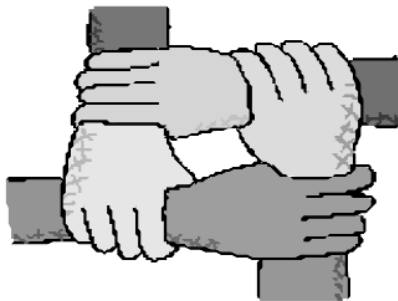


KNOWLEDGE, SUPPORT & ACTION CAN MAKE THE DIFFERENCE



- **Is someone you know experiencing the blues and can't quite get past them?**
- **Has someone you know experienced significant loss and not sure where to turn for help?**
- **What are the obstacles that keep people from getting help?**
- **How can I really make a difference?**
- **Want to go from “surviving aging to thriving” as you age?**

Come and find out! Join Tom Volkert, Director of Mental Health/Aging Advocacy of the Mental Health Association to find out about some FREE workshops.

FRIDAY, MARCH 2 AT 10:30 AM

Sponsored by Southwest Senior Center and the Mental Health/Aging Advocacy Project of the Mental Health Association of Southeastern Pennsylvania

OLDER ADULTS AND MENTAL HEALTH

Right now, 20% of the population of Philadelphia is 60 years old or above. This number will increase in the coming years.

Most older adults enjoy good mental health. Depression, anxiety, dementia and other mental illness are not part of normal aging. Yet between 18 and 25% of older adults suffer with mental illnesses like depression, anxiety, and dementia. Most incidents are treatable and people can feel better. Yet only a small number of older adults get help.

There are several reasons why older adults don't receive the help they need:

- Many older adults are ashamed or embarrassed to talk about mental health or get help for themselves or their loved ones.
- Quality mental health care for older adults is not always available or affordable.

- People think that some problems that older adults face are not treatable but part of getting old.

WHAT WILL HAPPEN IF WE IGNORE THESE NEEDS?

The results of not treating depression, anxiety, substance abuse and other mental health problems are not cheap! First, there is the personal and family suffering that is priceless. In addition, mental health problems can mean an increase risk of physical problems, increase health costs, further deterioration in the ability to function, and death.

The good news is that the treatment of Depression in older adults is effective 80% of the time.

WHAT IS THE MENTAL HEALTH/AGING PROJECT?

The purpose of the project is: to increase awareness about older adults and mental health issues, to help senior mental health consumers and caregivers get the help they need and to advocate on a local, state and national level to improve the mental health services available to older adults.

HOW IS IT HELPING PEOPLE?

The project works with consumers, caregivers, families and friends of older people in several ways:

- Making presentations at Senior Centers, Churches, Synagogues, etc. about mental illness issues
- Providing advocacy training and support groups for those trying to get help from the mental health/substance abuse system

- Helping advocate with individuals to get the help they need
- Working to educate the public on the need to develop more accessible services to older adults
- Working to make mental health services more accessible and appropriate for older adults
- Developing a website: www.MHAging.org that helps consumers and caregivers find mental health resources and advocate for a better system

There are a number of ways that you can join our work.

- Learn more about mental health and aging
- Suggest a presentation to your senior group
- Join or start a Senior Advocacy Committee
- Become part of the Senior Advocacy network

Contact :Tom Volkert
 1211 Chestnut St.
 Philadelphia, PA 19107
 (215) 751-1800
 tvolkert@ mhasp.org

A project of the Mental Health Association of Southeastern Pennsylvania.



Helping older individuals enjoy the harvest of life

You can learn more about our project on our website: www.MHAging.org

DO YOU WANT TO JOIN?





Online at: www.mhaging.org

Outline of the Five-session Mental Health/Aging Advocacy Training

Session One: “Getting to Know Us”- Understanding Aging and Mental Health

This purpose of this session is to help the group feel comfortable with talking about mental health in the group, to give some background material about aging and mental health, and encourage members to be aware of signs of mental health/substance abuse problems. It concludes with a discussion on how to maintain wellness of mind and body.

Session 2: “What Keeps People From Getting the Help They Need?” – Barriers to Mental Health Services

The purpose of this session is to name the obstacles that keep people from getting mental health/substance abuse services, to describe advocacy and to consider some of the personal attitudes needed for self-advocacy. It also presents tips on talking with their primary care physician and shows a powerful video about how we need to be aware of the subtle signs of depression.

