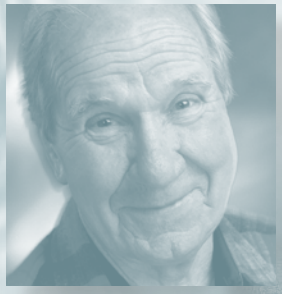
Mentally Healthy Aging

A Report on Overcoming Stigma for Older Americans



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
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Foreword

In 2002, I announced that addressing the needs of older adults with mental illnesses was one of the highest priorities for the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. Numerous activities have been undertaken, including development of an action plan and a technical assistance center, and targeted capacity expansion grants that provide direct services and build the necessary infrastructure to support expanded services for meeting the diverse mental health needs of older adults.

In addition, SAMHSA's Center for Mental Health Services, with the assistance of the Geriatric Mental Health Foundation and the National Mental Health Awareness Campaign, convened two older adult roundtables of approximately 25 stakeholders each in Washington, DC, in November 2003 and in Los Angeles in January 2004. Roundtable participants were mental health services consumers, researchers, media representatives, grant writers, older adults, advocates, and practitioners. They worked together to identify the impact of stigma and discrimination experienced by older adults, the barriers to eliminating discrimination and stigma, and most important, the strategies and the resources to remove those barriers.

The work of these roundtables is one component of a multifaceted national effort to reduce the stigma and discrimination surrounding people experiencing mental illnesses. Other initiatives have been the Elimination of Barriers Initiative (EBI), and the Resource Center to Address Discrimination and Stigma Associated with Mental Illness (the ADS Center, *www.stopstigma.samhsa.gov*).

The roundtable participants recommended two education and media campaigns to address discrimination and stigma, promote networking, and coordinate activities specifically among older adults. Action in line with these recommendations will help us to achieve SAMHSA's vision of "a life in the community for everyone."

Charles G. Curie, M.A., A.C.S.W.
Administrator
Substance Abuse and Mental Health Services Administration

Contents

"Every time this stigma stuff comes up I smile to myself. This gladdens my heart because I can remember when it wasn't even discussed. This assembly would never be. That's one of the advantages to having a few years under your belt. You have a frame of reference. We're talking, in my view, about changing society. It's not just in this room, it's nationwide."

—Hikmah Gardiner

Executive Summary

In American society, where youth is highly valued, growing old and experiencing a mental illness at the same time can impose barriers to getting better and living a valued and productive life because society, institutions, and individuals, knowingly or unknowingly, stigmatize and discriminate against older adults with mental illnesses.

In 2003 and 2004, SAMHSA convened two roundtables of mental health services consumers, researchers, older adults, media representatives, grant writers, advocates, and practitioners. In the roundtables the participants discussed four topics:

- Research findings on older adults and mental health
- Manifestations of stigma and discrimination
- Barriers to eliminating stigma
- Strategies to overcome the barriers.

The results of their discussions are presented in this report.

"It is estimated that by 2030, more than 15 million older adults will suffer a mental illness. That is nearly double the current number."

—Jeste, Alexopoulus, Bartels, et al., 1999

Research Findings on Older Adults and Mental Health

Demographic trends tell us that the number of older adults with mental illnesses will climb in the next 15 years, but research shows that the stigma of having a mental illness is getting worse, not better. The Indiana Consortium for Mental Health Services Research project (Pescosolido et al., 2000) found that over the past 40 years, Americans have acquired a greater and more sophisticated knowledge of mental illnesses. Americans are able to identify different types of mental illness, and many believe that treatment works. In that time, however, the stigma has intensified in some ways, the researchers found. About three-quarters of Americans do not want to work alongside someone with a mental illness nor do they wish such a person to marry into their family (Pescosolido et al., 2000). More people today believe that someone with a mental illness is dangerous to himself or herself and to others than they did in the 1950s, the research found (Pescosolido et al., 2000).

Manifestations of Stigma and Discrimination

Roundtable participants identified three types of stigma and discrimination:

self-stigma—older adults may be fearful of acknowledging their own mental illnesses;

public stigma—providers, employers, and the general public view older adults with mental illnesses as people who will not get better with treatment, or worse, people who are not worth treating;

institutional stigma—assumptions about older adults with mental illnesses are translated into public policy and funding decisions that stigmatize and discriminate against these individuals.

