RICK 0:00
Welcome to the HEADS UP Community Mental Health Podcast. Join our host Jo de Vries with the Fresh Outlook Foundation, as she combines science with storytelling to explore a variety of mental health issues with people from all walks of life. Stay tuned!

JO 0:05
Hey, Jo here. Thanks for joining me as we explore the complex world of seniors' mental health. In this two-part podcast, brought to you by the Social Planning and Research Council of BC, we'll study the challenges, gaps, successes, and opportunities for seniors through the eyes of a geriatric psychiatrist, a young caregiver, and a seniors' advocate and entrepreneur.

But before I jump into our discussion with these amazing women, I'd like to set the stage for you. Given that the over-65 age group is the fastest-growing demographic in Canada, seniors' mental health will be an increasingly critical issue for healthcare systems, all levels of government, academic institutions, healthcare-related businesses, and nonprofits that focus on either seniors' mental health or specific mental health conditions such as mood or cognitive disorders.

Taking a closer look, we see that almost seven million Canadians, or about 18% of Canada's 38 million residents, are 65 or older. The rates of mental illness for seniors over 70 are projected to be higher than for any other age group by 2041. This scenario presents serious social, cultural, and economic challenges for individuals, families, and communities in Canada and beyond.

On the bright side, a Statistics Canada study showed that almost 70% of seniors consistently report having good or excellent mental health, and that they are more satisfied with their lives than those in younger age groups. More than eight in ten seniors reported they always or often have someone they can depend on to help when they really need it.

On the other hand, about 20%, or almost 1.5 million Canadian seniors, experience mental health challenges caused by a range of medical conditions, social situations, lifestyle choices, cultural influences, and economic circumstances. To help us dig deeper into this vitally important topic, Rick joins me to share what he learned from a variety of research and advocacy organizations in Canada.

RICK 0:30
Up to 20% of older adults, or as many as 1.4 million people, report being depressed. And 40% of seniors in long-term care homes are depressed. More than 10% of seniors, and up to 30% of those with major late-life depression, misuse alcohol.

JO 0:30
What about anxiety?

RICK 0:30
About 10% of seniors, or about 700,000 people, have diagnosed anxiety disorders, and seniors have the highest rate of hospitalization for those disorders.

JO 3:37
What about other kinds of mental health challenges?

NAOMI 3:41
More than 500,000 seniors in Canada have dementia, of which there are more than 130 types. And more than 90,000 seniors have schizophrenia or other delusional disorders.

JO 3:55
What about seniors and suicide?

NAOMI 4:00
More than 10% of seniors seriously thought about suicide in the last year that was studied. That's probably higher now due to COVID. The overall rate for death by suicide is about 11 per 100,000. And the rate for men 85 and older is 29 per 100,000.

JO 4:20
Great info, I just hit the big 66 so your stats hit a little close to home for me. Did you find evidence of personal traits that predispose seniors to mental health challenges?

NAOMI 4:35
I did. mental health conditions are often affected by innate characteristics such as gender, ethnicity, and genetics. Developmental factors such as childhood experiences and educational status also play a role.

JO 4:45
How does a senior's circumstances affect his or her mental health outcomes?

Mental health challenges are often intensified by factors such as poverty, poor health, loneliness, inadequate nutrition and or housing, lack of independence, and loss of loved ones.

NAOMI 4:59
We'll talk about those more later on in the podcast. But for now, what about more broad-based social risk factors?

JO 5:06
Society-wide, or what are sometimes called macro-social risk factors, include lack of available health resources and the impacts of negative social influences such as stigma, ageism, inequality, systemic racism, and gender bias.

NAOMI 5:21
Thanks, Rick. We're going to talk about those a little later as well. When you take all of that into account, seniors' mental health is staggeringly important, and needs to be addressed at all scales.

JO 5:31

To help with that I welcome our first guest, Marjorie Horne, a community seniors' advocate and entrepreneur. She has diverse experience as a registered nurse, hospice volunteer and executive, residential care services manager, columnist, broadcaster, and founder of CareSmart Seniors Consulting.

As a Certified Professional consultant on aging, she uses her education and work experience to meet the transitioning needs of seniors and their families. She was also a caregiver for her elderly mother, caring for her in her own home for the last year of her mother's life. Welcome, Marjorie, and thanks so much for joining us.

Oh, thanks for having me, Jo.

JO 6:25
Marjorie, first, can you share the parts of your personal story that pertain to seniors' mental health.

MARJORIE 6:27
My journey in seniors' care began really when I was 15 years old here in Kelowna, and I decided to go and work in what we used to call residential care, then in care homes. And that was an experience that really affected me very deeply. And it was where I really felt and was part of this sense of isolation that so many of the residents felt, and they would talk to me about their families not coming to visit. That they didn't feel that anybody really heard them. And I just, for some reason, found this just so touching, and I wanted to be there for them individually.

So, when I began listening to their stories and just being really present for them... this was even in my teenage years... I began to see a light come back in their eyes that was sort of deadened when I started working there. And it really had a profound impact on me. And it led me into nursing when I graduated from high school. And I think it's what still really drives me to this day, in wanting to make things better for our older population.

When I was caring for my own mom in my home, the last year of her life, it gave me a really close and real personal experience. Even though I do this professionally, it's different with your parent, and I was there for her for a good part of the day, hearing her go through her life review and reflection of her life experiences. And my mom had been diagnosed as being bipolar in her late 30s, and she had been put on a combination of quite a number of psychotropic drugs at that time, which she has stayed on for over 35 years. And of course, this really impacted me and my three sisters and our family life.

And when she was 75, we actually took her off everything to have some major surgery done. And all of a sudden, I had gone to stay with her, and I saw this light come back in her eyes that had been really missing for about 35 years. So, this has had a dramatic influence on my life, around my thoughts around mental health, by living that experience for so many years.

And she began to tell me once we had her off these drugs about sexual abuse that happened her life that she had never told anyone. She talked to me about some very traumatic experiences she'd gone through, that again she just hadn't shared with anyone. And it was quite heartbreaking to hear her in

her early 80s tell me about a roommate that had hung herself, and my mom came home and found her. And that all of the emotion and everything around this had really been locked inside of her.

As she began to verbalize this to me over sort of a ten-year period, and especially when she was coming to the end of her life, I think it affected me in a way where I really feel that just listening sometimes to our older seniors, as they're going through their aging journey is such a very important relevant thing. And the grief that my mom had held inside of her for so long, I really feel that it influences how our older adults are doing as they're getting older.

JO 10:20
Thanks for sharing, Marjorie, I know that each person is unique. But given that you've worked with hundreds of seniors in transition, can you paint us a picture that reflects your observation about what that looks like?

MARJORIE 10:35
I do think everybody's unique. And that's a very important thing to remember... that we don't lump people together and try to label them. I so often hear from seniors, as they're growing older, that they tell me they begin to feel invisible. They don't feel seen anymore, and they don't feel valued.

Even my older sister who's had a remarkable career, earned every type of award that you can imagine and has had such a successful life. But five years after she retired, she said to me that she was beginning to feel invisible. And it shocked me, but it's an expression that people start to look at you differently as you're growing older, as the wrinkles are starting to come and maybe you're walking a little bit slower. And she was verbalizing to me how she just isn't asked for her input on things. And she was quite shocked within herself that she's beginning to feel depressed at this realization. That after everything she's been through, society really doesn't honor us as we're aging.

I think you know, when you have that personal experience for somebody, you're looking at admire, and they're telling you that, you can see how across the board that I think, no matter what you've done over your life, we start to feel this way. And we find it hard, I think to reach out for support. So many people just start to turn in, I even saw this with her, separating herself more being quieter or for somebody who had been so outgoing.

And so, I think this, of course, affects our physical health and our sense of joy in life tremendously. And I think I see in many, many seniors that I am involved with, it can begin sort of a downward physical cycle as well. And that becomes sort of the centre of their life talking about that. There's a lot of different things around how society views, people as they're aging that I think we need to have a shift in.

JO 12:40
Marjorie, is there a flip side to the heartbreak you see? What do you see, that's heartwarming in your work?

MARJORIE 12:48

I have many, many heartwarming things. I'm working with somebody who's 93 right now, and I go over and play crib with her, and I thank God she says sharp is a tack. I really have to work hard at beating her at the crib. And I see a lot of people in their late 80s and 90s that really still have a sparkle in their eye. Even people with quite severe physical handicaps. They have a mindset that they have chosen. They want to stay optimistic, they want to stay involved, they want to be sharing their wisdom. And I have many, many experiences of that. And it inspires me on my own aging journey, to remain openminded and optimistic about my future. They inspire me to keep becoming better, because there are many people out there aging that have that mindset. And I think we need to help it flourish.

