



**Canadian Coalition for Seniors' Mental Health**

To promote seniors' mental health by connecting people, ideas and resources.

**Coalition Canadienne pour la Santé Mentale des Personnes Âgées**

Promouvoir la santé mentale des personnes âgées en reliant les personnes, les idées et les ressources.

# Reducing Stigma: A Focus on Seniors' Mental Health

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# Key Learning Objectives



- **Objective #1:** Encourage self-awareness regarding discrimination and stigma with health care professionals who work with older adults with mental health issues.
- **Objective #2:** Improve attitudes and behaviours of health care professionals who work with older adults with mental health issues.
- **Objective #3:** Improve the lives of seniors with mental health issues and their caregivers.

# Acknowledgments



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

- Workshop based on a two year project funded by Mental Health Commission of Canada

Coming soon!

- Project report and video

[www.mentalhealthcommmission.ca](http://www.mentalhealthcommmission.ca)

# Seniors' Mental Health Quiz



# Warm Up



What is your favourite dessert?

- a) Pie or Cake
- b) Cookies
- c) Brownies
- d) Ice Cream
- e) None of the above



What percentage of Canadians will be affected by mental illness directly or indirectly in their lifetime?

- a) 10%
- b) 50%
- c) 65%
- d) 100%



What is the likelihood that people with mental illness will commit violent act.

- a) Not likely
- b) Likely
- c) Very likely
- d) No greater than the general public



## What causes mental illness?

- a) Poor parenting
- b) Making poor choices
- c) A complex interplay of genetic, biological, personality and environmental factors causes mental illnesses.
- d) Bad luck





Stigma prevents many people from seeking treatment. What percentage of those who feel they have suffered from depression or anxiety have never gone to see a doctor about this problem?

- a) 5%
- b) 10%
- c) 25%
- d) 49%
- e) 75%



Mental illnesses can be treated effectively.

- a) True
- b) False



We have some control over our mental health.

- a) True
- b) False



Only professionals with extensive experience treating people with mental health and addiction issues can help individuals who are seeking help.

- a) True
- b) False



What is the most common mental illness in late life?

- a) Depression
- b) Dementia
- c) Delirium
- d) Anxiety
- e) Schizophrenia



The appropriate treatment of depression, when carried out quickly, can result in successful treatment for 80% of older adults who can then lead full and active lives.

- a) True
- b) False



People aged 65 and older are the group with the highest rate of hospitalizations for anxiety disorders