Barriers to Eliminating Stigma

Next, the participants concluded that the barriers to reducing stigma and deterring discrimination were lack of information, resources, understanding, interest, and knowledgeable and experienced health care professionals. These barriers perpetuate the misconceptions about older adults with mental illnesses and continue the cycle of stigma and discrimination.

Strategies to Overcome the Barriers

Finally, two strategies were selected as most promising to effect change. These strategies are summarized below.

- **Empower and educate older adults with mental illnesses.** Undertake efforts to reach older adults in our communities who are isolated, who do not know much about aging and mental health, or who may fear identifying themselves as possibly suffering a mental illness. Older adults in general should learn about aging well in terms of their mental health. In addition, an empowerment and education campaign should reach the people who work with older adults, volunteer to help them, or those who provide them physical and mental health care. The roundtable participants decided on the messages that such a campaign should encompass, who should be targeted, the strategies of such a campaign, and the resources for funding it.

- **Educate the public on mental health and aging.** Deliver positive messages about mental health and aging. Advertising experts should develop these messages for all forms of media—print, radio, and television. The campaign should target older adults, their children, and the general population. Strategies for developing and focusing the message, as well as the resources for creating such a campaign, were identified.

Both roundtables ended on the upbeat note of reaffirming that action must be taken quickly, with many of the stakeholders agreeing to continue to work on these two initiatives in their own communities. Participants also agreed to communicate periodically to determine the next best steps to implementing the plans made at the roundtables to stop stigma against older adults experiencing mental illnesses.

Research Findings on Older Adults and Mental Health

The roundtables reviewed the research findings on older adults and mental health. Many facts were found that must be taken into account when developing action plans for the future of mental health care for older adults (adults age 65 and older). Some of the trends for older adults and mental illnesses are illustrated here.

Mental Illnesses in Older Adults

It is estimated that by 2030, more than 15 million older adults will experience a mental illness. That is nearly double the current number (Jeste et al., 1999). These projections are largely based on the aging of the "baby boomer" cohort and greater longevity.

Prevalence of Mental Disorders at Age 65+

One-quarter of today's older adults experience some mental disorder, including dementia. About 16 percent have psychiatric disorders, and about 10 percent have dementia. A third of those with dementia exhibit psychosis and/or depression, and they represent about 3 percent of the total elderly population (Jeste et al., 1999).

Depression Is Associated with Worse Health Outcomes

Depression can strike an older adult after he or she has suffered a hip fracture or heart attack or has been diagnosed with cancer; as a result of these co-occurring illnesses, older adults are at increased risk of poor recovery (Mossey et al., 1990; Penninx et al., 2001; Evans et al., 1999). Mortality rates also increase for those with depression and myocardial infarction (Frasure-Smith et al., 1993, 1995) and those with depression who are long-term care residents (Katz et al., 1989; Rovner et al., 1991; Parmelee et al., 1992). In general, older adults with mental illnesses experience high medical comorbidity (Vieweg et al., 1995; Goldman 1999).

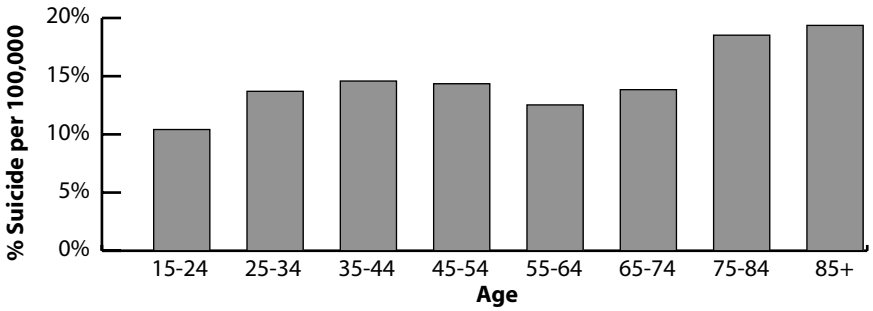
Depression in Older Adults and Health Care Costs

Older adults with significant depression have total health care costs that are roughly 50 percent higher than those without depression. They have a higher use of services in all categories of medical care, including inpatient admissions, outpatient visits, laboratory tests, emergency department visits, the number of prescriptions, and ancillary and optometry visits (Unützer et al., 1997).

