



# UNDERSTANDING MENTAL HEALTH IN OLDER ADULTS



According to the World Health Organization, at least one in four older adults experiences some mental disorder, such as depression, anxiety, or dementia.

Among the elderly, depression is a major public health concern leading to increased disability and morbidity. Mental health challenges are common among older adults and may include anxiety disorders, dementia, and psychosis, among others.

According to Heidi Billitier, director of older adult services at Compeer, isolation is a huge problem and mental health challenges can sneak in and stir up feelings that lead to depression and anxiety.

"Depression and anxiety are not a normal part of aging. It's a myth that older adults should expect to be depressed or

anxious," Billitier said. "Stigma is a barrier for seeking help and many in this generation were taught that you manage your mental health at home with your family."

Older adults share information about physical ailments but are less likely to seek help for mental challenges. Those who experience loss of friends and loved ones experience situational anxiety, and this can be treated.

Billitier notes that during the pandemic, more older adults sought help when they concluded that without support, they were not going to move forward. The ability to access telemedicine was a silver lining during quarantine periods. The Health Foundation of WNY is working to address social isolation. Social isolation refers to objectively fewer social contacts and social relationships, while loneliness is the

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subjective emotional experience of feeling alone. According to a 2020 study by the National Academies of Sciences, Engineering and Medicine, approximately 24 percent of people 65 years old and older are considered to be socially isolated, with 43 percent of adults over 60 reporting that they feel lonely.

The effects of social isolation and loneliness have a major lasting impact on the mental and physical health of older Americans, as well as family caregivers. Chronic loneliness is closely associated with the onset of depression, sleeping issues, impaired cognitive functioning, hypertension, and physiological and psychology stress, in addition to other mental and physical health issues.

### Impact of Stigma

Stigma associated with mental illness continues to be a significant barrier to older adults seeking help, leading to negative attitudes about mental health treatment which deters individuals who need services from seeking care. Kelsie Earle, outreach aide, Erie County Senior Services, says many depressed older adults experience a high level of stigma and were not likely to be currently engaged in, nor did they intend to seek mental health treatment.

This affects quality of life greatly. Without appropriate mental health intervention, older adults with mental health challenges experience significant disability and impairment, including impaired quality of life, increased mortality, and poor health outcomes.

Melissa Abel, deputy director, Amherst Center for Senior Services, states that the misconceptions of ageism and mental health issues, social isolation, high healthcare costs, and limited geriatric doctors are challenges for the older population. Their physical and chronic conditions may take precedence at a doctor's appointment. They may feel embarrassed or feel they are a burden to their family or friends and by believing so will lead to a dangerous situation of social isolation.

*"They can further withdraw from activities, families, friends, further increasing their social isolation," Abel said. Mental health challenges can cause changes in eating habits, lack of exercise, and changes in sleeping habits, inability to cope with daily problems, stress, and failure to deal with daily responsibilities, such as paying bills, taking care of their home or personal care needs. They may also have excessive anger, hostility or experience suicidal thoughts.*

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## HOW DEPRESSION IS DIFFERENT FOR OLDER ADULTS

80% of older adults have at least one chronic health condition, and 50% have two or more.

Depression is more common in people who also have other illnesses (such as heart disease or cancer) or whose function becomes limited.

## Older adults are often misdiagnosed and undertreated.

Healthcare providers may mistake an older adult's symptoms of depression as just a natural reaction to illness or the life changes that may occur as we age, and therefore not see the depression as something to be treated. Older adults themselves often share this belief and do not seek help because they don't understand that they could feel better with appropriate treatment.

She encourages older adults to reach out to social case workers or outreach staff who are trained to listen, offer support and guidance, and refer to local agencies as needed.

### Family and Caregiver Support

If you notice changes in your loved one, don't hesitate to seek help. Billitier suggests watching for changes in behavior such as neglecting hygiene or new difficulties with independent tasks. "Depression and anxiety have a way of creeping in," she said. "Mental health is very real, treatable and manageable."

Abel, who works with older adults in Amherst, encourages families to listen, be patient, be non-judgmental, and encourage their loved ones to seek help from a mental health care provider or their primary care professional with whom they may be more comfortable.

### Community Services

Erie County Senior Services provides many services for the senior population such as case management, insurance

counseling, family caregiver assistance, transportation, wellness and nutrition and home care. There are initiatives and programs within these services such as Combat Social Isolation, University Express, Volunteer opportunities (RSVP), Go and Dine and more. Visit [erie.gov/seniorservices](http://erie.gov/seniorservices), or call 716-858-8526.