Session Three: “Getting the Care That You Need and Deserve” – Knowing How the System Works

The purpose of this session is to learn more about self-advocacy skills with regard to Medicare and insurance. A story is presented of someone in need of services that are being denied by her health insurance. The session emphasizes knowing about their Medicare rights and the appeal process, tips on dealing with Medicare, and what resources are available in the community to assist in getting the help that people need.

Session Four: “What is Advocacy is, What it isn’t” – How You Can Make a Difference For Yourself and Others

The purpose of this session is to describe the values of advocacy, learn how to use self-advocacy skills with regard to medication, and to practice system advocacy. Participants will write a letter to a legislator about an issue that is affecting mental health services.

Session Five – “Making the System Work for Older Adults” – Tapping the Power of Older Adults to Change the Future

This final session identifies some of the larger issues that are affecting mental health services for older adults, invites them to be part of an ongoing network of senior groups that are advocating for change and concludes the training.

Mental Health/Aging Advocacy Project is part of the Mental Health Association of Southeastern Pennsylvania, 1211 Chestnut Street, Philadelphia, PA 19107 215 751-1800, ext. 266

Normal Aging Process

Body - Slows down

- | | |
|---|-----------------------------|
| - reflexes are slower | Driving Slower |
| - Sensory changes hearing /vision loss | Glasses/ hearing aides |
| - Smell and taste loss | Appetite may not be as good |
| - Muscle strength/endurance/ | Coordination not as good |
| - Height | Shorter |
| - Bone changes and joint changes | Slower walking |
| - Appearance | More wrinkles/ gray |
| - Susceptible to some diseases:
cardiovascular, respiratory, arthritic | heart attacks, arthritis |

Mind – Slower reacting

- | | |
|---|---|
| - Intelligence remains the same | Ability to see patterns slows |
| - Ability to retrieve knowledge slows | Longer to answer |
| - Minor Forgetfulness | Can't remember keys |
| - Emotional- Less impulsive/anxious | Mellow |
| - More emotionally complex | Can have a range of responses to events |
| Greater flexibility in behavior/social skills | Less stereotypical about some issues |

What doesn't change with Age ?

- Personality
- Person's knowledge base and vocabulary
- The ability to learn new information

Not Normal Aging

Body

Falling down

Unexplained weight loss

Inability to sleep

Lack of energy

Mind

Significant changes in mood

Changes in personality

Changes in reasoning and thinking like the loss of recognition of familiar people or objects



www.mhaging.org

How do I know if I could benefit from Professional Mental Health Services?

The following is a list of questions that can help you determine whether you or someone you care about could use some professional help. All of the questions represent some important part of thinking or behavior that can be addressed through mental health services. A yes answer to one or more questions may suggest that you could benefit from a mental health assessment or intervention.

- Have I noticed a change in my behavior?
- Do I feel more disoriented, confused, or easily agitated than usual?
- Do I feel strong and repeated concerns about death or dying?
- Have I not been taking my medication for mental health problems as it is prescribed?
- Do I find myself arguing a lot with my family and my neighbors?
- Do I find myself in a bad mood more than usual?
- Do I avoid being with people and feel anxious when I talk with people?
- Do I feel pains and aches that don't have any medical basis?
- Have I been drinking excessive amounts of alcohol or taking drugs?
- Do I have more trouble functioning in the community than in the past?
- Do I find myself wandering around not sure of what I am doing or where I am going ?
- Have I not been eating or caring for my personal hygiene ?
- Am I suspicious of others including my friends and family?
- Do I find no pleasure in doing things that I used to enjoy a great deal?
- Do I feel hopeless or worthless?
- Do I feel more nervous and worried than usual without any reason?
- Do I feel that it doesn't matter if I live or die?

The Mental Health Association of Southeastern Pennsylvania at 215-751-1800 ext. 226.

Six Mental Health Problems of Older Adults

1. **Depression** : A complex medical illness and/or reaction to loss in life.
 - It's persistent symptoms interfere with normal daily functioning.
 - Occurs in 5-30% of older adults

Unique to Older Adults

- There are more physical complaints (stomach aches, head aches body pains, problems with sleep) which may be signs of depression.
- Many older adults have physical illnesses and their chances of developing depression as a result of illness, pain or disability increases in later life.
- Older adults may deny being depressed or needing help.
- Sometimes depression symptoms are mistaken for dementia.