Suicide in Older Adults

Compared to other age categories, older adults have the highest suicide rate in the country. For women, the suicide rate peaks at midlife, then declines. For men, the suicide rate continuously goes up. One-third of older men saw their primary care physician in the week before completing suicide. Seventy percent saw their physician within the prior month (Hoyert et al., 1999).

Suicide Rate by Age per 100,000



Hoyert et al., 1999

Poor Quality of Care for Older Persons with Mental Disorders

Although more research is available on successful treatments of mental illnesses for older adults, not enough research has been translated into clinical practice, according to Steve Bartels, chairman of the Geriatric Mental Health Foundation. He cites the following research data:

- Older persons with mental disorders are at increased risk for inappropriate medication treatment (Bartels, Horn, et al., 1997).
- More than 1 in 5 older persons with mental disorders are given an inappropriate prescription (Zhan et al., 2001).
- Older persons with mental disorders are less likely to be treated with psychotherapy (Bartels, Horn, et al., 1997).
- Older persons with mental disorders have a lower quality of general health care and associated increased mortality (Druss et al., 2001).

Unmet Need for Community Treatment

The service needs of older adults are not being met, as reflected in the gap between the needs and actual expenditures. For instance:

- Fewer than 3 percent of older adults receive outpatient mental health treatment by specialty mental health providers (Olfson et al., 1996).
- Only about 30 percent of older adults who live in the community and who need mental health services receive them (Shapiro et al., 1986).

"Choosing to neglect the funding of appropriate services for persons with late life mental disorders is not an option. We are already paying for mental health problems in older persons through poor health outcomes, excess disability, and the associated greater costs of acute and long-term care."

—Steve Bartels, Roundtable Moderator

One Man's Story: Ross Fortner, J.D.

Ross Fortner, an older adult, has often felt cold rejection because of his mental illness. His story begins in 1958, when, after graduating with a law degree, he failed the Oregon bar exam and suffered a nervous breakdown. He was diagnosed with an anxiety disorder and spent a short time in a psychiatric hospital. Afterward, he was fortunate to find a safe haven back with his family.

For several years, he worked at jobs offered by his parents and their friends in banking and insurance. But he got fired many times because he couldn't remember things, which he attributes to the electroconvulsive treatments he received.

During these years he did not experience stigma, thanks to the efforts of his family and the people in his hometown who accepted him and tried to help. He also benefited from the dedication of his doctor, who assisted him with his anxiety illness.

But things took a turn for the worse when his father and his doctor died in the same year. "It was then that I really experienced the terrible failure that stigma causes," Fortner said. "Stigma was very hard on me. The only work I could get was in sheltered workshops, make-work type jobs."

He stopped seeking better work and started to volunteer for the Veterans Administration, where he was recognized for his efforts. That work led to jobs subsidized by the Private Industry Council and then postgraduate study in nonprofit management at Lewis and Clark College. "I also found my way into leadership roles in the community and acquired transferable skills to go along with my job skills," he said.

Fortner successfully worked as a housing advocate, a liaison to parole officers, and a shift leader at a socialization center for people with mental illnesses. Fortner considered this progress in his career as a breakthrough. "I was accepted in the community despite my mental illness."

When Fortner lost his job as a team leader in a consumer-run drop-in center because of county budget cuts, he found his next job through the Internet. He took executive recruiter training and became a successful independent businessman. He recruits franchise presidents for an international recruiting company and also has a contract to recruit investors for venture capitalists.

For Fortner, the solution to the double stigma he faced as an older adult in recovery was successful self-employment.

