

Responding to Older Adults with Substance Use, Mental Health and Gambling Challenges

A Guide for Workers and Volunteers

The CAMH Healthy Aging Project



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The idea of the booklet was then taken out to focus groups of first contact workers, conducted in partnership by OPMHAN and CAMH in Thunder Bay, Toronto, Casselman and Ottawa in winter 2004. Participants in these groups talked about the challenges of working with older adults with mental health and addiction problems, and about what they needed to help them in their work. We hope this booklet begins to address those needs.

Once a draft for the booklet was in process, more people became involved in its development. Drafts were reviewed by members of the CAMH Healthy Aging Project Team, by external experts and, finally, by members of the booklet's target audience. The comments and suggestions provided by these reviewers helped to shape and refine the draft.

Development, research and writing of the booklet was by Michelle Maynes, and the illustrations and design were created by Mara Korkola, both of Education & Publishing at CAMH. The impetus and funding for the development of this publication grew out of CAMH's commitment to recognizing diversity.

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December 2005

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Introduction

Who is this booklet for?

This booklet is for people who work with older adults in their homes, in the community and in long-term care. This includes personal support workers, health care aides, meals-on-wheels and friendly visitor volunteers, and staff at seniors' centres, residences, apartments and nursing homes. This booklet is also for people who supervise or educate first contact staff. Some readers may have more or less training and experience than others, but all work in close contact with older people.

Why have we written this booklet for you?

The work you do as a worker or volunteer is important. The services you provide and the attention you give to older adults are essential to their care, their dignity and their quality of life. The work you do also helps to support the families of older adults, who may not be able to provide care themselves.

This booklet was written in recognition of some of the challenges you face in your important work, and to offer information that may help you to better understand and feel more comfortable with certain older adults. It can be hard to know what to say or do when you see older adults who behave in ways that make you think they may have a substance use, mental health or gambling problem. You may not be sure what to look for, how to talk to the person about it or what you can do.

Since you work in close personal contact with older adults, you may be the first to notice a problem. If the problem is mild, you

may be able to help the older adult yourself. When it is more severe, you may need to tell others who can help. As the first contact, you can make a difference. Your approach can influence how older adults feel about themselves, about their difficulties and about you and others. How you respond to older adults can help to build trust. This can make it easier for them to accept help from you or from others, such as doctors or social workers.

There is much to know about substance use, mental health and gambling issues that affect older adults. This booklet won't make you an expert, but it will give you a lot of important practical information that can help you in your work.

1

The Nature of Aging

Who are older adults?

Some say an older adult is anyone over 55 years old; others say it is anyone over 60 or 65. No matter where the starting line is drawn, the age of older adults spans up to 70, 80, 90, even 100 years or more. Older adults can be many years apart in age, with very different backgrounds and experiences. No two lives are the same, and no two older adults are the same.



However, people experience some common changes and challenges as they grow older.

What is natural aging?

As people age, there are natural changes to the body and mind. For example:

- Hair becomes grey, skin wrinkles, hearing and eyesight weaken; physical strength lessens, movement and reaction time become slower.
 - Learning new skills and recalling information may take longer (however, vocabulary continues to grow and personality stays the same).
- In addition, stressful life events (e.g., retirement, leaving the family home, the death of friends and family) tend to increase, while the social support of friends, family and colleagues tends to decrease.

Age-related health problems

Certain health problems are more common among older adults. The older people who need your help are more likely to be frail or to have other health problems. These include:

- dementias, such as Alzheimer disease
- osteoporosis
- arthritis
- problems with eyesight
- hearing loss
- food intolerance and digestive problems
- injuries due to falls
- high blood pressure
- heart disease
- stroke
- Parkinson's disease.

Physical health, emotions and behaviour

Physical health problems can also affect a person's emotions and behaviour. For example:

- Pain can affect mood.
- Hearing loss can result in misunderstanding.
- Parkinson's disease, dementia and stroke can make it difficult for people to speak, which may make them frustrated.
- Parkinson's disease, dementia and stroke can also cause changes in personality and behaviour.

What is the problem?

It's often difficult to know why an older person behaves in ways that seem odd or challenging. It's especially difficult if you don't know the person well and only see him or her for short periods of time. Even if you do know the person well, there can be more than one explanation for the behaviour. Often only a doctor can determine the cause. For example, illness, a substance use problem, a mental health problem or a combination of these factors may cause:

- depression, irritability or delusions
- confusion, disorientation or recent memory loss
- slurring of words
- stumbling and falls
- sleep problems
- change in appetite
- spending more time alone.

What is causing the problem?

It's important to understand that the cause of these behaviours may *not* be part of the natural aging process. For example,

the cause could be:

- alcohol issues
- anxiety
- dementia
- depression
- gambling problems
- medication issues.

Each of these areas will be explored in this booklet. But first, try the following quiz to check your knowledge of aging.

Aging myths and facts

True or false?

- | | | |
|--|---|---|
| 1. The older you get, the less sleep you need. | T | F |
| 2. People take more medications as they age. | T | F |
| 3. As your body changes with age, so does your personality. | T | F |
| 4. Intelligence declines with age. | T | F |
| 5. Most older people live alone. | T | F |
| 6. Most people get dementia if they live long enough. | T | F |
| 7. Senior women have the lowest income of all adult groups. | T | F |
| 8. Most older adults have no interest in, or capacity for, sexual relations. | T | F |
| 9. Many older people are preoccupied with death. | T | F |
| 10. Most seniors who are new to Ontario speak neither English nor French. | T | F |

Answers

1. **False.** In later life, the quality of sleep may decline, but not

the total sleep time. As people age, they are likely to take more naps rather than sleep for long stretches.