Treatment: a combination of medication and talk therapy. 80% that are treated report relief in their symptoms.

2. Suicide: Taking of one's own life

- Older Adults have the highest completed suicide rate of any age group, 17 per day.
- Older white males complete more suicides than any other age group.

Unique to Older Adults

- Older adults usually do not commit suicide impulsively.
- Attempts are disguised or underreported.

Treatment: Counseling and medical care or hospitalization are available depending upon the underlying cause.

3. Anxiety : a person is unable to cope with normal fears and worries that interfere with daily living.

- 10-20% of adults over 65
- Takes the form of panic attacks, physical symptoms, phobias, or general anxiety about living.
- Involves unrealistic or excessive anxiety about life circumstances

Unique to Older Adults

- Some physical signs may be confused with the signs of a heart attack, stroke or other medical emergencies.

Treatment: Medication and talk therapy are effective. Behavioral therapy is effective in teaching people how to respond to situations that formerly caused overwhelming anxiety.

4. **Dementia**: a loss of mental abilities caused by the death or degeneration of brain cells that is not part of normal aging.
- 10% of older adults suffer from dementia
 - 60% have Alzheimer's, 40% have vascular dementia
 - Involves deterioration of certain functions: Amnesia, Apraxia (impairment of learned movements), Agnosia (failure to recognize what is seen), and Aphasia (inability to talk)

Unique to Older Adults

- The majority of dementia victims are older.
- The likelihood of developing dementia increases with age.

Treatment: For Alzheimer's no treatment is available. For vascular Dementia, there is no cure but further strokes can be prevented with medication.

5. **Alcoholism**: an illness in which there is abuse and/or dependence upon alcohol.
- Between 5- 10%
 - Older men are 2-5 time more likely to abuse than older women

Unique to Older Adults

- 1/3 of alcoholics develop the disease after age 45.
- Adults are more affected by less alcohol because of slower metabolism and use of other medications.

Treatment: Various approaches depending on the psychological and physical condition of the person.

6. **Misuse of medication:** When someone takes prescribed medications in the incorrect number contrary to the doctor's order.
- Combining prescription and over-the counter medications without consulting a doctor can result in misuse.

Unique to Adults

- Older persons take more prescription and over-the counter drugs than any other group.
- Misuse can lead to serious side effects, illness or death.

Treatment: Professional assistance may be needed for people who have an underlying illness, such as depression. People who have memory problems may need reminders like charts and pill dispenser.



Mental Health Aging Advocacy Project- 1211 Chestnut Street,
Philadelphia PA 19107 215-751-1800, ext. 266

BEING A PART OF THE SENIOR OUTREACH PROJECT

1. Be aware of your own/ others mental health.
2. Have a circle of friends that will check on you and help if needed.
3. Know where to get help if needed.
4. Know what your mental health insurance coverage and rights are.
5. Be part of the Senior Advocacy Team
6. Write out your questions before you see the doctor. Demand that your doctor answer all of your questions to your satisfaction. Bring someone with you.
7. **SPEAK OUT !** Be part of the senior writing network. It will pay off.
8. Live every day as if it were your first.

Sponsored by
The Mental Health Association of Southeastern Pennsylvania
1211 Chestnut Street, Philadelphia, PA 1910
215-751-1800, ext. 266. FAX: 215-636-6312
Internet: www.mhasp.org Email: tvolkert@mhasp.org

Common obstacles faced by older adults - Form D

Sometimes, when we face an obstacle, we have a passive response, and sometimes we have an aggressive response. Other times, we respond in a constructive manner. On the left are some common obstacles. Think back to times you've faced these obstacles, or imagine yourself facing these obstacles. What would your reaction be like? Put an "X" in the proper place along the line