Compeer matches trained volunteers with older adults living with a mental health challenge. Individuals 60 and older can be linked with a friend who will support them through their mental health journey. Visit [compeerbuffalo.org](http://compeerbuffalo.org)

Jewish Family Services offers Aging Care & Connections to help older adults remain as independent as possible for as long as possible in the environment of their choosing. This includes a full range of programs, including care management, homemaker services, counseling, and educational and recreational activities.

The Anti-Stigma Coalition also lists other resources for seniors at [letstalkstigma.org](http://letstalkstigma.org). ■

**JOIN US FOR A FACEBOOK LIVE EVENT**

# The State of Stigma & Mental Health: Understanding Mental Health in Older Adults

**MELISSA ABEL**  
Deputy Director  
Amherst Center for Senior Services

**AMANDA BENDER**  
Longterm Care Coordinator  
Erie County



**NICOLE DUNLAP**  
Clinical Supervisor  
PROS Center for Wellness, Dale Association

**DAVID SHENK**  
Commissioner  
Erie County Senior Services

**JULY 22, 12-1 PM**

The event is free and open to all community members

## MEMBER SPOTLIGHT



# A Q&A with Family Help Center

*We recently spoke with Kate Joyce, Executive Director of the Family Help Center about the stigma surrounding mental health.*

## Q: Why did Family Help Center (FHC) become a member of the Anti-Stigma Coalition?

Historically, the work of community coalitions has been one of the best ways to move the needle and create systemic societal change. Coalitions influence public policy, help shape legislation and legislative reforms, and provide 'think tanks.' They serve as powerful forums for incredible networking opportunities for action-oriented people. In essence, community coalitions are one of the best examples of collective impact and can lead to progressive and profound change.

The Anti-Stigma Coalition reflects all the organizational values we embrace at the FHC and provides an opportunity for staff and clients to work with others on macro level advocacy issues so that ultimately—the goal of eliminating stigma can be accomplished. Due to the pandemic, I believe we are now on the cusp of a potent mental health awareness reckoning and the next phase of change and reform in our mental health system. New discussions are taking place about on-line accessibility to services, self care for essential workers and open talk about the psychological impact the last 16 months (characterized by COVID-19) had on the family system. Community coalitions are needed now more than ever.

We are fortunate to have the Anti-Stigma Coalition already in place and primed to respond to this 'new wave' of mental health awareness and needs. Our agency is eager to help contribute and work in unison to help move that needle further.

## Q: How are people with mental health challenges impacted by stigma?

This is a long list nor is it a good list. If we are willing to be open and honest about this question and reflect on the past 200 years, I would summarize my response by saying that people with mental health concerns were shunned and made to feel like social outcasts. We have periods within our society where people were warehoused and hidden out of sight. Persons with mental health concerns were disproportionately arrested and incarcerated. We have witnessed persons running for political office who had their personal medical history leaked to the media forced to withdraw due to public backlash. Stigma is connected to employment opportunities lost, children being placed in out-of-home care and, ultimately, people in need being afraid to seek out services for fear of negative consequences within our society. Tragically, stigma is manifested in high rates of addiction and suicide.

Again, the list of examples is long and probably endless. Stigma is a human phenomenon created by people—and against people—and we are entering a time in our society where we can abolish it. We are at a crossroads in time where the next generation can live free from stigma and access a system of care without any fear of being labeled, branded, or shunned. Let's hold tight to that vision—it is without doubt something we can achieve.

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## Q: Do you see progress in reducing stigma in your organization and in the community?

Thank you for asking this question—it is something we need to be asking ourselves all the time.

On an agency level, because we employ mental health professionals and are part of the continuum of mental health services in the community, we all embrace the target of eliminating stigma. We are very purposeful about reminding one another that self-care for essential workers—is essential and that as service providers we are not immune from mental health challenges. For the past two years, we have offered a series of trainings geared towards mindfulness and stress reduction as part of our wellness initiative and connected employees with a Life Coach. Essential workers not only shoulder difficult caseloads but are often the person within their family system that are 'in charge' of handling interfamilial crisis and loss so we preach that personal replenishment and nurturing our mental health needs is essential.

In terms of the larger question—have I seen progress in reducing stigma in the community—in response to this question I did a 'deep dive' retro reflective look back both as a person and as a practicing social worker for several decades. The answer was a very big YES! I can cite countless examples both personally and professionally, although I remain forever aware that people in our society were deprived of their basic human freedoms due to stigma.

