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Mettre en lumière
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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.

Eliminating Stigma: A Focus on Seniors' Mental Health

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Online Workshop

CDRAKE

Tuesday August 6th 2013

Agenda

- Pre-Workshop Evaluation Information (optional)
- Welcome & Introductions
- Project Background & Context
- What do we know?
- What is stigma – video
- What did we hear?
- Activity – What does stigma feel like?
- Hearing the lived experience
- From talk to action – creating an action plan
- Closing Thoughts



Introduction: A little about you!

- Who is in the room today?
 - Quick Poll:
 - By Discipline / Role
 - By Sector
 - What made you want to join today?



Project Background

- In September 2010 the Mental Health Commission of Canada awarded funding to the CCSMH to lead a project focusing on the development and evaluation of strategies to support health professionals and students in addressing stigma experienced by older adults living with a mental health problem or illness.



Project Background:

Project Goals and Objectives:

- Encourage self-awareness regarding discrimination and stigma with health care professionals who work with older adults with mental health issues
- Improve attitudes/behaviours of health care professionals who work with older adults with mental health issues
- Improve the lives of seniors with mental health issues and their caregivers



Project Method & Approach

- Investigating the Evidence
 - Review of literature
- Listening for Evidence
 - Practice based experience – survey
 - Lived experience – focus groups / interviews
- Building on What Exists

Findings from the Literature

- Limited focus on seniors' mental health
- Much of the literature was more theoretical versus practical
- *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

- Literature is only one type of evidence
- Equally important to hear from practice and personal experience



Practice Based Evidence

- Survey to CCSMH members and through networks
- Variety of disciplines responded
 - Social work, psychology, medicine, OT, psychiatry
- Responses from administrators, NGOs, etc.
- Range in their place in the continuum
 - Hospital in-patient, community, LTC, university



Survey responses

- Does your organization currently (or previously) have any anti-stigma programs / strategies / activities in place?



- For those who said no programs in place we asked why and were surprised at the response

Response	Chart	Frequency
We don't need that type of program		7%
We don't have the resources		21%
We've had one in the past that worked		0%
There wouldn't be enough interest		0%
We hadn't thought of it!		36%
Other, please specify:		43%



Who should be the priority target audience?



Topics to focus on?

dementia
delirium
aging
schizophrenia
mental illness
comorbid
mental health
bipolar
chronic illness

What do we know?

- You can vote once per questions
 - Answers are anonymous
 - Results will be displayed



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%



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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



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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



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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%



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Mental illnesses can be treated effectively.

a) True

b) False



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We have some control over our mental health.

a) True

b) False



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

a) True

b) False



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What is the most common mental illness in late life?

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



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- 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



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- People aged 65 and older are the group with the highest rate of hospitalizations for anxiety disorders
- a) True
 - b) False



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- Men 80 years and older are the group with the highest suicide rate in Canada
- a) *True*
- b) *False*



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- 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



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

a) Yes

b) No



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Valuing Multiple Types of Evidence: Lived Experience

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



What is stigma?



Define Stigma



What Does Stigma Look Like?



Debrief



What we heard: Living with Mental Illness

- “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.”

Thinking about the healthcare system

- A relationship with with a doctor needs to be “a partnership as opposed to a dictatorship.”
- Consider how to support aging at home
 - “when I need help I don’t want to be at home”
- The power of language
 - “Placement” into long term care



What did we hear?

- LTC is an additional layer of stigma
 - people who work in the field don't ever want to have to use those services for themselves or for their own family
- Emergency room challenges
 - You can't leave people in a hallway for 6 hours in the midst of an acute mental illness
 - Can't ignore a history of mental illness if someone presents with a 'physical' issue



Impact on Caregivers

- “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 power dynamic

- My first psychiatrist worked towards finding a medication that worked for him that stabilized his moods... we tried everything that was known to be effective against bipolar disorder without success. He eventually accused me of being noncompliant and refused to see me again because I wouldn't follow orders.
 - Interviewee noted that he took medication religiously at the time because he saw him as 'god'



Advice to providers

- Ask about my fears
- Need to develop an understanding of me and what it is that I'm fighting.
- Kirsten's story and advice to providers



Debrief



Activity: What does stigma feel like?



Creating an Action Plan

- Think of your own work setting and consider:
 - What are we doing well when it comes to stigma and older adults?
 - What could we improve?

Share your thoughts – raise your hand or use the chat feature



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?



Moving to Action

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



Closing Thoughts & Next Steps

- One person made a difference in Roslyn's story
- Your participation is helping us to develop a training program to roll out
 - Any other important feedback for us to consider?
- Reminder:
 - Post-workshop evaluation
 - Certificate of participation



Final Questions or Comments?



Thank You!

- E-mail kwilson@baycrest.org
- Updates on www.ccsmh.ca