Example: You wanted to change your medications or stop taking a certain medication and were told you could not do so.	←—X————→ passive constructive hostile
You wanted to change your doctor but were told that you could not do so.	←————→ passive constructive hostile
You were told by your doctor that your age was the cause of sleep problems and to stop complaining.	←————→ passive constructive hostile
You wanted to stay longer in a hospital but were told that you had to leave.	←————→ passive constructive hostile
You called paratransit but they came an hour late to pick you up.	←————→ passive constructive hostile
You were made to feel bad by unsupportive family members.	←————→ passive constructive hostile
You were told that if you can't take care of your house you will have it taken from you.	←————→ passive constructive hostile
You wanted another visit with a specialist but your insurance told you that you couldn't.	←————→ passive constructive hostile
You were involuntarily hospitalized.	←————→ passive constructive hostile
You wanted to talk with a pastor about personal issues but were ignored.	←————→ passive constructive hostile
You received the wrong amount of medication from the pharmacist.	←————→ passive constructive hostile
Your medications were changed and you didn't understand why.	←————→ passive constructive hostile
You were pressured to buy some product that you didn't think you needed.	←————→ passive constructive hostile

Add up your score _____.

Attitudes necessary for self-advocacy are:

- **belief in yourself**
- **being assertive**
- **managing your anger**

Self-Assessment Tool - Form E

Think about some of the obstacles that you've faced recently. How do you react to obstacles? This isn't a test and there are no "right" answers! The purpose of this exercise is to help you learn more about yourself.

1. *Check one.* When I face a problem, I usually:
 - Blame myself
 - Blame others
 - Blame the system
 - Blame no one
 - Investigate who's responsible

2. *Check all that apply.* When I face a problem, I usually:
 - Feel sad or discouraged
 - Feel angry
 - Can't concentrate
 - Fixate on the problem
 - Try to find solutions

3. *Check one.* When a doctor or government employee tells me something, I usually:
 - Believe the person
 - Ask someone else
 - Look for information on my own

4. *Check all that apply.* I discuss problems with:
 - Doctors, nurses, and therapists
 - Friends and/or family
 - A case manager or other advocate
 - Peer groups

5. *Check all that apply.* I find the following helpful:
 - Written materials from Social Security, Medicare, or Medicaid
 - Written materials from consumer groups or other advocacy groups
 - Written materials from my doctor
 - Information on the Internet
 - Books from the bookstore or library

6. *Check all that apply.* When I face a problem, I make lists of:

- Important facts
- People to contact
- What I want
- What I will do

7. *Check all that apply.* When I use the phone to solve a problem:

- I am nervous.
- I am confident.
- I lose my temper or shout.
- I give up if my calls are not returned.
- I sometimes ask to speak to a supervisor.

8. *Check all that apply.* When I need to write a letter:

- I am nervous.
- I am confident.
- I ask for help in writing the letter.
- I ask a friend to proofread the letter.
- I send copies to other people.

9. *Check all that apply.* When I schedule a meeting to solve a problem:

- I am nervous.
- I am confident.
- I lose my temper or shout.
- I have a written plan for the meeting.
- I bring a friend along.
- I send a letter afterward.

10. *Rank 1st, 2nd, and 3rd.* My top three choices for resolving a problem are:

1. Using the phone _____
2. Writing a letter _____
3. Scheduling a meeting _____

11. *Check all that apply.* If a problem isn't solved right away:

- I give up.
- I get angry.
- I ask someone for help.
- I try to get more information.
- I talk to people's supervisors.

12. *Check all that apply.* When someone makes a promise to me but doesn't keep it:

- I give up.
- I get angry.
- I contact the person.
- I contact the person's supervisor.

Assessing the Care You Receive

Always remember you have the right to be treated with dignity and respect. You are the most important expert about yourself. Any professional should encourage you to tell them what your problems are and what it is you think you need from them.

In trying to figure out if you are pleased with the care you are receiving from a doctor or other kind of therapist it is important for you to use your own judgment and common sense or instinct in deciding for yourself if you are pleased. It is OK to evaluate how you think you are being treated by a professional. You may want to ask to yourself:

Is this professional understanding me and being helpful to me?

In trying to determine helpfulness by your doctor or therapist, the following questions may help you or your family evaluate what kind of care you are receiving.

Prior to your visit with the professional

Take a list of questions with you that you want to have answered by the professional.

If possible, and if you feel comfortable, arrange to take a trustworthy family member or friend with you to your appointment.

During your visit

Either yourself or the person accompanying you may want to write down the instructions the professional gives you. Make sure you understand what the doctor is saying to you and what he or she wants you to do.

Consider whether the professional is listening to you. Are you encouraged to tell him/her what your problems are?

Does she/he talk to you in a manner that helps you feel comfortable?

Does he/she explain what they think is going on with you and what might be the best treatment for your problem?