- a) True
- b) False

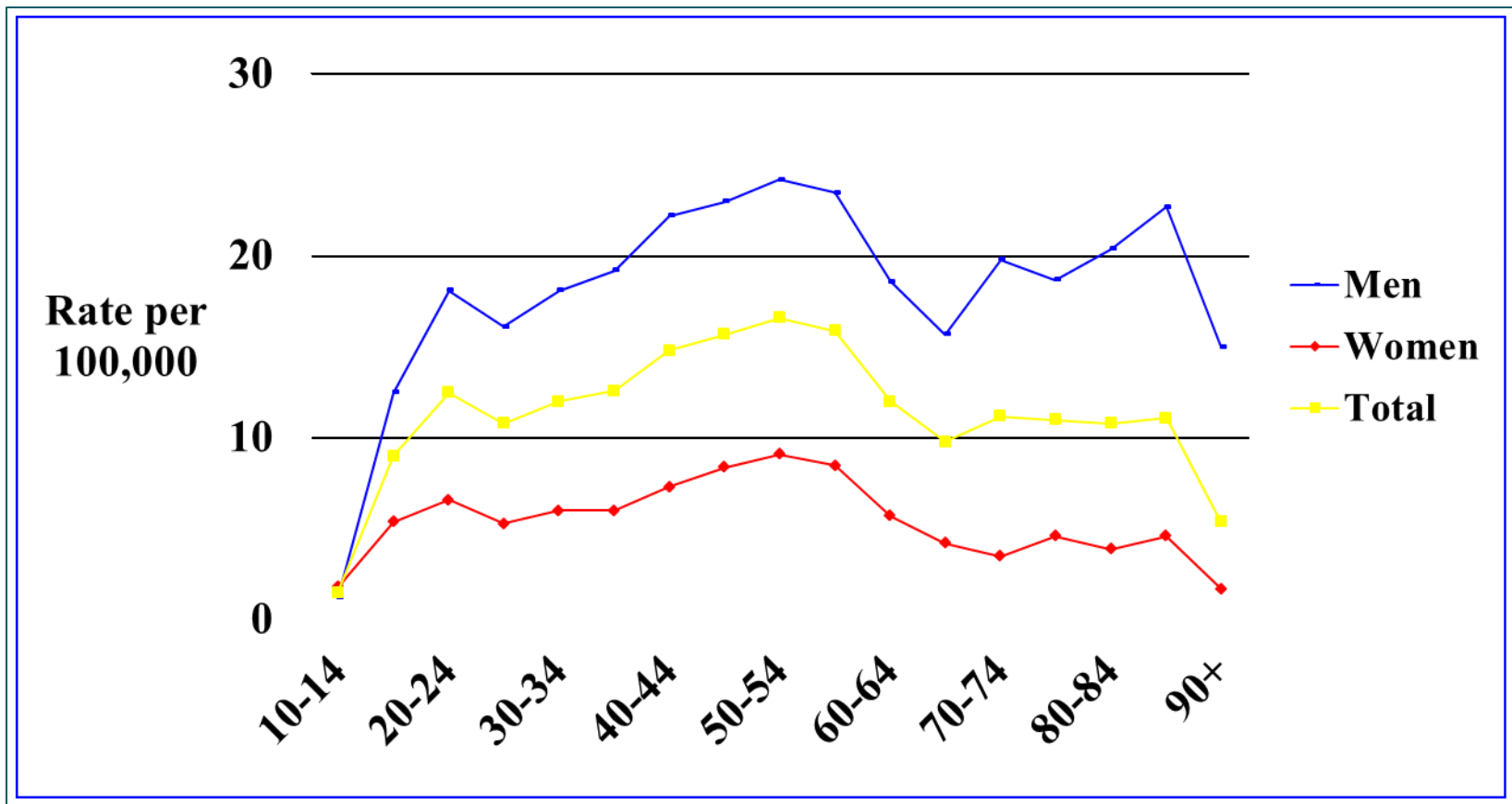


Men 80 years and older are the group with the highest suicide rate in Canada.

- a) True
- b) False



# Canadian Suicide Rates by Age & Sex



Statistics Canada, 2011



Nearly half of seniors admitted into an acute care setting experience an episode of delirium.

