal care is part of good health practice, and individuals should communicate with their physician about symptoms and personal habits that affect one's health. It is also important for individuals and their caregivers to be aware of the many factors that can affect a person's mental and physical functioning, and seek thorough evaluation that will lead to proper diagnosis and treatment. It may be difficult for an individual to ask a doctor questions. It is very helpful to have a caregiver accompany an individual to medical appointments. That way the doctor can base his/her assessment on more thorough information. Also, the caregiver can help to gain information from the doctor and provide clarification after the appointment.

Questions to Consider When Visiting the Doctor*

- If something is different, did the change occur after a new medication was started or increased?
- Was a thorough physical done to be certain there is no other medical illness that may be causing the change in the person's behavior or thinking?
- Has the doctor used specific blood tests to check thyroid levels, B12, and other levels? Has a urinalysis ever been ordered?
- Is the person's nutrition adequate and eating habits and sleeping habits sufficient?
- Is there any possibility that the person has suffered a trauma to the head, such as from an accident or fall?
- Is the person taking any medication, prescribed or over the counter, that could have side effects and/or interact with other medication the person might be taking?

* Kansas State University (p.29)
Is the person confused regarding the amount and type of medication they are taking, as well as potential drug interactions?

Is pain medication being used? If so, how much? Are there any side effects?

Is the person able to afford the medication being prescribed?

Does the person drink alcohol, and has their pattern of drinking changed? Could the alcohol have any effect on the medication they are taking?

Has there been a recent loss—such as the death of a loved one, the death of a pet, divorce, loss of a job, financial loss, a move, or the loss of an important relationship (due to moving away or an argument)? If so, these could cause depression or temporary memory problems.

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

Some Questions to Ask Yourself About Your Medications:

Do you find it difficult to take your medications as prescribed, such as missing or increasing doses on your own?

Do you need help remembering to take your medications?

Have you put off purchasing or taking your prescribed medications because they were too expensive?

If you answered yes to any of these questions, you should consider the help a support person can give you in managing or purchasing your medication.

Tips for Taking Charge of Your Medical Care:

Write down questions and observations about your health status before visiting the doctor.

Take a support person with you who can help ask and answer questions and clarify information as needed.

If a support person cannot accompany you, work with them to send the doctor a note in writing communicating any important information and observations they might have.

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

Talk to your pharmacist about your medication. This is especially important if you are seeing more than one doctor. Use only one pharmacy.

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

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

Report any medications you are taking to all doctors you see, including over-the-counter drugs and herbal remedies, (these have medicinal properties too and can interact with other medicines!)

Report any changes to the doctor, no matter how insignificant they may seem.

Self advocacy is important! Caregivers can be of valuable help with medical treatment.

The following are medical guidelines for getting urgent and routine physical examinations:
Signs and Symptoms
Suggesting the Need for Immediate Medical Attention

_Urgent medical evaluation recommended if there is:_

- new onset of chest pain or recurrent and persistent chest pain
- acute abdominal pain
- acute shortness of breath, persistent coughing, or choking
- recent trouble with acute right or left-side weakness, slurred speech, or numbness
- sudden changes in vision, hearing, or comprehension
- acute onset of confusion or disorientation;
- new onset of urinary incontinence
- persistent nausea, vomiting or diarrhea
- dizziness or difficulty with balance
- areas of redness, swelling or unhealing sores
- severe chills, sweating, or fever
- unexplained and persistent bruising

“_The doctor misdiagnosed my father after a brief interview with him. I was in the waiting room, but no one interviewed me. I should have gone in with my father to help provide complete information._”
# Suggested Guidelines for Preventative Geriatric Health Care Promotion

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza vaccination</td>
<td>Annual</td>
</tr>
<tr>
<td>Pneumococcal vaccination</td>
<td>Once: repeat every 5-6 years if high risk</td>
</tr>
<tr>
<td>Tetanus-diphtheria vaccination</td>
<td>Once: booster at age 50 or every 10 years</td>
</tr>
<tr>
<td>Fecal-occult blood testing</td>
<td>Annual</td>
</tr>
<tr>
<td>Flexible sigmoidoscopy</td>
<td>Every 3-5 years</td>
</tr>
<tr>
<td>Mammography</td>
<td>Every 1-2 years until age 75</td>
</tr>
<tr>
<td>Clinical breast exam</td>
<td>Annual</td>
</tr>
<tr>
<td>PAP smear</td>
<td>Every 1-3 years until 70, if three or more normal prior to 65, then every 5 years after age 75</td>
</tr>
<tr>
<td>Oral cancer</td>
<td>Annual dental exam</td>
</tr>
<tr>
<td>Skin cancer screening</td>
<td>Annual Skin exam</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>Annual</td>
</tr>
<tr>
<td>Total cholesterol</td>
<td>Every 5 years for high risk until age 80</td>
</tr>
<tr>
<td>Visual impairment</td>
<td>Annual Visual acuity and tomometry</td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td>Annual otoscopic exam and hearing test</td>
</tr>
<tr>
<td>Malnutrition/obesity</td>
<td>Annual body mass index</td>
</tr>
<tr>
<td>Falls</td>
<td>Routine counseling</td>
</tr>
<tr>
<td>Polypharmacy</td>
<td>Periodic medication review</td>
</tr>
</tbody>
</table>

Source: Preventative Geriatric Health Care Promotion (Edelberg and Wei, Clinical Geriatrics, Vol. 7:2, 199)
Coping with Challenging Behaviors

Challenging Behaviors Related to Mental Illness

It can be emotionally exhausting to provide support for someone with a mental illness, particularly if the person is also facing difficulties related to aging. Changes in mood and behavior can feel unpredictable and frightening both for the person with the mental illness as well as those close to him. Having a good sense of what the pattern of symptoms are and what responses seem to help can provide the consumer and the support person(s) with a sense of security and ability to weather the unstable periods.

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

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

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

Responding to Challenging Behaviors in Persons with Mental Illness

- Speak in a calm, slow voice.
- Give directions one at a time and in a clear manner.
- Explain things in a simple, direct way.
  - Avoid sarcasm.
  - Avoid statements that could be confusing.
- Do not try to convince the person that their delusions are not real. Instead, display sensitivity to their feelings by saying things such as: “This must feel very frightening to you—how can I be of some help?”
- Lower the stimulation in the room. Background noise, such as a radio, may be contributing to distractions or hallucinations.
- Reduce movement in the surrounding area. Too much movement may distract or distress the person.

If the person is agitated:

- Allow space for them to exit.
Challenging Behaviors Related to Dementia

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

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

People with dementia are often unable to tell you exactly what is wrong. Caregivers need to be aware of and look for signs of physical discomfort. When a person exhibits an unwanted behavior, look at these possible causes:

- They may be:
  - physically ill
  - experiencing pain
  - needing to use the bathroom

- hungry or thirsty
- frightened by how someone approached them or talked to them
- experiencing a side effect of a medication
- experiencing a medication interaction if they are taking more than one medication
- anxious about being in an unfamiliar surrounding
- distracted by too much activity in the area
- distracted by noise

- They may be agitated by:
  - bright lights
  - not enough light
  - loud, bold colors
  - room temperatures

People with memory loss may recognize the need to eat or drink or use the toilet, but are unable to locate or ask where or how to satisfy those needs. In frustration, they may then have a sudden change in behavior or functioning level. Someone's attitude, mood, or approach when talking to a person with dementia is very important. Caregivers can alleviate distress and set the tone for almost every interaction because the individual with dementia takes their cues from them. If someone is abrupt, talking too loudly, or rushing through a task, this will be communicated to the person with memory loss and he or she may react negatively. If a caregiver speaks calmly and reassuringly, this can reduce anxiety for the older adult.

Medications

Side effects of medications or interactions of medications sometimes cause:

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

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

Responding to Challenging Behaviors in Persons with Dementia

Common behaviors seen in people with dementia are:

- delusions
- paranoia
- confusion
- disorientation
- anxiety
- shuffling gait
- drooling
- facial tics
- increased/decreased sexuality
- incontinence
- constipation

- shadowing
- verbal repetition
- changes in sleep patterns
- loud verbal noises/yelling

Here are some tips that may help when confronted with these behaviors. Remember that they may not work each and every time, and responses may change as the disease progresses. When the action you take is not effective, considering using a different intervention.

Angry or Agitated Behaviors

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

Wandering

- Allow a person to wander if the environment is safe and secure.
- Place familiar objects, furniture, and pictures in surroundings.
Help direct the person with clearly marked rooms, using name plaques, pictures or a decorated door.

Remove items that trigger desire to go out, such as shoes, coat, purse, keys, etc.

Try locks on doors that are out of reach or sight. Install slide bolts on top or bottom of outside door.

Distract with food, activity, or conversation.

Place night lights throughout the home.

Consider using a beanbag chair for sitting and resting. They are comfortable yet difficult to get out of without assistance.

Provide wanderer with some type of identification such as Medic-Alert bracelet, labels sewn into clothing, emergency cards in wallets, purse, or pocket.

**Wanting to Go Home**

Go for a walk or a drive. Getting out even for a short time is helpful. Upon returning home, the person often recognizes it as home.

Respond to the emotion being expressed, i.e., “Are you feeling scared?” or “I know you are lonely.”

Offer reassurance

Look at photo album with pictures of the person's childhood. Reminiscing about the past may ease tension and anxiety.

Try redirecting the person's attention with an activity, food, music, a walk, or other exercise.

**Shadowing (following caregiver around)**

Maintain a consistent routine.

Involve them in a regular activities program.

Give repetitious chores to perform such as:

- folding towels
- winding yarn
- dusting

Give reassurance.

- When a person is totally dependent on someone, and that person sometimes cannot be seen, the older adult may then become distressed and panic.

**Repetition**

Respond to the emotion instead of the specific question. The person may simply want reassurance.

Use brief statements.

Do not remind the person that they have asked the same question before, as this may be upsetting to them.

Try a gentle touch when verbal response does not help.

Use a calm voice when responding to repeated questions.

Use simple written reminders with people who can still read.

Do not discuss plans with a person until just before the event, if this causes agitation and repeated questions.

Ignore the behavior. If there is no response or reinforcement, the behavior may stop.

Redirect their attention to focus on a simple task or activity such as looking at a magazine, picture book, or TV.

**Changes in Sleep Patterns**

Check whether the person is too hot or too cold upon awakening. Internal thermostat may change with dementia.
- Provide adequate lighting during evening hours. Shadows, glares, or poor lighting may contribute to agitation and hallucinations.
- Have the person spend less time in bed. Try getting them up earlier or keeping them up later until tired.
- Make sure the person is getting adequate exercise. Try to take one or two vigorous walks a day.
- Make sure the person is not hungry at night. Try a light snack before bedtime or during the night.
- Avoid bathing or heavy activities late in the afternoon or evening, unless a warm bath relaxes a person.
- Allow the person to sleep in an armchair, recliner, or on the couch if refusing to go to bed.
- Give a backrub or massage legs at bedtime or during night wakefulness.

**Loud Verbal Noises/Yelling**

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

- Try massage, stroking a person's hands, arms, or head.

**Catastrophic Reaction**

Sometimes a person with dementia may become suddenly angry or physically violent reacting to stress or frustration. This is known as a "catastrophic reaction." Should this occur:

- Protect yourself.
- Try to remain calm.
- Distract the person by talking about something else, offering a favorite food or a different activity.
- If they are unable to be controlled or redirected, remove yourself from the room and get help in handling the situation.

