

**Panel Review, Summaries & highlights:
STAYING INDEPENDENT:
Secrets to Helping Yourself and Others
October 21, 2010**

Topics covered: When, how and whom to ask for help; what help to request; psychological & emotional barriers to seeking help; coping with change: facing the future with confidence; staying in control when accepting help from others; resources.

Speakers in order of presentations:

David L. Reich, President, Bloomingtondale Aging in Place (BAiP)

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Moderator: Judy Pietrasiewicz, VP Administration, BAiP; Panel Committee, Co-chair

Panel facilitator: Dorothy Crouch, VP Communications, BAiP; Panel Committee

Scribe: Eleanor Ledogar

David L. Reich. Following a brief history of BAiP's first year, noting it now has tax-exempt 501(c)3 status and certification as a NY State Charities organization, enabling donors to make tax-exempt donations, David encouraged those present to visit the website, which has a description of BAiP, its goals and activities. Suggestions for new activities and other comments are welcome and can be made by phone (212.866.5769), e-mail (info@bloominplace.org) or by registering and visiting the website (bloominplace.org).

Debra Drelich. "When, how and whom to ask for help."

Staying independent is what it's all about. Staying independent is not the same as not seeking help. People generally wait until a situation is dire and becomes a crisis.

When to ask for help. Think ahead when you start to notice that things are changing and life is getting harder. Things inevitably change but while it may not be possible to completely regain control of one's life, there are stabilizing measures available. Some markers to look for: unpaid bills, soiled clothing and messy surroundings, an empty refrigerator, i.e., shopping has become a huge chore.

How and Whom to ask for help. There are resources in the immediate environs and the larger community to help in these situations, no one has to go it alone. Make peace with the idea that you have reached a point in life where you do need help and get it. Resources may range from family members, neighbors and building staff, to agencies such as **One Stop Senior Services**, churches, community centers and geriatric care managers [and Bloomingtondale Aging in Place]. Some of these cost money – as much as \$6,000 a month for full time help from an agency and \$100 to \$200 an hour for individual care managers. So, part of the challenge is how to finance the needed help. There are agencies which can help figure this out and help negotiate affordable costs. **See Resources below.**

Mark I. Weinberger. “Psychological and emotional barriers to seeking help for mental health care.”

Depression in its different forms and levels – low level depression (LLD) to major depressive disorders (MMD) was the focus of this presentation. It is a growing public health problem and according to the World Health Organization (WHO) will be the second leading cause of disease worldwide by 2020.

Depression is a treatable biological illness and not an expected part of aging. It is difficult to diagnose because it may be one of several complaints or have no easily identifiable medical explanation. Depression is under-recognized and under-treated among older adults.

Barriers to getting help for depression include: psychological factors such as the stigma (among the elderly this is more of a barrier than for younger adults), negative social attitudes and beliefs associated with depression and its care; logistical factors like transportation, insurance or lack thereof, availability of services and cost of services; and, social or clinical factors such as life events, medical conditions and symptoms of depression (fatigue, sleep problems, headaches, stomach aches) anxiety and cognitive impairment, all of which can affect the perception of need for care.

Providers have to educate patients and co-workers about depression: how to recognize it and treat it. Untreated, it can diminish quality of life and complicate the course and outcome of other illnesses older adults may have.

Constance H. Gemson, LMSW. “Memory Matters: How to Improve Your Memory.”

The focus here was coping with memory loss and change.

False myths about memory: you can’t change it, it’s a matter of genes, it can be improved with some standard strategies, it declines with age and, there are infallible tricks for improving it.

Substantiated observations about memory: it is adversely affected by emotional stress and over-medication; it can be improved by improving one’s concentration and staying calm.

Change presents a challenge to most of us. It is difficult and trying. We tend to value the comfortable and familiar. “The only one who welcomes change is a baby with a wet diaper.” Some changes are normal: misplacing things, occasionally forgetting appointments and names of places and acquaintances. Potentially worrisome changes: forgetting names of close friends and relatives and what happened yesterday, forgetting things and blaming others. These are the kind of changes that should be followed up on, notwithstanding the saying attributed to Buddha: “Don’t just do something, stand there.”

See Resources below.

Sample questions & comments from the floor following presentations

- Depression is treatable. How treatable and for how long does treatment last?
- What is the difference between Alzheimer’s and dementia. Alzheimer’s seems to be a broad term for mental decline. Can one have dementia without necessarily having Alzheimer’s?
- How may an isolated person with dementia be reached and helped if that person is in denial about his or her condition?
- Any tricks to improve one’s memory?
- What does it cost to retain a professional geriatric consultant on an ongoing basis?
- If concerned about housing in the future, apply now for Section 8 (subsidized) housing.

Miscellaneous concerns & comments

- A reliable housekeeper, eldercare assistant is now available. Krystina: Call 212.222.4063
- It is very difficult, if not impossible, for the disabled to negotiate crossing avenues in the neighborhood and to thus keep themselves supplied with basic needs.
- Referring to websites for further information is not very helpful to those of us who have vision problems.

RESOURCES: Suggested places to seek help.

On the BAiP website there are several resource lists: 1) Click “Resources” on the home page and/or, 2) “Documents.” Once within the Documents section, click on “Summary of BAiP panel discussion held on June 25, 2009 for a listing of *Helpful Organizations*.

Also, Alzheimer’s Association has a 24-hour, 7-day-a-week hotline: 800.272.3900. After a few short, recorded announcements callers can have a person-to-person conversation with an advisor.

JASA. jasa.org 212.173.5272. Offers a range of social and caregiver services.

National Association of Geriatric Care Managers: nygcm.org

Selfhelp Community Services. selfhelp.net 212.971.7600. A non-profit service organization that provides case management for home and community-based services, some with low-income eligibility limits.

Visiting Nurse Services of New York. vnsny.org 800.675.0391