Manifestations of Stigma and Discrimination

Roundtable participants identified three types of stigma: self, public, and institutional. The causes and consequences of stigma and discrimination are different for older adults with mental illnesses than for others with mental illnesses. In addition, mental illness in an older adult is viewed differently than it would be in a younger person.

Self-Stigma

Older adults may be fearful of seeking treatment or acknowledging that they have a mental illness for a number of reasons. They worry that if they identify themselves as in need of mental health services, they may jeopardize their health care and their insurance. They also fear loss of financial security and independence, embarrassment, isolation, or being declared incompetent. At worst, they fear institutionalization, being sent away somewhere and never being heard from again.

> *"The stigma that is attached with mental illness is so tough. My generation was taught you don't look to anyone else to take care of your problems. You take care of your own. It's difficult to get past that but we're working on it."*
>
> —George Kotwitz, Older Adult Consumer Mental Health Alliance

Public Stigma

The public view of mental illnesses in older adults is intertwined with ageism. Stigma against older adults who suffer mental illnesses is exacerbated by the "double jeopardy" of society's negative views of aging and mental illnesses. Roundtable participants felt that, as a general population, older adults experience discrimination because of the stereotypes that they are childish, resistant to change, stubborn, and needy. Older adults with mental illnesses are further isolated by society, because they are viewed as untreatable or as not worth being treated.

> *"Society by and large believes that when you're old …you're going to get crazy. They think it's OK."*
>
> —Hikmah Gardiner, Aging Advocacy Group
> Mental Health Association of Southeastern Pennsylvania

For example, depression among older adults is subject to misconceptions. The assumption is that depression is "normal" to the aging process. Often, it is not recognized as a treatable disease, and some may view it as not worth treating in older adults. Society often devalues the mind of the older adult.

> *"Whenever I mention that I have recovered from schizophrenia, with paranoid tendencies and depression, I am surprised to find there is stigma from many folks. Recently our family physician retired and we found a good internist who said to me,'You couldn't have had schizophrenia, those folks never get better and we were taught this in medical school.' "*
>
> —Janet Stiles, Founder and President, A New Way to Better Living

Institutional Stigma

Structural barriers based on assumptions about older adults can cause discrimination. Although these assumptions are not intended to discriminate against older adults, the public policies based on these assumptions have a deleterious impact nevertheless.

Examples of these discriminatory policies are the lack of mental health parity under Medicare, exclusion or elimination from insurance coverage, loss of driving privileges, and reduced funding for mental health services for older adults with mental illnesses. Not integrating mental health services with other health care can result in older adults receiving poorer quality mental health care. Policy decisions that result in a bias in funding priorities against older adults are another manifestation of discrimination.

> *"If you [as a policymaker] don't believe change is possible, why in the world would you want to fund or begin funding treatment programs?"*
>
> —Larry Dupree, Chair
> Department of Aging and Mental Health
> Florida Mental Health Institute

The Consequences

The identified manifestations of stigma and discrimination lead to the following consequences for older adults with mental illnesses:

- Poor outcomes and poor quality of life
- Family disintegration
- Lack of contribution to society
- Lack of trust in the health care system by ethnically diverse populations.

On a societal level the consequences include the following:

- Public ignorance of the issue
- Fewer health professionals specializing in mental illnesses in older adults
- Systematic marginalization of older adults with mental illnesses by society
- The absence of a national health policy on mental illnesses in older adults.

Forms of Discrimination

Poor quality treatment and care

Marginalization within care systems

"Warehousing" outside the health care system

Low status of professionals, services providing care

Staff recruitment and retention problems

Inadequate funding at national and local levels

Inequity in reimbursement for treatment

Negative impact on family

Victimization, abuse, neglect

Unnecessary institutionalization

Avoidance

Poor quality of life

Exclusion from research

Adverse economic effects

Discriminatory legislation

Unemployment

Material and financial inequity

Government neglect and lack of legislative protections

Derogatory language

(WHO, WPA Report—Graham et al., 2003)

Mental illnesses and Aging: Double Jeopardy

- Culture traditionally has stigmatized mental illnesses AND advanced age.
- Older adults are less likely than younger persons to self-identify mental health problems and are less likely to seek specialty mental health services.
- Family members and professionals share the misperception that mental disorders are a "normal" part of aging.