**Driving**

Another difficult situation that confronts caregivers is the person's inability to drive safely. One way to prevent them from driving the car is to either remove the distributor cap from under the hood or disconnect the battery cable. Sometimes the caregiver may find it easier to let someone else be "responsible" for a decision that needs to be made for the person's safety and well-being. If someone with dementia insists on driving when it is no longer safe to do so, the caregiver could explore the possibility of getting some support from the individual's doctor. Receiving a "prescription" from a physician indicating that the individual should not drive may be more readily accepted than if the instructions came from the caregiver. Having the Department of Motor Vehicles suspend the driver's license may be another option.
Summary

It is important for the caregiver to remember that the best approach to unwanted challenging behaviors is prevention. An important rule of thumb for intervention by the caregiver is to ask this question: “If the person is not hurting (or endangering) him or herself, or anyone else, is it really a problem?” The caregiver's approach to the situation may prevent unwanted behavior. The caregiver should try being flexible and creative in approaches and the behavior may disappear as quickly as it arose. Remember that the behavior is caused by the illness, not by choice. Allow the person to “tell their story,” reminisce, talk about past experiences, their family memories. This process may help them to find their strengths and reestablish coping mechanisms used in the past that may still be effective.
Domestic Violence and Adult Abuse

No one should ever have to live with domestic violence. Many people think of domestic violence as physical violence, such as:

- physical abuse (pushing, pulling hair, hitting or battering that happens between husband and wife or intimate partners)

Domestic violence can also include the following:

- verbal abuse
- emotional abuse
- sexual abuse
- pressuring someone to turn over personal property
- neglect
- exploitation

Maltreatment can be caused by individuals who have a relationship with an adult, including:

- spouses
- partners
- adult children
- siblings
- household members

Abuse and Older Adults with Mental Illness

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

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

There are special laws, entitled “Protective Services to Adults” (Chapter 161-F; Subdivision 161-F: 42-57) designed to protect such individuals from:

- domestic violence
- abuse
- neglect
- exploitation
The following are some of the definitions contained in the “Protective Services to Adults” law:

**Abuse**
This can be any intentional act by a person that can harm or potentially harm someone's physical, mental or emotional health or safety. The specific kinds of abuse may include:

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

**Physical Abuse**
The use of physical force that results in or could result in physical injury to an individual.

**Sexual Abuse**
Sexual contact or interaction involving an adult without their consent.

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

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

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

If you are:

- an incapacitated adult
- caregiver of an incapacitated adult
- a friend
- neighbor
- relative
- a professional who may be working with an incapacitated adult,
- no relation

and have reason to believe that abuse, neglect, or exploitation is occurring to an incapacitated adult, you have a responsibility under the law cited above to make a report to the Division of Elderly and Adult Services in your district (see listing), or call 1-800-351-1888, ext 4384.
DEAS District Office
Telephone Numbers:

<table>
<thead>
<tr>
<th>City</th>
<th>Direct</th>
<th>Toll Free</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berlin</td>
<td>752-7800</td>
<td>800-972-6111</td>
</tr>
<tr>
<td>Claremont</td>
<td>542-9544</td>
<td>800-982-1001</td>
</tr>
<tr>
<td>Concord</td>
<td>271-3610</td>
<td>800-322-9191</td>
</tr>
<tr>
<td>Conway</td>
<td>447-3841</td>
<td>800-552-4628</td>
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<tr>
<td>Keene</td>
<td>357-3510</td>
<td>800-624-9700</td>
</tr>
<tr>
<td>Laconia</td>
<td>524-4485</td>
<td>800-322-2121</td>
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<tr>
<td>Littleton</td>
<td>444-6786</td>
<td>800-552-8959</td>
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<tr>
<td>Manchester</td>
<td>668-2330</td>
<td>800-852-7493</td>
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<tr>
<td>Nashua</td>
<td>883-7726</td>
<td>800-852-0632</td>
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<tr>
<td>Portsmouth</td>
<td>433-8318</td>
<td>800-821-0326</td>
</tr>
<tr>
<td>Rochester</td>
<td>332-9120</td>
<td>800-862-5300</td>
</tr>
<tr>
<td>Salem</td>
<td>893-9763</td>
<td>800-852-7492</td>
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</table>

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

Reports of suspected abuse, neglect, or exploitation are made as follows:

- in their own homes
- in apartments
- with relatives
- with friends
- in a boarding home
- with no permanent address

Contact the Division of Elderly and Adult Services unit in the Department of Health and Human Services District Office in which the alleged abuse, neglect or exploitation occurred. If you do not know the telephone number you may call 1-800-949-0470 and ask for the appropriate number.

For individuals who live in nursing homes, or residential care facilities, or supported residential care facilities call the Office of the Long-Term Care Ombudsman at 1-800-442-5640.

For individuals who live in other types of regulated settings, call 1-800-852-3345, Extension 4391 or 4744.

If you have additional questions, you may call 1-800-949-0470.

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

- threaten you so that you fear for your physical safety
- destroy or threaten to destroy your property
- enter your residence against your will
- assault you
- follow you around in a way that would make a reasonable person afraid
- interfere with your freedom
- force sexual contact on you
- harass you
For persons who cannot afford an attorney but need legal advice about domestic violence or other personal matters, NH Legal Assistance provides free legal help and has a special Senior Citizen's Law Project Advice Line: 1-888-353-9944.

Harassment through Solicitation

If you are an older adult or caregiver of someone who is receiving:

◆ calls or mail requesting money or personal information such as social security numbers or bank account information

◆ unwanted advertisement

◆ other unwanted solicitations

request directly to the company making the contact to have your name, address, and phone number removed from their lists. In some cases these solicitations are not from legitimate vendors.

An older adult who feels harassed by any such calls or simply does not want these calls has the right to say: "I do not accept such calls; please take me off of your list." A caregiver can call for the older adult being harassed by saying "Mr./Mrs….has asked me to request his/her name be deleted from your list."
Diversity Issues

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

- language
- culture
- race
- ethnicity
- economic status
- religious beliefs
- age
- sexual orientation
- abilities
- disability
- literacy

The ethnic and culturally diverse communities of Asian, African, African-American, Latino, and Native American make up only 4% of the population in New Hampshire. This figure will continue to grow as the rate of immigration increases. Older adults who are in certain minority categories may seek services that include:

- interpreters
- language appropriate materials
- sensitive health care providers
- resources and information that are easier to understand
- easy accessibility

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

Minority Groups

The following will discuss some of the minority groups not often addressed as part of the aging population in this country and in New Hampshire.

Racial, Ethnic, and Linguistic Minorities

In 1998, New Hampshire minorities represented over 40,000 residents—a 40% increase since 1990. According to the 2000 census, the New Hampshire population of minorities comprised about 49,000 individuals. Most of these groups live in urban parts of the state, with large populations in Hillsborough and Rockingham counties, although the demographics are continually changing.

Access to health care and general health status for minorities is below average nationally, but services are available in New Hampshire. The New Hampshire Minority Health Coalition was established in 1993 to identify populations that had barriers to accessing appropriate medical and mental health care, and to advocate for adequate and appropriate services and empower these populations to be active participants in their own health care. The New Hampshire Minority Health Coalition can be contacted at: 627-7703.
New Hampshire Catholic Charities provides counseling, referrals, support, advanced planning, and advocacy for older adults with multicultural needs, as well as supports to caregivers. For further information, contact NH Catholic Charities at 624-4717, ext. 18.

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

Literacy Resources

Adult Basic Education programs exist around New Hampshire for persons over 16 years of age. Older adults are welcome in any adult education programs that might be beneficial, and there is no charge for any programs except vocational training. Adult education programs can provide literacy instruction, remedial work in basic skills, GED preparation and testing, English as a second language (ESL), and vocational training in the business field. For more information call: 271-6698.

For persons who have difficulty with reading because of physical disabilities, such as vision impairment or arthritis, there are library programs for eligible individuals. For more information call the New Hampshire State Library: 271-3429 or contact the national website at: www.loc.gov.nls

Visually Impaired

There are several organizations that provide services for persons with visual impairments, including the following:

- The New Hampshire Association for the Blind provides services statewide for individuals who are visually impaired: 1-800-464-3075. They offer counseling, referral, low-vision services, technology and Braille services, rehabilitation teaching, volunteer support, and orientation and mobility instruction.

- Granite State Independent Living Foundation provides orientation services, peer support, and reimbursement for transportation for qualifying persons with visual impairments: 1-800-826-3700.

- Sight Services for Independent Living is a statewide, community-based program designed to help adults age 55 or older to maintain their independence at home and in the community. They offer peer counseling, vision information, aids and training, benefits planning, specific skills training, and information and referral. For more information contact: 1-800-581-6881.

Deaf and Hard of Hearing

- A Deaf Services Team operates out of Community Council in Nashua (889-6147). The professional staff has both bilingual and bicultural professionals to offer culturally competent mental health services for deaf and hard of hearing consumers. Services are provided primarily in the Nashua region, although technical assistance and case consultation are available statewide as resources allow.
Granite State Independent Living Services provides interpreter referral services and Phone Link, offering assistance with TTY (teletypewriter) access. For more information call: 1-800-826-3700.

The Northeast Deaf and Hard of Hearing Services is developing a range of centralized services for New Hampshire residents who are deaf, hard of hearing, late deafened or deaf/blind. Included in services are interpreter and CART (Communication Access Real-Time Translation) referrals. Contact them at: 224-1850 (TTY)

Gay, Bisexual, Lesbian, Transgender (GLBT) Elders

It is estimated that 1–3 million Americans over the age of 65 are gay, lesbian, bisexual, or transgender (GLBT) elders. In New Hampshire, this group represents about 20,000 individuals. This number and proportion will increase significantly within the overall older population as the “baby boomers” move into the “over 65” generation. Federal and state programs established to assist older Americans can be ineffective and discriminatory, and at times are irrelevant to GLBT elders. If you are someone, or a caregiver of someone who identifies with this group, there are programs that will help you access services. If you do not self identify as being GLBT out of fear and years of “being in the closet,” there are agencies that may be able to help you.

If needing assistance in securing:

- homes
- money
- benefits

consult with a financial advisor who would have products in the insurance field such as:

- annuities
- life insurance
- charitable remainder trusts

to help overcome any financial concerns.

Throughout the state there are organizations that can refer individuals to social services, networking, support groups and advocacy programs for older adults who are GLBT:

- The Gay Info Line of New Hampshire: 224-1686
- P-FLAG: Parents, Families, and Friends of Lesbians and Gays-NH: 1-800-750-2524
- Gay/Lesbian Hot Line: 1-888-843-4564
- Dover GLBT Helpline: 743-4292 (GAY2)

See the Appendix for further information and resources.
Legal Issues

Mental Health and Medical Care

The information in this section is to help you understand your rights and the kinds of legal issues that may face older adults with mental health and medical issues.

As the needs of the older adult change, the caregiver should become more aware of their role in:

- giving support in maintaining the person's independence
- providing more support and advocacy with their treatment
- supervising medication more closely
- offering assistance in getting to appointments

Quality Treatment

A Patient's Bill of Rights (NH Revised Statutes Annotated [RSA] Chapter 151) states that anyone receiving mental health care has the right to quality treatment and respectful care and includes the right to:

- have your mental health/medical information treated confidentially
- make a decision on who can access your information via a “release of information” form
- have services provided with your informed consent
- gather information
- ask questions so that treatment decisions are made in partnership with health providers
- inquire about all options available
- request a second opinion if necessary
- discuss any concerns you may have with the doctor or provider
- express any dissatisfaction about your prescribed treatment or medication to your doctor or provider
- express your dissatisfaction to an ombudsman associated with the facility if you feel you are not getting satisfaction with your doctor or provider

Complaints

If you are receiving treatment from your community mental health center and you have a complaint about your treatment, you can speak to the complaint investigator available at the community mental health center. They serve to investigate any allegation that rights have been violated.

The Ombudsman's Office at the state level (800-853-3345, ext. 6941) can also help to seek a resolution to a concern that is not being resolved.

Advanced Directives

It is important for older adults to discuss their values, wishes, and worries with their loved ones and their health care provider. An advanced directive is a legal document, written in advance of an incapacitating illness that allows a person to state their preferences about medical care. A copy
of an advanced directive should be shared with those who will need to be involved, including the doctor. The following choices are made by the consumer and should be put into place ahead of time:

**Advanced Directives**

- allow an individual to put choices in writing about their personal and health care needs in the event that the condition gets worse;
- will become active if you are not capable of making health care decisions on your own behalf;
- may be requested by hospital personnel upon admission;
- does not guarantee that your preferences will be adhered to, but it will communicate your choices for consideration;
- should be put in approved format recognized under NH law;
- allow choices for **Durable Power of Attorney for Health Care**.

**Living Will and Durable Power of Attorney for Health Care**

These documents allow you to appoint someone you trust to make health care decisions for you should you become incapacitated in the future.

**Living Will.** A living will allows a person to reaffirm their request that if terminally ill, he or she be allowed to die naturally, and that no life sustaining treatment be given to prolong the dying process.