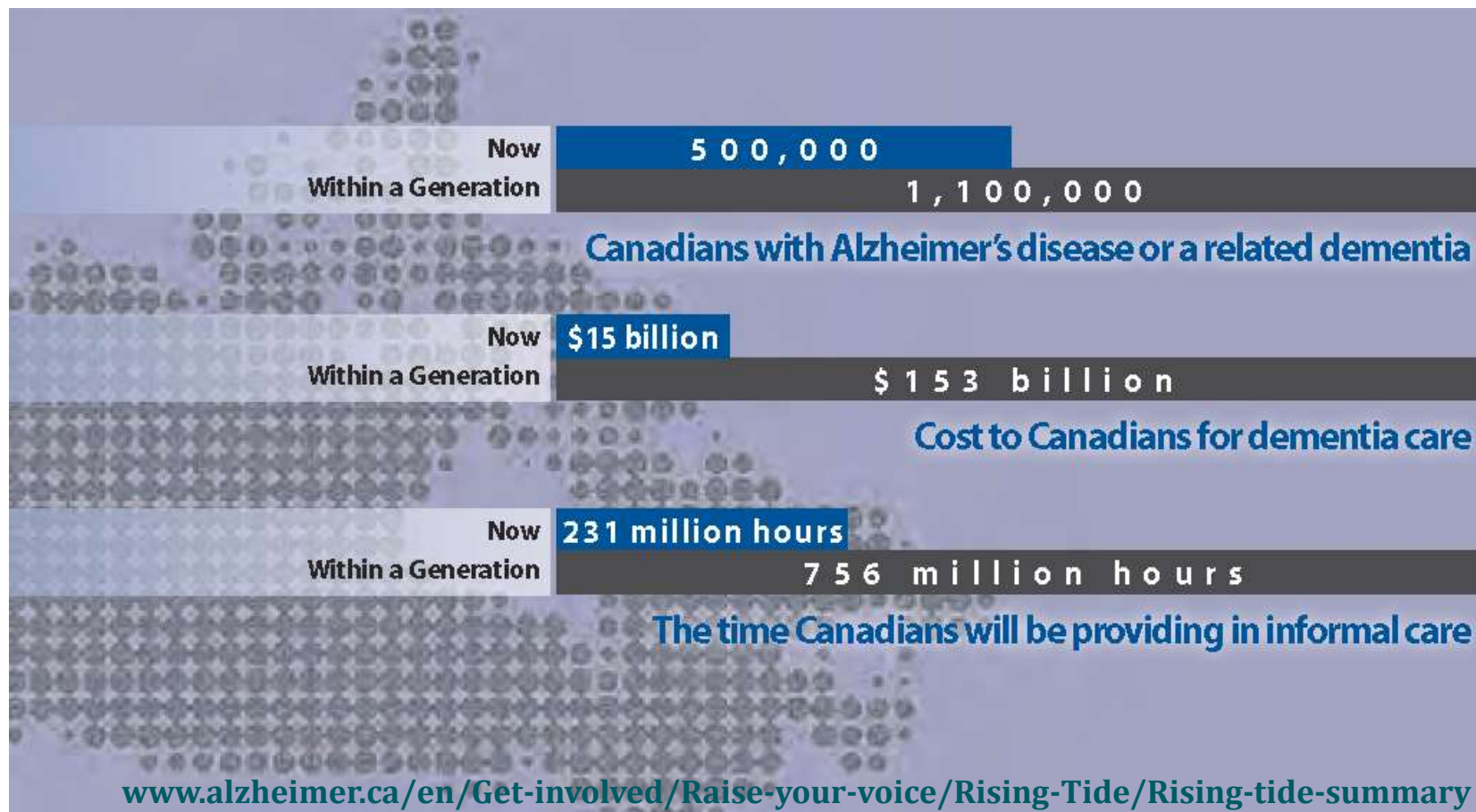
- a) True
- b) False



By 2038 the number of Canadians with dementia will increase to \_\_\_\_\_ people.

- a) 1.1 million
- b) 500, 000
- c) 2.7 million
- d) 850, 000
- e) We don't have enough data to predict this.

# Rising Tide Report, 2010





Someone close to me (a friend, relative or colleague) has or has had a mental health or substance abuse problem.

a) Yes

b) No

# Stigma: What We Know



# Findings from the Literature



***Stigma** is “the co-occurrence of its components – **labeling, stereotyping, separation, status loss, and discrimination** – and further indicate that for stigmatization to occur, **power** must be exercised.”*

(Link & Phelan, 2001, p.363)

# Valuing Multiple Types of Evidence



## Practice Based Evidence

- Survey of CCSMH members/partners
- Disciplines - SW, MD, psych, OT
- Roles – clinicians, administrators, researchers
- Setting – Hospital, community, LTC