2. **True.** Most older Canadians take at least one kind of prescription or over-the-counter medication. Older people are also more likely than younger adults to take more than one medication.
3. **False.** A person's personality stays the same throughout life, except when changes result from Alzheimer disease or other forms of dementia, stroke or other serious illness.
4. **False.** Most people's intellect stays the same or improves with age, although it may take longer for older people to learn something new.
5. **False.** Most Canadian seniors live with their spouse, common law partner, extended family or others. In 1996, only 29 per cent of older people lived alone.
6. **False.** Dementia is not a normal part of aging.
7. **True.** In 2001, 46 per cent of widowed, single or divorced women aged 65 and older lived below the poverty line. This is the highest poverty rate of any family type in Canada.
8. **False.** Aging does not necessarily change a person's interest in or capacity for sexual relations. However, ways of expressing sexual feelings may change, and opportunities for sexual relations may decline due to the loss of a partner, or changes in health or living arrangements.
9. **False.** Attitudes toward death vary, but often older adults are less anxious and more matter-of-fact about death. As they see others close to them die, they begin to accept their own mortality, and tend to speak more freely about death and dying.

10. **True.** Of the more than 6,000 senior immigrants to Ontario from 1996 to 1999, 64 per cent of women and 56 per cent of men spoke neither English nor French.

Adapted from Ontario Seniors' Secretariat: Aging Quiz. Reprinted with permission.

Discussing diversity

You may work with people who have very different backgrounds and experiences from yours. Some of these differences may include:

- age
- ethnocultural background or nationality
- language
- religion
- attitudes about sexuality or sexual orientation (e.g., heterosexual, gay, lesbian).

Some differences may make you uncomfortable at first. But if you get to know and understand a person, you will often discover you have more in common than you thought.

In this section, we look briefly at two areas that can affect your relationship with the older adults you work with.

Ethnocultural diversity

There are more than 200 ethnocultural groups in Canada (National Advisory Council on Aging, 2005). Each group has its own values and beliefs that affect how people act, relate to others, deal with illness and pain, and think about life and death. Because of these different values and beliefs, behaviour

that is acceptable to some people may make others uncomfortable. Chances are you probably work with older adults who come from groups other than your own.

Some common differences include:

- language
- religion
- clothing
- diet
- role of family
- sense of personal space
- eye contact
- touch
- tone of voice
- attitudes about age
- attitudes about substance use and mental health
- attitudes about accessing health care
- the role of adult children in caring for aging parents
- respect for authority
- how they wish to be addressed (e.g., Mr or Mrs vs. first names)
- comfort about sharing personal information
- behaviour toward the opposite sex
- mistrust of other cultural groups
- values and beliefs related to dying.

It's helpful to learn about some of the customs, beliefs and values of the different ethnocultural groups of older adults you work with. For example, if you learn a few phrases in an older adult's language, he or she may feel more comfortable. When possible, ask the older person to tell you about differences between his or her culture and yours, or ask the older person's family or others in the same ethnocultural group.

Sexual diversity

Sexuality and sexual orientation remain important parts of who people are as they age. Older people who are gay or lesbian, for example, may have faced discrimination in their lives due to their sexual orientation. They may have been rejected by their family of origin, and may have created their own “chosen family” that is different from a conventional family. As a result, the person may find it difficult to feel open about his or her partner or family. By showing respect and acceptance of an older person’s sexual orientation, you show respect for the person.

Respecting your diversity

Ideally, you and the older adults you work with accept and respect each other’s differences. However, you may meet older adults who do not respect your differences, and who may even express racism, ageism or sexism toward you. If this happens, remember that some older adults have not had much contact with the wider world. As a result, they may be more wary or judgmental of people who are different from themselves. By showing an interest in the older adult as a person, you may help him or her to see you in the same way. Chapter 3, “Communication Tools and Techniques,” starting on page 37, gives tips to help you deal with situations where you feel you are not treated as you would like to be treated.

2

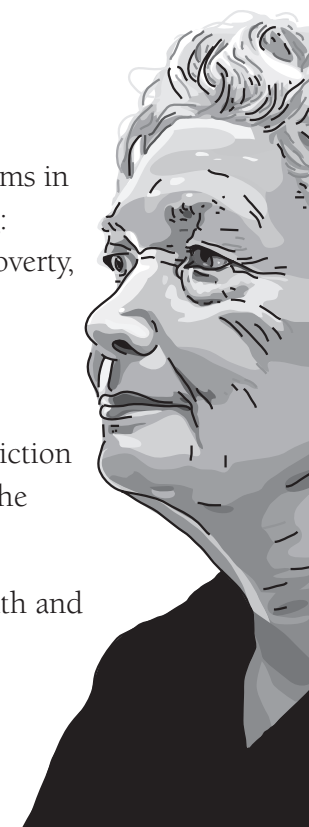
Substance Use, Mental Health and Gambling Problems in Older Adults

Substance use, mental health and gambling problems in older adults can have a variety of causes, including:

- problems in a person’s life situation (e.g., stress, poverty, or poor nutrition or housing)
- emotional problems (e.g., abuse or grief)
- physical problems (e.g., stroke or other illness).

An older person may have struggled with an addiction or mental health challenge for many years, or the challenge may have begun more recently.

This chapter describes substance use, mental health and



gambling problems and how they affect older adults. It looks at the causes and signs of these problems. It also offers tips to help you talk with the older person and to know when and where to get help.

As you read this chapter, remember that mental health and addiction problems can range from mild to severe. Even a mild problem can affect an older person's quality of life.

Having one problem can also lead to others. For example, someone with depression may use alcohol as a way to help cope with the depression. Often these problems overlap and are linked. You may not be able to tell what is causing a problem, but this chapter will help you better understand the possible causes and how to respond.