- Living will forms can be obtained from any hospital.
- Living wills do not need to be executed by a lawyer, but you should take care to follow the form's directions regarding who can act as a witness, etc.
- Many senior centers can help with the signing of these documents.
- Discuss specific instructions about your health care and/or assets with those who would be involved in carrying out your desires stated in the Living Will.
- Copies should be given to those who would be involved, including your doctor, if the instructions are related to your health care.

**Durable Power of Attorney for Health Care.**

- allows the older adult to direct whether or not life sustaining treatment should be given;
- allows the older adult to name a trusted person (agent) to make medical decisions.

**Information File and Treatment Plan**

- Keep all information on health care, including information on medications and test results, in a special file for easy access.
- Include in this file a plan of how the person would like to be treated and who is responsible for making treatment decisions in the event that they are unable to make decisions for themselves.

*Mary Ellen Copeland.*
This plan includes:

- a list of symptoms which would indicate the person cannot make decisions for themselves
- family members, supporters and health care professionals they want to make decisions for them
- preferred, acceptable and unacceptable medications, treatments and treatment facilities.

Everyone who might be called on to make decisions needs to have a copy of this plan. Remember—even if the person is deeply depressed or otherwise ill, they need to feel that they are in control of their lives as much as possible.

Financial Affairs

It is just as important to have someone you trust manage your finances as you have someone to manage your health care choices. In the event you are unable to manage your financial affairs, you should select someone to make your financial decisions for you. If you should become incapacitated and don't have an agent appointed under a Financial Power of Attorney, then loved ones might be forced to seek a guardianship to ensure that your bills are paid (an expensive and emotionally difficult process).

Financial Power of Attorney

This document allows you to appoint someone you trust to:

- pay bills;
- cash or deposit checks;
- deal with insurance;
- take care of other financial matters as needed.

It is highly recommended that people see an attorney for this process. State law requires specific language in order for the power of attorney to be legally effective.

- The agent for a financial power of attorney can be an identified family member or caregiver.
- Seniors should discuss their choice for appointment of an agent and related issues with their attorney.
- A financial power of attorney would be the document that can direct for care of a pet, belongings, home, financial possessions, etc.
- A financial power of attorney is a relatively inexpensive document and can save seniors a great deal of money and heartache in the long run.
- Often, with a well-written financial power of attorney, there would be no need to seek a guardianship or a representative payee status, even for prolonged incapacity.

Involuntary Processes

The following are last resort options if no other choices are possible and the need is well justified. These are designed to protect a person with disabilities when they are unable to care for themselves or take responsibility for their own care. The person with disabilities should be allowed the ability to make reasonable choices and remain independent as long as possible before these options are considered.

Representative Payeeship

A representative payee can be assigned to manage social security benefits on behalf of an individual if he/she is unable to manage the monthly check.
A payee can be an identified family member or caregiver.

A document must be filed with the Social Security Administration that states why the person needs a representative payee. This is an involuntary process imposed by Social Security when necessary to protect the recipient. Social Security will decide based on medical information whether payeeship is necessary.

**Guardianship**

May be considered in situations where an individual becomes incapacitated due to their mental or physical condition. In situations where an individual has become so incapacitated and unable to make sound decisions that they are facing either a prolonged or serious risk, it may be necessary to consider seeking guardianship. Persons must prove that they cannot care for themselves and need someone to look after their best interest. The process is extensive and requires the approval of a court. The court decree must specify whether the guardian will oversee the person's care or property, or both. Guardianship is an involuntary protection imposed by the probate court only when necessary to protect a vulnerable person from harm and only when other options such as a power of attorney or representative payeeship are not possible.

**Involuntary Admission**

An involuntary commitment to a hospital is a process that may occur if an individual has a mental health disorder that puts them at imminent serious harm of hurting themselves or others, and will not agree to treatment. An involuntary commitment occurs in New Hampshire either to the state hospital (New Hampshire Hospital) or a designated receiving facility (DRF) and can only occur after the individual is evaluated by a mental health professional who can verify that the individual refuses any other type of treatment and is in danger because of their mental illness. Other options will be explored before hospitalization is forced on someone, and it will only occur in extreme situations.

**Probate Commitment**

This process may extend the amount of time a person is kept involuntarily at the state hospital or designated receiving facility, or requires that they leave under certain conditions (conditional discharge). These conditions usually require them to participate and comply with their treatment. Such conditions are only imposed if the person has a history of being at risk because they refused to accept or follow treatment recommendations.

**How to Pay for Medical Care**

There are various state and federal programs to help pay for medical care. The myriad of programs, however, all have different financial eligibility requirements and rules governing things such as transferring assets to children or others. Before you spend your nest egg on medical care, visiting nurses, home health aides, prescriptions, etc. or give away assets to qualify for an assistance program:

- You and your caregiver should consult with both the appropriate state agency that handles

* See the Community Resources section and Appendix for listing of Legal Resources and further information about financial benefit programs.
the application process and an attorney who is knowledgeable about these programs.

- Couples especially need to take care to do all they can to protect their assets for the spouse who is healthy and will need to make ends meet at home. There are many ways, permitted under each program’s rules, for providing for the healthy spouse's financial security.

- An insurance policy covering home health care, day care, and nursing home care should be researched and purchased if appropriate.
Excerpts by Janet Stiles

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

When facing the end of life, Dr. Elisabeth Kubler-Ross offers many insights through her book, On Death and Dying (“a profound lesson for the living,” according to Life magazine). They are excerpted as follows. Dr. Elisabeth Kubler-Ross identifies five attitudes noticeable when people face death:

- denial and isolation
- anger
- bargaining
- depression
- acceptance

Kubler-Ross also includes a chapter on Hope. The following are quotes from Kubler-Ross' book On Death and Dying:

- “When we look back in time and study old cultures and people, we are impressed that death has always been distasteful to man and will probably always be.”
- “Epidemics have taken a great toll of lives in past generations. Death in infancy and early childhood was frequent and there were few families who didn't lose a member of the family at an early age.”
- “Dr. Bell communicates… 'Give each patient a chance for the most effective possible treatment and not to regard each seriously ill patient as terminal, thus giving up on them'.”
- “…We should not 'give up' on any patient, terminal or not terminal. It is the one beyond medical help who needs as much if not more care than the one who can look forward to another discharge.”
- “It might be helpful if more people would talk about death and dying as an intrinsic part of life just as they do not hesitate to mention when someone is expecting a baby. A dying person can be of great help to the relatives in helping to meet his/her death. This can be done in different ways. If the patient is able to work through grief and show the family by example one who can die with equanimity, the family will remember the patient's strength and be able to bear their own sorrow with more dignity.”
- “We have seen several patients who are depressed and morbidly uncommunicative until we spoke with them about the terminal stage of their illness. Their spirits were lightened, they began to eat again, and a few of them were discharged once more, much to the surprise of their families and the medical staff. I am convinced we do more harm by avoiding the issue than by using time and timing to sit, listen, and share.”
“Giving the family members a chance to vent their feelings about the burden of responsibilities they have to take on while one member is ill, or sometimes a night out while someone else sits home with the invalid, is of great help. People cannot function efficiently in the constant awareness of the illness.”

Dr. Kubler-Ross states about On Death and Dying:

“If this book serves no other purpose but to sensitize family members of terminally ill patients and hospital personnel to the implicit communications of dying patients then it has fulfilled its task.”

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

Sources


Community, State, and Federal Resources

“On a fixed income, it’s good to know what restaurants and businesses offer senior discounts and special benefits for older adults.”

This section covers a sample of the types of services available to older adults, with or without mental illness. Many of the resources give priority to individuals who are elderly or disabled. The options listed are not intended to be all inclusive. The information here is subject to change with time, therefore, checking with central numbers such as ServiceLink and Helpline may be the best way to find out what is currently available.

ServiceLink

ServiceLink is a statewide network of community-based resources for elders and adults living with disabilities and their families. Calling the toll-free number 1-866-634-9412 connects consumers with the ServiceLink site nearest them. There is no charge for this assistance. One call is all it takes for consumers to begin asking their questions and exploring their interests, or find out more about resources such as those listed in this chapter.

ServiceLink can provide the following:

◆ access to reliable information about available services and opportunities;
◆ help with making connections with different kinds of services or opportunities;
◆ public education programs that bring together interested citizens and skilled professionals around topics of special interest to older adults, adults with disabilities and chronic illness, and those who care about them.

See the Appendix of this book for a listing of ServiceLink sites around New Hampshire.

NH Helpline

NH Helpline at 1-800-852-3388 is a statewide information and referral service for the general public that can help callers access a variety of resources around New Hampshire, including:

◆ information on social services and emergency help
◆ referrals to appropriate agencies for help in solving problems
◆ aid in crises involving child or adult abuse, domestic violence, and alcohol or drug abuse
◆ assistance in locating basic needs such as food, housing, financial assistance, utilities, and clothing
Financial Concerns and Solutions

Entering the latter part of our life can bring with it many losses and declines, including reduced income if an individual stops working or faces increased medical costs or other expenses. It is important for older adults and their caregivers to be aware of the programs and resources that can help to ease financial burdens. Older adults may be eligible for reductions in costs or discounts, such as: property tax abatements for elderly (check with your town office); discounts at local businesses (inquire at your local store or pharmacy to see if senior discounts are available). Joining AARP (American Association of Retired Persons) provides discounts and other benefits for seniors at pharmacies and many establishments.

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

Some of the benefits are described as follows:

**Federal, State, and Community Benefits**

**Retirement Benefits.** Provides cash benefits for workers aged 62 or older who have worked a sufficient number of years and contributed to the program during that time. Dependents may also be eligible for benefits.

**Disability Benefits.** Benefits exist for workers who become physically or mentally disabled prior to retirement age. Disability must be severe enough to prohibit substantial work and be expected to last for a year or more.

**Supplemental Security.** Provides monthly cash payment to aged, blind, and disabled people who have little or no income. Recipients may be eligible for Medicaid benefits. A handicapped child under age 18 may receive this if the child and parent meet income and resource requirements.

**National Council on Aging.** The National Council on Aging (NCOA) has a website designed to help older Americans determine what federal and state benefits and programs are available, depending on the individual’s circumstances and request. The website can be accessed at www.benefitscheckup.org.

**Aid to the Permanently and Totally Disabled (APTD).** Provides financial assistance to persons determined to be medically disabled and meeting financial need guidelines. Income and other assets are considered. Eligibility guidelines are based on financial need and disability rather than age.

**Local Town and City Welfare Departments.** Each New Hampshire town and city offers assistance with needs such as food, rent, heat, and utilities for people who have no other means of support, need temporary assistance, or whose...
bare minimum in expenses exceeds their customary income.

See Appendix for listing of Social Security Administration Offices in the state of New Hampshire.

Specific Community and State Resources

Below are samples of the types of services that are available either throughout New Hampshire, or in specific regions. Some services are free, or subsidies may be available. If you or your loved one has a caseworker, they may be able to help you to determine what your options are.

Housing Resources

Property Tax Discounts. If you own your home, there are property tax abatements for persons who qualify. There are also tax deferrals for elderly and persons with disabilities and property tax exemptions for the elderly. Check with your town office or with the Senior Citizens Law Project Advice Line: 1-800-353-9944 for more information.

Homeless Shelters. Services are available for homeless persons around the state through town welfare departments. Shelters are located in some regions in New Hampshire operated by various organizations.

Heat and Fuel Assistance. Fuel assistance is available to low-income households throughout New Hampshire and provides some payment toward fuel costs. Priority is given to the elderly, handicapped, and families with three or more children. These are available through local Community Action Programs (CAP). Weatherization programs fund energy improvement projects. Senior Assistance Services and Neighbor Helping Neighbor programs also have funds for one-time or emergency needs. For more information, contact the Governor's Office of Energy and Community Services at 271-2611.

New Hampshire Housing and Finance Authority (NHHFA). NHHFA provides information on housing options and programs around the state, such as those listed below. NHHFA also has an extensive listing of other community resources available in New Hampshire called the NHHFA Statewide Supportive Services Directory for Elders: 1-800-640-7247.

Apartments and Congregate Housing. Apartment complexes in many communities are designed for older adults to maintain independent units but share recreational or social activities and/or meals with others.

