



Dr. Ania Wisniewska, Marjorie Horne, Naomi Mison Interview Transcript

RICK 0:10

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.

Joanne 0:32

Hey, Jo here again with Dr. Ania Wisniewska, Marjorie Horne, and Naomi Mison, as we continue this vital conversation about seniors' mental health. We'll dive deep into the social influences and individual circumstances that impact seniors' wellbeing, the personal choices they can make to extend and enrich their lives, and the systemic changes needed to optimize the aging experience through prevention, personalized care, and integrated mental health care.

NAOMI 1:03

Thanks for having us back.

MARJORIE 1:05

We had so much fun the first time we wanted to do it again.

ANIA 1:08

Thank you, Jo. And nice to be doing this again with you beautiful ladies and of course with Rick.

JO 1:14

To start, can each of you share a little about your work as seniors' mental health care professionals and caregivers for the listeners who didn't hear Part 1? Ania, let's start with you.

ANIA 1:26

I am a geriatric psychiatrist working in Kelowna. My work focuses on the care of seniors. I work at the Kelowna General Hospital, caring for patients with mental illness, and I also provide support to the Kelowna Mental Health Center to the seniors' mental health program. I also am involved in a small way in a local drug study program that looks at novel medications for the treatment of Alzheimer's disease.

I also spend quite a bit of time in my private practice where I see patients for assessments, and also for follow up long term. I guess I should also add, I'm also involved in teaching at the University of British Columbia. I am involved in teaching medical students as well as residents, which is a wonderful and enriching experience.

Joanne 2:13

Marjorie.

MARJORIE 2:14

I was trained as a registered nurse and then did a number of things over the course of my career. And I then went back to my first love, which was working with seniors. And that's where I started in my nursing career and worked for about 10 years in seniors housing within the elder care environment. I just saw during that time, sort of a gray area that didn't seem to be addressed as far as all the different transitions that both the older clients I was dealing with and their families, were going through all of these transitions and a lot of emotions come up.

We're talking about grief and loss. So I almost felt compelled to start my own business, which I've been running for 10 years now, to try to bring a holistic approach where we really look at the physical dimensions of aging and also the emotional aspects of change and the grief and loss that many people are dealing with.

JO 3:16

And Naomi.

NAOMI 3:16

I have been a caregiver to my mom, who was diagnosed with early onset dementia, for over 13 years. On the 10th anniversary of caregiving, I decided I really wanted to use my voice to advocate for systemic change. So I reached out to the Alzheimer's Society of Canada and became a media spokesperson, public spokesperson for them. I'm currently involved with the leadership group of caregivers for the Alzheimer's Society of BC. So that's really rewarding being with other caregivers.

In my professional life, I'm in marketing and communication, so I'm just trying to utilize my skill set. And really again, advocate for that systemic change in the area around older adults.

JO 4:03

Thank you for all the great work you're doing, it's just incredible. In Part 1 of this in-depth look at seniors' mental health, Rick introduced us to macrosocial or society wide influences that seniors face. Things like stigma, ageism, systemic racism, and inequality. I'd like to touch on a few of those today starting with stigma. We won't go into detail about mental health stigma, as there's an entire episode on the topic on our website at freshoutlookfoundation.org.

But for the purposes of this conversation, let's say stigma begins with negative stereotyping or the labeling of perceived differences between groups. In this case between the young and old. This separation often leaves seniors feeling diminished, devalued, and fearful due to the negative attitudes our youth focused culture holds toward them. Which means that sometimes people with mental health challenges don't get the help they need for fear of being discriminated against. I want to know how each of you see stigma through the eyes of the seniors you serve.

ANIA 5:21

Stigma is so so essential to consider. And obviously podcasts that you have done would speak to that quite a bit. But I think in terms of a story, I guess would be kind of a general one. For some of my patients, they are quite reluctant to share their illness, or the diagnosis, or what they're going through with family or friends, for the fear of being rejected or stigmatized. And I also see sometimes how caregivers will sometimes minimize what's going on at home for the fear of, again, being stigmatized.

So they will minimize the symptoms or cover up the symptoms with family or with friends, because they are afraid of what people may think or say. And it's really quite heartbreaking because it can lead to, in the cases of the say caregivers, a delay in getting the help that the patient actually needs.

MARJORIE 6:11

Many times, if when I'm talking to groups of seniors and asking them about some of the emotional things that they may be going through, they just sort of look back at me and stare at me and I just wait and I wait. What is it do you think within you, that doesn't permit you to share what might be going on? They all look at each other, and one person always puts their hand up and they said, well, it's partly about my pride.

And then they all look at each other and nod that there's some sense of, if I'm losing my memory, or if I'm feeling depressed, or if I've had a fall, I'm not going to tell anybody about it. Because this will show weakness. And then this may mean that my family feel I can't handle things. When one person expresses it in a group, then they all of a sudden all open up and begin to just again share what they're feeling about that.

NAOMI 7:09

I also saw a lot of that sort of real concern around loss of independence, when I was working within the clinical research space. I was talking to hundreds, if not thousands of older adults and trying to encourage them to come for cognitive assessments, even if they weren't demonstrating any signs that just to get a baseline. The most prevalent answer I would hear was that I don't want to come in because if I have an issue, then you're going to take away my license, and I'm not going to be able to be independent anymore.