## Lived Experience

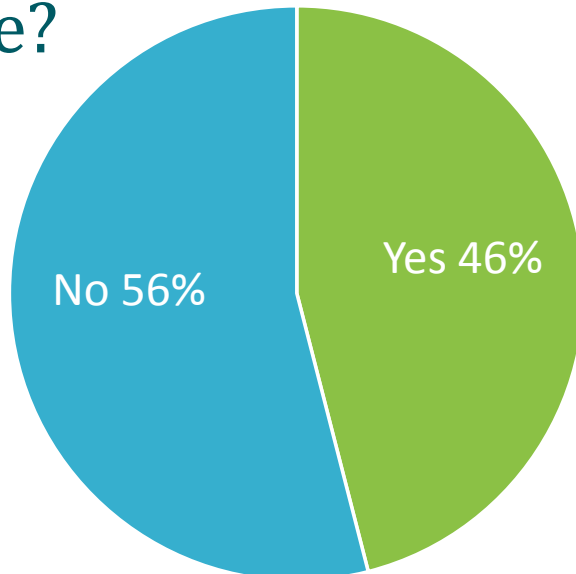
- Focus groups/ interviews with older adults and caregivers
- Online web-based focus groups with providers
- 3 pilot workshops



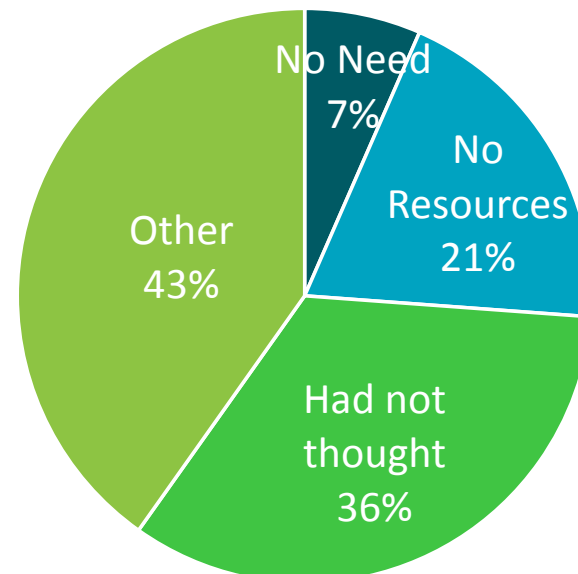
# Practice - Survey Responses



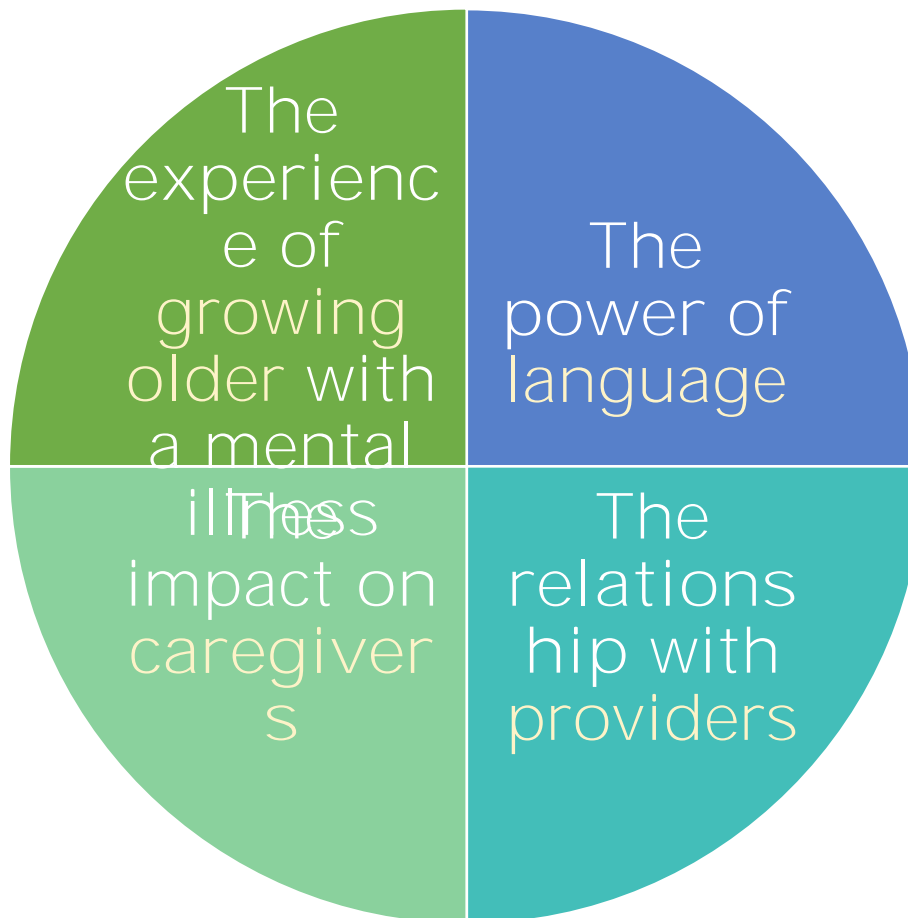
- Does your organization have any anti-stigma programs/strategies/activities in place?