Alcohol problems

Many adults drink alcohol without problems. When problems do develop, they may begin at a young age or later in life, such as when a person has difficulty coping with retirement or the death of a loved one. Older people can become isolated as they try to hide their drinking from others, or as family and friends choose to stay away from them.

Effects of alcohol on older adults

As people age, they become more sensitive to the effects of alcohol, and their bodies process alcohol more slowly. This means that older adults are more vulnerable to the negative effects of alcohol.

For example:

- Alcohol reduces muscle control, increasing the risk of injuries due to falls.

- Alcohol can make some health issues worse, such as confusion and memory loss, liver damage, diabetes, heart or blood pressure problems and stomach problems.

Some older adults may be alcohol *dependent* (also called *addicted*). They may feel they cannot stop drinking, even when alcohol causes problems with their health, finances, housing and social or family life. If people who are alcohol dependent suddenly stop drinking, they may experience *withdrawal*. Withdrawal can make them seriously ill, and can be life-threatening in some cases.

What can you do?

While you may not be able to help a person reduce or stop drinking, you *can* help to reduce the harm caused by drinking. You can also help the older person become better prepared to reduce or stop drinking.

One way to help is to work with your supervisor to develop a care plan. This plan makes sure the person has food to eat and the rent paid before money is spent at the liquor store. This will help to stabilize older adults with alcohol problems. It will also help them form a connection with you.

If an older adult asks you to buy alcohol and bring it to him or her, check with your supervisor to see if this is permitted. Your supervisor may feel it is safer to supply alcohol than for the older adult to go out or get help from someone who may take advantage of him or her.

How common are alcohol problems in older adults?

Six to 10 per cent of older adults have alcohol problems, which is the same rate as other adult groups (Seeking Solutions, 2004).

Signs of alcohol problems

Warning signs of problems include:

- loss of co-ordination, falls
- slurred speech
- problems sleeping
- poor personal care, such as not bathing, not eating (or not eating well) or not taking care of health problems
- empty bottles or cans in the garbage
- irritability, depression or confusion
- making excuses or making up stories to cover up the truth about their drinking
- memory trouble after having a drink
- losing touch with friends or family.

How to talk with an older adult who has an alcohol problem

People with alcohol problems often have a low opinion of themselves. They may feel they cannot give up drinking, or that no one cares about them.

You can't stop people from drinking, but you can help them to feel better about themselves. By treating them with respect, you can help them to find the self-respect and strength they need to deal with their alcohol problems.

If you confront the person about his or her problem alcohol use (e.g., "You've got a problem" or "You should stop drinking") the person will likely deny having a problem, and will refuse to talk about it. When talking with older people with alcohol problems, put "the person" before "the problem." Try the following approach:

- Don't use terms like "alcoholic" or "addict."

- Encourage the person to talk about his or her drinking when the person is sober (e.g., "What did you do last night?" "How are you feeling this morning?").
- Describe what you see (e.g., "I've noticed you've been having difficulty walking." "As far as I can tell, you've eaten only butter tarts this week. Is there a problem with your meals?").
- Avoid saying that the person's problems will go away if he or she stops drinking. Instead, try saying, "You don't seem to be your old self these days; you haven't been going out as much, and you don't eat as much either. How are you feeling? Would you be interested in having someone to talk to about it?"
- Encourage the person to attend activities that he or she enjoys that do not involve drinking.

When to get help

It's hard to know what you can or should do to help older adults who have drinking problems. One thing you can do is let your supervisor know the signs that tell you the person's drinking is causing problems. Your supervisor can then try to connect the older adult with an alcohol-treatment professional.

Older people who get professional help for their drinking problems are often able to cut down or quit drinking, and stick to these changes, even better than younger adults. However, some older adults may not be willing to accept treatment. In addition, sometimes treatment geared to older adults may not be available in your community.

If an older adult (or anyone else in the older adult's home) is drinking or intoxicated when you visit, your agency may require that you leave and contact your supervisor. If this is your agency's

policy, let the older adult know this is why you cannot provide care at this time.

Even when it seems there is little hope of improvement in an older adult's drinking problem, you can help—with the same level of care, patience and support you give to other older adults in your work.

Anxiety

It's normal and healthy to feel worried or afraid in certain situations. If, for example, you were about to have major surgery, you might expect to feel worried. Or if you were out walking and a snarling dog came running toward you, the fear you felt could help you run to save your life. These feelings can be described as anxiety, but they are not a concern.

But some people feel anxiety often or all the time. It can affect their ability to carry out daily tasks and to take part in social life and relationships. This type of anxiety is a concern.

Anxiety problems may be related to:

- stressful or traumatic events
- alcohol, medications or caffeine
- family history of anxiety disorders
- other medical or psychiatric problems.

Kinds of anxiety problems

There are different kinds of anxiety problems. These include:

- *phobias*: when people fear a specific thing, such as heights or spiders
- *panic disorder*: when people have episodes of extreme fear, often with physical symptoms resembling a heart attack

- *obsessive-compulsive disorder*: when people see danger in everyday things, and perform time-consuming rituals to make things seem more safe
- *generalized anxiety disorder*: when people worry excessively over a long period of time
- *posttraumatic stress disorder*: when people relive the fear experienced during a traumatic event, such as an assault or accident.

How common are anxiety problems in older adults?

Anxiety problems are as common in older people as they are in younger people. Research shows that:

- Up to one in four adults has an anxiety disorder sometime in their lifetime.
- Almost 20 per cent of people over age 65 have had an anxiety disorder in the past six months; the most common form of anxiety is phobia (Blazer et al., 1991).
- Anxiety disorders are the most common mental health problems in women; in men, they are second only to substance use disorders (Rector et al., 2005).