It Is Time to Act

The Indiana Consortium for Mental Health Services Research has found that anti-stigma and anti-discrimination efforts are needed now. Americans have a more sophisticated view of mental illnesses than they did 40 years ago, the last time a major study of Americans' attitudes towards mental illnesses was undertaken.

"The good news is that people get it," said Bernice Pescosolido, a researcher with Indiana University. Seventy percent of Americans, when given a story about a person with depression, can recognize the illness. In addition, 88 percent of Americans can recognize and correctly label a person with schizophrenia. Americans also believe that psychiatric medications work to help people with mental illnesses (Pescosolido et al., 2000).

However, Pescosolido said, perceptions of danger associated with people with mental illnesses are extremely prevalent. More than 60 percent of Americans believe that a person with schizophrenia is likely to do something violent to others; more than 85 percent believe such a person is likely to harm himself or herself. In addition, when you ask Americans what mental illnesses are, the spontaneous mention of dangerousness or violence has dramatically increased. In 1950, 7.2 percent of Americans mentioned violent symptoms when describing mental illnesses. That number jumped to more than 12 percent of Americans in 1996 (Pescosolido et al., 2000).

Although the public's understanding of both mental illnesses and their treatment has increased, perceptions and experiences of stigma still exert a toll on individuals, caregivers, and social policy (Pescosolido et al., 2000).

Barriers to Eliminating Stigma

Roundtable participants identified the following barriers to eliminating stigma associated with older adults with mental health problems.

Lack of Information

Many older adults and their families lack knowledge about the causes and the impact of mental illnesses among older adults. They may not understand that mental illnesses are not "normal" to the aging process, and that recovery is possible. Lack of education about mental illnesses may perpetuate myths and shame about mental illnesses. Lack of knowledge about services that can effectively address the needs of older adults and their families who are affected by mental illness leaves many without solutions to their problems.

Lack of Resources

Projections are that there will be fewer geriatric health care professionals in the future, just as the demand for services rises. Little funding and attention is given to mental health care for older adults and for research.

> *"If you are on social security like I am, which is a limited income, and you suddenly discover that the doctors won't take you because they don't take Medicare anymore. You can't get Medicaid because you make a little bit too much. And the public state mental health agencies can't take you because they're no longer taking Medicare patients. So you're out there, you're 68 years old, and you're fighting everyday to get good mental health care."*
>
> —Faye Brindell, Older Adult Consumer Mental Health Alliance

> *"Three percent or less of the Medicare budget is spent on psychiatric mental health care. Until we start talking about parity for mental health treatment in Medicare, and do something to make it happen, all of our talk is going to be about talk and it's not going to change attitudes and change behavior."*
>
> —Laurie Young, Executive Director, Older Women's League

Lack of Competent Health Care Professionals

Health care professionals, such as doctors, nurses, physician's assistants, and others, may discriminate against and stigmatize older adults with mental illnesses. These professionals may refuse to take these illnesses seriously, dismiss their patients' complaints, or provide misdiagnoses or incomplete care.

Lack of Understanding

Organizations that provide services to older persons may be unaware of the signs and impact of mental illnesses among older adults. Even if a person's disorder is recognized, those in an organization, a workplace, or a faith-based organization may assume that the problem is "understandable" or "normal" for an older person, or negatively judge that person because of the illness.

Lack of Interest

Few clearly valued roles for older adults exist in today's society. Some people may view older persons as expendable, or as persons who use up critical resources. Social policy and programs are needed to support the ability of older adults with mental illnesses to pursue desired goals of working part-time, or serving as mentors, teachers, volunteers, or advocates.

> *"Until we make an impact on the general population, we're not going to have an impact on stigma."*
>
> —Larry W. Dupree, Chair, Department of Aging and Mental Health
> Florida Mental Health Institute

The Challenge of Territoriality

Agencies and organizations working to help older adults may worry about their own agency self-preservation instead of focusing on the work of stopping stigma and discrimination, some participants said.