- For those who said no programs in place, we asked why?



# Lived - What we heard?



The  
impact on  
caregiver  
s



“It’s the system that wears out the caregivers and patients, not only the disease.”

“Mental illnesses are often harder on caregivers than they are on the person who suffer from the illness.”

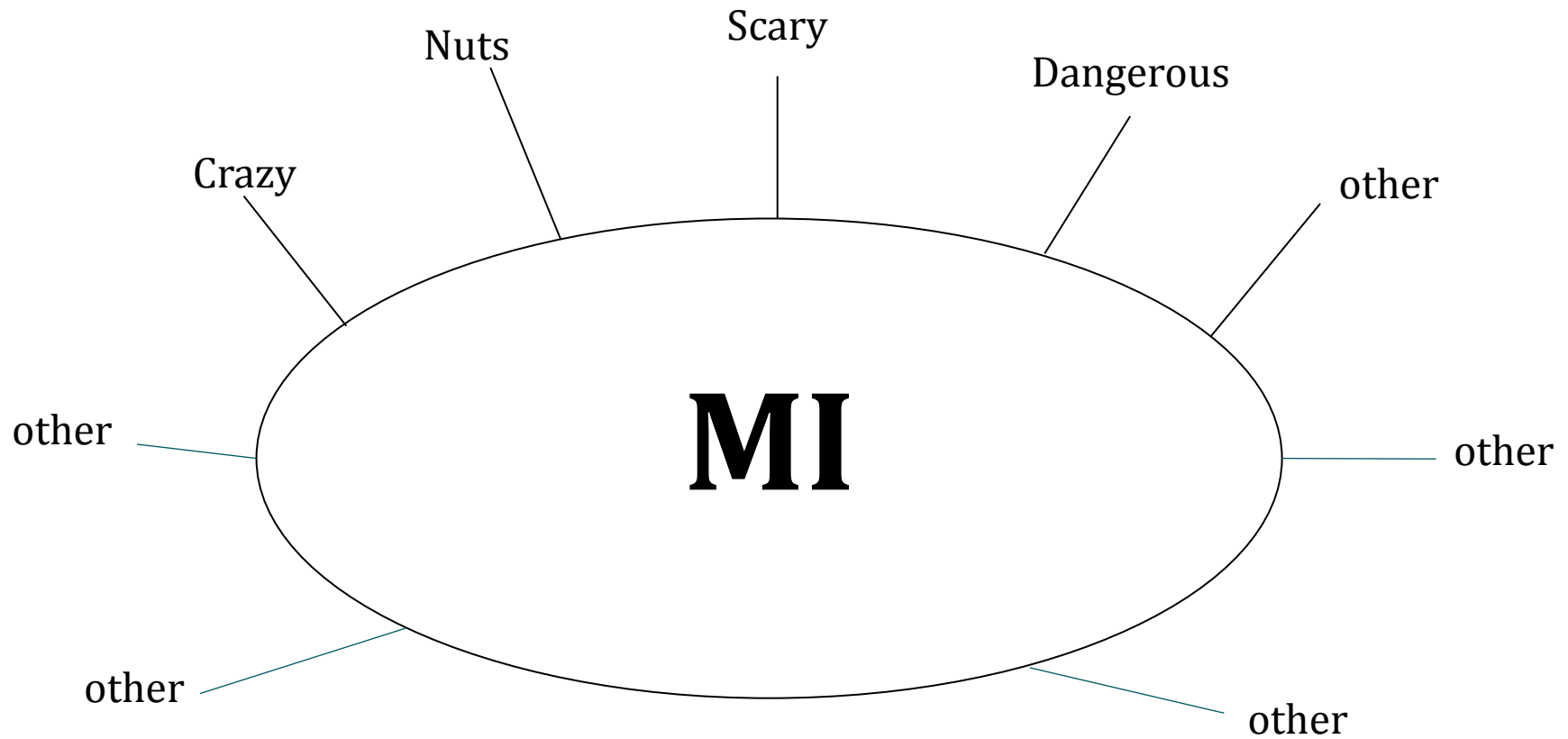
“It’s a house of cards.”