Signs of anxiety problems

Anxiety problems can make people so worried and fearful that they behave in ways they know don't make sense. Anxiety may also make them feel physically ill. Signs that an older adult may have an anxiety problem include:

- irrational and excessive worry or fear
- checking and rechecking for safety
- hoarding, collecting
- refusing to do routine activities or being overly preoccupied with routine

- avoiding social situations
- racing heart
- shallow breathing, trembling, nausea, sweating
- muscle tension, feeling weak and shaky
- depression.

Medications for anxiety problems

People with anxiety problems are often prescribed medications called *benzodiazepines* (e.g., Ativan, Xanax, Halcion and Valium). These medications have a calming and relaxing effect that helps to relieve anxiety. But they can also cause memory loss, confusion and loss of balance, increasing the risk of falls. When taken regularly for a long time, benzodiazepines can be addictive. Long-term regular use of these drugs should be stopped gradually, and only under medical supervision.

How to talk with an older adult who has an anxiety problem

People with anxiety problems often know that they are too fearful, but cannot control it. If you work with older adults who appear to be overly anxious:

- Use a calm and reassuring tone of voice.
- Acknowledge their fears but don't play along with them (e.g., "I understand that going to the mall upsets you, but can you come out with me for a short walk? You can let me know when you need to come home and I'll bring you back.").
- Be supportive without supporting their anxiety (e.g., "I know you like to keep your bathroom spotless, and so I do an extra-special job. If you tell me what more you'd like me to do, I'll try to make time on my next visit.").
- Encourage them to engage in social activities (e.g., "Did you

know there's a knitting group meeting at the seniors' centre tomorrow? I see you're always working on a project. Would you be interested in going?").

When to get help

Anxiety problems can make it hard, if not impossible, to enjoy life. Fortunately, most anxiety problems can be managed by psychotherapy, medication and relaxation techniques. Let your supervisor know if you think an anxiety problem is interfering with an older person's life. Your supervisor can then try to connect the older adult with someone who is qualified to help with anxiety problems.

Dementia

People sometimes find it harder to remember certain things as they age, but this is not dementia. Dementia is a brain condition that affects memory and thinking. Its effects depend on its cause, the parts of the brain affected, and the severity or stage of the illness.

Dementia makes it harder for people to perform daily tasks, to socialize and to deal with change and uncertainty. It can also cause changes in a person's mood or behaviour.

Kinds of dementia

Different forms of dementia include:

- Alzheimer disease (affects 66 per cent of people with dementia)
- vascular dementia caused by stroke (the second most common form)
- Lewy body dementia (affects 15 to 20 per cent of people with dementia)

- frontal lobe dementia (affects two to five per cent of people with dementia)
- alcohol-related dementia.

Care for people with dementia

Treatments for dementia usually cannot stop or reverse the changes to the brain. They can, however, sometimes slow its progress or treat certain symptoms. One exception is alcohol-related dementia, which may lessen or reverse if drinking is reduced.

People with dementia are just as likely to live at home on their own or with family as they are to live in residential care (Canadian Study of Health and Aging, 1994). They do better when they are able to:

- take care of themselves as much as possible for as long as possible
- stay in the same living situation
- be in contact with the same people
- follow the same routines as much as possible.

When certain daily tasks—such as shopping, cooking, bathing or housework—become too difficult, workers and volunteers can help people with dementia remain at home longer. In the later stages of the disease, many people need to enter long-term care homes.

Offering choices

Whether older adults live at home or in long-term care, they need to have a sense of independence and free will. Even if they become less able to take care of themselves, they may still wish to choose what to eat or wear, or what activities they do. Allowing choices can help to maintain their dignity in the face of a difficult disease.

When offering choices, remember that some people with dementia have difficulty making decisions—so being pressed to choose could cause them anxiety and stress. If the person seems to be unable to choose, limit the choices offered, or help him or her to make the choice. You could say, for example, “The chicken is very good today; I think you’ll like it,” or “This blouse looks good on you; let’s try this one on.”

Delirium versus dementia

Delirium sometimes looks like dementia, but is very different. Dementia usually develops over a long time, often over many years. Delirium is a severe confusion that comes on quickly and is temporary. Delirium can be life-threatening and requires immediate medical attention.

Warning signs of delirium include sudden changes in a person’s thinking and behaviour, or changes that seem to come and go over a day. Possible causes of delirium include illness, head injury, lack of fluids, or a reaction to alcohol or certain medications, such as anesthetics used during surgery.

How common is dementia in older adults?

People are more likely to develop dementia as they age.

Dementia is found in:

- two per cent of Canadians 65 to 74 years of age
- 11 per cent of Canadians 75 to 84 years of age
- 35 per cent of Canadians 85 years and over (Canadian Study of Health and Aging, 1994).

Signs of dementia

It's common to forget a name or miss an appointment and then to remember it later. When people have dementia, they don't remember later. They may ask you a question, listen carefully to your answer, and then ask the same question again.

Dementia develops at different rates in different people. People with dementia are likely to have at least a few of the following signs:

- forgetting appointments, misplacing belongings
- difficulty finding words, recognizing objects, performing familiar tasks
- repeating words or phrases
- losing their way in familiar places, not knowing what time or day it is
- behaving in inappropriate ways, using poor judgment
- changes in mood, such as quickly shifting from laughter to tears to shouting
- changes in personality, such as becoming irritable, suspicious or fearful
- constant demands for attention and reassurance
- difficulty making plans and solving problems
- loss of interest in previously enjoyed activities
- loss of interest in being with others
- depression.