Are you permitted to ask additional questions about the recommended treatment?

If the doctor wants you to take medicine, does she/he explain how the medicines work and what benefits the medicine may have?

Are side effects of medications explained to you?

Does the doctor suggest or discuss any different kind of treatments that are available or other things you can do yourself that might help you?

Are any pitfalls of treatment or medications explained to you?

Does he/she give you choices about what can be done to help you with your problem?

Is your doctor available by telephone and are you made to feel comfortable to call the doctor by telephone?

Are your questions encouraged and are they answered in a way that satisfies you?

If a referral to another doctor, clinic, hospital or agency is made, is there any help offered to you in following through with the referral?

Do you feel comfortable asking your doctor to have a second opinion about your treatment?

Other important issues to consider

If you have more than one doctor, make sure they all know what is happening to you.

Try to have one doctor be in charge or know about all of the treatments and medications you are receiving.

Always ask any specialist to notify your family doctor about what problems they diagnosed and the treatment they are recommending to you.

Some drugs interact with other drugs and may be harmful when used together, therefore, each doctor should have a list of all your medications. Utilizing only one pharmacist is also helpful to you since a pharmacist also lets you know if a new medication will be potentially harmful if used with your current list of medications.

We would like to thank Marc Zisselman M.D. of the Philadelphia Geriatric Center for his help in developing these guidelines.

Mental Health/Aging Advocacy Project
Mental Health Association of Southeastern PA
1211 Chestnut Street
Phil. PA 19107
215-751-1800 xt. 266

Handout G

Medicare managed care treatment denials

Pat's story

Pat is retired and has lived alone for two years, ever since Pat's spouse passed away. Despite participating in activities at a local senior center, Pat has been "feeling down" for much of these two years. Recently, Pat has not been sleeping or eating as well as usual. Also, Pat has been forgetting to take prescribed medications, including high blood pressure medication.

Worrying about this forgetfulness, Pat went to the doctor. Pat had chosen to have Medicare coverage through a health maintenance organization (HMO), so Pat has a doctor assigned by the HMO.

After speaking with Pat for a while, the doctor said, "I'd like to give you a quick test." It wasn't a medical test—just a set of questions. Afterwards, the doctor said, "I think that the reason you've become forgetful and are having trouble sleeping and eating might be that you're depressed. I want you to go talk to someone about it."

Pat was worried, but the doctor was reassuring, saying, "I'm not saying you're crazy, but I think that a psychologist could help make you feel better." Pat's doctor wrote out a referral to a psychologist, and Pat made an appointment with a psychologist who was part of the HMO network. During Pat's first visit, the psychologist explained that she'd try to help Pat work through the feelings of depression.

During the same visit, the psychologist also told Pat that because she is part of the HMO network, she could meet with Pat four times. After that, she would need to get approval from Pat's HMO. For the first four therapy sessions, Pat would have a co-payment of \$15.00.

Pat and the psychologist decided that Pat would come to see her each Monday for the next four weeks. After meeting with the psychologist twice, Pat was starting to feel a little better. Although it was difficult to talk about losing a loved one, it felt good to work through some of the sadness.

At the fourth therapy session, the psychologist told Pat that she would send in a recommendation for four more therapy sessions and would call in a few days to schedule the appointments if they were approved.

That week, Pat's psychologist called and said that the HMO had not approved additional therapy sessions. She had recommended more sessions because she thought that continuing to talk about losing a spouse might help Pat deal more effectively with the feelings of depression. However, the HMO had told her that they felt that because Pat was feeling better, the therapy had already achieved success and therefore could be discontinued.

Pat was confused—this seemed terribly unfair. The psychologist explained that HMOs often try to encourage short-term therapy, which in her opinion, only resulted in short-term results. She explained that Pat’s options would be to appeal the HMO’s decision, or that she could see Pat at her private practice. However, this would cost \$110.00 per session because it would not be covered by insurance. With Pat’s fixed income, this would create a major hardship.

Analyze the problem

What are the facts significant to Pat’s appeal of the HMO’s decision?

Formulate a solution

Class discussion: Why should you use self-advocacy rather than relying on your doctor or therapist?

Class discussion: If MCOs are primarily concerned with costs, how can Pat use this to his advantage?

Written communications

Fill in the missing sections of the appeal form on the following page.