> *"I hope we will be able to make some difficult decisions. We are all in our own little agencies, academic centers, facilities, looking for resources to support our own programs, fighting for those, sometimes becoming very territorial. I have great confidence that we can break out of that, make some decisions and be committed to serving the older adult with mental illness, foremost, above and beyond, our own institutional needs."*
>
> —Eve Byrd, Fuqua Center for Late Life Depression

Strategies to Overcome the Barriers

Discussions at both roundtables culminated in the recommendation to form a consortium among those present to coordinate anti-stigma and anti-discrimination efforts targeting older adults. Such a consortium would be a collaboration among government agencies, policymakers, provider organizations, consumers, advocates, foundations, and others to focus attention on the issues of stigma and discrimination surrounding mental illnesses and aging. Collaborating helps avoid duplication of effort.

The roundtables decided on two central initiatives to combat stigma and discrimination against older adults with mental illnesses. One initiative is a campaign to empower and educate older adult consumers. The second initiative is a targeted media campaign to combat misperceptions of older adults with mental illnesses.

1. Empower and Educate Older Adults with Mental Illnesses

Efforts must be undertaken to reach older adults who are isolated, who do not know much about aging and mental health, or who may fear identifying themselves as possibly suffering a mental illness. An empowerment and education campaign must reach not only older adults but also those who work with them, who volunteer to help them, or who provide physical and mental care for them.

> *"As a society, we're going through a redefinition of work in this age group, and retirement is becoming obsolete. You may not be able to say to someone you're treating for depression that 'You may be able to go back to your old job.' But you are saying, 'You need to get treated for your depression so that you can participate fully in the community, so you can make a contribution, so you can have a purpose, so you can have meaningful relationships with others. In a sense, so that you can make the most of your life.' "*
>
> —Abigail Trafford, Health Columnist, *The Washington Post*

Target Audience

To reach the goal of empowering and educating older adults, the education initiative must target many community members. Primary partners in the campaign to empower and activate older adult consumers would be consumer groups that are already working in the area of advocating for older adults with mental illnesses, including the Older Adult Consumer Mental Health Alliance (OACMHA), the National Alliance for the Mentally Ill, (NAMI), the National Mental Health Association (NMHA), the Bazelon Center for Mental Health Law, and others.

Other partners in the education campaign would be community-based organizations and faith-based organizations. The community organizations include Rotary, Kiwanis, Elks, Lions, Seroptomists, Granges, the Urban League, and others. The faith-based organizations include, but are not limited to, outreach programs such as national parish nurses, Jewish Family Services, and Stephen Ministries.

The Message

Although the message to these various groups must be further refined, the groups recommended that it include the following themes:

1. Treatment works. Older adults with mental illnesses can improve and recover.
2. Older adults with mental illnesses must strive to meet challenges with courage to overcome fear, isolation, and lack of resources.
3. Helping others helps you (The Helper's Principle). If you are an older adult with a mental illness, you will help yourself if you help others. If you are in a position to help an older adult with a mental illness, doing so will boost your self-esteem and sense of self-worth.
4. It is important for an older adult to live at home, with no fear of inappropriate or premature institutionalization.
5. There is hope for improvement, for recovery, for feeling better about yourself. "Can I get better?" Yes.

> *"I'm very heartened to see a national campaign about stigma. Our research shows that older people don't really identify themselves as old until they have a major health crisis, so there's a lot of people over 55 who don't think they're old."*
>
> —Alixe McNeill, Assistant Vice President for Program Development
> National Council on the Aging

General Strategies

In order to empower older adults with mental illnesses, educators must engage existing groups who are in contact with older adults. These groups of people can be divided into community organizations, as mentioned above, and home-based workers and volunteers servicing older adults, such as home health care aides, meals-on-wheels volunteers, and health care providers, all of whom must be sensitized to mental health issues in older adults.

Community groups, in particular, present an opportunity to reach many older adults through their social events and community service projects. One idea mentioned was a "Senior Mental Health Corps" of older adults, made up of both consumers and others, who can talk about the importance of mental health in older adults. Members of the corps can be trained to present programs on mental health issues to community groups and encourage these groups to take on like-minded community service projects. Corps members would bolster the ranks of the current overextended group of older adult consumer advocates at local, State, and national levels.