How to talk with an older adult who has dementia

It may be hard for people with dementia to find the right words to say what they want to say and to understand what you are saying to them. But people with dementia need to express themselves and interact with others as much as anyone else. They may become frustrated. Your patience and understanding can sometimes help to ease their frustration.

When speaking to people with dementia:

- Use a normal, calm tone of voice; convey warmth, understanding and respect; avoid using baby talk and terms like “dearie.”
- Ask simple yes or no questions (e.g., “Are you hungry?” or “Would you like to have something to eat?”). If you need more precise information, ask others, such as family members, to fill you in. Try not to overwhelm people with dementia by asking questions they can't answer.
- Be patient and give them time to answer.
- Focus on their strengths and abilities (e.g., “I see you got some exercise—it's fantastic that you take such good care of yourself.”).
- Always explain what you are about to do for the person (e.g., “I'm here to help you get dressed. First I'll help with the buttons on your pyjamas.”).
- Help them to stay oriented in terms of time, date and place (e.g., “Today is Tuesday.”). Never ask them to tell you the time, date or place; they likely won't be able to, and so will feel they have failed.
- Help them to reminisce; ask to see a photo album or to hear a story about their childhood or career. Even if you have heard the stories before, it gives them pleasure to tell you again, and helps to build a good relationship.
- If they tell you something that you know is not true, don't argue (e.g., if the person says her mother is coming, but you know her mother is dead, say “Tell me about your mother.”).
- If they are focused on something they cannot have at that moment, introduce another topic from what you know about the person (e.g., “I saw your granddaughter visiting with you earlier today.”).
- If you need to speak with someone about the person with dementia while the person is there, remember that the person can hear you, and may understand what you say.

How to deal with behaviour changes

AGGRESSION

People with dementia may become aggressive when they feel fearful, powerless or threatened. Check with your agency for guidelines on how you should deal with aggressive behaviour.

When working with people who are known to be aggressive:

- Ask the family or other workers if the person's aggression is triggered by certain situations (e.g., being told to do things or being bathed).
- When possible, create a soothing and safe environment where the person feels a sense of control and is not crowded or bothered by noise. Ask if certain types of music may help to soothe the person.
- If the person does become aggressive, remain calm and leave the room. Do not try to reason or argue. Wait a few minutes and then come back in. Greet the person with a smile to help refocus the person's attention.
- Most important, keep safe. Report any episodes of aggression to your supervisor.

REDUCED INHIBITIONS

Dementia can affect people's judgment and reduce their inhibition. Although rare, this can sometimes result in awkward sexual behaviours, such as undressing in public, making sexual gestures, or inappropriate touching or language. Again, check with your agency for guidelines to deal with this behaviour.

Remember that this behaviour is caused by the disease. Try not to over-react. Gently discourage the activity by redirecting the person's attention. For example, if an older man is rubbing his

genitals, try to get him to do something else with his hands, such as playing catch with a large ball or balloon, or looking at a photo album. Another option is to bring the person to a private place. If you've been told in advance that this person may act this way, plan ahead for ways to redirect his or her attention.

COMMUNICATION PROBLEMS

As dementia progresses, it becomes harder for people to communicate. You can help them do the best they can by recognizing and accepting their limitations.

- *In the early stages:* People with dementia are likely to be aware of their difficulty finding words. Help the person communicate by offering words or gentle reminders.
- *In the later stages:* People with dementia may become less aware of their difficulty, but increasingly frustrated and agitated. Help them to find words only when necessary. Do not correct or insist. Use pictures or objects to help them remember.
- *In the last stages:* People with dementia may be unable to communicate with words, but they may still be able to understand what you say. They may also enjoy non-verbal communication. When speaking, use gestures, facial expressions and tone of voice to help make a connection.

When to get help

If you believe the person needs a higher level of care for dementia, tell your supervisor. Give examples of how you have seen the person change. Someone may need to visit to re-assess the situation.

Depression

Depression is caused by a chemical imbalance in the brain. It affects thoughts, feelings, behaviour and physical health. It causes great suffering for people who are depressed and for the people who care about them.

People may be depressed when they have a sad, despairing mood that lasts for more than two weeks. Depression is not the same as sadness, though it can be triggered by sadness caused by loss, stress or major life change. Depression may also develop for no obvious reason. People who are depressed cannot just “get over it.”

Depression in older adults

People can have episodes of depression throughout their lives, or they may have their first episode late in life. Depression can affect anyone at any age. However, depression in older adults is often unrecognized because some signs of depression can be mistaken for signs of aging. Older people who are depressed rarely ask for help on their own. When left untreated, depression may continue for weeks, months or even years. Untreated depression is the main cause of suicide in older adults.

Depression may be related to:

- medical conditions, such as chronic pain or illness, thyroid problems, stroke or Alzheimer disease
- physical, emotional, financial or sexual abuse, or neglect
- side-effects of certain medications
- alcohol use, which when used to relieve depression can create other problems or worsen depression
- the death of a spouse or other family members or friends

- loss of intimacy and touch, isolation, loneliness
- transition, as when moving from the family home
- loss of independence
- feeling less safe.

Fortunately, antidepressant medications and counselling can help to lift depression.

How common is depression in older adults?

- As many as 20 per cent of older adults experience depression (Seeking Solutions, 2003).
- Depression is more common among older people living in institutions than among those living in the community.
- Suicide is five times more likely in people over 60 than in younger age groups (Mood Disorders Association of Ontario, n.d.).

Signs of depression

People often think that depression in older adults is a normal response to aging (for example, “It’s no wonder he’s depressed, he’s 82,” or “If I had arthritis, I’d probably be depressed too.”) However, depression is *not* a normal part of aging.