Handout H

An overview of self-advocacy skills

Analyze the problem

Ask yourself:

1. What is the problem?
2. Can I break it down into smaller problems?
3. How is the problem harming me?
4. Who is responsible for the problem?
5. Is someone violating a law, policy, or procedure?

Formulate a solution

Ask yourself:

1. What do *I* want to happen?
2. Who will I approach?
3. What are the strengths of my case?
4. What does the other side have to gain?
5. What is my action plan?

Communications (general)

Ask yourself:

1. Are there any formal procedures to follow?
2. What type of communication (written, phone, in-person) is most appropriate?
3. What type of communication am I best at/most comfortable with?

Written communications

1. Follow standard format.
2. Explain what you want.
3. Include documentation.
4. Explain reasons action is needed.
5. Explain steps you've taken.
6. Set timeline for response or action.
7. CC to the right people.
8. Watch your tone.
9. Keep a copy.
10. Proofread!

Verbal communications

On the phone and in person:

1. Plan your agenda.
2. Practice what you'll say.
3. Have a support person.
4. Be assertive.
5. Don't attack or insult.
6. Listen *actively* to the other person.
7. Negotiate for what you want.
8. Keep records.
9. Follow up.

In person:

1. Be on time!
2. Use positive body language.
3. Watch your appearance.
4. Maintain eye contact.

There is also help available through <http://www.RxHope.com> “which can help prescribers obtain these medications for their patients when the patient is unable to afford them and does not have access to prescription insurance or government-funded programs.” “If you would like to contact RxHope.com, please complete the form below then submit your request. You may also contact us by telephone at 1(877)979-4673, or through e-mail at customerservice@rxhope.com.

AND through

<http://www.phrma.org/searchcures/dpdpap/>

The research-based pharmaceutical industry has had a long-standing tradition of providing prescription medicines free of charge to physicians whose patients might not otherwise have access to necessary medicines.

To make it easier for physicians to identify the growing number of programs available for needy patients, member companies of the Pharmaceutical Research and Manufacturers of America (PhRMA) created this directory. It lists company programs that provide drugs to physicians whose patients could not otherwise afford them. The programs are listed alphabetically by company. Under the entry for each program is information about how to make a request for assistance, what prescription medicines are covered, and basic eligibility criteria.

PHARMACEUTICAL COMPANIES

Celexa (antidepressant) 800-851-0758

Depakote (mood stabilizer)/Abbott Pharmaceuticals 800-222-6885 x568

Effexor (antidepressant)/Wyeth Pharmaceuticals 800-568-9938

Neurontin (mood stabilizer)/Parke-Davis Pharmaceuticals 800-725-1247;609-854-5902

Paxil (antidepressant/OCD)/SmithKlineBeecham 800-729-4544

Prozac (antidepressant)/Lilly 800-545-6962

Risperdal (atypical antipsychotic)/Janssen Pharmaceuticals 800-652-6227

Seroquel (atypical antipsychotic)/Zeneca Pharmaceuticals 800-424-3727; 800-456-3669x2231

Serzone/Buspar (antianxiety)/Squibb Pharmaceuticals 800-736-0003

Zoloft (antidepressant)/Pfizer Pharmaceuticals 800-646-4455

Zyprexa (atypical antipsychotic)/Lilly 800-488-2133

Honorable Arlen Specter
530 Hart Senate Office Building
Washington, DC 20510

Honorable Rick Santorum
United States Senate,
Washington, DC 20510

Dear Senator:

I am writing to you because I am concerned about the cost of prescription drugs. People in Pennsylvania are paying more than other people – sometimes twice as much as other people. Some people have to make a choice between taking medicine and caring for other basic needs. This is not right.

I would like you to do what you can to make sure that people in the US pay the same price as people in other countries.

I also want you to include prescription drug coverage in Medicare.

Please write to me with your response.

Thank you,

State Senator Vincent Fumo
1208 Tasker Street
Philadelphia, PA 19148

Dear Senator Fumo:

I am writing to you to ask for help for the elderly who experience depression, anxiety and loneliness. There are many people I know who need help.

I know that there is \$1.8 Billion dollars that will be spent for mental health programs but that almost nothing of that is for programs for older adults.

Older adult's needs are for counselors to come to people's homes, for programs that understand aging, and that overcome the stigma of mental illness .

Please support mental health programs for older adults.

Sincerely,