JO 13:49
Thanks, Marjorie, great insights. Next, I'd like to introduce our second guest, Naomi Mison, founder and CEO of Discuss Dimentia and an advocate for the Alzheimer's Society of BC, Cycling Without Age, and BrainTrust. For 13 years, since she was 22, Naomi has been caring for her mother, who was diagnosed with early onset dementia when she was only 53.

Naomi, thanks for joining us and agreeing to tell your story and how it brought you to where you're at now.

NAOMI 14:26
Thanks, Jo, for allowing me to share my story with you and with your listeners today. So, from a young age, my mother had lived with mental illness. But in 2006, when she was found wandering outside of a train station in her nightgown, it had surpassed a regular dealing with mental illness and moved into a different area. I got a call that she was being placed in an institution. So, I flew to the UK where she was living to bring her back to Canada.

When we arrived, she was quite delusional and at risk for wandering. While her GP recognized that there was an issue, she did make a referral to her neurologist, but the symptoms continued to progress and worsen. And my brother and I grew more desperate for answers.

We took her to an emergency room, and unfortunately were chastised for bringing her there under perceived false pretenses as I mean, I don't know how much and direction you have in this regard. But I find sometimes when you're caring for somebody with mental illness, they know when to really show that they are thinking clearly and making the right decisions, when you actually need them to show the struggle that they're facing.

So, after some more incidences of trying to find support, we were finally able to locate a crisis team who came and conducted an assessment on my mother's mental health. And at that time, they recognized that she was really struggling and recommended that she be hospitalized and was admitted into Alberta Hospital.

So, at the time, she was initially treated for bipolar disorder, and that was about six months when they were trying different methodologies to see if they could stabilize her symptoms. But after a PET scan showed atrophy of the brain, we were given a diagnosis of Pick's Disease, what is now commonly referred to as frontotemporal dementia. And then instance, we were asked to make a life-altering

decision on her behalf. And unfortunately, there was no time to really accept, grieve, or even wrap my head around her diagnosis. In that moment, my life was never the same again.

Eventually, my mother's condition stabilized, but we could not provide her the level of care she needed. So, when a bed became available, we moved her into long-term care and into the home that she presently lives at today. So, after 10 years of caregiving, I decided I wanted to become a public speaker and advocate for people living with dementia and their caregivers. I want to share my story in hopes of meaning other people like me, and I want to fight on behalf of people and for people that don't have this strength, energy, or capacity. And that's what brought me here to where I am today.

JO 17:29
Thank you for your candor. Naomi, it takes courage to be so vulnerable. Can you share with us the toll this multi-year commitment has taken on you personally?

NAOMI 17:41
Having this level of responsibility thrust on me at such a young age was life altering, to say the least, I really lost out on the majority of my 20s and the dreams I held. For myself, I always wanted to be a world traveler. I had big grandiose dreams of going to a different country every year and working on a holiday visa. I even had an idea of possibly having a family one day, but that for me is no longer a consideration.

When I received the diagnosis, I essentially became the mother to my mother. I've lost out on a chance to have those Mother's Days that you share celebrating your mother's life and contribution, brunch at my house on a Sunday, maybe sharing some bubbles together. Or even the comfort of calling her when I've had a hard day and you just need your mom. The consequences of this disease are a measurable and suffice to say, my life has never been the same.

JO 18:47
Are there any silver linings to this experience? Maybe what you've learned about yourself that you can put to good use.

NAOMI 18:55
I've really learned that the caregiving journey is not linear. A lot of things are learned through trials and tribulations. And this can cause a lot of stress, especially coupled with your loved one's behavioral changes... it can be trying. From that extreme difficulty, I should say, this experience has taught me how determined and resilient I truly am. From these experiences I have found my passion, even my calling.

I am determined to make systemic change to honor my mom. I believe that by sharing my story, it shows vulnerability. And I hope that it will build awareness, understanding, and bridges. Most people have a connection to dementia in one way or another, and I can empathize with that struggle. But if we don't stand up and share our story, then we won't build the awareness needed to make the changes.

JO 19:52

Thanks Naomi. We'll bring both you and Marjorie back in after we hear from our third guest, Dr. Anna Wizniewska, a geriatric psychiatrist with Interior Health in British Columbia, Canada. Great to have you aboard, Ania.

ANIA 20:09
Thank you, Jo. It's lovely to be here with you, and Marjorie and Naomi.

JO 20:14
So, given all of your medical training and all the opportunities available in medicine, what drew you to geriatric psychiatry?

ANIA 20:23
Thank you for asking, Jo. It's interesting that the three of us probably reflect on our experience and where we are right now in our lives, going back to our family, and our sometimes formative years. And I think when I look back on my own decision to pursue this career, I really think started in my childhood.

I was especially close to by grandparents, and especially my grandfather. And it's sort of, I think, developed a sense of affinity and closeness with seniors in general. It also offered me an opportunity because I grew up with my grandparents living next door to listen to their life stories and to be very interested in their experience. They both survived the war, my grandfather was a POW for six years... there was a lot to learn from them, and a lot to really come to understand through their experience of their lives.

And then later on, once I became a teenager, my grandmother, unfortunately, developed dementia. And her dementia was particularly challenging because she had a lot of psychosis. She was quite delusional, particularly around my grandfather. And that led to a lot of distress for our whole family, understandably, but most of all, for my grandfather.

And what I always found so fascinating about that relationship was, even though my grandmother would do things that are really quite awful when she was ill, my grandfather never complained. And I always felt that it was so fascinating that, in spite of the things that were happening to him, he never had a word of complaint. And as a teenager, I found it difficult to understand. Why would he be so understanding so forgiving, and seemingly so uninfected?

And of course, as I got older, I think I came to understand it a lot more, I hope. And I came to understand it as basically a sense of love and a sense of devotion. And I think that's, in the end, what actually led me to this field. I always wanted to be a doctor, that wasn't something that came later in life. And I think I was always drawn to the idea of helping others and caring for other people.

And when my long journey into medicine kind of came to fruition, I actually had an interest more in the opposite-end age spectrum... and that is a care of children. I was quite interested in pediatrics. And I was also very interested in psychiatry, and specifically child and adolescent psychiatry. So, when I

actually got into training in psychiatry, it was with the idea of becoming a child adolescent psychiatrist... but I kind of ended up at the other end of the spectrum.

That occurred primarily, I think, through the fact that I realized that child and adolescent psychiatry was not really for me for various reasons. And then being influenced by preceptors, who were really quite outstanding, and really showed me how enriching the work can be and how wonderful that work can be.

And I think for me, the reason for choosing geriatric psychiatry, and staying in it for almost 20 years, and looking forward to every day that I got to work, is I really like my patients. And that includes patients who, by some standards, may be perceived as quite difficult and unreasonable because of their illness. Because I still see that humanity and the stories that they have in their lives, with our children and grandchildren. As I said, it's that sense of affinity for them, and the appreciation of the stories of their lives and the desire to understand them as people not just in the moment that they are ill or unwell, but to understand them through their whole life experience.

The other part of what I love about my job, of course, is our job is challenging and it's stimulating. In geriatric psychiatry, we have to pay a lot of attention to general medical conditions, medications that our patients take. There's not a boring day when I go to work, which again, I appreciate. I know it sounds a bit selfish, but it's also wonderful to have that stimulation. And in the end, it's just extremely rewarding.

Many of my patients I have known for more than ten years, and their families have known for more than ten years. I have multi-generational patients, so patients who are from the same family but from different generations, because I have been in this community for so long to see improvement in symptoms or sometimes maybe symptoms can be improved by the quality of life can. It's extremely rewarding to see my patients improved to see their families maybe feel a bit less distressed or feel a little bit more at ease. really wonderful to see.

JO 25:02
Another wonderful story... thank you. We know that each senior's mental health journey is unique, but do you see patterns, say of symptoms, of experiences, of behaviors that you can weave into a composite story for us.

ANIA 25:20
The one thing that I mentioned is, I sort of see myself as someone who's sort of in the trenches. And so, I typically really look at people as kind of an individual story or individual family. And yes, there can be some patterns. But I think it's important also appreciate that every experience is very, very unique. And even certain elements of the story that may be similar for one family or one patient can lead to sort of different outcomes because of the age group of my patients.

My practice is sort of from late 40s to over 100, but I would say the average age my patients is into their 80s. Many of my patients have experienced or were affected by the depression in the 1930s,

quite a few of them by war, during World War II, mental displacement and the trauma that came with it. So those are some of the fairly common themes that I hear from my patients and their families.