An older adult may be severely depressed if he or she:

- does not get dressed or does not answer the phone or the door
- loses interest in activities he or she used to enjoy, or spends more time alone than usual
- feels hopeless, worthless and sad
- has unusual outbursts of crying, agitation or anger, or shows little emotion
- talks less than usual or answers questions with as few words as possible

- calls, complains or demands frequently
- does not sleep well or sleeps too much
- eats more or less than usual
- lacks energy
- seems confused or has trouble remembering things
- has trouble making decisions or following through with plans
- talks about suicide.

How to talk with an older adult who is depressed

Older adults may not want to say they are depressed. They may think depression is a part of growing older. They may think they should just “snap out of it.” They may worry that others will think they are weak or lazy. They may worry they will lose their independence because others will think they cannot cope on their own.

It takes time for you to build trust with the older adult, and it takes courage for the older person to express his or her feelings.

When you are alone and can spare some time to talk:

- Encourage the person to share his or her feelings by asking questions (e.g., “How have you been feeling?” “Is something on your mind?”). Give the person time to answer, and take time to listen. Don’t give examples of others you know with similar or more difficult problems.
- Show that you understand that times are hard, and that it can be hard to talk about it. Be positive but truthful (e.g., “It can’t be easy with everything that has happened lately.”) Don’t try to make the person’s problems seem less serious than they are.
- Try to give hope by pointing out the person’s strengths or even the smallest improvements in his or her situation (e.g., “I see you’re up and dressed, and so early in the morning.”). Notice what has changed since your last visit; has the person smiled or called you by name?

- If an older adult talks with you about feelings of hopelessness, worthlessness and sadness, gently encourage him or her to seek help (e.g., “It’s worthwhile seeing a doctor about these feelings; there is help.”).

When to get help

- If you think an older person in your care may be depressed, report this to your supervisor. Your supervisor can find professional, qualified care for the person.
- Take it seriously if older adults talk of planning suicide, even if they say it often. If a person talks of suicide, listen and talk quietly and calmly. You could ask, “How do you think you would commit suicide? Do you have a plan?” Talking with the person about his or her plans will not make it more likely he or she will commit suicide. Report what you are told to your supervisor.
- Talking with someone about suicide may make you feel emotional and upset. If this happens, share your feelings with your supervisor rather than with family and friends. You must always protect the privacy and confidentiality of the older people you work with.
- If you are interested in feeling more prepared to discuss this issue with older adults, you may wish to take the workshop ASIST: Applied Suicide Intervention Skills Training. Check with the Canadian Mental Health Association to see if this workshop is available in your community. (See the Extra Resources section on page 42 for contact information.)

Gambling problems

Older adults have many opportunities to gamble, and often have more free time for gambling than younger people. Casinos offer

buses to bring older adults from seniors' centres and retirement homes; charities offer bingo nights and raffles as older adults' social events.

Older adults may see gambling as:

- a way to get out and socialize
- a chance to support a charity
- an escape from problems, boredom or loneliness
- a chance to win money.

What is a gambling problem?

Many older adults gamble, but most limit their spending to small amounts at the casino, racetrack or bingo hall, or on lottery tickets or card games. However, some do develop gambling problems, and may even lose their savings or home. Older adults are usually retired and have limited finances; if they lose, it's hard for them to earn back their losses.

Losing money isn't the only risk of gambling. It can also damage a person's physical health. Some older adults spend hours sitting at slot machines, instead of healthier activities.

Some people may not think that playing the slots or buying lottery tickets is gambling. They may think that gambling is a problem only when a person steals to gamble. And even when they have spent their savings on gambling, they may still not see the problem, thinking they will eventually hit the jackpot.

Gambling by others—for example, the person's spouse or children who may have borrowed and lost money—may also result in problems.

How common are gambling problems in older adults?

Problems with gambling are thought to be less common among older adults than in younger people. Current studies show that 2.1 per cent of people aged 60 or older have gambling problems (compared to 4.8 per cent of all adults in Ontario; CAMH, 2005). However, because older adults tend to have less contact with friends and family than younger adults, gambling-related problems may be less likely to be noticed in older adults.

Signs of a gambling problem

When gambling disrupts, damages or limits an older person's life, it is a problem. Signs of problem gambling include:

- spending more on gambling than intended
- feeling bad, sad or guilty about gambling
- not having enough money for food, rent or bills
- being unable to account for blocks of time
- experiencing social withdrawal
- experiencing anxiety or depression.

How to talk with an older adult who has a gambling problem

Older adults may try to hide or deny a gambling problem. They may feel hopeless or ashamed about the situation, or they may be unaware that help is available.

If you think an older adult may have a gambling problem, asking a few questions may help to identify the problem. Encourage the person to talk about his or her gambling, without asking whether he or she has a gambling problem. Don't confront or judge. For example, start by asking:

- What do you do for fun?

- Do you ever play bingo or the lottery?
- Do you ever go to the casino or the racetrack?

If the person says that he or she does gamble regularly, and is willing to talk about it, ask:

- What do you like about going to the casino (or playing the slots, playing bingo, playing the lottery, etc.)?
- Is there anything you don't like about it?

When to get help

The way older adults answer these last questions may suggest that they spend more than they feel they should, or that they wish they could stop but need to win first. You can then mention that you've heard that gambling can cause problems for many people, and that some counsellors specialize in helping people with gambling-related problems.

If the older adult shows interest in learning more, tell your supervisor, who will try to connect the older adult with a qualified gambling counsellor.

Medication issues

Older adults take up to 40 per cent of all medications prescribed in Canada (Holloway, 2001). Most older adults take several types of medication at a time.

Many older people take medications as prescribed. However, some forget to take their medications, or share medications with others. Some may also “self-medicate”—try to treat their medical conditions on their own by taking more or less of a medication

than prescribed, or by taking medications not prescribed.

