Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

ELIMINATING STIGMA:

A Focus on Seniors' Mental Health

September 2014

PROJECT BACKGROUND

In September 2010, the Mental Health Commission of Canada (MHCC) contracted the Canadian Coalition for Seniors' Mental Health (CCSMH) to undertake a research 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. The starting point for the Seniors Anti-Stigma project was to acknowledge that when older adults seek help from healthcare providers, they can experience stigma and discrimination in the form of ageism, as well as mental illness-related stigma.

The Mental Health Strategy for Canada priority 1.4 reflects this, and notes that due to age-based discrimination that often compounds stigma, there is a need to "counter the impact of age discrimination on mental health" and to "help older adults to participate in meaningful activities, sustain relationships and maintain good physical health."[1]

The Seniors Anti-Stigma project investigated the strategies and tools for addressing stigma experienced by older adults, conducted focus groups with older adults living with mental health problems and illnesses and their caregivers regarding their experiences of stigma throughout Canada, and consulted with educators to learn what was effective or what they would find useful. A key finding of the research demonstrated a willingness among healthcare workers and students to engage in the stigma reduction process. The overarching result of project investigation culminated with the creation of two collaterals:

- a stigma reduction video that can be used for future seniors anti-stigma programing
- this report that includes a number of key learnings for increasing capacity to reduce stigma in older adults and their families and methods to address it.

KEY PROJECT LEARNINGS

Literature review learnings

A comprehensive review of the literature found that while relevant articles in terms of audience (healthcare providers) and population of interest (older adults) existed, there were few implications or recommendations drawn with regard to how healthcare providers can reduce the stigma and discrimination experienced by their older adult patients.* This learning reinforced the need for targeted anti-stigma interventions for healthcare professionals who provide services to older adults.

The literature review also revealed a need to further conceptualize what is meant by stigma in later life. Dr. Ken LeClair and Kimberley Wilson (2011) developed a framework to contextualize discussions with healthcare providers, older adults, and caregivers, based on a definition of stigma developed by Link and Phelan (2001) [2].

> *Stigma can be defined as "the co-occurrence of its components – labelling, stereotyping, separation, status loss, and discrimination - and indicate that for stigmatization to occur, power must be exercised".[2]*

*For the purposes of this project, seniors or older adults are over the age of 55.

The researchers presented two vital components of stigma change: to either 1) change the attitudes and beliefs of powerful groups that lead to stereotyping, devaluing, and discriminating; or 2) change the circumstances and therefore the extent of their power.

Qualitative research findings: key themes and learnings

Although there was no clear saturation of themes from the research, the complexities of working with older adults with mental illnesses were demonstrated. The richness and diversity of feedback from providers, older adults, and caregivers was collated to ensure that lived experiences were valued and heard by all participants in the project. Key themes fell under four categories:
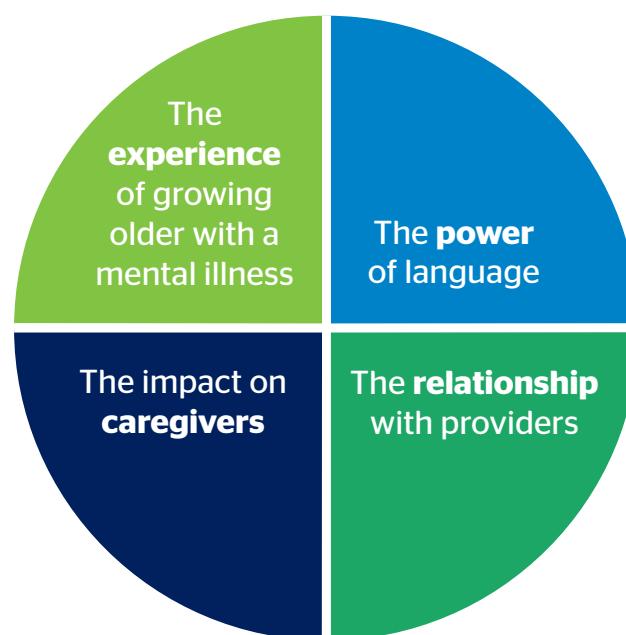
1. Language

The power and importance of language is a central theme discussed within the research project. Sensitivity to stigmatizing words and word choice was considered essential. Research participants were encouraged, through an interactive 'stigmatizing language' exercise to provide words used to describe older adults with mental illness and then later to imagine how it would feel if those words were used to describe themselves.

Research participant comments:

> *"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. Never to call an elderly person 'cute.' Be mindful and respectful at ALL times."*

2. Awareness of Stigma

The need to reduce stigma was recognized by participants.

Research participant comments:

> *"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."*

3. Context

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.

Research participant comments:

> *"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?'"*

4. Seeing the Person

It is imperative to look beyond preconceived notions and prescribed interventions and take the time to see the individual and his or her specific circumstances and needs.

Research participant comments:

> *"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."*

Opening Minds: Key ingredients for anti-stigma programming

As part of its 10-year mandate, the MHCC has embarked on an anti-stigma initiative called Opening Minds (OM) to change the attitudes and behaviours of Canadians towards people with a mental health problem or mental illness. Opening Minds is taking a targeted approach, initially reaching out to healthcare providers, youth, the workforce and media. The former MHCC Seniors Advisory Committee who guided this project had the advantage of learning from the success of the Opening Minds Projects.