Residential Care Facilities and Assisted Living. These state-licensed facilities offer congregate type housing with a wide variety of services, from meals, housekeeping, social and recreational programs, to secure homes offering nursing services. For more information, contact the New Hampshire Association of Residential Care Homes: 1-800-544-0906.

Nursing Homes. These facilities are staffed with registered nurses, nurses' aides, social workers, activity aides, and other supportive staff members. Some nursing homes can provide temporary respite care as well as long-term care.

Resident Education Assistance and Prevention (REAP). This is a prevention program that provides counseling and educational services to residents of senior housing. It is designed to help
these residents deal with concerns and maintain happy, healthy and independent lifestyles. For more information: 1-800-339-7327.

**Home and Community Based Care for the Elderly and Chronically Ill (HCBC-ECI).** This program is designed to provide home care for the elderly and disabled as an alternative to nursing facility care. Applications, processed through local Department of Health and Human Service offices, should be made as soon as the need for home care is anticipated. Eligibility for this program includes eligibility requirements for Medicaid as well as need based on level of illness or disability. Services can include: a home health aide, homemaker, nursing, respite care, adult medical care, personal emergency response system, and in-home day care, as well as case management. Applications can be made through district Health and Human Services offices (see **Appendix** to find your local office or call 1-800-852-3345).

**Health Insurance, Health Care**

**Medicaid.** New Hampshire’s Medicaid program helps pay for health care costs for all persons who receive public assistance and for certain persons with low incomes who can’t afford the cost of health care. Criteria for this program is the same as Aid to Persons Who Are Totally Dependent (APTD), and persons receiving APTD may also qualify for Medicaid benefits. The Old Age Assistance (OAA) program applies to individuals who are 65 years and older.

**Medicare.** This federal health insurance program offers hospital insurance coverage (Part A) and medical insurance (Part B) for people 65 and older who qualify for retirement benefits, for workers who have been receiving disability benefits for 24 months or more, and for people who need kidney and dialysis or transplant. There are various plans, with some mental health benefits included. To apply, call 1-800-772-1213.

**QMB/SLMB.** This provision pays the portion of Medicare that covers health insurance. Check with your local Division of Health and Human Services office for more information.

**HICEAS.** This program provides health insurance counseling, education, and assistance services to assist Medicare beneficiaries and their families in understanding their insurance coverage and options. For more information: 1-800-852-3388.

**Home Health Care.** These are in home medical services for qualified older adults in their home. Local visiting nurse or home health associations usually provide home health care. Medicare may cover certain medical and psychiatric services.

**Lifeline.** This is a personal response service for persons if they fall or have an emergency. It involves using a machine and a help button that calls a central number and is available for a monthly fee. For more information call: 1-800-635-6156.

**Food and Nutrition**

**Meals on Wheels.** The delivery of meals can be provided to older adults who meet eligibility requirements. This service is available through local Community Action Programs. Phone numbers for Community Action Programs can be found in local phone directories and through Helpline and ServiceLink.
EFNEP (Expanded Food and Nutrition Education Program). This program brings nutrition knowledge and food skills to limited income families. It is available through the University of New Hampshire Cooperative Extension Program. County extension office numbers can be obtained through the phone book and Helpline and ServiceLink.

Food Stamps. These are government coupons that can be used to buy food products at grocery stores. Eligibility for food stamps is based on income and assets. Application can be made through New Hampshire Department of Health and Human Services district offices: 1-800-852-3345.

Food Pantries. Many community-based food pantries exist around the state, offering nonperishable groceries to persons in need. Local churches, the Salvation Army and similar organizations, or Community Action Programs usually run these.

Counseling and Outreach Services

Elderstrength. This is a service linked with the organization, Familystrength. It provides in-home counseling and consultation services that help elders and their families identify the solutions necessary for elders to remain safe and independent in their own homes. For more information: 1-877-444-0288.

Planning Ahead, Staying Ahead. This is a service of the UNH Cooperative Extension Service. This multidisciplinary curriculum covers money management, food and nutrition, and human development, and is designed for audiences with limited resources. For more information: 862-0092.

Police Outreach. Local police departments may be able to check in on older adults at times when a caregiver is unavailable. In some communities there are officers who specialize in working with older adults. Some police departments also have officers who are experienced in working with persons with mental illness.

Mental Health Services

Elder Services. Every community mental health center in New Hampshire has services specialized for older adults with mental health needs. Contact your local mental health center, or the Division of Behavioral Health, Elder Services for information on community mental health services in your area at 271-5094.

See Types of Treatment section of this book for more information and Appendix for listing of community mental health centers in New Hampshire.

Depression Screening. Free depression screenings are held annually at locations around the country including New Hampshire. To find out more about National Depression Screening Day and screening sites, call 1-800-573-4433.

Peer Support

Peer Support Centers. Peer support centers are community-based self-help programs for persons with mental illness. They provide group counseling, support, recreational, and social opportunities. Outreach may be available through visits or phone “warm” lines if a person is anxious or wants to talk to someone who would listen and better understand. The warm line is a good outlet for support and understanding for consumers who are not in crisis but need someone to talk to.
Some peer support centers have specialized outreach services to older adults. See **Appendix** for listing of Peer Support Centers in New Hampshire.

**Granite State Independent Living (GSIL).** GSIL is a statewide organization run by and for people with disabilities that provides information and referral, peer support, advocacy, and independent living skills training. GSIL also offers some specialized services and programs, such as social and recreational programs, transportation, and interpreter referral. For more information, call GSIL at 1-800-826-3700.

**Family Supports**

**National Alliance for the Mentally Ill (NAMI NH).** NAMI NH is a grassroots organization that provides education, support, and advocacy for family members on behalf of individuals with mental illness. Information and educational classes about mental illness are available as well as support groups around New Hampshire. Call 1-800-242-6264 [NAMI] or 225-5359. See **Appendix** for listing of NAMI support groups.

**Alzheimer's Supports.** The Alzheimer's Disease and Related Disorders Association (ADRDA) promotes caregiver support groups that provide mutual support and guidance, as well as education to cope with the challenges of caregiving: 1-800-750-3848.

**Legal Services and Protective Services**

**Division of Elderly and Adult Services.** This state agency serves people over 60 and adults with disabilities over the age of 18. It provides or funds a variety of long-term supports ranging from nursing home care to residential care, case management, home care, adult protective services, meals on wheels, homemaker, and other community-based alternatives to nursing home care. For more information: 1-800-852-3345, ext. 4378.

**NH Legal Assistance/Senior Citizen's Law Project.** Low-income individuals 60 years or older may be eligible for this program that provides free confidential legal services related to financial issues, family problems, food stamps, welfare, housing concerns, utility shut-offs, tenant rights, consumer problems, estate planning, and other matters: 1-888-353-9944.

**New Hampshire Pro Bono.** This program provides free legal services to low income persons: 1-800-639-5290.

**Civil Practice Clinic.** This program deals with landlord/tenant, consumer and family problems: 225-3350.

**Public Utilities Commission (PUC).** The PUC holds hearings on utility shutoffs: 1-800-639-5290.

**Office of the Ombudsman.** This program assists consumers, employees, and the public to resolve disagreements with the New Hampshire Department of Health and Human Services: 1-800-852-3345, ext. 6941.

**Disabilities Rights Center (DRC).** This statewide organization provides legal advocacy for persons with disabilities who feel that their rights have been violated and are in need of legal assistance: 1-800-834-1721.

**Transportation**

Communities around New Hampshire have various types of public transportation, some that are
designed especially for older adults and adults with disabilities. You can find out about transportation that is available in your area through information resources such as:

- NH Help Line (1-800-852-3388, or 225-9000);
- New Hampshire ServiceLink (1-866-634-9412); or
- local public transit provider if your community has one.

The NH Division of Elderly and Adult Services (DEAS). This office provides direct subsidy through grants from its state office to a number of nonprofit agencies to support transportation services for seniors and adults with disabilities: 1-800-351-1888.

Retired Senior Volunteer Program (RSVP). DEAS also provides limited funding to support volunteer transportation efforts through programs like the Retired Senior Volunteer Program (RSVP).

Social and Recreational Services

Senior Centers. Many communities offer senior programs such as a social center that may include meals and transportation.

Senior Companion Programs. This is a volunteer program enabling eligible adults, aged 60 and older, to serve as companions to other seniors in their community: 225-3295.

YMCA/YWCA. These facilities frequently offer social and exercise programs for older adults.

Adult Day Care. For older adults who need daytime activities or who cannot manage alone, adult day care programs offer social and recreational activities and personal support up to eight hours per day.
### Appendix A

#### NAMI Support Groups in NH*

<table>
<thead>
<tr>
<th>Affiliate Area</th>
<th>Location</th>
<th>Time</th>
</tr>
</thead>
</table>
| **Berlin**        | Mental Health Clinic #3  
12th Street, Berlin                                   | 1st Wednesday of month  
6:00–8:00 PM                                   |
| **Claremont**     | 140 North Street, Claremont                           | 3rd Monday of month  
6:00–7:30 PM                                   |
| **Concord**       | United Way, 46 South Main St., Concord                | 2nd and 4th Monday of month  
7:00–9:00 PM                                   |
| **Dover**         | Wentworth Douglas Hospital, Dover                    | 1st and 3rd Monday of month  
7:00–9:00 PM                                   |
| **Franklin**      | Twin Rivers, Elkins St., Franklin                    | 2nd and 4th Monday of month  
7:00–9:00 PM                                   |
| **Keene-Cheshire**| Monadnock Family Services, Room #117  
93rd Street, Keene                                      | 1st Monday of month  
6:30–8:30 PM                                   |
|                   | MacMillan Building,  
Elm Street, Keene                                       | 2nd Tuesday of month  
7:00–8:30 PM                                   |
| **Lakes Region**  | Genesis, 111 Church Street, Laconia                   | 2nd Wednesday of month  
6:30–8:30 PM                                   |
| **Littleton**     | All Saints Parish House  
Littleton                                                 | 1st Thursday—Support  
3rd Thursday—Education  
7:00–9:00 PM                                   |
| **Manchester**    | The Mental Health Center of Greater Manchester  
401 Cypress St., Manchester                              | 2nd and 4th Thursday of month  
7:00–9:00 PM                                   |
| **Nashua**        | St. Francis Xavier Church  
41 Chandler St., Nashua                                  | 2nd and 4th Tuesday  
6:30–8:00 p.m.                                  |
| **Peterborough**  | Monadnock Community Hospital                          | 2nd and 4th Tuesday of month  
7:30–9:30 PM                                   |

*Meeting dates and locations subject to change. Contact NAMI NH for updated information at 1-800-242-6264.
<table>
<thead>
<tr>
<th>Location</th>
<th>Venue and Address</th>
<th>Days and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salem</td>
<td>Marion Gerrish Community Center</td>
<td>3rd Tuesday of month 7:00–8:00 PM</td>
</tr>
<tr>
<td></td>
<td>W. Broadway, Derry</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Salem Public Library</td>
<td>3rd Thursday of Month 10:30–Noon</td>
</tr>
<tr>
<td>Seacoast</td>
<td>Seacoast Mental Health Center On Exeter Hospital Grounds</td>
<td>2nd and 4th Thursday of month 7:00–9:00 PM</td>
</tr>
<tr>
<td>Upper Valley</td>
<td>85 Mechanic Street (Mills Complex)</td>
<td>3rd Thursday of month 5:30–7:30 PM</td>
</tr>
<tr>
<td></td>
<td>Lebanon</td>
<td></td>
</tr>
<tr>
<td>Wolfeboro</td>
<td>Maplewood House, Bay St, Wolfeboro</td>
<td>3rd Wednesday of month 7:00–9:00 PM</td>
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</tbody>
</table>
# Appendix B