Other things that tend to sort of be maybe a bit of a pattern is, of course, adjusting to the process of aging. Some patients may be a bit more concerned about some of the more superficial changes that come with aging. But for many of my patients, the adjustment to the loss of physical stamina, or occurrence of physical disability, and of course, quite often concerns about cognitive decline as well. So, I think those would be some of the parents that I see. But again, I do need to emphasize that every experience is very individual.

JO 26:49
What are the most common myths about seniors' mental health?

ANIA 26:53
Things that typically I hear about from either families or patients is that having some forgetfulness as we age is a definite confirmation of a diagnosis of dementia. That is, quite often what I hear from patients when I see them about cognitive decline. So, it's the sort of worry that as we age, if we started becoming a bit forgetful, that necessarily means that we have dementia, which is usually not the case.

Another one is, I guess, more so perceptions from the society that as we age, we become somewhat less useful. And I think that was reflected in some of Marjorie's comments, that sense of being invisible. So that's one of the worries that my patients will describe as their concern that they may be sort of perceived as less useful or a burden on their families or societies.

JO 27:41
Rick noted earlier that depression and anxiety are the most common mental health challenges experienced by seniors. Why are they so prevalent?

ANIA 27:51
I think part of it comes from the fact that we're much better at recognizing their existence. I'm not sure that they were necessarily less noted before or experienced before, I think it's more that we are better, at least I'm hoping we're better, at recognizing the presence of depression or anxiety. And I think seniors are becoming a little bit more open about actually reaching out for help sometimes.

And we have to keep in mind that there are very generational differences in approach to how we deal with mental illness or mental health in general. So, I think part of it is that seniors are becoming, some of them anyway, becoming a little bit more open or the idea of reaching out for help when they are unwell.

There are other reasons for it, however. Patients that I look after, because of their age, are more likely to experience loss. So that could be a loss of a spouse or a partner. Unfortunately, even loss of other family members, including children, who, depending on what's going on, may have their own health concerns. So, there are a lot of losses of course, loss of friendships, those who have friends in the

similar age group will unfortunately lose their friends because of the age and the risk that comes with that.

There are also changes that happened physically... certain medical conditions will increase the risk of depression or anxiety. Certain medications can also cause increased depression and anxiety, and, of course, seniors are more likely to take multiple medications. But unfortunately, depression and anxiety are fairly common amongst all age groups. But as I said, I think we're just a little bit better at recognizing it in seniors and looking for it when we see patients, especially in primary care.

JO 29:27
So, in that seniors age group, are the treatments for anxiety and depression different than for other age groups?

ANIA 29:37
The treatments in general are essentially identical. What makes the seniors more unique, compared to say a younger adult patient, is that the treatment becomes a bit more complicated because of the fact that older patients are more likely to have other medical conditions... so some medications may be contraindicated with some medical conditions.

They are also more likely to be taking more medications, and again, you have to consider interactions with other medications that you're thinking of prescribing. So, there are some differences in terms of your approach. But in terms of the actual treatments that we would prescribe, be it medications or electroconvulsive therapy, commonly known as shock treatments, or psychotherapy... the approaches can be more or less identical, except for consideration of medications, medical conditions, and things like that.

JO 30:28
What's the link between seniors' mental health and healthy lifestyle choices?

ANIA 30:34
Well, I'm glad you bring that up, Jo. I think we need to get a little bit better at having those discussions around lifestyle factors and choices. There is no doubt that certain lifestyle choices are detrimental to not just physical well being, but also mental well being. For example, let's say increased BMI or obesity is associated with decreased well-being. And that can lead you to say, pain, because if you are overweight, you're more likely to have joint issues, particularly in your lower extremities. Issues that relate to poor mobility, for example, that can come from it. And that could lead to isolation.

And pain, of course, can also increase the risk of depression, especially. So, certainly the lifestyle choices we make a great difference, say alcohol or smoking, be another lifestyle factor that would be important to consider. So, I do think we need to get a little bit better or a lot better at promoting healthy lifestyle choices. And helping people understand that the decisions we make now will have some consequences even later on in our lives.

JO 31:42

So, Marjorie, you've been watching seniors in a variety of settings for decades. What are the most common transitional challenges you've seen? And why are they so difficult?

MARJORIE 31:55
Well, the third chapter of life brings around many, many changes. And when I was doing work within residential care settings and seniors living sites, I saw just such an angst developed within a family when an older adult was becoming frailer. And there was just so much stress involved. Everybody was in more reaction around whatever change was happening.

And so, when I decided to start sort of a holistic model of elder care and move into running my own business, it was because all of these transitions, and there's so many aren't there... when I started, it was the older, frailer senior. And often they were having to look at making a move out of perhaps the family home or a home that they had been in for a long time. And there'd be so much disagreement that would come up within the family and different ideas about what should be done.

I think we all like to hang on to our independence, and so that was one of the major transitions that I was dealing with a lot was trying to support the family, looking at the physical change or transition that might need to happen as far as their living environment. But then try to help the family to understand all the emotional aspects that were going on, from the different perspectives of the older senior. And then often the adult children, and everybody was viewing things differently.

So that's one of the major things that I have been supporting people with initially, to try to help the family as a whole move through this and stay supportive of each other, and also compassionate and understanding of the loss that is occurring, because any transition we make in life, whether is moving from a position that we're in, thinking about retirement, letting go of that part of our identity, if it's a loss of a family member, spouse or child... this deep loss in a lot of ways we don't understand that any transition brings forward losses that perhaps we haven't felt or dealt with that have occurred over our lifetime.

Especially the silent generation, often, they weren't given permission to feel the emotions of loss when there was something that really was needing that. And so that grief comes forward. And I think people don't understand that. And so there becomes a lot of reactionary difficulty that comes up with families. So that's one of the big transitions is actually, even though 90% of seniors when studied want to age in place in their home, that's just not always practical. And so, it kind of evolved as I was supporting families as a whole and going through that type of transition.

I then began to hear more from the adult children. And this just happened organically that were beginning to consider retirement. And they seem to need a lot of support. mostly as boomers, wondering how they were going to cope with this. Who were they going to be? How are they going to see themselves? How were other people going to see them? And so that is a lot of transition I deal with now, of the sort of the journey of moving into the eldering years, and how we need to change our way of thinking about ourselves... often let go of the past, of things that we're regretting or holding on to that will continue to cause us stress if we can embrace kind of... well, I call it conscious eldering, but it's really looking at all the different aspects of aging.

So, of course loss for me, as I've been working with this so intimately for 10 years in this way, is the loss that comes forward over and over and over again, and how people are afraid to be vulnerable within perhaps a grieving that hasn't been resolved. But also thinking and knowing that as we go through all these transitions in the third chapter, whether it's physically, emotionally, cognitively, or perhaps we are developing a different spiritual attitude towards life, as our death is coming closer, and I know we're going to talk about this more, but that just seems to be the majority of my work now is trying to help people to talk about that, as they're going through transition.

JO 36:45
Given that we all face transitional challenges in the third chapter of our lives... and at 66 I'm already starting to feel some of those... what is 'eldering well'? I know you talk about that as a concept. And also 'elder care', can you tell us more about those.

MARJORIE 37:04
I've just turned 70 myself, so I am definitely well into this whole process myself. And it's kind of an interesting journey to the aging at this point, and still involved in working. So, the things that I am trying to talk to other people about, obviously, I'm having to look at within myself, as I'm now really moving through my own eldering journey.

There are so many people as they're going through these transitions in this chapter that they fight against getting older. I do a lot of teaching and workshops, and I just hear it so much. And I watched my own mom, too, because she was living with me as she was going through her last year of her life, fighting it the whole way. And I came to realize that this is really such a key aspect of how we go through this stage of our life. Do we fight it? Do we fight that even having to become a little more interdependent, that is part of this stage of life? And if we fight it, wanting to use this word, "I want my independence, I want my independence," we're actually shutting ourselves off from what I think are some of the gifts of this circle of life that we are all in.

And so, I talk to people a lot about that. This stage of life is, I realize every year that passes now, you know, even between 65 and 70, is very different, the changes we're going through than in our middle years. Being present with where you're at whether you're in your 60s or 70s, your 80s, or for more and more people who are living into their 90s now, I think elder care is, to me, it's really understanding that growing older does take resilience.

We have to cultivate a resilience because there's a great sense of impermanence as you're getting older. And as you see friends die suddenly, or your spouse die much sooner than what's expected, it takes resilience. And I think the more we can improve how well we elder is taking and looking at each other from a more holistic viewpoint of all the emotional changes, the physical changes, the cognitive changes, and also how do we move towards accepting that death? We are all going to go through that.