On a personal level, as the first person in my family to pursue a career in the mental health field, I recall numerous and insightful conversations I had with elder family members about what their experience was like growing up in the 1930s, 40's, 50's and so on and how mental health challenges were handled by their parents and the community. The response I heard repeatedly is that 'IT' (meaning a mental health issue) was not talked about and for the most part contact with the family member was very limited. They were kept hidden or 'sent away' or were written off as an alcoholic and someone to avoid. During such conversations, I couldn't help but conclude that the person in the 'IT' category seemed to die at a younger age.

The secondary theme I gleaned from these retro reflections is that it certainly wasn't acceptable to seek help. Seeking help was considered synonymous with being 'weak,' 'sick,' 'crazy'—all labels to be avoided

because ultimately it was believed that it would be embarrassing or shameful to the family name or culture.

Fast forward to the present as I compare and contrast my parents' experience versus my own experiences as a parent. I was able to raise my children, who are now all adults, in a home characterized by open talk and discussion about mental health and how that is a significant component of a persons' being. It is just as significant as their physical health and the two components are entwined. I recall an experience I had one evening as I was driving one of my children and some friends home from a sporting event. Unbridled emotions were zig-zagging all over the SUV. They took their role as student athletes very seriously and sports at that age seemed to be their number one priority with so much much of it tied to their personal identity, self worth, self confidence and psyche. This game with a rival was particularly challenging and gruelling. It had gone into triple overtime only for their team to be defeated. Heartbreak and adrenalin prevailed. Afterwards conflict broke out between the teams further exacerbating the high intensity of the loss. The kids often emerged with many bumps, bruises and swollen body parts due to the nature of the sport. When I was conversing with them about the game (I was debriefing them – just couldn't miss that opportunity!) I did a physical health check in with my passengers and after that inventory I said, and how is your mental health? As a parent I always made that question part of our everyday discussion so that I could break the societal stigma my parents' generation had to endure. They were all able to answer immediately in terms of how their body felt physically but seemed a bit stymied by the mental health check in. One passenger said, gee I have never been asked that question... 'Productive conversation with a group of gregarious adolescents ensued. And therein lies the change.

I look forward to the next wave of change and stigma reduction in our field. My hope is that by the end of this decade we are able to see great progress made (a) fully embracing all aspects of trauma—especially race-based traumatic trauma (RBTS), (b) creating new avenues for tele-mental health to increase accessibility, (c) fully embracing post partum depression, (d) standardizing and embedding mental health staff within law enforcement. This was a practice we began many years ago in the domestic violence field with great success and is now being piloted across the nation in terms of 9-1-1 calls that involve a mental health component. Therein lies the change as well. ■

## WELCOME TO OUR NEWEST MEMBER



Visit [letstalkstigma.org/current-members](http://letstalkstigma.org/current-members) for more information on our current members.



## BECOME A MEMBER OF THE ERIE COUNTY ANTI-STIGMA COALITION

Does your organization, church, temple, or community group want to combine forces with our organization? Do you individually want to engage with us to stop the stigma of mental illness? Please consider becoming a member of our Coalition by completing our membership form at [letstalkstigma.org/support/pledge](http://letstalkstigma.org/support/pledge).

It is going to take a massive community effort to move the needle on stigma, please become a part of the solution. Questions? Please contact Karl Shallowhorn, Chairperson, at [kshallowhorn@chcb.net](mailto:kshallowhorn@chcb.net).

ERIE COUNTY  
**ANTI-STIGMA**  
COALITION

### **Erie County Anti-Stigma Coalition Founding Members:**

BryLin Behavioral Health System • Children's Mental Health Coalition of Western New York, Inc.  
Community Partners of Western New York • Compeer • Crisis Services of Erie County  
Erie County Department of Mental Health • Erie County Office for People with Disabilities  
Fellows Action Network • Fuerst Consulting Corporation • Jewish Family Service of Buffalo & Erie County  
The Mental Health Advocates of WNY • Millennium Collaborative Care • Patrick P. Lee Foundation  
Preventionfocus, Inc. • Telesco Creative Group • The Peter and Elizabeth C. Tower Foundation

## July Events

July 21

Free Virtual Adult Mental Health First Aid Training  
Community Health Center of Buffalo

July 11 & 18

Open Caption at the Transit Drive In  
Deaf Access Services

July 22

The State of Stigma: Understanding  
Mental Health in Older Adults  
*Erie County Anti-Stigma Coalition Facebook Live*

July 23-26

Facebook Live Events celebrating the 31st anniversary  
of the signing of the Americans with Disabilities Act  
*Sponsored by WNY Independent Living Center  
and numerous disability service agencies*

### More Events & Information:

Visit [letstalkstigma.org/events](http://letstalkstigma.org/events)

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