## Peer Support Centers

<table>
<thead>
<tr>
<th>Peer Support Centers</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Consumer Affairs – DBH</td>
<td>(603) 271-5045</td>
<td>Contact for more information on</td>
</tr>
<tr>
<td>105 Pleasant Street, Main Bldg.</td>
<td>(603) 271-5040</td>
<td>Peer Support Centers in New Hampshire</td>
</tr>
<tr>
<td>Concord, NH  03301</td>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>A Way to Better Living</td>
<td>(603) 623-4523</td>
<td><a href="mailto:AWTBL@juno.com">AWTBL@juno.com</a></td>
</tr>
<tr>
<td>13 Orange Street</td>
<td>(603) 623-2873</td>
<td></td>
</tr>
<tr>
<td>Manchester, NM  03105</td>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>Alternative Life Center</td>
<td>(603) 447-1765</td>
<td><a href="mailto:alc@ncia.net">alc@ncia.net</a></td>
</tr>
<tr>
<td>110 W. Main St. PO Box 241</td>
<td>(603) 447-1765</td>
<td></td>
</tr>
<tr>
<td>Conway, NH  03812</td>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>Alternative Life Center South</td>
<td>(603) 569-0921</td>
<td><a href="mailto:alc@ncia.net">alc@ncia.net</a></td>
</tr>
<tr>
<td>94 Center Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wolfeboro Falls, NH  03896</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circle of Hope</td>
<td>(603) 934-7042</td>
<td><a href="mailto:thecircleofhope@aol.com">thecircleofhope@aol.com</a></td>
</tr>
<tr>
<td>82 Elkins St., PO Box 462</td>
<td>(603) 934-7042</td>
<td></td>
</tr>
<tr>
<td>Franklin, NH  03235</td>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>Circle of LIFE</td>
<td>(603) 432-9072</td>
<td>circleofflife.metro.2000.net</td>
</tr>
<tr>
<td>11 Wall St., PO Box 409</td>
<td>(603) 432-0523</td>
<td></td>
</tr>
<tr>
<td>Derry, NH  03038-0409</td>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>Cloverleaf Dropin</td>
<td>(603) 444-5314</td>
<td><a href="mailto:cloverleafdropin@altavista.com">cloverleafdropin@altavista.com</a></td>
</tr>
<tr>
<td>103 Main St., PO Box 599</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Littleton, NH  03561</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corner Bridge, Inc.</td>
<td>(603) 528-7742</td>
<td><a href="mailto:lrcab@greennet.net">lrcab@greennet.net</a></td>
</tr>
<tr>
<td>328 Union Ave., PO Box 304</td>
<td>(603) 524-0801</td>
<td></td>
</tr>
<tr>
<td>Laconia, NH  03276</td>
<td>(603) 524-5377</td>
<td></td>
</tr>
<tr>
<td>Custom Services</td>
<td>(603) 752-5400</td>
<td><a href="mailto:comicaldon@yahoo.com">comicaldon@yahoo.com</a></td>
</tr>
<tr>
<td>257 Main Street</td>
<td>(603) 752-4417</td>
<td></td>
</tr>
<tr>
<td>Berlin, NH  03570</td>
<td>ax</td>
<td></td>
</tr>
<tr>
<td>Granite State Monarchs</td>
<td>(603) 352-5093</td>
<td><a href="mailto:gsm@cheshire.net">gsm@cheshire.net</a></td>
</tr>
<tr>
<td>64 Beaver St., PO Box 258</td>
<td>(603) 352-5093</td>
<td></td>
</tr>
<tr>
<td>Keene, NH  03431</td>
<td>Fax</td>
<td></td>
</tr>
</tbody>
</table>
MCMHCA Pathways to Recovery
55 School St., PO Box 258
Keene, NH 03431
(603) 225-2152
(603) 224-6076 Fax
MCCMHNH@aol.com

Next Step
56 Bank Street
Lebanon, NH 03766
(603) 448-6941
(603) 448-0702 Fax
nextsteps1@earthlink.net

On the Road to Recovery
795 Elm St. #10
Manchester, NH 03101
(603) 622-5640

One Step Further – Free Spirit
103 River Road
Penacook, NH 03303
(603) 753-9459

Seacoast Consumer Alliance, Inc.
544 Islington Street
Portsmouth, NH 03801
(603) 427-5966
(603) 427-5966 Fax
SCAllion@aol.com

Stepping Stone Drop In
108 Pleasant St., PO Box 684
Claremont, NH 03734
(603) 543-1388
(603) 543-0131 Fax
steppingstones@earthlink.net

The Haven
3 Park St., Ste 7
Colebrook, NH 03734
(603) 237-4353
thehaven@aspi.net

Tri-City Consumers’ Action Co-Operative
130 Central Avenue
Dover, NH 03820
(603) 749-5670
(603) 742-7559 Fax
tccmem@prodigy.net
# Appendix C

## NH Department of Health and Human Services

129 Pleasant Street, Concord, NH  03301  
*A partial Organization Chart as of 11/01*

<table>
<thead>
<tr>
<th>NH Department of Health and Human Services</th>
<th>Donald Shumway, Commissioner</th>
<th>(603) 271-4668</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>John Wallace, Associate Commissioner</td>
<td>(603) 271-4504</td>
</tr>
<tr>
<td>Office of the Ombudsman</td>
<td>Ronald Adcock, Director</td>
<td>(603) 271-4116</td>
</tr>
<tr>
<td>Office of Family Services</td>
<td>Richard A. Chevrefils, Senior Division Director</td>
<td>(603) 271-4320</td>
</tr>
<tr>
<td>Division of Alcohol and Drug Abuse,</td>
<td></td>
<td>(603) 271-6100</td>
</tr>
<tr>
<td>Prevention and Recovery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Division of Children,Youth and Families</td>
<td>Nancy Rollins, Director</td>
<td>(603) 271-4837</td>
</tr>
<tr>
<td>Division of Developmental Services</td>
<td>Susan Fox, Director</td>
<td>(603) 271-5013</td>
</tr>
<tr>
<td>Division of Elderly and Adult Services</td>
<td>Catherine Keane, Director</td>
<td>(603) 271-7862</td>
</tr>
<tr>
<td>Medicaid Office</td>
<td>Lee Bezanson, Administrator</td>
<td>(603) 271-4348</td>
</tr>
<tr>
<td>Division of Behavioral Health:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>Thomas Keane</td>
<td>(603) 271-5007</td>
</tr>
<tr>
<td>Assistant Director</td>
<td>Linda Saunders</td>
<td>(603) 271-0563</td>
</tr>
<tr>
<td>Medical Director</td>
<td>Steve Bartels</td>
<td>(603) 271-8336</td>
</tr>
<tr>
<td>Office of Client and Legal Services</td>
<td></td>
<td>(603) 271-5073</td>
</tr>
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</table>

*Office of Community Mental Health Services Administration:*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>(603) 271-8376</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMHSA Administrator</td>
<td>Kelley Capuchino</td>
<td></td>
</tr>
<tr>
<td>Program Administrator</td>
<td>Erik Riera</td>
<td>(603) 271-5048</td>
</tr>
<tr>
<td>Children’s Services Adminstrator</td>
<td>Joseph Perry</td>
<td>(603) 271-5048</td>
</tr>
<tr>
<td>Human Resources Development Coordinator</td>
<td>Patricia Reed</td>
<td>(603) 271-5061</td>
</tr>
</tbody>
</table>
Quality Assurance – Program Specialist  
Esther Crowley  
(603) 271-5044

Older Adult Services Administrator  
Todd Ringelstein  
(603) 271-5094

Finance and Audit – Program Specialist  
Donna Walker  
(603) 271-5072

Regional Manager – Region 1  
Todd Ringelstein  
(603) 271-5094

Regional Manager – Regions 5, 8, 10  
Nancy Egner-Denu  
(603) 271-5154

Regional Manager – Regions 6, 7  
Karen Orsini  
(603) 271-5053

Regional Manager – Regions 2, 3, 4, 9  
Charlene Webber  
(603) 271-5046

Homeless and Housing Administrator  
Lance dePlante  
(603) 271-5059

Consumer Affairs Director  
David Hilton  
(603) 271-5054

**New Hampshire Hospital:**

Superintendent  
Chester Batchelder  
(603) 271-5200

Medical Director  
Dr. Robert M. Vidaver  
(603) 271-5202

**Glencliff Home for the Elderly:**

Administrator  
Sandy Knapp  
(603) 989-3111
Appendix D

NH Community Mental Health Centers

<table>
<thead>
<tr>
<th>Region</th>
<th>Address</th>
<th>Phone</th>
</tr>
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<tbody>
<tr>
<td>Region I</td>
<td>Northern NH Mental Health and Developmental Services</td>
<td>(603) 447-3347</td>
</tr>
<tr>
<td></td>
<td>87 Washington Street</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conway, NH 03818</td>
<td></td>
</tr>
<tr>
<td>Region II</td>
<td>West Central Services, Inc.</td>
<td>(603) 448-0126</td>
</tr>
<tr>
<td></td>
<td>2 Whipple Place, Suite 202</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lebanon, NH 03766</td>
<td></td>
</tr>
<tr>
<td>Region III</td>
<td>Genesis Behavioral Health</td>
<td>(603) 524-1100</td>
</tr>
<tr>
<td></td>
<td>111 Church Street</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Laconia, NH 03246</td>
<td></td>
</tr>
<tr>
<td>Region IV</td>
<td>Riverbend Community Mental Health, Inc.</td>
<td>(603) 228-1551</td>
</tr>
<tr>
<td></td>
<td>5 Market Lane, PO Box 2032</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Concord, NH 03302-2032</td>
<td></td>
</tr>
<tr>
<td>Region V</td>
<td>Monadnock Family Services</td>
<td>(603) 357-4400</td>
</tr>
<tr>
<td></td>
<td>64 Main Street, Suite 301</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Keene, NH 03431</td>
<td></td>
</tr>
<tr>
<td>Region VI</td>
<td>Community Council of Nashua, Inc.</td>
<td>(603) 889-6147</td>
</tr>
<tr>
<td></td>
<td>7 Prospect Street</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nashua, NH 03060-3990</td>
<td></td>
</tr>
<tr>
<td>Region VII</td>
<td>The Mental Health Center of Greater Manchester, Inc.</td>
<td>(603) 668-4111</td>
</tr>
<tr>
<td></td>
<td>401 Cypress Street</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Manchester, NH 03103</td>
<td></td>
</tr>
<tr>
<td>Region VIII</td>
<td>Seacoast Mental Health Center</td>
<td>(603) 431-6703</td>
</tr>
<tr>
<td></td>
<td>1145 Sagamore Ave.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Portsmouth, NH 03801</td>
<td></td>
</tr>
<tr>
<td>Region IX</td>
<td>Behavioral Health and Developmental Services of Strafford County</td>
<td>(603) 749-3244</td>
</tr>
<tr>
<td></td>
<td>One Washington Center</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dover, NH 03820</td>
<td></td>
</tr>
<tr>
<td>Region X</td>
<td>CLM Behavioral Health</td>
<td>(603) 893-3548</td>
</tr>
<tr>
<td></td>
<td>44 Stiles Rd.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Salem, NH 03079</td>
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NH Division of Behavioral Health Services (603) 271-5000
### Hospitals in New Hampshire Accepting Geropsychiatric Admissions

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Medical Center (Manchester)</td>
<td>(603) 663-6170</td>
</tr>
<tr>
<td>Concord Hospital (Concord)</td>
<td>(603) 225-2711, ext. 4399</td>
</tr>
<tr>
<td>Elliot Hospital (Manchester)</td>
<td>(603) 663-5600</td>
</tr>
<tr>
<td>Frisbie Hospital (Dover)</td>
<td>(603) 331-5211</td>
</tr>
<tr>
<td>Glencliff Home for the Elderly (Glencliff)*</td>
<td>(603) 989-3111</td>
</tr>
<tr>
<td>Monadnock Community Hospital (Keene)</td>
<td>(603) 924-7191</td>
</tr>
<tr>
<td>New Hampshire Hospital (Concord)</td>
<td>(603) 271-5300</td>
</tr>
<tr>
<td>St. Joseph's Hospital (Nashua)</td>
<td>(603) 882-3000</td>
</tr>
</tbody>
</table>

*Long-term care facility.*
Appendix E

Social Security District Offices

Social Security Benefits, Supplemental Security Income, Medicare

General information phone number: 1-800-772-1213. website: www.ssa.gov

**Concord**
70 Commercial Street
Concord, NH 03301
(603) 224-1939

**Keene**
34 Mechanic Street
Keene, NH 03431
(603) 352-3487

**Littleton**
177 Main Street
Littleton, NH 03561
(603) 444-2945

**Manchester**
2 Wall Street
Manchester, NH 03101
(603) 641-2180

**Nashua**
130 Main Street
Nashua, NH 03060
(603) 886-7615

**Portsmouth**
80 Daniel Street
Portsmouth, NH 03801
(603) 433-0716

**Salem**
439 South Union Street
Lawrence, Mass 01843
1 (978) 686-6171

**NH Bureau of Social Security Disability Determinations** – for information regarding a medical disability determination.
(603) 271-3341
Appendix F