JO 39:36

Well, and that's a perfect segue into my next question. When you and I were preparing for this episode, we talked about dying well, and how death cafes and end of life. doulas can help. Tell us more about that.

MARJORIE 39:52
I've done a lot of palliative care and I was intimately involved with both of my parents' final year of life. My dad, when he was dying with cancer, and I left my job to take care of him. And with my mom as well, from really not dying from cancer, but dying, really from old age. I really had to look at this and explore my own fears of death, even though I thought I was more comfortable with it than some people, having gone through that with my parents so closely.

I think this is another big part of, I guess, us opening more to the vulnerability that we're all going to die. And we're all going to experience more death, particularly at this stage of life. And so, understanding that it's closer as we crossover into our 60s... I think right then you start to feel... wow, gee, this came awful fast. And we know that the completion of our life comes at the end of this chapter. But can we really talk about that? Can we really face what our fears might be about that?

I think it's a very important part of shifting this paradigm to embracing this stage of life, both the challenges of it... and also, as we embrace the challenges, I think we can open more to the joys that there are at this stage of life. There are many... even sitting with your parents as they're coming to their death. There are so many gifts in that, I think as we can talk about this more and be more willing to embrace the aspect of our parents coming to their death, and being with them, I just can't tell you the gifts I received from that. And then it has helped me from how I watched my parents come to their deaths, one fighting at completely and the other just surrendering to it. It showed me that I wanted to just start surrendering and letting go more at this stage of my life.

JO 42:02
My mom and I were very close. She died when she was 88 and she had two requests. One was that she die at home, and that she die in my arms. And that actually unfolded that way. And I have to say that it was one of the most, if not the most meaningful, experience of my whole life. It was transformative.

MARJORIE 42:26
It was for me, too. It absolutely transformed me going through at the age of 40 my dad's death and that time I spent with him. I think there's a real trend moving to end of life doulas... I have two on staff myself because I feel it's an important part. People need support with it.

It is not easy to sit with somebody you love who is dying. It's hard. It's hard. It's rewarding. But I think that we are seeing more and more end-of-life doulas being educated. I talk a lot to families of how much value I got from this, and encourage and support them, and that's what end-of- life doulas do. That's important part of us moving forward to embracing death in a much healthier way. I think society is still in the dark ages around it, to be honest.

JO 43:20

Naomi, let's bring you now back into the conversation. I so admire your devotion to your mother's care. I'm really interested to know what drives this devotion.

NAOMI 43:33
For me really, when I was growing up, my mother was my best friend. We talked about all kinds of different things, she was very open, and created a safe space for me to share. So, we were quite close. And I'll always hold those memories at the forefront of my mind, even as her behavior changes, or her cognition declines, I just still hold those memories ever present.

And so that really does inspire my devotion, as well as I know that if the roles were reversed, she would do her best to care for me. So, I feel inclined and really drawn to do the best for her. And moreover, if I don't provide the care, who will? Who is there to step up and provide that level of care? So, it's both an obligation as well as a gift.

JO 44:27
One of the things we talked about while preparing for this podcast was the need for intergenerational knowledge and support related to seniors' mental health issues. As a young person who lives in that world, what do you think other young people need to know?

NAOMI 44:46
There seems to be a stigma around aging, which we've touched on, and I know we will talk about later, where somehow older adults aren't always held in the same regard as youth. And that goes to show as well for dementia, where it's more of an out of sight out of mind, where we've really constructed our society around that. And I find that extremely disheartening, because I think there's exceptional knowledge to be gained from engaging older adults, as well as people living with dementia.

I really think that there's immense knowledge that can be derived from building these relationships with older adults. And I'll just give you an example for myself. I know at the onset of the pandemic, I really wanted to try to make a difference, and I know there was a lot of seniors being isolated. So, I had reached out to the Seniors' Outreach and Resource Center locally and just express my interest in helping out.

I was paired with a senior that was also looking for support. And basically, what I would do was to call her once a week for about a ten-minute conversation... just ask her about how her day was, what her plan was for the weekend, how she was feeling. And I couldn't believe the immense amount of gratitude I felt for my time... it was just so touching and rewarding. She had expressed how it was really helping her... I actually really felt like it was helping me, and I was really making a difference in contributing in a meaningful way. I really think to foster these intergenerational discussions is really about seeing the value that can be offered by really just engaging that conversation and engaging older adults.

JO 46:40
Along that same vein, we talked about bringing young people into the conversation early, by way of what you call "courageous conversations." Tell us about that.

NAOMI 46:52
I've been advocating for this for years, because realistically, aging and death is a part of life and an inevitability. Yet I find that we don't often have open and honest discussions about this topic. So, I routinely encourage people to have these courageous conversations... to really talk about those hard, often not discussed, topics so that you can have these discussions while your loved one still has all of their faculties and can express their wishes.

For instance, asking a parent if they would prefer to be buried or cremated, or do they want to do-not-resuscitate order in place? If they were on a ventilator, and they were in a vegetative state, would they want to continue in that state? Or would they want to move past that? These conversations that you have, while difficult will really inform future decisions. That way, you won't have to run into the same scenario, or people will not have to run into the same scenario as I did, where I'm making a decision on behalf of someone else, rather than bringing their wishes to actualization. You'll be more grateful and thankful that you had these conversations than if you had not.

JO 48:12
Tell us about other opportunities we have to help seniors mental health by bridging that generation gap.

NAOMI 48:20
By bridging this intergenerational gap. It can really fight isolation and loneliness, which we know is so prevalent at the moment. And I think one way to do that is really working towards intergenerational programming. So really bringing together people from different age populations around activities that focus either on young children or older adults.

And there are some examples where this is being undertaken successfully. There is a St. Joseph's Home for the Asian Hospice in Singapore, that's not really adhering to the typical nursing home. The facility includes a childcare centre that accommodates about 50 children. And at the centre of St. Joseph's courtyard is an intergenerational playground that really fosters spontaneous interactions between older adults living in the nursing home and the little ones that are being cared for at the childcare centre. And I think these creative solutions really do promote that intergenerational and community connection that's needed to combat isolation and loneliness.

JO 49:30
Earlier, Rick talked about the onset and extent of seniors' mental health challenges being affected by innate personal characteristics such as age, gender, ethnicity, and genetics, and developmental factors such as childhood experiences and educational status. So, let's have a bit of a free for all here. First of all, how do risks and experiences differ between younger seniors and elderly ones? Ania, maybe you could jump in first.

ANIA 50:04

I think one way that I think of it is, unfortunately, as we become older, there are some risks that increase the numbers will be risks of, say, for example, cognitive impairment or dementia. So, of course, much older seniors will have a higher risk of developing a cognitive disorder.

Other factors that come in through, again, increasing frailty or other medical conditions as increased risk of falling or mobility issues. And of course, that can result in increased risk of isolation, decreased quality of life, as say, an arthritic condition advances that can cause more pain. So, that again, impacts the sense of well-being as well as a sense of decrease in quality of life, or decrease access to activities because of pain or stiffness, and things like that. So, I would say there's definitely a difference there.

JO 50:53
Marjorie, what do you see?

MARJORIE 50:56
We're seeing, obviously, as people are getting into their upper 80s, definitely, I see a lot more risk and with people living in their own home, and with the cognitive changes that do occur. It seems we're seeing more of the early onset types of dementia as well, which is quite shocking and worrisome.

There's risk at any stage of life, because of the unexpected physical things that can happen. My brother-in-law had a massive stroke at the age of 61. And no one expected that at all to happen at that time. We may be faced with extreme physical challenges. So, it sort of runs the whole gamut, I think, between this stage of life.

JO 51:40
Naomi, any comments?

NAOMI 51:42
I have a unique case because my mom was diagnosed at such a young age. And I found for me personally, what I find is that in terms of accessibility, and funding for services, is quite a bit of a disparity between a younger senior and an older senior. So, I find that if you're 65 and under, and you're looking for services, it seems that the responsibility often falls to the family to cover expenses. Whereas once you pass the age of retirement and go to 65, then there's old age security, guaranteed income supplement, and so on different medical and government benefits that kick in that do assist, and the financial responsibilities not in the same way to families. I find that's what I have been seeing, and it is a concern for me as Marjorie had mentioned, with the increased prevalence of diagnosis around younger onset.

JO 52:44
What are the risks for men versus women?