The  
experienc  
e of  
growing  
older with  
a mental

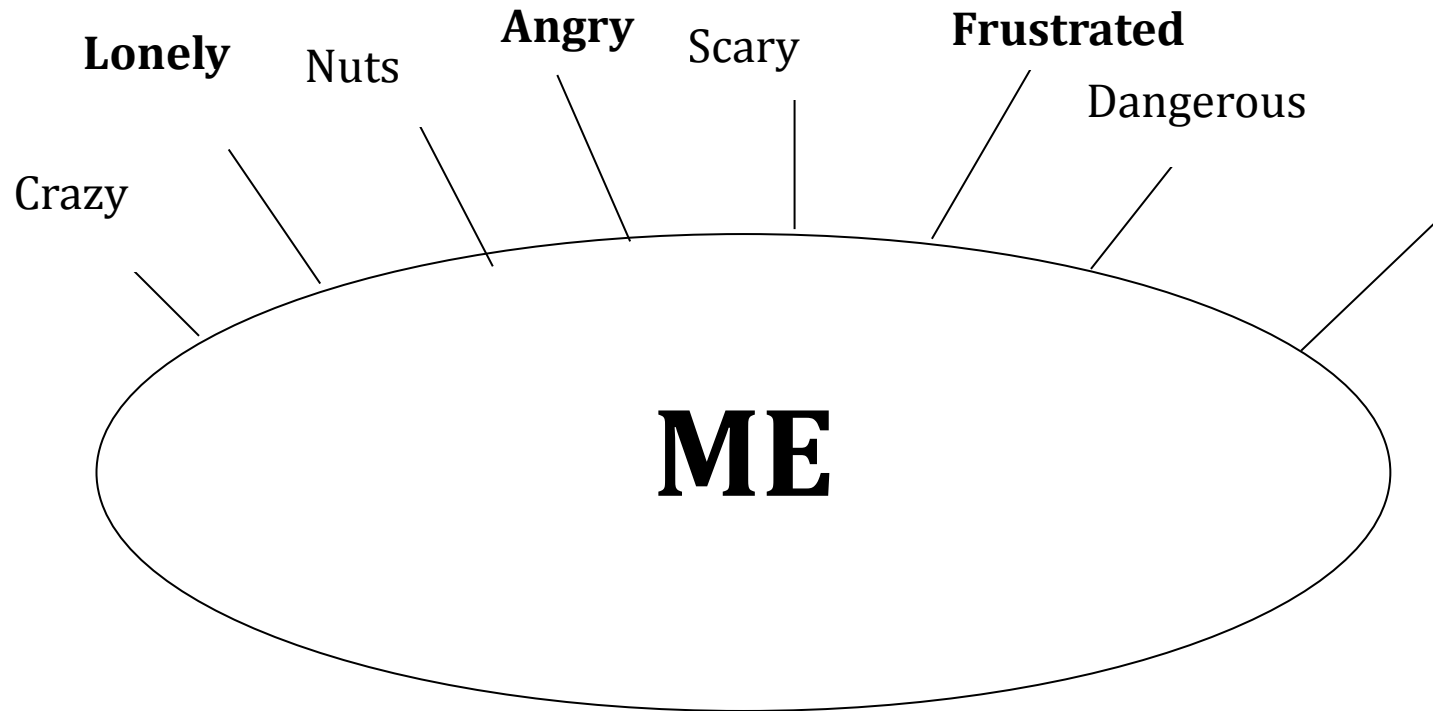


- “You can talk about stigma but you have to *feel it.*”
- “Loneliness is the hardest part of growing old.”
- “Resilience takes a lot of strength.”

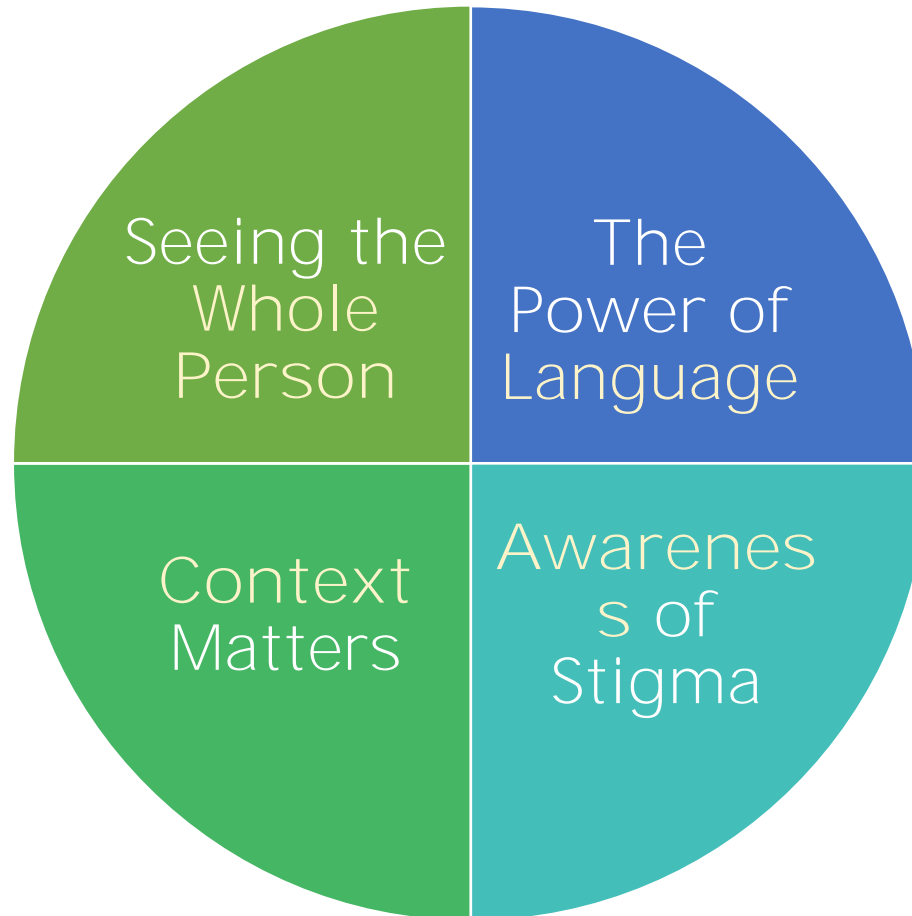
# Activity: What does stigma feel like?



# Activity: What does stigma feel like?



# Project Qualitative Themes



## The Power of Language



- The power and importance of language was a central theme.
- Sensitivity to stigmatizing words and word choice was considered essential.



