

## Program Design

Elder LEAD participants discuss life changes associated with aging and share coping strategies for maintaining a healthy body, healthy mind, and healthy social life. These guided self-help group discussions allow participants to imagine themselves in new situations that may lead to substance misuse or depression, address emotional and behavioral responses to these situations, and identify coping strategies that they plan to employ.

## Prevention Programming for Seniors

- Stigma around mental health and substance use is substantial. Messaging had to be positive and strengths-based.
- Presenting information as a “roadmap to aging” was well-received.
- Crystallized intelligence. Seniors absorb new information slower, but have a wealth of experience to draw from. Activities focused on prompting seniors to solutions and strategies rather than “teaching.”

## Key Findings

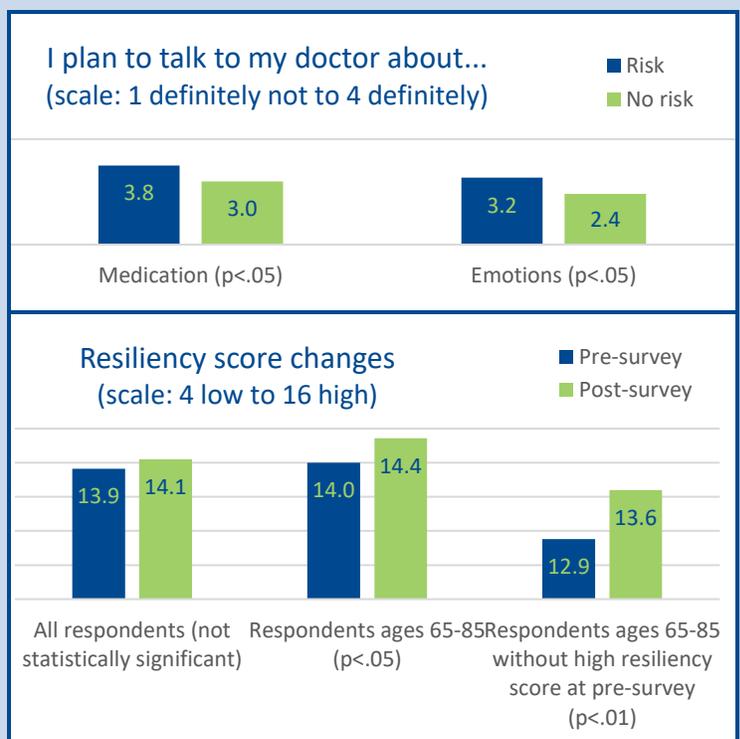
- Seniors are most at risk for alcohol and prescription drug misuse. Drug classes most prone to abuse are also among the most prescribed drugs to seniors. Recorded substance abuse among seniors is primarily related to alcohol, but treatment episodes frequently involve other drugs in combination.
- Substance use and mental health problems are more difficult to detect among older people. Symptoms are dismissed as a normal part of aging.
- Seniors are reluctant to seek services, particularly older men, even when problems are acknowledged by the individual in question.
- Senior services are often scattered and difficult to access. While every county in Indiana has at least one senior service agency, services are most often limited to nutrition, mobility, and independent living.

Elder LEAD shows promise as a **substance misuse and depression prevention program for people ages 65-85 who may be at risk.**

## Outcomes

Our outcomes suggest that the program is effective when it is delivered to participants who need it.

- Participants with potential risk for medication misuse and with potential risk for depression both reported that they were more likely to talk to their doctor about these issues than those participants who did not show potential risk.
- Participants in the target age group (65-85) showed more improvement in resilience than older and younger participants. Participants in the target age group with lower scores in the pre-survey showed significant improvement.



## Future Development

- Ongoing refinement of content to improve focus, increase utility to seniors, and increase effect size.
- Recruitment and partnerships to reach more at-risk seniors.
- Continuing evaluation to provide more robust outcome data.