MARJORIE 52:47
Men, in my experience, as I see them going through the transitions, particularly moving from their work positions into retirement, seem to have a higher risk of depression. Often their identity was very well defined within their work environment. Somebody that I've experienced that went through that

and shared his story with me, it's quite interesting, after his wife died and he had moved into retirement, he did find himself becoming very depressed. I think men and women respond to this differently. I think women reach out much more to their women friends and tend to be able to talk about that more openly sometimes the men can.

JO 53:36
Ania, what does your clinical practice show?

ANIA 53:39
One of the things that I think that's what Marjorie has spoken to is the increase in depression amongst men. And I think the big thing that I always think of in terms of those differences is that men are at a much higher risk of completing suicide, in terms of senior women versus senior men. So that's always a big concern. When we do see depression or severe depression is that increased risk of suicide.

In terms of women one thing is that, unfortunately, women are more likely to develop cognitive disorder or dementia type of illness. And because they live longer on average than men, they may experience more sense of isolation or loneliness because of losing a partner or losing their friends or other family members. So that can also be a concern.

NAOMI 54:22
If I might interject, one thing I find that's very interesting in this regard, and I don't know if you guys have heard about this, but it's called the widowhood effect. When it comes to life expectancy, after a spouse dies, if the husband dies, her life expectancy is twelve-and-a-half years. However, if the husband is the surviving spouse, that life expectancy is about nine-and-a-half years.

So, it's quite a big disparity between those two life expectancies, and I do think it has to do a lot with connection. Husbands and men often turn to their wives for that social connection, whereas, and this is a generalization, women often have friends that they seek out and are more able to discuss what's going on in their life. And so, I see this as part of the reason for this discrepancy in life expectancy.

JO 55:16
What about the mental health risks for marginalized communities such as indigenous folks, or LGBTQ communities?

MARJORIE 55:27
I was asked to come and just talk to a seniors' group of LGBTQ here in our community, because the person running the group felt that there's just so much pain and sadness being expressed by people who were dealing with so much negativity around, non inclusiveness of this group. Many of them felt that they didn't know where to turn as they were getting older, because there doesn't seem to be an openness, even within seniors housing, to even talk to them about it, or create a space where they feel accepted. There was just so much pain expressed in that meeting that I had with them.

I did go and talk to a couple of the retirement communities hear about it, and just started trying to create a dialogue. Because I think it's just something they don't think about, that there are a large

number of people in this group, and they're seeming to suffer with it. So, I think it's another area where there needs to be a lot more discussion and dialogue and creating an openness that they need to feel included, and they still have the barriers that have sort of been there for a long time for them.

JO 56:46
So, Ania, what's your experience with people from marginalized communities?

ANIA 56:52
I think it's definitely an important topic to discuss, as Marjorie has mentioned. One of the things that I've noticed is, as we get older, we sort of carry with us our life experiences. And looking at Indigenous elders, a number of them would have likely experienced the residential school system, and the trauma associated with that separation from family... potential for abuse. So, those are the kinds of traumas that they will carry on.

We know that Indigenous folks also are at much higher risk for struggling with adequate housing or adequate supports. I know within our communities, there are more resources, but if you look at smaller communities, that becomes a significant concern. And also, some of the difficulties they experienced within their families, because we know that Indigenous people are, unfortunately, more affected by violence and substance use. So of course, that has an impact on the elderly as well.

And then in terms of LGBTQ patients... one thing that I find interesting talking with my patients who have lived these lives for so many decades, is obviously being a member of an LGBTQ [community] is much more accepted now in our society. But it wasn't always the case, and sometimes it was completely unacceptable so-called lifestyle. And so to speak to my patients about their experience, and it was like for them to eventually come out or to transition to a different gender and what I was like them in terms of the impact that had on them, personally, their families, their job opportunities, and things like that, and our younger adult life is really humbling to hear what they have had to go through and how much it's still impacting them now.

So, I do agree, I think we need to pay more attention. I'm not suggesting that being a member of the LGBT group is now easy, because there are certainly challenges and struggles that continue. But I do think that for the folks in the age group of my patients, that definitely was a very different experience than it's the one that after decades can be very traumatizing for my patients.

JO 58:54
Naomi, what do you see in your work?

NAOMI 58:57
I really see... especially in long-term care, homes... customs, and traditions that are outside of, I guess, the norm, or what's been created around or not really being considered, let alone incorporated into programming. So, I find that when these marginalized communities, or if they do actually seek support, the supports that are available to them aren't really designed for them, and don't help in the way that they need. So, I definitely think having them play a part in the creation of programming and designing

of programs is really crucial to ensure that we're accounting for those considerations, those customs, those traditions that maybe are not thought of otherwise.

JO 59:49
This is amazing! I'm just so thrilled that you're all coming at this from such different perspectives. It's very robust.

Ania, this is a question for you. What about the role of genetics?

ANIA 1:00:02
Genetics definitely will play a role in certain aspects of our physical and mental well being. There are certain conditions that are more likely to be impacted by genetic influences. For example, early onset Alzheimer's Disease is unfortunately associated with higher risk because of genetic influences.

Certain other conditions, for example depression, can also have a genetic component to it as well. And then, of course, genetics around other medical conditions that will impact the quality of life and sense of well-being of a senior can also be important. For example, breast cancer... there are some types of breast cancers that are very strongly associated with a genetic risk and can result in developing cancer in your 20s or 30s even. There's certainly a role there to be considered for patients who may have a family history of particular conditions.

NAOMI 1:00:55
Genetics does play a role. I also think prevention does play a key role. But for me, as a child of someone that was diagnosed with younger onset dementia, that means I have a 50% likelihood of developing the disease. I already have genetics working against me. So realistically, I only have prevention at this point, especially given that there is no treatment or cure for dementia at this point. So, I'm taking every precaution, but that's something that is already working against me.

JO 1:01:30
What does prevention look like in your particular case?

NAOMI 1:01:34
Personally, staying mentally well is very important. Continuing to expand my mind, continuing to really stretch my cognitive activity, whether it's learning a new language, or doing anything outside of my comfort zone, that's really going to push me... that's another way. Really maintaining those social connections.

One thing I've definitely been trying to work on because my mom was a bit of a worrier, herself. So, unfortunately, whether genetic or not, I seem to have taken on that attribute, as well. So, I've really been working to be a bit more mindful and really harness the practice of meditation, to calm the mind and really get connected and rooted. Healthy eating... some things that we know through research that have a dramatic impact on the likelihood of developing a cognitive impairment.

JO 1:02:33

Marjorie, any observations?

MARJORIE 1:02:36
I think this is so significant, Jo, and what Naomi is saying, because having grown up with a parent that when I was eight was diagnosed as being bipolar... and living in really an environment that is traumatic in itself because of the uncertainty that went on constantly... and the behaviors that you didn't understand as a child. And so, I think for both Naomi and myself, having experienced this with a parent... having very difficult mental health issue... there almost isn't enough support, I don't think, for the children of parents that do have mental health major concerns. Because it really plays on you just even this aspects of the genetics, because I used to often be thinking and worrying about it, because there's history genetically too with bipolar, but it creates a fear. And I think sometimes we need to be providing more support in different ways for children of parents with mental health concerns. I don't think we do enough with that, to be honest.

JO 1:03:44
We touched on the risks for people from marginalized communities. What about ethnicity? Are certain racial groups more prone to specific mental health challenges? Ania, let's start with you.

ANIA 1:03:59
One of the things that comes up in research, and it's not necessarily maybe an issue of ethnicity but more of immigration, is that some studies have shown that immigrants are at a higher risk of developing an illness that involves psychosis. So, that could be schizophrenia, for example. And that seems to be a factor.

The thing that I think about the most in terms of my own experience within my family, or my experience as a physician... treating patients from different ethnic backgrounds... it's more really about cultural expectations that families and patients bring into the discussion. This may be around accepting of diagnoses. This may be around expectations around caregiving. In many cultures, different ethnicities, there is definitely a different approach to providing care to elders, typically in the home and typically by the family, which is a little bit different from some of the more kind of Anglo-Saxon Western nations.

And also, expectations around seeking help and even accepting mental illness for what it is because of stigma... or even very practical things like challenges around language, especially for more recent immigrants that may be a challenge or senior immigrants who come to Canada who have not had an opportunity to learn English to express some of their concerns. And sometimes it's about access as well. And again, that ties in to the maybe sometimes the language concerns. So those are the kinds of things that I sort of look at, in terms of impact of maybe ethnicity or cultural differences.

JO 1:05:33
Marjorie or Naomi, any comments?