NH Department of Health and Human Services Offices

Medicaid, Financial Assistance, and Food Stamps

**Berlin**
219 Main Street
Berlin, NH 03570-0684
(603) 752-7800 or 800-972-6111

**Claremont**
17 Water Street
Claremont, NH 03743-0870
(603) 542-9544 or 800-982-1001

**Concord**
40 Terrill Park Drive
Concord, NH 03301-7325
(603) 271-6201 or 800-322-9191

**Conway**
73 Hobbs St.
Conway, NH 03818-6188
(603) 447-3841 or 800-552-4628

**Keene**
809 Court St.
Keene, NH 03431
(603) 357-3510 or 800-624-9700

**Laconia**
65 Becaon St. West
Laconia, NH 03246
(603) 524-4485 or 800-322-2121

**Littleton**
80 North Littleton Road
Littleton, NH 03561-0260
(603) 444-6786 or 800-552-8959

**Manchester**
361 Lincoln Street
Manchester, NH 03103
(603) 668-2330 or 800-852-7493

**Nashua**
19 Chestnut St.
Nashua, NH 03060
(603) 883-7726 or 800-852-0632

**Portsmouth**
30 Maplewood Ave.
Portsmouth, NH 03801
(603) 433-8300 or 800-821-0321

**Rochester**
150 Wakefield Street, Suite 22
Rochester, NH 03567
(603) 332-9120 or 800-862-5300

**Salem**
154 Main Street
Salem, NH 03079
(603) 893-9763 or 800-852-7492

State Central Office of the Department of Health and Human Services

Client Services : 1-800-852-3345 or (603) 271-4344

Public Information: (603) 271-4284
## Appendix G

**ServiceLink**

*Information and referral to resources around New Hampshire*

<table>
<thead>
<tr>
<th>Central Number:</th>
<th>1-866-634-9412</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Sites</strong></td>
<td></td>
</tr>
<tr>
<td>Coos County</td>
<td>(603) 752-6407</td>
</tr>
<tr>
<td>Carroll County</td>
<td>(603) 539-7203</td>
</tr>
<tr>
<td>Northern Grafton County</td>
<td>(603) 444-0271</td>
</tr>
<tr>
<td>Southern Grafton County</td>
<td>(603) 448-4778</td>
</tr>
<tr>
<td>Belknap County</td>
<td>(603) 528-6945</td>
</tr>
<tr>
<td>Merrimack County</td>
<td>(603) 228-6625</td>
</tr>
<tr>
<td>Pleasant View Retirement Center</td>
<td>(603) 228-6625</td>
</tr>
<tr>
<td>Sullivan County</td>
<td>(603) 863-1358</td>
</tr>
<tr>
<td>Monadnock</td>
<td>(603) 357-1922</td>
</tr>
<tr>
<td>Manchester Region</td>
<td>(603) 644-2240</td>
</tr>
<tr>
<td>Greater Nashua</td>
<td>(603) 598-4709</td>
</tr>
<tr>
<td>Eastern Rockingham County</td>
<td>(603) 334-6953</td>
</tr>
<tr>
<td>Southwestern Rockingham County</td>
<td>(603) 432-0332</td>
</tr>
<tr>
<td>Strafford County</td>
<td>(603) 332-7398</td>
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## Division of Elderly and Adult Services (DEAS)

<table>
<thead>
<tr>
<th>District Office</th>
<th>Telephone numbers: (603) area code</th>
<th>Toll-free number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berlin</td>
<td>752-7800</td>
<td>1-800-972-6111</td>
</tr>
<tr>
<td>Claremont</td>
<td>542-9544</td>
<td>1-800-982-1001</td>
</tr>
<tr>
<td>Concord</td>
<td>271-3610</td>
<td>1-800-322-9191</td>
</tr>
<tr>
<td>Conway</td>
<td>447-3841</td>
<td>1-800-552-4628</td>
</tr>
<tr>
<td>Keene</td>
<td>357-3510</td>
<td>1-800-624-9700</td>
</tr>
<tr>
<td>Laconia</td>
<td>524-4485</td>
<td>1-800-322-2121</td>
</tr>
<tr>
<td>Littleton</td>
<td>444-6786</td>
<td>1-800-552-8959</td>
</tr>
<tr>
<td>Manchester</td>
<td>668-2330</td>
<td>1-800-852-7493</td>
</tr>
<tr>
<td>Nashua</td>
<td>883-7726</td>
<td>1-800-852-0632</td>
</tr>
<tr>
<td>Portsmouth</td>
<td>433-8318</td>
<td>1-800-821-0326</td>
</tr>
<tr>
<td>Rochester</td>
<td>332-9120</td>
<td>1-800-862-5300</td>
</tr>
<tr>
<td>Salem</td>
<td>893-9763</td>
<td>1-800-852-7492</td>
</tr>
</tbody>
</table>
Appendix H

NH Statewide Resources

Alcoholics Anonymous 1-800-593-3330 www.alcoholics-anonymous.org
Brain Injury Foundation 1-800-773-8400 www.bianh.org
Consumer Protection For Insurance 1-800-352-3416
Consumer Protection For Public Utilities 1-800-852-3793
Deaf Services Team of Community Council in Nashua (603) 889-6147
Eldercare Locater 1-800-677-1116
Elderstrength (A service of Familystrength) 1-877-444-0288 www.elderstrength.org
Food Stamp Information 1-800-852-3345
Fuel Assistance Information (603) 271-8317
Governor's Citizens Service 1-800-852-3456
Governor's Commission on Disability 1-800-852-3405
Granite State Independent Living Foundation: 1-800-826-3700 www.gsil.org
Helpline 1-800-852-3388 or (603) 225-9000 www.nhhelpline.org
HICEAS (Health insurance counseling, education assistance) 1-800-852-3388
Legal Services Advice Line 1-888-353-9944
Living Will Information (603) 225-0900
Long-Term Care Ombudsman Office 1-800-442-5640
Medicaid Information 1-800-852-3345

Medicare Claims Information 1-800-447-1142

National Alliance for the Mentally Ill NH 1-800-242-NAMI (6264)/225-5359 www.naminh.org

NH Association for the Blind: 1-800-464-3075 www.sightcenter.com

NH Coalition on Substance Abuse, Aging, and Mental Health 1-800-351-1888 ext. 4683

NH Division of Behavioral Health/ Older Adult Services (603) 271-5094

NH Division of Elderly and Adult Services 1-800-351-1888 or (603) 271-4680

NH Division of Elderly and Adult Services, Alzheimer’s Program 1-800-351-1888 ext. 4687

NH Department of Health and Human Services 1-800-852-3345 (general number)

NH Division of Behavioral Health (603) 271-5000 (general number)

NH Division of Developmental Services 1-800-852-3345, ext 5034

NH Division of Family Assistance 1-800-852-3345, ext. 4238

NH Housing Finance Authority 1-800-662-5266 or (603) 444-6259

NH ServiceLink 1-866-634-9412 www.state.nh.us/servicelink

NH State Legislature (603) 271-3321 www.state.nh.us for information about bills and proposed legislation

Senior Dental Clinic (603) 271-7166

Sight Services for Independent Living 1-800-581-6881 www.nhbvi.com

Social Security Administration 1-800-772-1213

The Northeast Deaf and Hard of Hearing Services (603) 224-1850 (TTY)

Veterans Council 1-800-622-9230
# Appendix I

## National Resources and Websites

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Association of Suicidology</td>
<td>4201 Connecticut Ave., NW Suite 408</td>
<td>(202) 237-2280</td>
<td><a href="http://www.suicidology.org">www.suicidology.org</a></td>
</tr>
<tr>
<td></td>
<td>Washington, D.C. 20008</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Psychiatric Association</td>
<td>1400 K. St, NW</td>
<td>(202) 682-6000</td>
<td><a href="http://www.psych.org">www.psych.org</a></td>
</tr>
<tr>
<td></td>
<td>Washington, DC 2005</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety Disorders Association of America</td>
<td>11900 Parklawn Drive Suite 1000</td>
<td>(301) 231-9350</td>
<td><a href="http://www.adaa.org">www.adaa.org</a></td>
</tr>
<tr>
<td></td>
<td>Rockville, MD 20852-2624</td>
<td></td>
<td></td>
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<tr>
<td>Bazelon Center for Mental Health Law</td>
<td>1102 15th St., NW Suite 700</td>
<td>(202) 223-2477</td>
<td><a href="http://www.bazelon.org">www.bazelon.org</a></td>
</tr>
<tr>
<td></td>
<td>Washington, DC 20036</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare Toll Free Help Line</td>
<td></td>
<td>1-800-MEDICARE (633-4227)</td>
<td><a href="http://www.medicare.gov">www.medicare.gov</a></td>
</tr>
<tr>
<td></td>
<td>TTY/TDD: 1-877-486-2048 (for hearing and speech impaired)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAMI National HelpLine</td>
<td></td>
<td>1-800-950-NAMI (6264)</td>
<td><a href="http://www.nami.org">www.nami.org</a></td>
</tr>
<tr>
<td>NAMI NH</td>
<td>10 Ferry Street, Unit 314 Concord, NH 03301</td>
<td>1-800-242-6264</td>
<td><a href="http://www.naminh.org">www.naminh.org</a></td>
</tr>
<tr>
<td></td>
<td>Physical address: Suite 308</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NARSAD-National Alliance for Research on Schizophrenia and Depression</td>
<td>60 Cutter Mill Road, Suite 404, Great Neck, NY 11021</td>
<td>(516) 829-0091</td>
<td><a href="http://www.narsad.org">www.narsad.org</a></td>
</tr>
<tr>
<td>Organization</td>
<td>Address</td>
<td>Phone</td>
<td>Website</td>
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<tr>
<td>National Depressive and Manic Depressive Association</td>
<td>730 N. Franklin, Suite 501, Chicago, IL 60610</td>
<td>(312) 642-0049</td>
<td><a href="http://www.nddaboston.org">www.nddaboston.org</a></td>
</tr>
<tr>
<td>National Institute of Mental Health (NIMH)</td>
<td>5600 Fishers Lane Parklawn Building, Room 1799</td>
<td>(301) 433-3673</td>
<td><a href="http://www.nimh.nih.gov">www.nimh.nih.gov</a></td>
</tr>
<tr>
<td>National Mental Health Association</td>
<td>1021 Prince Street, Alexandria, VA 22314</td>
<td>(703) 684-7722</td>
<td><a href="http://www.nmha.org">www.nmha.org</a></td>
</tr>
<tr>
<td>Obsessive Compulsive Foundation</td>
<td>PO Box 70, Milford, CT 06460</td>
<td>(203) 878-5669</td>
<td><a href="http://www.pages.prodigy.com/ocf">www.pages.prodigy.com/ocf</a></td>
</tr>
<tr>
<td>Substance Abuse and Mental Health Services Administration (SAMHSA)</td>
<td>National Institutes on Drug Abuse 6001 Executive Boulevard, Room 5213 Bethesda, MD 20892-9561 National Clearinghouse for Alcohol and Drug Information</td>
<td>1-800-729-6686</td>
<td><a href="http://www.health.org">www.health.org</a> <a href="http://www.samhsa.gov">www.samhsa.gov</a></td>
</tr>
<tr>
<td>Social Security Administration</td>
<td></td>
<td>1-800-722-1213, TTY 1-800-325-0778</td>
<td><a href="http://www.ssa.gov">www.ssa.gov</a></td>
</tr>
<tr>
<td>Treatment Advocacy Center</td>
<td>3300 N. Fairfax Drive, Suite 220, Arlington, VA 22201</td>
<td>(703) 294-6001</td>
<td></td>
</tr>
</tbody>
</table>
## Internet Resources