## The Power of Language



- *“Our functional language needs to change; we talk ‘personhood’ to the client and we need to embed personhood (or their rights as a human being) into process language. For example, stop using labels such as placement, hard-to-serve, etc.”*
- *“Respect, respect, respect. Be mindful and respectful at ALL times.”*

# Awareness of Stigma



*“I think it will make me cognizant of how stigma can easily creep into my everyday practice and that being more aware of it will decrease the likelihood of me being guilty of it.”*

*“I will always remember that mental illness can be anywhere near us, and that we should always keep an open mind to others, as we don't always know what they are going through. Sometimes someone may be reaching out to us without us even knowing.”*

## Context Matters



The whole of a person's experience needs to be taken into consideration when working with older adults with mental illness, including their social network and their caregivers.

*“Took away suggestions for what to ask clients living with mental illness, like*

*‘What are your fears?’*

*‘Do you feel needed?’*

*‘What messages do you tell yourself daily?’”*

## Seeing the Whole Person



*“To always be checking on the perspective of our clients in terms of whether or not our services/care plans/ interventions are truly meeting their needs - or are they just meeting our needs.”*

*“Focus on the individual and their needs or concerns for the moment and not the disease.”*

*“Importance of person-centred approach. Speaking up when you see inappropriate attitudes or behaviours of colleagues.”*

# Hope and Recovery

Moving to Action



# Creating an Action Plan Small Group Exercise



- Working in small groups consider the following:
  - What are we doing well?
  - What could we improve?

# Moving to Action



- Thinking about what works well already and where improvements could be made what are some concrete actions **you** can take moving forward?

**How will we know  
if we are making a difference?**

# Ingredients for anti-stigma programming



- Incorporate personal testimony or life narrative, preferably using a live **first-voice speaker**.
- Include **multiple forms**, modes, or points of social contact in the program.
- Emphasize and demonstrate **recovery**.
- Teach healthcare providers **actions**.

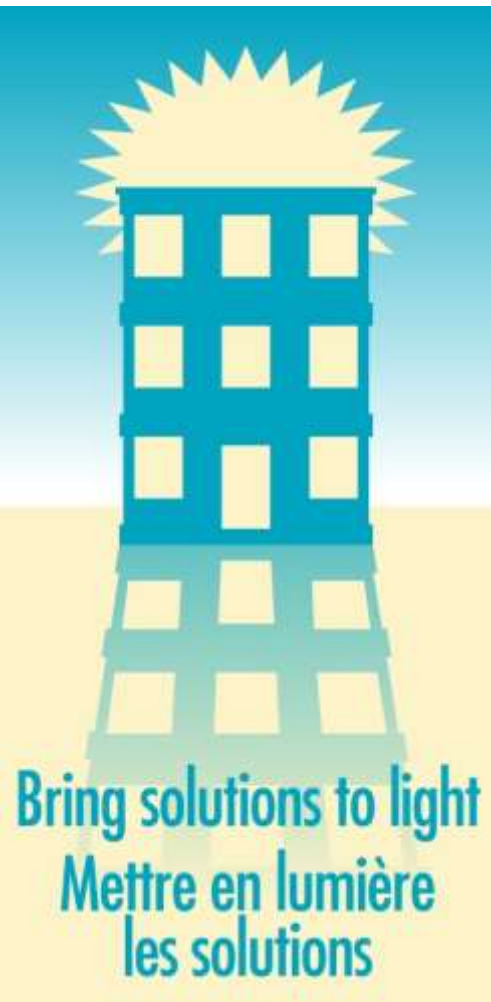
For more information about the process of designing and delivering successful anti-stigma programs, visit [www.mentalhealthcommission.ca/English/initiatives-and-projects/opening-minds](http://www.mentalhealthcommission.ca/English/initiatives-and-projects/opening-minds).





# Conclusions

- Explore intersection of **ageism and stigma.**
- **Improve practice and policy.**
- **Target** anti-stigma program **to a particular mental health problem or illness.**
- **Tailor approach for students** using case studies and more social contact.



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