Medications, even when taken as directed, can affect older adults in ways that weren't intended. For example:

- side-effects
- interactions
- dependence and withdrawal
- other problems.

SIDE-EFFECTS

Side-effects such as constipation, dry mouth or itchiness may be unpleasant. Medications can also have dangerous “adverse effects.” For example, they can cause unsteadiness and confusion leading to falls; delirium; or worsened depression leading to suicide. Reactions to drugs are often mistaken for signs of aging or of failing health.

Older adults' bodies process drugs more slowly than younger people's. However, most medications are not tested on older adults. Since medications may be stored longer in the older body, they may have effects not seen in younger people.

INTERACTIONS

Taking more than one medication at a time can lead to medication interactions. When medications interact, they may not work as well, or the interaction may cause other problems. Older adults need to tell their doctor or pharmacist about all medications they take, whether prescribed, over-the-counter or herbal remedies.

Older adults should not take medications with any amount of alcohol. Some medications don't work well if they are taken with alcohol, so the health problems the medications were taken for

won't be treated properly. Other medications have an increased and dangerous effect when taken with alcohol, causing slurred speech, sleepiness, stumbling and falls. Older adults who know this sometimes don't take their medications when they want to drink. However, missing a dose of a prescribed medication can also cause problems.

DEPENDENCE AND WITHDRAWAL

Medications prescribed for anxiety, sleep problems or pain can lead to *drug dependence* (also called *addiction*) when used over a long time. When people are dependent on a drug, they feel they *need* the drug to be able to cope, even when taking it causes problems. If they stop taking the drug, they may experience physical *withdrawal*. This can make them feel mildly to severely ill and anxious, depending on the drug and the level of dependence.

Older adults who are dependent on a drug may:

- become isolated as they try to hide their drug use
- behave in ways that cause their friends and family to stay away
- neglect personal care.

OTHER PROBLEMS

The common pain medications acetaminophen (Tylenol) and acetylsalicylic acid (aspirin) can cause potentially fatal liver damage when taken in higher than recommended doses, and especially when taken with alcohol. Long-term use of Tylenol containing codeine may lead to drug dependence.

Medications used to treat constipation or stomach upset, when taken too often or for too long, can also be harmful.

Use of illicit drugs, such as marijuana, cocaine, heroin and

methamphetamine, is becoming more common as baby boomers age. Increase in the use of these drugs among older adults may create a whole new set of issues.

How common are medication issues in older adults?

- An estimated 50 per cent of prescriptions are not taken properly.
- Up to 20 per cent of hospitalizations of people over 50 are due to problems with medications (Coombs et al., 1995).
- Over 150 medications commonly prescribed to older adults can cause problems if taken with alcohol (Seeking Solutions, 2004).

Signs of medication issues

The signs of medication issues are sometimes mistaken for signs of aging. These include:

- slurred speech
- increased confusion, lethargy or sleepiness
- stumbling, falls
- new medical symptoms following the start of a medication.

How to talk with an older adult about medication issues

You can help to identify medication use problems by asking questions such as:

- “How do you keep track of all the medications you're using?”
“Do you keep a list?” “Do you use a pill box?”
- “Do you know what each medication is for?”
- “I've heard that sometimes medications interact and don't work as well, or can cause problems. Does your doctor or pharmacist know about everything you are taking, including herbal remedies?”
- “Do you know if drinking alcohol affects your medication?”

When to get help

Let your supervisor know if:

- The older person seems unable to keep track of medications.
- The older person uses more than one doctor to obtain a certain medication.
- You notice changes in the older person's behaviour or health following the start of a new medication.
- You think the older person may be misusing a medication by taking it more or less often than indicated, or by sharing it with others.
- You think an older person's drinking may be causing problems with his or her medication.

3

Communication Tools and Techniques

All people need to be listened to and understood. You can make a difference in an older person's life by spending a few moments talking with the person.

Ways to communicate

When communicating with older adults:

- Don't use ageist language (e.g., the elderly, the aged, oldsters, senile, feeble); use "seniors," "older people" or "older adults" to indicate the age group.



- If you think the person may have trouble hearing or seeing you, ask, “Can you hear me clearly?” or “Can you see me clearly?”
- Remember that 80 per cent of Canadians over 65 may have problems reading (Health Canada, 1999). Many older adults prefer talking about something rather than reading about it.
- Encourage older adults to talk about their own lives and experiences. When people tell their own stories, it helps them feel more comfortable. It helps you learn about their challenges, strengths, culture, hobbies and interests, and the way they view the world. This information will help you connect with the older person.
- Don’t confront or argue with the older person.
- You may spend only a short time with an older adult. You may be unable to get to know him or her well, or to understand all the person’s care issues. When you see an older adult behaving in ways that indicate a substance use or mental health problem, offer warmth and support, not advice, and report what you see to your supervisor.

Listening

To listen well, you need to:

- want to hear what the other person is saying
- want to be helpful
- accept the other person’s feelings
- make eye contact
- nod to show you hear, or respond with a few encouraging words
- see the other person as unique, with his or her own experiences and ways of expressing himself or herself.