NAOMI 1:05:36

It's like she took the words right out of my mouth, I was going to say the exact same thing, I think cultural sensitivity about mental health. In a lot of different cultures that's not accepted to talk about, or it's not recognized in the same way. So, I wholeheartedly agree.

JO 1:05:53
Me too. Okay. In many of our podcasts and virtual summits, I keep hearing the term adverse childhood experiences. So Ania, I'd love for you to start talking about how the impact of trauma, or those adverse childhood experiences, can impact seniors' mental health.

ANIA 1:06:20
I'm glad that we're speaking to this because I think, for one of the most fascinating aspects of my job is to hear the stories of people's lives and their experiences throughout their lifetime. And I think the best thing that I can do is to maybe give you an example of a former patient of mine. I'm of Polish background, and she also happened to be of Polish background, but living for many years in Canada.

I saw her in her late 80s, when she struggled with depression, which was a fairly new problem for her at least the way she identified it. Because I love stories, then we have usually the luxury of spending a little bit more time with patients, I got to know her quite well over time. As a young woman during World War II when she was a child, her family was displaced to Siberia. And while there, she lost her brother and her father who died from starvation.

She herself as a teenager was raped multiple times. And as a result of the rape became pregnant at the age of 16. Because of starvation and lack of basic necessities, the child passed away. A couple of years later, she was able to make it out of Siberia eventually ended up in England, and then immigrated to Canada, and was able to establish a wonderful life in Canada for herself and her family, raised beautiful children, was able to have wonderful grandchildren. and lived in many ways an extremely fulfilling life. There's two parts of it, I think that's where trauma and early childhood experiences can go so many different ways depending on the patient. And it speaks to something we'll talk about later is resilience.

When you think of her story and what she went through, and I probably don't know even half of her story, and what she was going through... it wasn't just the abuse, it was starvation, it was neglect, it was the losses she had. How she was able to really live her life seemingly so well... and so fulfilling and really didn't seem to struggle with significant psychiatric difficulties until much later parts of her life. Her husband had passed away she was living on her own. And I think part of it came from her starting to think more about the past. I think quite often as we get closer to what we feel is sort of our final days or years as we start to look back and try to make sense of our life and to think about what's happened. And I do see that quite often with my patients.

Another patient disclosed in her late 70s or early 80s that she was forced to have an abortion as a teenager, and she had never told anyone about this until that age. So, those are the kinds of things that I see.

What I find fascinating is again, every patient or most of the patients like this were these tremendous experiences. And that's just one story out of many that had a tremendous resilience and managed to

live their life so well. Those stories are some of the reasons why I love my job is because to see someone do so well. It really gives you hope and also helps you understand the importance of not giving up and the importance of carrying on and the fact that you can still find that happiness and that contentment in spite of the things that have happened. Of course, that isn't the case for everyone. But I do find that the seniors that I work with, I think if I was to describe one common theme that I see in my work is resilience.

JO 1:09:29
Marjorie, what do you see with regard to the impacts of trauma?

MARJORIE 1:09:33
I really relate to what you've said Ania. It's a topic I just feel very personally connected to, I guess, because of my life experience and watching my mom as she came off medication. And I just sat and asked her a question even about abuse and was just really exploring things to my own life. And then all of this information came out that it had never been discussed with anyone. This is when she's in her late 70s, early 80s.

I really wanted to hear what you had to say Ania, because with my clients, I find very similar experiences to what you were expressing, Ania... because I'm with my clients over long periods of time... my oldest client I've had since 2012... and they also have that trauma from their husband growing up in Germany, at a very young age, seeing some very dramatic things, and his wife being Polish and saw her father killed in front of her.

And I would see that trauma come forward, the wife had quite advanced Alzheimer's, but was just such a sweet, lovely person. But then all of a sudden, if she felt threatened in any way, I could see this complete terror come over her. And I'd love to know more and understand more how this trauma does affect, because I see it so much in my clients with some aspect of dementia, whatever the specific dementia is or cognitive impairment is, I see this trauma come forward.

And because I feel I get a greater sense of it now, an understanding of it just from seeing it so many times, if I reach out to them in a way that I understand that this is that trauma and loss coming forward, and they can just let go and let some tears come forward, their symptoms of memory loss will even out a little bit for a period of time. I find that interesting. Ania, do you see that in your patients?

ANIA 1:11:37
I would agree with you, Marjorie, I am glad you brought this up. That's why it's so important to understand those stories and those life experiences because they can shape some reactions or behaviors later on. Let's say confinement as an example. So, I think understanding, and it's not just about the story being so fascinating, and helping you understand the person, but also kind of understand how it may impact them, whatever stage of life they're in, and how they may interact with the world or how they may behave... that those traumas even from earlier on can really have a significant impact for sure.

MARJORIE 1:12:11

And on their care to particularly in residential care, or if they end up in emergency, which happened with this person. And she was locked in the laundry room, and they were putting out a white code alert, when it was just that she was absolutely terrified.

ANIA 1:12:28
I could go on and on about the challenges that we have with providing care to seniors in the permanent the acute care setting, but that could be ten other podcasts. One of the things that I do in my practices, I do everything I can, including standing on my head, to try to keep my patients out of hospital, but it's not always possible, because it is such a detrimental place. I mean, it is a necessary place for the right person the right time, but it can be detrimental to patients, particularly with cognitive impairment.

JO 1:12:55
Naomi, any observations about that?

NAOMI 1:12:58
Fascinating discussion. Thinking about this, I even had taken more of an introspective look as well. I am my mother's daughter, I do have attributes that she possessed, whether negative or positive. And I'm trying to figure out why I do some of the things I do or why I react in ways that I do.

So, I started doing a bit of an exploration about my mom's life. And she had a very unstable upbringing as well. Her mother experienced mental health issues, and her four children were taken away and put in a children's home, which was common at that time. And so, my mom had experiences and then later on in life, also disclosed a sexual assault as well that I was not aware of.

So, through my journey of trying to understand my condition, and then analyzing my mom and then her mother, you could see that there's almost a generational trauma that you're trying to heal, and hopefully it will stop with me, and it wouldn't continue on, but the trauma does reverberate young person that's lived it.

JO 1:14:09
So, let's dig a little deeper into that topic about intergenerational trauma and the role of epigenetics. That is another term that I keep hitting up against in other podcast recordings and virtual summits. Ania, first, can you explain what that is? What is epigenetics?

ANIA 1:14:30
The concept of epigenetics is fascinating in that we think of kind of genetic conditions that are passed on through our genes. And of course, that's very much the case. But we have learned over the course of our study of this, that there are factors in the environment or even our own behaviors that can impact how the genes are expressed... meaning impacting by either physical attributes or impacting certain diagnoses.

For example, there was a fascinating study that was done, I believe in Holland during actually the war, when there was, of course, tremendous hunger and famine due to lack of resources. And they studied

families, women who were pregnant during that time, and followed up with those families 60 years later, which is fascinating. And they found that children who were born to mothers who experienced starvation, were much more likely to have certain conditions, things like heart disease, schizophrenia, and diabetes, compared to their siblings who were born, not during the famines. Just shows you that something like that nutrition can have such a tremendous impact. And that kind of ties into, of course, those lifestyle factors and choices that we're talking about earlier. So, it is fascinating that things we do or were exposed to in our environment can actually have an impact on our well-being, but also the well-being of our children.

JO 1:15:57
So, the final question in this segment... how does educational status play into the mental health mix for seniors?

ANIA 1:16:06
Education status has consistently been shown to be protective when it comes to having dementia later on in life. But it's not really just your attained level of education, it really speaks more to the mental stimulation that a person experiences throughout their life. So that's definitely been shown to be a protective factor.

Patients with a high level of education will typically also attain different levels of employment or income. And of course, we know that those of us who are fortunate enough to have a higher income typically will have better health outcomes as well. So, it's a bit of a ripple effect when it comes to education. And of course, having a higher level of education typically improves your ability to advocate for yourself or for people you care about within the system, which is also again, really important that piece of advocacy for yourself or your family members within the healthcare system.

JO 1:16:59
Marjorie, Naomi, what do you see with regard to this?

MARJORIE 1:17:03
I think what you just said about advocacy, I see that a lot. Quite a variance in the educational level sometimes brings a greater confidence when you're dealing with people, for example, in the hospital, and you're dealing with professionals. I think it does impact how you're able to be in an advocacy role and be able to speak up and sometimes ask the questions or know what the questions might be, because a lot of people just don't know what questions to ask. So, I think there's some variance there of giving you confidence to research and find answers and also to advocate for family members and for yourself.