Peer counseling, peer support, and mentoring programs are valuable strategies to reach older adults experiencing mental illnesses. An education and empowerment campaign can identify some of the quality programs already in place.

"There are some good models out there; we don't have to reinvent the wheel. What we do need to know is what works and what is working in certain communities."

—Laurie Moore, Senior Mental Health Outreach Program Director
Southern Nevada Adult Mental Health Services

Finally, any education and empowerment campaign undertaken must have a multicultural approach in order to reach different subpopulations of older adults.

"In the Latino community, we have difficulty really acknowledging mental illness and access to health care services. It is a stigma in our population and it's something we really don't cope with. Whatever plans are developed have to have some sensitivity to cultural competency and cultural diversity because we do view life from different perspectives."

—Rose Gonzalez, Director of Government Affairs, American Nurses Association

Options

An empowerment and education campaign should include the following approaches:

- Preparing tapes/videos/training materials for paraprofessionals working with older adults.
- Writing letters to newspaper editors and writing guest columns for newspaper editorial pages.
- Reaching subpopulations of older adults by tapping into ethnic radio stations and newspapers.
- Providing sensitivity training for older adults and people who come in contact with them, including those working in peer-to-peer programs.

Resources

Existing resources for a campaign targeting older adults need to be identified. Efforts would attempt to dovetail with existing peer counseling and mentoring programs. Encouraging local, county, and State mental health agency support would also assist the campaign.

2. Educate the Public on Mental Health and Aging

A public education media campaign targeted at older adults, their families, and the general population must be undertaken to underscore the message of mentally healthy aging.

Target Audience

The target audience for this public education media campaign is older adults, their families, and the general population. Through experience, the roundtable participants have found that the parents of the baby boomers are less likely than younger people to accept or seek services. The aim of the media campaign would be to reach those in need of services, whether by reaching the older adults themselves, their spouses, siblings, or children. The campaign would project the image of healthy aging to influence these adults and raise their expectations of continued good mental health in their later years. A clear message of healthy aging would be a step towards combating the stigma of mental illness that prevents older adults from acknowledging their need for treatment and from seeking care.

Stigma Reduction Strategies

Protest against inaccurate and hostile representations reduces the frequency of publicly endorsed stereotypes and diminishes negative attitudes, but fails to promote positive attitudes.

Education

- Allows the public to make informed decisions.
- Gives people a better understanding of mental illnesses so that they are less likely to endorse stigma and discrimination.

Face-to-face contact with persons with mental illnesses is a promising strategy associated with improved attitudes.

(Corrigan & Penn, 1999)

Another target of the campaign would be the children of older adults, who are sometimes called "The Sandwich Generation." These adults are much more likely to seek, or in fact demand, mental health services for themselves. However, they may be less successful in getting care for their parents or in acknowledging that treatment is critical to the continued healthy aging of their parents.

Finally, the campaign must focus on the general population through a message of health, fitness, and maintaining an active mind during aging. Targeting the general population with a positive message of healthy aging would help to dispel false beliefs about older adults experiencing mental illnesses.

The Message

The opportunity to capitalize on the common interest of all for overall health, fitness, and independence does exist. Any successful message must be concise, crisp, and focused. It must be framed positively and touch on the themes of mental health, independence, and aging well. Such a message will have more mass appeal than one that stresses the negative.

Slogans that a media campaign could adopt that emphasize the positive are the following:

- Help works
- Strong mind/strong bodies
- You deserve to feel well
- Here's to your mental health
- When you need help, get help
- Got health? Got hope?
- No shame campaign
- Aged to perfection, mind and body, together at last
- Aging, aren't we all?
- Never too old to live well

General Strategies

Three initial steps should be taken in formulating the general strategies of a media campaign:

First, the message must be clearly defined. Advertising expertise must be used to develop and refine the message of the media campaign. A logo should be developed to clearly brand or label the campaign. Developers of the media campaign should investigate using AD Council resources and should contact advertising agencies to see if they would provide pro bono work.