Talking about problems and giving information

When talking with an older person who may have a substance use, mental health or gambling challenge, remember:

- Some times are better to talk about problems than others. If the person is overwhelmed by other concerns, wait for a better time.
- Some problems may have been going on for a long time. The problems may also be more complicated than they seem. Remember that they don’t need to be solved right away, and you don’t need to solve them.
- Anything you hear or see in your close personal contact with older adults is private and confidential. However, it is important to tell your supervisor about any concerns you have about the person’s health. In addition, it is your responsibility to report any signs that the person may be a danger to himself or herself or to others, or that the person may be a victim of elder abuse.
- Before giving information to an older person about a problem, check with your supervisor to see if you are permitted to do this. If you are permitted, ask the older adult if he or she would like this information (e.g., “Would you like to know more about how alcohol and medications can interact and cause problems?”).
- Present information in a neutral, non-dramatic way (e.g., “I’ve heard that people who are depressed often keep it to themselves, which can make them feel even more depressed. I’ve also heard that people who tell their doctor about how they are feeling, and ask for treatment, are often able to overcome depression and to enjoy life.”).

Setting boundaries

In your work, some older people may act in ways you find surprising, demanding, annoying, upsetting or even frightening. Sometimes the best thing to do is put up with or ignore this behaviour. For example, if the older person you are caring for insists on telling you the same stories over and over, and you

find it irritating, consider:

- Does the person have dementia?
- Is he or she lonely?
- Does telling you those same stories over and over give that person pleasure?

Sometimes changing how you think can reduce your irritation and help you to feel more generous toward the person.

But what if the person's behaviour toward you is rude, offensive or threatening? For example, if the person yells, demands, touches you inappropriately or makes racist comments. At these times, you may need to set boundaries to protect your time, dignity or safety.

Even if you feel you can handle the situation, talk with your supervisor to get support and encouragement before doing anything on your own. By doing this, you also protect yourself in case the older person makes a complaint against you. Ask if your supervisor has information about the person's mental or physical health that could help explain the behaviour. Discuss whether any changes can be made to deal with these behaviours (e.g., another staff person might be treated more favourably).

If you know these behaviours are not caused by dementia or another mental health problem, you should not have to tolerate them. Using a calm tone of voice, be clear and direct. Let the person know the impact of his or her behaviour. Say, for example, "When you yell at me, I feel threatened. If you continue, I'll leave."

Specify what behaviour you expect (e.g., "When you speak to me in a calm and quiet tone of voice, I'll be happy to help you."). Be firm, but gentle. If you still have problems, continue to problem-solve with your supervisor or other team members.

Support

You may sometimes feel you cannot give older adults the help they need. Or you may see them behave in ways that seem to only make things worse. This can be frustrating, and you may feel the situation is hopeless. Remember that you can only do so much. You must know the limits of your responsibilities and how to get more help when you need it.

Agencies may have different levels of support for workers and volunteers, but there is always someone to whom you can report your concerns. Your supervisor can then work to get you extra help, if needed.

Co-workers may also have experience or knowledge that can help you find a solution to a problem, or help you deal with it.

You may also wish to get additional training or do extra reading to increase your knowledge. A good place to start is the websites and other resources listed in the next section.

Extra resources

Mental health, substance use and gambling services for older adults in Ontario

To learn more about mental health, substance use and gambling problems, and about services available to older adults in your community, call the following numbers or visit the websites:

ALZHEIMER SOCIETY OF ONTARIO

1 416 967-5900
www.alzheimerontario.org

CANADIAN MENTAL HEALTH ASSOCIATION, ONTARIO

1 800 875-6213
www.ontario.cmha.ca

MOOD DISORDERS ASSOCIATION OF ONTARIO

1 888 486-8236
www.mooddorders.on.ca

ONTARIO DRUG AND ALCOHOL REGISTRY OF TREATMENT

1 800 565-8603
www.dart.on.ca

ONTARIO PROBLEM GAMBLING HELPLINE

1 888 230-3505
www.opgh.on.ca

Useful websites

AGING IN CANADA

www.agingincanada.ca
• dedicated to alcohol issues affecting older adults

ALCOHOL, MEDICATION AND OLDER ADULTS (ONLINE COURSE)

http://pathwayscourses.samhsa.gov/aaac/aaac_intro_pg1.htm
• for those who care about or care for an older adult

CENTRE FOR ADDICTION AND MENTAL HEALTH

www.camh.net
• information about substance use, mental health and gambling
• information on programs, services, resources and training

OLDER PERSONS' MENTAL HEALTH AND ADDICTION NETWORK OF ONTARIO

www.ontgerontology.on.ca/opmhan.htm
• represents over 50 regional and provincial organizations, consumers and family advocacy groups
• information about mental health and addiction as they affect older adults, and services available in Ontario

ONTARIO SENIORS' SECRETARIAT

www.citizenship.gov.on.ca/seniors/
• information on programs and services for seniors

P.I.E.C.E.S.

www.piecescanada.com
• education programs for supervisors and health professionals serving people with Alzheimer disease and related dementias and/or mental health problems

THE REGIONAL GERIATRIC PROGRAM OF TORONTO

www.rgp.toronto.on.ca
• resources about caring for frail seniors

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Responding to Older Adults helps workers and volunteers recognize and understand substance use, mental health and gambling problems in older adults. This concise, easy-to-read booklet describes problems with alcohol, anxiety, dementia, depression, gambling and medications in older people, and identifies the signs of each problem. Tips on talking with older adults with these problems are included, as are pointers on when to seek help.

The guide also includes:

- facts about the aging process
- a discussion of diversity issues
- lists of organizations offering information about services for older adults
- further resources on the web and in print.

This booklet encourages readers to respond to older adults with mental health and addiction problems in ways that help to build trust, reduce harm and provide access to specialized care, when needed. Practical strategies are offered to help readers deal with challenging behaviours and situations—sensitively and effectively.

For information on other CAMH publications or to place an order, please contact:
Publication Services
Tel.: 1 800 661-1111
or 416 595-6059 in Toronto
E-mail: publications@camh.net

Website: www.camh.net



A Pan American Health Organization /
World Health Organization Collaborating Centre