

## The Damaging Effect of Stigma on Older Ohioans

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### STIGMA - WHAT DOES IT MEAN?

The dictionary suggests that stigma is a “mark of disgrace or infamy; a stain or reproach, as on one’s reputation.” Since the days when the mentally ill were locked away and alcoholics and addicts were considered unworthy of help, stigma against people with brain diseases has been deemed acceptable in society. Today, the treatment settings have changed, and science plays a larger role in the outcomes, but sadly, stigma continues to dictate attitudes, and attitudes dictate resources. For older adults, the impact is compounded as they face the double stigma of being discriminated against as seniors and facing people’s false assumptions about mental competency.

Older adults tend to under-use mental health and addiction services for a variety of reasons, including social stigma, ageism, transportation problems, costs, and misconceptions about aging and behavioral health. Beliefs that mental health and substance abuse disorders and treatment are shameful, represent a personal failure, or will lead to a loss of autonomy lead many of those in need of services to deny a problem or refuse behavioral healthcare treatment.

*“One of the ugliest secrets of Ohio’s mental health system is lack of care to the most severely mentally disabled. Much of that has to do with stigma.”*

*~Terry Russell, Executive Director, Ohio Association of Adult Care Facilities*

### THE FALLOUT OF STIGMA ON OLDER ADULTS

While adults 60 years of age and older constitute 13 percent of the United States population, their use of inpatient and outpatient behavioral health services falls far below expectations. Stigma can lead to inadequate insurance coverage for mental health and addiction services, and to prejudice, discrimination, abandonment, and violence against people and their families living with mental illness and/or addiction.

Some of the consequences to older adults of stigmatizing attitudes regarding mental illness and addiction include:

- The misdiagnosis of aging symptoms that are actually mental illness or depression.
- The ageist notion that older people are inflexible and unable to change reinforces popular and professional beliefs that mental illness and addiction in this age group are untreatable.
- The tendency to dismiss complaints (of abuse, neglect) from older adults with mental illness/substance abuse.
- The lack of older adult-specific training of professionals and service providers.
- The impression of older adults that psychiatry and counseling are embarrassing, resulting in less use.
- The fact that primary care physicians rarely ask older adults about depression or alcohol and other drug use.
- The lack of familiarity with older adults’ behavioral health issues and experiences leads to avoidance, social distancing, and exclusion of the sufferers, which can exacerbate the symptoms.

### OHIO’S COLLABORATIVE SOLUTIONS

The Older Ohioans Behavioral Health Network, with funding from the Ohio Departments of Mental Health, Aging, Alcohol and Drug Addiction Services, and Insurance, has been able to fund 40 mini-grants to Area Agencies on Aging and County Alcohol, Drug Addiction and Mental Health (ADAMH) Boards to implement innovative programs to help older Ohioans live healthy lives. The Network projects have promoted scientifically-based practices for screening older adults for depression, dementia, substance abuse, self-neglect, and other dangerous behaviors; programs that provide for physical, behavioral, and social needs; and programs designed to better educate caregivers and medical professionals about the needs of older adults with regard to behavioral health concerns.

# Societal Changes that Affect Older Ohioans' Behavioral Health

Changes in behavioral healthcare and in public attitudes about mental illness and addiction have led to a shift in how society cares for – and sometimes doesn't care for – older adults with behavioral healthcare needs. In Ohio, support and funding for community-based services is evident in the fact that 75 of 88 counties have a behavioral health or human services levy, and 70 counties have a senior services levy in place. These local levy funds mean that nearly \$500 million per year has been pledged by the public to supplement state funds for community services that assist older adults.

Perhaps the biggest difference in behavioral healthcare in the past 20 years has been the growth of community alternatives for treatment and recovery support services. Home healthcare agencies provide thousands of Ohioans with disabilities with the services necessary to stay at home or live with family. At this writing, the PASSPORT program, a Medicaid waiver program that funds in-home personal care for those who would otherwise be in a nursing home, supports 28,000 Ohioans with community services. All of these alternatives to out-of-home care have changed the healthcare landscape in Ohio. This fact becomes more important as the population ages.

Between the years 1990 and 2000, Ohio experienced a 4.7 percent increase in the total resident population. During the same 10-year span Ohio saw an increase of 7.2 percent among the population aged 65 and over, while there was an increase of 28.1 percent among Ohio's population aged 85+.

## PROJECTIONS OF DISABLED 60+ ADULTS

During the period through 2020 in Ohio, the moderately disabled population aged 60 and older is projected to increase by 36.7 percent to a total of 448,469, and the severely disabled population is expected to increase by 32.4 percent to a total of 220,919.

## CHANGING STIGMA FOR OLDER OHIOANS

Changing stigma involves education to change beliefs and attitudes, while changing discrimination has a public policy and legal agenda. The main goal in reduction of stigma and discrimination for people with mental illness and/or addiction is to position behavioral health on the public agenda. For seniors, the focus must be that behavioral health is just as important in later years as in earlier life, including encouraging positive notions of aging, promoting a greater understanding and acceptance of people with mental illness and/or addiction, and creating more supportive environments for older adults with behavioral healthcare needs.

Older Ohioans in recovery from mental illness or addiction and family members should be encouraged to:

- Share their positive and negative experiences with the public, service providers, and government;
- Participate in information and education campaigns;
- Join (or where necessary form) associations and support groups; and
- Join in planning services that avoid stigma and discrimination.

## What can policy makers, local officials, and community members do to help reduce stigma and enhance services for older Ohioans?

- ✓ Provide funding to expand community-based opportunities for evidence-based and promising practices for screening and treatment of older adults for depression and substance abuse.
- ✓ Promote public policies that integrate behavioral and physical healthcare. **Behavioral healthcare IS healthcare.**
- ✓ Increase funding for in-home alternatives to nursing home care.
- ✓ Educate the public about mental illness and addiction to fight the consequences of stigma.

Six Ohio Counties with a Projected Increase of Over 100% in Age 60+ Population by Year 2020