OM's research has resulted in a number of key learnings that may be used to help guide the development of anti-stigma programs for healthcare providers aiming to reduce stigma against seniors living with a mental health problem or illness[3-5]. They include:

- Incorporating social contact in the form of a personal testimony or life narrative, preferably using a live first-voice speaker. Social contact or contact-based education, where target audiences hear personal stories from and interact with individuals who have recovered or are successfully managing their mental illness, has been

shown to be an effective tool for improving attitudes towards mental illness and persons with a mental health problem or mental illness.[3-4] And while it is believed that both video and live and filmed forms of social contact can be effective, qualitative research conducted by OM suggests that having a live speaker is generally preferred, if possible. As the following interview excerpt illustrates:

The reaction tends to be stronger when it is live. There's more of a WOW factor. Is stigma reduction actually different? I don't know if we can actually say that…but there is certainly less of a WOW factor without the live person there. [5]

OM's research has also identified a number of personal testimony guidelines to help maximize the social contact component of an anti-stigma program. These are highlighted below:

- Include multiple forms, modes, or points of social contact in the program. Further to this, OM's research has shown that the inclusion of multiple forms, modes, or points of social contact is a key predictor of maximal program effectiveness (i.e. stigma reduction).[4] In other words, having multiple testimonial/first-voice speakers is better than having a single speaker. As well, showing a video featuring persons with lived experience of mental health problem or mental illness and having a live personal testimonial/first-voice component is better than having only one of these two elements.

- Emphasize and demonstrate recovery. Healthcare providers often hold pessimistic beliefs about the likelihood of recovery.[5-6] Anti-stigma programs for healthcare providers, if they are to be effective, need to show that recovery is both possible and real.[3] As such, programs should emphasize that recovery from mental illness is both real and probable (e.g., through education and training about effective treatment, recovery methods and principles, and/or by correcting myths with facts). Programs should also show what recovery looks like by demonstrating competence and 'successful living' of seniors with lived experience of mental illness. This includes showing how seniors with lived experience of mental illness can "control distress, approach hope, and achieve goals."[7]

- Teach healthcare providers actions. Another finding from Opening Mind's research is that healthcare providers often feel ill-trained in the field of mental health; they don't know 'what to do' or 'what to say' to help. This sense of helplessness is likely to contribute to stigma[8]. To this end, stigma reduction programs should focus on improving healthcare provider skills in working with seniors with a mental health problem or mental illness. This includes improved communication and interaction skills, treatment approaches, scenario-based learning, as well the reminder that 'small things do make a big difference'.

For more information about the process of designing and delivering successful anti-stigma programs readers are invited to visit www.mentalhealthcommission.ca/English/initiatives-and-projects/opening-minds

Additional project learnings

The various activities conducted as a part of the Seniors Anti-Stigma project resulted in a number of other important learnings for combatting mental illness-related stigma towards older adults in healthcare contexts. They include the following:

- The relationship between ageism and stigma associated with mental illness is one that needs to be explored more deeply, especially for healthcare providers who have not yet worked with older adults.

- Improving practice and policy would be important next steps to continuing the conversation about eliminating stigma in healthcare settings.

- A number of research participants astutely pointed out that since some of the mental illnesses in later life carry their own stigmas, it may be valuable to target anti-stigma program and project content to a particular mental health problem or illness (e.g. behavioural and psychological symptoms of dementia). This recommendation also finds support in other research conducted by the MHCC[3].

- Student groups may require a more tailored approach with case studies and more social contact (preferably live) to enhance their understanding of the stigma experienced by older adults in healthcare settings. Other research conducted by the MHCC [5] has also found support for this idea, suggesting that the process for designing and delivering successful anti-stigma programing for students may be slightly different than that for practicing healthcare providers.

FINAL REFLECTIONS AND CONCLUSIONS

With an aging population and significant focus on seniors' mental health and dementia, many regions are revising and developing policies and programs to support older adults. The MHCC's Opening Minds has also seen promising results with skills-based training programs for healthcare providers. Early results show a continued decrease of stigma over time after the training, as skills improve with use[9]. The key findings that came out of the Seniors Anti-Stigma project and those of Opening Minds should be considered when undertaking these stigma reduction activities.

HELPFUL INTERNET RESOURCES

- **Alzheimer Society Canada**. Information and Resources for healthcare providers: www.alzheimer.ca/en/About-dementia/For-health-care-professionals

- **Baycrest**. Later-life depression resources www.baycrest.org/educate/mental-health/depression

- **Canadian Coalition for Seniors' Mental Health (CCSMH)**. National Guidelines for Seniors' Mental Health, The Assessment & Treatment of Mental Health Issues in Long Term Care Homes (Focus on Mood and Behaviour Symptoms); Assessment & Treatment of Delirium; The Assessment & Treatment of Depression; The Assessment of Suicide Risk & Prevention of Suicide. www.ccsmh.ca

- **Canadian Collaborative Mental Health Initiative**. Establishing collaborative initiatives between mental health and primary care services for seniors. A companion to the CCMHI planning and implementation toolkit for health care providers and planners. Mississauga, ON: Canadian Collaborative Mental Health Initiative. www.shared-care.ca/files/EN_CompanionToolkitforSeniors.pdf

- **Centre for Addiction and Mental Health**. Best practice guidelines for mental health promotion programs: Older adults 55+. http://knowledgex.camh.net/policy_health/mhpromotion/mhp_older_adults/Pages/default.aspx

- **Fountain of Health Initiative**. Mind your mental health! www.fountainofhealth.ca

- **Mental Health Commission of Canada**: National Guidelines for Seniors Mental Health www.mentalhealthcommission.ca/English/issues/seniors

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