Second, the media campaign should encompass a range of tactics. The same message, once developed, should be placed in various media markets, in multiple venues. Emphasis should be on market saturation, on developing an integrated campaign that makes use of at least three different media in the same market. For example, television spots, radio public service announcements, and bus stop advertisements can all deliver the same message (such as a phrase and a logo) during the same calendar time frame.

Third, a successful media campaign must identify the markets that reach older adults. Resources such as Nielsen (television), Arbitron (radio), and ABC Audit (print media) must be consulted to determine the most effective way to reach the target audience.

Options

Each medium calls for a specific set of strategies to deliver the message most effectively. What works in the print media will not be as effective on television. An approach tailored to each medium will enhance the chances of a message being delivered effectively.

Press/Written Media

1. Create well-written, up-to-date materials to post on a Web site that can give journalists and editors in the mainstream press access to experts who can provide quotes and information on the topic of mental health and older adults.
2. Post articles on a Web site that targets other segments of the written media, such as the senior press, local community newspapers, and newsletters in senior citizen centers. Quickly and conveniently accessible online, these articles and graphics (charts and graphs) must be well designed and formatted, easily downloadable, and able to be pasted into existing publications at no cost.
3. Identify journalists and editors who are familiar or want to be familiar with the issue of mental health and older adults. Host meetings for journalists to talk about trends and recent research in mental health and aging issues, and provide fact sheets pitching story ideas. Such gatherings will help develop allies and nurture relationships with the print media.
4. Develop awards for excellence in journalism covering mental illnesses and older adults. Create the award independently or piggyback on existing prestigious awards by creating a subcategory of writing distinction in this area.

Radio

Develop public service announcements (PSAs) using celebrities as spokespersons. Radio presents a less expensive alternative to television PSAs, allowing for greater circulation. Using a variety of spokespersons will widen audience appeal.

Television

The efficacy of public service announcements is debatable, based on the high cost to produce them and the lack of control over when they are aired. A more sophisticated approach to using television to deliver a message about older adults experiencing mental illnesses is to "embed" the message on television shows. A guest character on a show can be an older adult with a mental illness, or a show story line can tackle the issue. Programs that would be very suitable for embedding such a message include "Monk," "Wonderland," "Law and Order," or "ER."

The message is even more effective if the show ends with a spot, ideally featuring a character from the episode, detailing a toll-free number and Web site that people can use to learn more about mental illnesses in older adults. This spot could then be followed up by the late evening newscast featuring a story on the same subject.

Aside from embedded messages in television shows, another strategy is to give an award annually for the best script portraying mental health and aging. This strategy should include a watchdog effort to flag repeated stereotypical portraits of older adults with mental illnesses.

Resources

Resources to produce a media campaign are slim. A collaboration among stakeholder groups and pro bono support from advertising agencies may be the best plan for getting such an effort underway.

Conclusion

Roundtable participants agreed that the key to implementing these two initiatives would be to form a consortium among the many stakeholders working in the area of older adults experiencing mental illnesses. A consortium involving government agencies, policymakers, provider organizations, consumers, advocates, foundations, and others could focus attention on the issues of stigma and discrimination towards those aging with mental illnesses.

Both roundtables recommended that they themselves could form a consortium to coordinate anti-stigma and anti-discrimination efforts targeting older adults. The initial steps of issuing a call to action and discussing the structure, purpose, and funding of the coalition have already taken place. Many of the roundtable participants contributed to a special edition of the American Society on

Aging (ASA) *Dimensions* newletter. As a result, ASA requested a workshop on mental health, stigma, and aging at its 2005 annual meeting.

Many of the roundtable participants stated that even though the effort to stop stigma and discrimination against older adults experiencing mental illnesses will be long, it is especially necessary to take on the challenges now. Delay, they said, means another generation of older adults may be unable to recognize the need for their own good mental health care, unable to access that care, and unable to live the fuller and more productive lives they deserve.

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List of Roundtable Participants

Note: Some of the participants were representing their organizations and some participants were present due to their own expertise. Organizations are listed for identification purposes only.

Roundtable I
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