<table>
<thead>
<tr>
<th>Service</th>
<th>Website</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>AARP</strong></td>
<td><a href="http://www.aarp.org">www.aarp.org</a></td>
<td>Maintains the AARP Meeting Place, a support group for caregivers available throughout America On-Line, and provides information about AARP and its services.</td>
</tr>
<tr>
<td><strong>Answers</strong></td>
<td><a href="http://www.service.com/answers/cover.html">www.service.com/answers/cover.html</a></td>
<td>Includes magazine topics such as coping with emotions, finding resources, and caring for an aging parent.</td>
</tr>
<tr>
<td><strong>Caregiver Survival Resources</strong></td>
<td><a href="http://www.geocities.com/athens/1390">www.geocities.com/athens/1390</a></td>
<td>Maintains one of the most visited caregiver sites, provides links to many resources, government, and nonprofit agencies, supplies lists of local and regional resources.</td>
</tr>
<tr>
<td><strong>Center for Mental Health Services' Knowledge Exchange Network (KEN)</strong></td>
<td><a href="http://www.aacap.org">www.aacap.org</a></td>
<td>An on-line community of older adult computer users.</td>
</tr>
<tr>
<td><strong>Elderweb</strong></td>
<td><a href="http://www.elderweb.org">www.elderweb.org</a></td>
<td>An on-line community of older adult computer users.</td>
</tr>
<tr>
<td><strong>Friends Health Connection</strong></td>
<td><a href="http://www.48friend.com">www.48friend.com</a></td>
<td>Links caregivers and people with disabilities and chronic illness with others experiencing the same challenges.</td>
</tr>
<tr>
<td><strong>Internet Mental Health</strong></td>
<td><a href="http://www.mentalhealth.com">www.mentalhealth.com</a></td>
<td>For booklets and articles.</td>
</tr>
<tr>
<td><strong>National Alzheimer's Association</strong></td>
<td><a href="http://www.alz.org">www.alz.org</a></td>
<td>1-800-271-3900</td>
</tr>
<tr>
<td><strong>National Brain Injury Foundation</strong></td>
<td><a href="http://www.biausa.org">www.biausa.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>National Council on Aging</strong></td>
<td><a href="http://www.ncoa.org">www.ncoa.org</a></td>
<td>A private, nonprofit association committed to promoting the dignity, self-determination, well-being, and contributions of older persons and to enhancing the field of aging through leadership and service, education, and advocacy. National Council on Aging (NCOA) has a website for older Americans to determine what federal and state benefits and programs are available: <a href="http://www.benefitscheckup.org">www.benefitscheckup.org</a>. For publications and information that focuses on extending and enhancing independent living, 1-800-424-9046.</td>
</tr>
<tr>
<td><strong>National Family Caregivers</strong></td>
<td><a href="http://www.nfcacares.org">www.nfcacares.org</a></td>
<td>A grassroots organization created to educate, support and empower people who care for loved ones who are chronically ill, aging, or disabled.</td>
</tr>
<tr>
<td><strong>National Senior Citizens Law Center</strong></td>
<td><a href="http://www.nsclc.org">www.nsclc.org</a></td>
<td>Covers the legal issues that &quot;affect the security and welfare of older persons of limited income.&quot;</td>
</tr>
<tr>
<td><strong>Needymeds.com</strong></td>
<td><a href="http://www.needymeds.com">www.needymeds.com</a></td>
<td>A website for medications for free/reduced cost.</td>
</tr>
<tr>
<td><strong>Senior Law Home Page</strong></td>
<td><a href="http://www.seniorlaw.com">www.seniorlaw.com</a></td>
<td>Helps older person, families, attorneys, and financial planners to access information about &quot;elder law&quot; as well as Medicare, Medicaid, estate planning, trusts, and the rights of older adults and disabled persons.</td>
</tr>
<tr>
<td><strong>Senior Link</strong></td>
<td><a href="http://www.senior.com">www.senior.com</a></td>
<td>Provides access to &quot;eldercare&quot; professionals, programs, and activities.</td>
</tr>
<tr>
<td><strong>Senior Net</strong></td>
<td><a href="http://www.seniornet.org">www.seniornet.org</a></td>
<td>Has book clubs, learning centers, medication questions and answers, and a forum on &quot;successful aging.&quot;</td>
</tr>
<tr>
<td><strong>Social Security</strong></td>
<td><a href="http://www.ssa.gov/SSA-Home.html">www.ssa.gov/SSA-Home.html</a></td>
<td>For information on benefits, disability and work, and links to other governmental agencies.</td>
</tr>
<tr>
<td><strong>Substance Abuse and Mental Health Services Information</strong></td>
<td><a href="http://www.samhsa.org">www.samhsa.org</a></td>
<td>For information about mental health, mental illness and substance abuse.</td>
</tr>
</tbody>
</table>

NOTE: NAMI NH does not necessarily screen websites for their information. These resources were recommended by family members, consumers, and professionals.
## Appendix J

### Legal Help

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Address/Contact Information</th>
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</thead>
<tbody>
<tr>
<td><strong>NH Legal Assistance</strong></td>
<td>Legal services for low income people of all ages</td>
<td>Administrative Office 1361 Elm Street Suite 307 Manchester, NH 03101 (603) 668-2900 1-800-562-3174 (outside of Manchester)</td>
</tr>
<tr>
<td><strong>Manchester</strong></td>
<td></td>
<td>408 Moody Building Tremont Square Claremont, NH 03743 (603) 542-8795 1-800-562-3994</td>
</tr>
<tr>
<td><strong>Claremont</strong></td>
<td></td>
<td>Simeon Smith House PO Box 778 Portsmouth, NH 03802-0778 (603) 431-7411 1-800-334-3135</td>
</tr>
<tr>
<td><strong>Portsmouth</strong></td>
<td></td>
<td>58 Main Street Littleton, NH 03561 (603) 431-7411 1-800-548-1886</td>
</tr>
<tr>
<td><strong>Littleton</strong></td>
<td></td>
<td>18 Low Avenue PO Box 3660 Concord, NH 03302-3660 (603) 228-0432 1-800-834-1721 TDD Relay 1-800-735-2964</td>
</tr>
<tr>
<td><strong>Disabilities Rights Center</strong></td>
<td>Legal assistance and advocacy specific to disabilities issues</td>
<td>10 White Street Concord, NH 03301 (603) 224-8041</td>
</tr>
<tr>
<td><strong>Office of Public Guardian</strong></td>
<td>Nonprofit organization available to serve as guardian or conservator or other court appointed services</td>
<td>Granite State Guardianship Services PO Box 305 Whitefield, NH 03598 (603) 837-9561</td>
</tr>
<tr>
<td><strong>TriCounty Community</strong></td>
<td>Nonprofit organization available to serve as guardian or conservator or other court appointed services</td>
<td>18 Low Avenue Concord, NH 03301 (603) 224-0805</td>
</tr>
<tr>
<td><strong>Action Program</strong></td>
<td></td>
<td>15 Constitutional Drive Suite #169 Bedford, NH 03110 (603) 472-2543</td>
</tr>
<tr>
<td><strong>Enhanced Life Options</strong></td>
<td>Information on special needs trusts and other services for persons with disabilities</td>
<td>18 Low Avenue Concord, NH 03301 (603) 224-0805</td>
</tr>
</tbody>
</table>

**Note:** The contact numbers listed are for the main office and for outside of Manchester.
Resources on Diversity Issues

NH Minority Health Coalition
1000 Elm Street Suite 204
Manchester, NH 03101
*Mailing Address:
P.O Box 3992
Manchester NH: 03105
(603) 627-7703

NH Catholic Charities
Elderly & Multicultural Services
325 Franklin Street
Manchester, NH 03101-1999
(603) 624-4717 ext. 18

National Hispanic Council on Aging (NHCOA)
2713 Ontario Road, N.W. Ste. 200
Washington, D.C. 20009
(202) 745-2521

Older Women's League
666 Eleventh Street, N.W., Ste700
Washington D.C., 20001
(202) 783-6686

Asoc. Nacional Por Personals Mayores
3325 Wilshire Blvd., Suite 800
Los Angeles, CA 90020-1724
(213) 487-1922

Cultural Competency: www.bphc.hrsa.gov

National Asian Pacific Center on Aging (NAPCA)
Melbourne Tower, Suite 914
1511 Third Avenue
Seattle, WA 98101-1626
(206) 624-1221

National Caucus and Center On Black Aged
1424 K Street, NW Ste 500
Washington D.C. 20005
(202) 637-8400

B'Nai B'rith Center for Senior Housing and Services: www.bnaibrith.org

Association for Gerontology and Human Development in Historically Black Colleges and Universities
C/o Institute of Gerontology
University of the District of Columbia
4200 Connecticut Avenue, NW, MB#5103
Washington, D.C 20008
(202) 274-6687

Bureau of Primary Health Care (BPHC): http://raceandhealth.hhs.gov

Race, Ethnicity, and Medical Care:
www.kff.org

Dover GLBT HelpLine
Dover, NH
(603) 743-4292 (GAY2)
GLARP: Gay, Lesbian Association of Retired Persons: www.gaylesbianretiring.org
Pride Senior Network
356 W. 18th St.
New York, NY 10011
(212) 271-7288
www.pridesenior.org

Senior Action in a Gay Environment (SAGE)
(212) 741-2247
www.sageusa.org

Rainbow Resources
The Gay Info Line of New Hampshire
26 South Main St. Box 181
Concord, NH 03301
(603) 224-1686
GayinfoNH@aol.com
http://www.rainbowresources-nh.org

PFLAG (Parents and Friends of Lesbians and Gays)
51 Front Drive, Manchester N.H. 03102
1-800-750-2524
www.pflagnh.org

Gay Alliance
Child and Family Services
Littleton NH
1-800-439-0418

Gay/Lesbian Help
1-888-843-4564
GLNH@glnh.org
Appendix L

A Guide to Terminology

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

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

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

**Anti-psychotic medications**—Literally “against psychosis,” these drugs help to prevent or reverse symptoms like paranoia, delusional beliefs, and hallucinations.

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

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

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

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

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

**Consumer**—Person who receives or has received mental health treatment.

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

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

**Durable Power of Attorney for Health Care**—A document that allows an individual to name another person to make medical decisions should the individual become incapacitated. Preferences and instructions about medical care should be specified in the document.

**ECT (Electroconvulsive Therapy)**—A form of treatment for depression that can be very
effective in cases where other treatment, such as medication, has not been successful.

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

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

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

**Hallucinations**—A false sensory experience (feeling, smell, taste, vision or sound). Many people with schizophrenia hear voices or sounds.

**IEA**—Involuntary Emergency Admission. The procedure whereby temporary authority is granted to place an unwilling person in a hospital to prevent harm to him/herself or others.

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

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

**Mania**—See affective disorder

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

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

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

**Outcomes Based Treatment Plan (OBTP)**—The tool used to gather initial information and assessment the level of service needed for an older adult in the community mental health system.

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

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

**Pharmacologic therapy**—The use of medications in the treatment of illness.

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

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

**Psychologist**—A person with a graduate degree in psychology, qualified to do psychological testing and psychotherapy.

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

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

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

**Psychotropic medications**—A general term, meaning any drug that alters a person's psychological functioning.

**Schizophrenia**—A type of mental illness that involves periods of psychosis and, usually, ongoing social withdrawal. Hallucinations and paranoia are common symptoms. Inability to sort out the relevant information from the many stimuli received leads to confusion, uncertainty, and inappropriate behavior. A thinking disorder rather than a mood disorder.

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

**Shadowing**—Short-term memory loss does not allow a person to remember, when someone is out of his or her sight, how long they have been gone or when they will return. Persons with short-term memory loss may follow or “shadow” a caregiver that they are totally dependent upon to avoid feeling lost, alone, distressed or panicked.

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

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

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

**Add your own list of special words as you discover them.**
Appendix M

List of Acronyms

Professionals, or treatment providers, working in the field of mental health often speak and write abbreviations and acronyms that are unfamiliar to the lay person. *Whenever you are unsure what a professional is saying, stop them and ask for clarification.* Treatment providers are sometimes so accustomed to speaking in professional language that they may not realize they are using terms not commonly understood. Below is a list of some of the frequently used acronyms.