Joanne 7:43

Can each of you share one thing you think we could do generally to reduce the mental health stigma seniors face?

MARJORIE 7:51

We need to listen more. I see this a lot when working with seniors and their families. If we can listen and less be trying to advise. I'd see this often in adult children that they have their own fears coming into play that really interrupts the process of an older senior being able to talk about how they are feeling.

ANIA 8:15

Sometimes it's education about having realistic expectations. What is a realistic expectation? What isn't? What is it that we could actually improve? What could we not? What's worth taking a risk? And for me, those discussions are typically focusing on quality of life. What are things that are important to your loved one, based on what you know about them? To me, it comes down to the quality of life.

NAOMI 8:39

I work in communications and marketing. And so I really do believe that words matter. And the language that we use every day can be one area that we can focus on in the here and now. Oh, I'm just feeling crazy, or that person's senile, or they've totally lost their marbles, these different terms of phrase that we have in our everyday vernacular. And it's definitely only strengthening those stereotypes. So I really would love to see some really thoughtful discussions and considerations around language and really being intentional to dispel some of those prevalent stereotypes and increase overall understanding.

Joanne 9:24

So let's talk about ageism next, which in simple terms is discrimination based on a person's age. In its Changing Directions, Changing Lives report, the Mental Health Commission of Canada noted that, "Older people have sometimes been viewed as simply a burden to society. Not only do the stereotypical views discount the contributions seniors have made throughout their lives, but they also underestimate their ongoing contribution to our communities and social life in general." Ania, what are your observations around ageism?

ANIA 10:05

What I would start off with is that there is definitely a cultural variation in terms of how aging is perceived. So in some cultures, the elderly are much more revered or put on a pedestal and seen as a source of wisdom, and matriarchs or patriarchs of the family. In our more westernized cultures, we tend to sort of focus a little bit more on the individual. We're less likely to have intergenerational living arrangements, maybe that's a good thing, sometimes. But it does make a difference.

Just to give you an example, my much younger cousin who was born in Canada, and did not grow up with his grandparents. When he went back to Poland to visit his very elderly grandparents, he was terrified of them. And it's interesting, it's not anything they did or said. It was just the appearance of a much older person. And I found that so fascinating to kind of see a young child react that way to people who obviously adored and loved him. But initially, he was just scared because he wasn't accustomed to seeing a much older person. So we do need more of that sort of sense of intergenerational living.

And I'm not exaggerating, there's situations where we have patients literally dropped off at emergency, because the family wants to go on a holiday, and they don't have a caregiver for the elderly mother or father. I'm not exaggerating this, this does happen. And it's obviously heartbreaking. But it's beyond comprehension that that can happen. And it does happen in Canada. So I do think that intergenerational connections is really important.

JO 11:37

So what's one vital step we could take to tackle ageism?

NAOMI 11:42

Sharing those stories and putting a face to a name or putting a story to a subject matter, I think is vitally important. And just really increasing awareness and prevalence of people living, no matter the age but really as an older adult, their best lives. I often find, we don't hear enough of those stories. And so I think that would be one way to really start tackling this subject matter.

MARJORIE 12:12

I started to write a column in the newspaper about eight years ago. And at first, I was trying to be very professional. And while I was looking after my mom, sort of 24 hours a day, and then I finally went, oh, I'm just going to tell people what's happening. What I'm going through my own aging journey and also my Mom's was really like. And what fascinated me was that I started to receive so many calls and emails from people. And they all were saying the same thing that they had all these concerns about their own aging life, but they just didn't know how to talk about it. So we all need to talk about it together.

ANIA 12:51

The only other thing I would add is, it's also leading by example in our professional lives, but also as people in our lives, our families or friends, focusing on the positives. One thing that gives me a little bit of hope is a lot of trends in our society, particularly kind of Western society have been driven by the baby boomers, because they are such a large demographic group.

And because I look after patients who are by definition ill, or experiencing health difficulties, and we kind of tend to sort of see a very narrow section of the senior population. And yet many seniors are living healthy, fulfilling lives. And I'm, again, hoping that we're seeing the baby boomers come through that stage of life that will actually help improve that dialogue and improve the perceptions on the education as well.

JO 13:37

The final societal influence I'd like to discuss is systemic racism. And again, with all of the podcasts on the summits that I've been producing, systemic racism comes up over and over and over again. So I'd like to know from each of you, how does racism appear in your corner of the mental health care world? Ania?

ANIA 14:05

The one population of patients we've heard about is Aboriginal patients, who are really struggling with the systemic racism that exists within the healthcare system. But interestingly, there is also the fact that I think that we are having those discussions and being more honest and more open about how it is impacting patients. I'm hopeful for systemic change as well, and improvement in access to care and just the day-to-day care that we provide to patients. I'm not saying that we're there or even close. Taking the first step in improving the significant problem is developing that awareness and being honest and accepting of how much of a problem it is, and what it is that hopefully we can do to improve.