NAOMI 1:17:45
I agree with that, as well. And I've seen and learned about from my research and then also seen when I was working in the clinical research space, many researchers believe higher levels of education attainment, do create a cognitive reserve. If you do run into the case where you're experiencing cognitive decline, you have a reserve to draw from.

We were conducting a lot of cognitive assessments within this clinical research facility, and the people that had higher levels of education often scored better on the test. But that doesn't mean, or didn't mean, that they weren't experiencing cognitive impairment... they just had that reserve to draw from. So, I found that quite interesting.

JO 1:18:35
Before moving on to our discussion about COVID-19, I'd like to thank a major HEADS UP sponsor, the Social Planning and Research Council of British Columbia. SPARC BC is a leader in applied social research, social policy analysis, and community development approaches to social justice. Lorraine and her great team support the council's 16,000 members, and work with communities to build a just and healthy society for all. I can't thank you enough for your ongoing support.

I'm also thankful for and so impressed with what we've heard from our three amazing guests. Marjorie Horne, founder of CareSmart Seniors Consulting; Naomi Mison, founder of Discuss Dementia and a caregiver to her mother; and Dr. Ania Wisniewski, a geriatric psychiatrist. Let's end part one of this podcast on the topic of COVID-19 and its impact on seniors' mental health. Ania, what are you seeing in your practice?

ANIA 1:19:40
Well, this has been a life-altering experience for all of us. There's no doubt about that. The biggest part for us in healthcare was, of course, adjusting to virtual medicine. This was something that was a bit of a painful process in the beginning for us and for patients. One challenge has been that many of my senior patients do not use video technology. So, Zooming or things like that are not always possible. So much of our cares for our patients switch to telephone, which is not always ideal. But surprisingly, it has worked quite well. And the feedback from patients and families has been most of the time quite positive. And I think that has been shown and some of the research done by the government in terms of the quality of care and also satisfaction of patients and their caregivers.

But in terms of mental health, it's been kind of a variable response. I've had some patients who have absolutely thrived; those tend to be more of the introverted folks who have just thrived with not having as many social obligations. I've had some patients say, "Oh, thank God, I don't have to make Christmas dinner for 20 people this year."

Some certainly have found a silver lining to this. I've had some patients who initially were like, "Yahoo, I don't have to do this or that," or "I'm just glad to be with my spouse or on my own," who then later on would say, "Okay, I'm getting a bit lonely." And, of course, quite a few of my patients who certainly struggled with particular physical isolation, obviously, the population of patients that I was the most concerned about was the patients who live in extended care and long-term care, because they were impacted and supportive housing as well. But the patients in extended care, I think were much more impacted by the isolation because they tend to be the patients who have more advanced cognitive difficulties. To be isolated from their families for a long time, it was obviously awful.

The image that stays with me... even so now, even though I'm thankful we're past that, and hopefully, I won't go back to it... was those window visits, when I would go even at the hospital, because one of

our units is on the main level, the rehabilitation unit at the hospital is right at the ground level, I would see families standing outside the window and talking on their phone with their loved one who was in the room. And I think of many images that COVID-19 pandemic will be burnt into my head, that's probably the one that I found the most powerful in a good way in a bad way, because it really showed you very concretely what this is about and how it's impacting patients.

But I certainly have seen some patients who I doubt I would have ever seen who became quite depressed during the pandemic because of the isolation and some patients who became extremely anxious during the pandemic. Obviously, there's no way of predicting those, but I'm quite certain that some of them I would have never met. I don't think they would have become depressed or anxious had it not been for the pandemic isolation. So, I've certainly seen the increase in depression and anxiety in some patients. But as I said, some have thrived.

JO 1:22:36
Marjorie, what are you seeing in seniors care settings?

MARJORIE 1:22:41
Oh, my goodness, I might need a couple hours to answer this question, Jo. It's been such a dramatic time. And there was so much confusion within the seniors' environments, both within residential care, extended care, and also within independent and assisted living sites. There's so much fear all around, and there were so many different regulations that would be changing constantly.

For the whole environment of staff working within these sites, people like myself that are coming in to be supportive in many different ways to clients living in these sites. And for the people living in them, this uncertainty that they were under, first of all, they'd be kept in their rooms and meals being delivered. And then the next week, well, maybe something might open up. And then in two weeks, it'd be closed again. And so that constant change had such a dramatic effect for people that were living in assisted living sites where they really have a lot of freedom. It's all about all the activities, the social connection... 60% are often widows in the independent living sites. We saw dramatic increase in depression.

But as Ania said, I also saw people that had this just innate resilience and it didn't seem what was happening, this resilience sort of rose up and they found different ways to entertain themselves. But I think that was more the exception than the norm within the independent living sites.

So very dramatic changes in residential care. It was absolutely heartbreaking for me that in many cases we couldn't go in to give that added care. We were out for quite a while... I would come back after several months and the deaths from clients I knew was very high. It was heartbreaking... the decline that I saw over the period of COVID, which we have now been back in to provide some of that added care but very, very dramatic decline cognitively physically, the caregivers within the sites have great have empathy for them. But it's almost like they were becoming glazed over as well, just from exhaustion from the worry, I think of the constant changing of regulations. It was extremely difficult.

JO 1:25:14

Naomi, what are you seeing in your mom's long-term care home?

NAOMI 1:25:18
I'm seeing a lot of the same things that Marjorie's discussed here, as well. From somebody who has been caring for their loved one that's lived in long-term care... I think we're going on 14 years now, so basically, since she got the diagnosis and was placed there, she's been at the same home... I know that they have done everything they possibly could. But I also believe that, unfortunately, the design of long-term care homes really played a part in attributing to two-thirds of the country's deaths related to COVID.

I went in the first weekend, there was an outbreak declared and the home closed, and they were going to permit me to go in and see my mom one last time just because they knew I had come from out of town. Unfortunately, because there wasn't enough PPE, I wasn't able to go in and give her a hug. And then it was almost ten months later, that I was able to actually physically go in her room and do the things that caregivers typically do.

While the home is providing a certain level of care, they're not really doing those extra touches, that falls to the responsibility of the family caregiver. So, for myself, it's negatively impacted both of our mental health. And part of that is because in October, just after I had gone to see her, there was an outbreak that was declared, and my mom contracted COVID. And it was so awful, I felt helpless. There's nothing I could do, I can't barge in and be the superhero by any means, right? It's just waiting until those two weeks had passed where she was given a clean bill of health.

Even when she was out of the woodwork there, she was still expected to stay in her room for up to a month after that, because there were still other people within the home that had COVID. At one point they had called me because she had become agitated at work to coax her back in her room. Obviously, I did my best, but I didn't blame her. She's feeling lonely. She's feeling stir crazy. Everything that she is used to having and those connections is no longer there.

I'm doing the best I can I purchased a tablet, to possibly provide additional opportunities for connection, but to have her operate that herself is not really feasible, and some other people within the home are not in that capacity to be able to do those things. I really think that the pandemic shone a light on an already dire situation as just now it's become aware to a larger population that maybe wouldn't have seen that otherwise.

JO 1:28:12
Great comments. And that's a great segue into my next question. What's one vital thing you've learned about seniors' mental health during COVID, that should better prepare us for future pandemics or other crises?

MARJORIE 1:28:27
I think we've learned so much. Ania referred to this, seeing families who were not able to be with their loved ones as they were dying, we have to really realize where we have to put our focus, and I think a lot has been learned about that. The burnout of caregivers within especially residential care, what I see

is that a lot of people are leaving their jobs. And I think we could have intervened much more quickly, to support their self-care earlier on in many different ways. I don't think enough has been done... it's very much needed out there, because then they are going to take care of the people that are being isolated more in a better way.

JO 1:29:16
Ania?

ANIA 1:29:17
The thing that I have taken away from this, and when I look at my patients, and then also our colleagues as Marjorie had alluded to, for those of us who are in the trenches, particularly in the acute care setting or in extended care, this has been a tremendously stressful time. It's the resilience and the fact that he has in spite of the challenges and the hardships and the stress that we are going through together as a society that we are coming together to try to help each other and, and also that we have been able to sort of look at maybe doing things a bit differently.

I think those sudden and very much unexpected transition to telemedicine i think is something that will stay. It's certainly very well received by the patient population, it's generally well received by the healthcare professionals, and they think it will improve access and make things a lot easier for me to have a patient not have to travel in the middle of the winter for an appointment. Every time we have a snowstorm, I'm always so worried about my patients and their families having to drive to the office, and worried about having accidents and things like that. So, for someone not to have to take that risk and be able to do a phone call or a Zoom appointment or for patients who live in more remote areas for them to be able to access that kind of healthcare, I think will actually be really fantastic.