ACT  Assertive Community Treatment  ADL  Activities of Daily Living  BPD  Borderline Personality Disorder  C3  Client-Centered Conference  CA  Consumer Advocate  CC  Consumer Council  CD  Conditional Discharge  CM  Case Management/Case Manager  CME  Compulsory Mental Exam (aka Complaint and Prayer)  CMHC  Community Mental Health Center  CSP  Community Support Program  DBH  Division of Behavioral Health  DHHS  Department of Health and Human Services  ER  Emergency Room  ES  Emergency Services  ESTP  Emergency Services Treatment Plan  ETOH  Alcohol  HUD  Section 8 subsidized housing  HX  History  IEA  Involuntary Emergency Admission  IL  Independent Living
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>ISP</td>
<td>Individual Service Plan (same as ITP)</td>
</tr>
<tr>
<td>ITP</td>
<td>Individual Treatment Plan</td>
</tr>
<tr>
<td>JP</td>
<td>Justice of the Peace</td>
</tr>
<tr>
<td>LRE</td>
<td>Least Restrictive Environment</td>
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<tr>
<td>MHA</td>
<td>Mental Health Associate</td>
</tr>
<tr>
<td>MHDS</td>
<td>Mental Health/Developmental Services</td>
</tr>
<tr>
<td>MIMS</td>
<td>Mental Illness Management Services</td>
</tr>
<tr>
<td>NAMI</td>
<td>National Alliance for the Mentally Ill</td>
</tr>
<tr>
<td>NHH</td>
<td>New Hampshire Hospital</td>
</tr>
<tr>
<td>NIMH</td>
<td>National Institute of Mental Health</td>
</tr>
<tr>
<td>OBTP</td>
<td>Outcomes Based Treatment Plan</td>
</tr>
<tr>
<td>PC</td>
<td>Protective Custody</td>
</tr>
<tr>
<td>PRN</td>
<td>As needed (i.e. medications)</td>
</tr>
<tr>
<td>PS</td>
<td>Peer Support</td>
</tr>
<tr>
<td>PSA</td>
<td>Peer Support Agency</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post-Traumatic Stress Disorder</td>
</tr>
<tr>
<td>RSA</td>
<td>Revised Statutes Annotated</td>
</tr>
<tr>
<td>SA</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>SMI</td>
<td>Severely Mentally Ill</td>
</tr>
<tr>
<td>SPMI</td>
<td>Severe and Persistent Mental Illness</td>
</tr>
<tr>
<td>SPU</td>
<td>Secure Psychiatric Unit</td>
</tr>
<tr>
<td>SSDI</td>
<td>Social Security Disability Income</td>
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<tr>
<td>SSI</td>
<td>Supplemental Security Income</td>
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<td>SX</td>
<td>Symptoms</td>
</tr>
<tr>
<td>TX</td>
<td>Treatment</td>
</tr>
</tbody>
</table>

**Add your own:**
Appendix N

Recommended Readings

Sources of Information and Inspiration: Publications, Guides, and Books

Aging Issues: Statewide newsletter available through the Division of Elderly and Adult Services, (DEAS) in NH by contacting 1-800-351-1888, ext. 4683 or send e-mail to mmorrill@dhhs.state.nh.us


Medicare and You (Updated annually): Available through the Health Care Financing Administration: 1-800-MEDICARE (633-4227)


Mental Health Recovery Newsletter: Available through Mary Ellen Copeland, MS, MA PO Box 301, W. Dummerston, VT 05357, (802) 254-2092 (phone) cope-land@mentalhealthrecovery.com


New Hampshire’s Family Care Guide for Alzheimer’s Disease and Related Disorders: available through NH Division of Elderly and Adult Services, Alzheimer’s Disease Program: 271-4687.

NH Assistance Handbook: available through the Division of Family Assistance, (800) 852-3345, ext. 4580.


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

## Medication—Some Commonly Used Psychiatric Drugs

<table>
<thead>
<tr>
<th>Type</th>
<th>Generic Name</th>
<th>Brand Names</th>
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</thead>
<tbody>
<tr>
<td><strong>Mood Stabilizers</strong></td>
<td>Lithium carbonate</td>
<td>Cibalith, Eskalith, Lithane, Lithobid</td>
</tr>
<tr>
<td></td>
<td>Carbamazepine</td>
<td>Tegretol</td>
</tr>
<tr>
<td></td>
<td>Divalproex sodium</td>
<td>Depakote</td>
</tr>
<tr>
<td></td>
<td>Lamotrigine</td>
<td>Lamictal</td>
</tr>
<tr>
<td></td>
<td>Gabapentin</td>
<td>Neurontin</td>
</tr>
<tr>
<td></td>
<td>Verapamil</td>
<td>Calan, Isoptin</td>
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<tr>
<td><strong>Antidepressants</strong></td>
<td>Citalopram</td>
<td>Celexa</td>
</tr>
<tr>
<td></td>
<td>Fluoxetine</td>
<td>Prozac</td>
</tr>
<tr>
<td></td>
<td>Sertraline</td>
<td>Zoloft</td>
</tr>
<tr>
<td></td>
<td>Paroxetine</td>
<td>Paxil</td>
</tr>
<tr>
<td></td>
<td>Trazadone</td>
<td>Desyrel</td>
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<td></td>
<td>Venlafaxine</td>
<td>Effexor</td>
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<td></td>
<td>Nefazodone</td>
<td>Serzone</td>
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<td></td>
<td>Mirtazipine</td>
<td>Remeron</td>
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<td></td>
<td>Amitriphyline</td>
<td>Elavil, Endep</td>
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<td></td>
<td>Desipramine</td>
<td>Nonpramin, Pertofane</td>
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<tr>
<td></td>
<td>Doxepin</td>
<td>Adapin, Sinequan</td>
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<tr>
<td></td>
<td>Imipramine</td>
<td>Tofranil, Imavate</td>
</tr>
<tr>
<td></td>
<td>Nortriptyline</td>
<td>Pamelor, Aventyl</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Brand Name</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>Phenelzine</td>
<td>Nardil</td>
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<tr>
<td>Tranylcypromine</td>
<td>Parnate</td>
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<tr>
<td>Clomipramine</td>
<td>Anafranil</td>
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<tr>
<td>Amoxapine</td>
<td>Asendin</td>
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<tr>
<td>Wellbutrin</td>
<td>Bupropion</td>
<td></td>
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<tr>
<td>Fluvoxamine</td>
<td>Luvox</td>
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**Anti-psychotics**

<table>
<thead>
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<th>Drug Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluphenazine</td>
<td>Prolixin, Permitil</td>
</tr>
<tr>
<td>Perphenazine</td>
<td>Trilafon</td>
</tr>
<tr>
<td>Haloperidol</td>
<td>Haldol</td>
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<td>Thiothixene</td>
<td>Navane</td>
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<td>Loxapine</td>
<td>Loxitane</td>
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<td>Clozapine</td>
<td>Clozaril</td>
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<td>Risperidone</td>
<td>Risperdal</td>
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<tr>
<td>Olanzapine</td>
<td>Zyprexa</td>
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<tr>
<td>Quetiapine</td>
<td>Seroquel</td>
</tr>
<tr>
<td>Chlorprozamine</td>
<td>Thorazine</td>
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<tr>
<td>Thioridazine</td>
<td>Mellaril</td>
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<td>Trifluoperazine</td>
<td>Stelazine</td>
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<td>Mesoridazine</td>
<td>Serentil</td>
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<td>Geodon</td>
<td>Ziprasidone</td>
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<td>Molindone</td>
<td>Moban</td>
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<td>Pimozide</td>
<td>Orap</td>
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**Cholinesterase Enhancing Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Brand Name</th>
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</thead>
<tbody>
<tr>
<td>Aricept</td>
<td>Donepezil</td>
</tr>
<tr>
<td>Reminyl</td>
<td>Galatamine</td>
</tr>
<tr>
<td>Exelon</td>
<td>Rivastigmine</td>
</tr>
<tr>
<td>Cognex</td>
<td>Tacrine</td>
</tr>
</tbody>
</table>
# Appendix P

## Partial Listing of Relevant Laws and Standards in New Hampshire

### RSA’s: State Laws

<table>
<thead>
<tr>
<th>RSA</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSA 135-C</td>
<td>New Hampshire Mental Health Services System</td>
</tr>
<tr>
<td>RSA 135-C-27</td>
<td>Involuntary Emergency Admission Procedures</td>
</tr>
<tr>
<td>RSA 135-C-28</td>
<td>Includes a provision allowing peace officers to place an individual in protective custody when that individual engages in behavior that indicates that he/she may pose a danger to him/herself or others as a result of mental illness.</td>
</tr>
<tr>
<td>RSA 135-C-19-a</td>
<td>Describes law that allows family members or others to access information about a consumer if the person requesting the information assists in the direct care for the consumer.</td>
</tr>
<tr>
<td>RSA 464-A</td>
<td>Guardians and conservators</td>
</tr>
<tr>
<td>RSA 151-A</td>
<td>Patient Bill of Rights</td>
</tr>
<tr>
<td>RSA 137-H</td>
<td>Living Will</td>
</tr>
<tr>
<td>RSA 137-J</td>
<td>Durable Power of Attorney for Health Care</td>
</tr>
</tbody>
</table>
He-M's

State standards in NH for services to individuals who receive funding through the state Division of Behavioral Health. These standards have the full force of law and are legally binding for the facilities regulated by them.

He-M 202  Spells out Rights Protection Procedures for persons receiving services in community mental health settings.

He-M 204  Explains procedures for Fair Hearings on Appeals on Medicaid Funded Mental Health and Developmental Services.

He-M 309  Explains the Rights of Persons Receiving Mental Health Service in the Community in NH

He-M 401  Explains Placement into the Mental Health Service Delivery System and criteria for eligibility in state funded programs.

He-M 426  Describes the types of Community Mental Health Services that may be offered in state supported facilities and are reimbursable through Medicaid for eligible recipients.

He-M 1201  Lists criteria for Administration of Medications.

Copies of He-M standards and RSA laws can be obtained from:
Division of Behavioral Health
105 Pleasant Street, Concord, NH 03301
Phone: (603) 271-5000.
Appendix Q

Laughter Is The Best Medicine and It Costs Nothing!

The Senility Prayer
God grant me the Senility to forget the people I never liked, the good fortune to run into the ones that I do, and the eyesight to tell the difference. Now that I'm older, here's what I've discovered:

1. I started out with nothing, and I still have most of it.
2. My wild oats have turned into prunes and All Bran.
3. I finally got my head together; now my body is falling apart.
4. Funny, I don't remember being absent minded…
5. All reports are in; Life is now officially unfair.
6. If all is not lost, where is it?
7. It is easier to get older than it is to get wiser.
8. Some days you're the dog; some days you're the hydrant.
9. I wish the buck stopped here; I sure could use a few…
11. Accidents in the back seat cause…kids.
12. It's hard to make a comeback when you haven't been anywhere.
13. The only time the world beats a path to your door is when you're in the bathroom.
14. If God wanted me to touch my toes, he would have put them on my knees.
15. When I'm finally holding all the cards, why does everyone decide to play chess?
16. It's not hard to meet expenses…they're everywhere.
17. The only difference between a rut and a grave is the depth.
18. These days, I spend a lot of time thinking about the hereafter… I go somewhere to get something and then wonder what I'm here after.

Add to this list and share it with someone.
References

National Alliance for the Mentally Ill New Hampshire, Concord NH. (available in local libraries around New Hampshire).

About Advanced Directives for Psychiatric Care
(April 2001). Brochure produced by Office of Consumer Affairs, NH Division of Behavioral Health, Concord, NH.

Brochure produced by New Hampshire Hospital Association, Concord, NH.


Carman, M., Trout, N., Norris-Baker, L.

Dealing with Depression Later In Life: Mary Ellen Copeland, M.A., M.S.
PO Box 301, W. Dummerston, VT 05357. Website: www.mentalhealthrecovery.com

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

Domestic Violence
(May 2000). “It Helps To Know The Law” pamphlet series. Produced by NH Legal Assistance, Concord, NH.


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

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


Personality Disorders in Late Life: Understanding and Overcoming the Gap in Research.


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


References for Aging, Death and Dying:


Senior Moments: Graceful Aging is Successful Aging. (August 2001). Dr. Brent Forester, The Senior Beacon.
NOTES

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

ServiceLink 1-866-634-9412
NAMI NH (Concord) 1-800-242-NAMI (6264)

Local Support Group Information:

Primary Care Physician:

Other Treatment Providers:

Community Mental Health Center:

Local Hospital:

Local Police Department:

Legal Counsel:

Pharmacy:

Medications: Type Dosage
Notes