And even improved access to care in terms of waiting, for example, I go into long term care homes to see patients... well, I used to before the pandemic. And with being able to do remote visits over Zoom, it allows me to actually see patients much more quickly and be much more available to the facility. So, there are some advantages that the pandemic has brought in terms of the healthcare system, in terms of virtual medicine, that I find actually quite exciting. And I think there will be obviously much more in terms of advances and, and the use of technology that will be developed to make it even easier.

JO 1:31:11
Naomi, any additional comments?

NAOMI 1:31:14
Ania, spot on with that! I think necessity is the mother of invention, and the fact that we were sort of forced to come up with some creative ways to still provide care, I think has actually had a positive impact. And I agree, I think it is here to stay.

But for me, what I learned out of this is just how much of a crucial role caregivers play in the well-being of their loved one. I think discussion that's come from this is that risk of potentially contracting COVID compared to the risk of isolation and loneliness. When asked, and this I believe was in the Staying Apart to Stay Together by the BC Seniors' Advocate, when people or residents were asked about if they

were willing to take that risk to see their loved ones, if that meant that they had the possibility of contracting and COVID, that they said that it was worth the risk.

So, I've just seen, not that I didn't know already, but it's just been further exemplified for me how much of a role we play. And much like people like Ania and Marjorie, they play an amazing role. And so do we, and we all need to be at the table because I think that really has the most positive outcome for our loved one or for the people that we're caring for.

JO 1:32:40
To build on that we found in our research that family caregivers provide more than 80% of elder care and contribute more than $5 billion in unpaid labor to the healthcare system. We also learned that one quarter of seniors are caregivers themselves. And so, as you say, this is really a huge issue.

So, as we near the end of this episode, I'd like to ask you each a personal question, if that's okay. What have you learned about your own mental health during COVID, that is helping you to live a more meaningful and productive life?

NAOMI 1:33:18
For me, definitely pushed to unparalleled stress levels. When you have a mom that has COVID in a long-term care home, and you're at a geographic distance, and there's literally nothing you can do about it. It's definitely the peak of my stress level that led to some rumination on some unhealthy thoughts.

That took some significant time to kind of pull myself out of, but I have been able to do that. And how I did that, and how it was able to, I guess, find that light, again, is really rediscovering the simple joys in life. Getting out into nature, laughing, and just the love, the love that you have around you that you can share that you can give. And I really learned that gratitude is key. My mom did make it. I did make it out of my little bit of a dark stint there. And I'm so happy to be here sharing my story with such amazing people that are really making a difference in this space.

JO 1:34:22
Marjorie, what about you?

MARJORIE 1:34:24
Well, I think I've learned a lot about myself. And I'm very passionate about the work that I do, but sometimes to my own detriment to keep balance in my life. I think it's this drivenness this somehow that comes from my early childhood, and I just have had to learn that I can only do my best, and then sometimes I have to step back and just take care of myself. I realized that sometimes my family has to come first, and my clients have to come second. And that's difficult for me but I think it helped me to reset my priorities a bit.

I've learned that, as Ania said, I'm using technology in such new ways. I actually brought forward a lot of the alternative health that I've studied for many years, especially around breathwork, using our breath, and mindfulness, and I really had to begin practicing it again, realizing I kind of gotten away

from it. So, I began to teach that as well, but through an easier method where I was doing webinars, and that could be in the comfort of my home. I kind of discovered that I do like that. Taking care of myself is always something I have to be very vigilant about, and maintaining this balance, and it certainly brought it to the fore for me much more over this past year and a half.

NAOMI 1:35:51
I was just going to add to that quickly if it's okay. I think when you are a caregiver, especially at a younger age, it's almost ingrained in every relationship that you have, you tend to approach it from a caregiving perspective. This is the best visualization I can ever give to people on the airplane, if something happens, they tell you to put your mask on first. And I think that maybe what Marjorie is alluding to, is really learning that you have to kind of care for yourself to be able to provide care for other people as well.

JO 1:36:24
Ania, thoughts on what you've learned about yourself?

ANIA 1:36:28
it's been a bit of a roller coaster, to say the least. I found the initial stages of the pandemic particularly stressful because I work in acute care in the hospital. When we started out with the country closing down, there was really no way of knowing if we were going to be experiencing sort of a milder pandemic, or if possible, we will be seeing what was happening in northern Italy or in New York City, because they were sort of a couple of weeks ahead of us in terms of the pandemic evolving.

So, when I was going to work that first few weeks were the most stressful times for us in acute care. And also, personally the stress of the possibility that I was getting sick… it was sort of the idea that I may bring it home to my kids or my husband or my parents. So, that first month was really quite difficult for that reason... coming home and telling my kids that they couldn't touch me until I showered and changed all of my second set of clothes, which I had already changed once at the hospital.

Before coming home, those kinds of routines were a bit surreal in a way, but the worst part was to say to my son... who's a bit of a hugger though, thankfully, even though he's a teenager now... "don't touch." Those were the kinds of things to get used to are really tough, then as the first few weeks passed on, and we knew that we were actually in much better shape than those unfortunate places like Italy or New York, we fell into a bit of a routine and that's doing remote schooling and you're working at the hospital doing remote work in the office, there was a bit of a sense of calm, and I think for me personally, and that's really not a new thing.

For me, it's that sort of sense of purpose, I was very fortunate that I had my job to give me that sense of needing to just kind of keep going, to not give up, to try to see the light at the end of the tunnel that obviously seemed quite long and still is quite long. But I have to say that between that sense of purpose that I got from the job that I love so much, seeing my patients and their families obviously struggle with similar challenges that the ones that we were struggling with personally, and just kind of getting so it together.

Both of you, Marjorie and Naomi, have alluded to not only things we give to others, but also the things we receive. At that time also felt so blessed to be able to share that journey with my patients and their families. And my colleagues, you know, as I said, especially in the first few weeks the hospital was a very stressful place to be because of the uncertainty and everything else that we were experiencing and the impact it might have on all of us and our patients. Being that ability to kind of just say, okay, you know, we are in it together, we are resilient, we can do it.

JO 1:39:09
So that's a wrap for part one of this podcast on seniors' mental health. I can't wait to work with you amazing ladies, again, any closing thoughts until we meet again?

MARJORIE 1:39:22
I just think this has been a wonderful dialogue. I feel very privileged to have joined with all of the wonderful women on this podcast because it's nice to share and hear what your peers are doing in this area. And I think we were all passionate. So, I just feel very grateful to have been included in this.

NAOMI 1:39:43
I agree. I'm really enjoying the conversation. We all come to it from different angles, and I just really appreciate hearing everyone's perspective, and Jo for bringing these lovely ladies together and really tackling some difficult topics that I believe sparked some meaningful dialogue that I hope can really resonate with your listeners.

ANIA 1:40:07
I'd like to thank you, Jo, for inviting me to this podcast and allowing me the opportunity to meet you and Naomi, of course, I know Marjorie professionally. It's been very much a learning experience for me as well. I certainly have to do a little bit of research to prepare for some of the topics that we are discussing. So that was, of course wonderful to do as well. But most of all, it's all about the stories, but also the education and hopefully a positive difference that we can make the lives of others that I hope will be accomplished by this. So, thank you again for this opportunity.

JO 1:40:42
To connect with our guests and to review their bios, a list of resources and the podcast transcript, visit FreshOutlookFoundation.org, slash podcasts, and look for SENIORS' MENTAL HEALTH.

Join us for part two as we dig deeper into some of the most common contributors to seniors' mental health challenges; societal factors such as stigma, ageism, and systemic racism, and circumstances such as poverty, trauma, grief, poor physical health, chronic pain, and neglect and abuse. We'll also explore the opposing sides of other issues affecting seniors' mental health, isolation versus connection, resignation versus resilience, and invisibility versus legacy. and we'll talk about needed changes to the seniors' mental health care system, with values and strategies from the Mental Health Commission of Canada for prevention and mental health promotion.

Until then, a big thank you again to our sponsor for this episode, the Social Planning and Research Council of BC. And thanks to you as well for hanging out with us until the end, you were very much appreciated.

If you haven't already done so, please visit FreshOutlookFoundation.org and sign up for our regular e-newsletter, which will alert you to new episodes of the podcast and our virtual summit. And for ongoing information, follow us on Facebook @FreshOutlookFoundation and twitter at @FreshOutlook.

In closing, as Winnie the Pooh says, I'm so lucky to have something that makes saying goodbye so hard. Instead, I'll say, "Be healthy, and let's connect again soon!"