MARJORIE 14:49

I don't see a lot of that just within the work environments that I'm in. I do see it sometimes coming up within independent living sites. Sometimes I will hear maybe a comment or I just sense when I'm being within a group, that there is some racial bias going on. And it's always very hurtful. And if I'm able to, I sometimes try to talk to that person that is initiating that. But that's really within my environment of working in elder care, it is quite limited that I do see it. I just think COVID has really brought so much more to the forefront for all of us, to be thinking about the inclusiveness of how much work there is still to be done. I noticed myself I'm just personally thinking about it a lot more.

JO 15:41

Any ways you think we can minimize the impacts of racism on senior's mental health and the care they receive?

NAOMI 15:49

One way is really developing culturally responsive, safe, accessible services that really meets mental health needs of a diverse population. Right now, I think what we have is not sufficient enough. And there's a lot that can be done to identify and decrease these disparities in rates of illness and outcomes.

Joanne 16:18

Before moving on to talk about how a senior's circumstances can impact his or her mental health and well-being, I'd like to thank our sponsors, the Social Planning and Research Council of BC, Emil Anderson

Construction, WorkSafeBC, and AECOM Engineering. These amazing folks fuel our drive toward improved mental health literacy throughout Canada and beyond. And we couldn't be more grateful.

JO 16:47

Let's talk about isolation and loneliness and their increasing impacts on seniors, especially since COVID. These words are often used interchangeably, but they mean very different things. Isolation is a physical state. For example, we've been isolated due to pandemic restrictions. Loneliness, on the other hand, is an emotional state, meaning that some of us are feeling lonely because of the isolation. Seniors who are isolated may not be lonely, and lonely ones may not be isolated. So Ania, how do isolation and loneliness play into the mental health challenges faced by seniors? And what are the most common causes?

ANIA 17:32

One of the things that I think has become much more obvious over the course of the last year and a half during the pandemic, of course, is that sense of physical isolation that was, of course, a result of the pandemic and trying to protect everyone in the community from COVID. And it certainly has exacerbated that in many ways. And I think one of the things we don't always think about is the impact not just on the patients themselves, but also on the supports and isolation from the support of their caregivers.

In terms of loneliness, the recent pandemic has, I think, exacerbated that for some of our patients, leading to increased sense of loneliness. And that of course, can lead to increased depression, anxiety, as well as a sense of hopelessness. Other outcomes that can contribute to isolation and then also loneliness are declining physical health, that may lead to difficulties with mobility. Therefore, a patient becoming more shut in in their home because of inability to get out. Some physical difficulties may lead to loss of ability to drive again, increasing that sense of isolation, and then possibly leading to sense of loneliness as well.

Unfortunately, as we age there's a greater chance that those who we feel connected to will become ill and pass on. There may also be other factors like physical frailty that I mentioned earlier, and loss of sensory abilities. For example, vision or hearing, that can also lead to isolation. Many of my patients who struggle with hearing loss are especially affected in kind of larger group settings, where there's a lot of sources of auditory stimulation, and they find it very difficult to take in conversations.

So even though they may seem not to be isolated, they may not be able to enjoy or partake in conversation as much, because they are having trouble hearing. And then of course, sometimes we see things like family estrangement that can happen and that again, can lead to a sense of loneliness and isolation.

Joanne 19:29

What do you recommend to help people become less isolated and more connected?

ANIA 19:34

I think some of it is to try to look for strengths that we have, and also to make adjustments. For example, if interacting socially in a larger setting or a larger physical space, which can cause echo and other kinds of troubles when you have hearing aids, maybe plan for having a get together with one or two people in a smaller setting, where there won't be as many issues related to you hearing.

Sometimes some of my patients and families, we discuss the idea of relocation. Some patients move, say to the Okanagan for the obvious benefits during retirement. But some of my patients, as they age and become frailer and develop more complex medical difficulties, find it difficult to be away from family. To some patients, I do encourage them to consider relocating to be closer to their support network. Sometimes living on your own can lead to a sense of that isolation. And then from that loneliness and consideration of alternative housing options like supportive housing, may also be a good idea that allows for increased socialization and interactions with others.

And sometimes it's just a matter of being brave and taking some risks and putting yourself out there to find others. There are a lot of different resources available. Senior centers are wonderful resources to connect with others. The Society for Learning and Retirement is also an amazing resource for seniors, that can provide a lot of stimulation and opportunities for social connections with like-minded seniors.

Joanne 21:04

Naomi, what are you seeing as you care for your Mom?

NAOMI 21:08

I certainly believe that there has been an increase of loneliness, especially at the beginning of the pandemic when the doors were shuttered to all caregivers, and other forms of social engagement. I do think part of the issue in terms of long-term care is even the design of the physical space. For example, in my mom's home, there are three wings that are long hallways, with rooms adorning each side. And there's limited interaction, unless you're on that wing or going for mealtimes, which again has been changed in response to COVID. So for the majority of the day, other than a meal time, you would be spending alone in your room.

Joanne 21:55

Another circumstance that some seniors face is poverty. And the outcomes can be things like poor nutrition, inadequate housing, or lack of transportation, just to name a few. And these will certainly all impact seniors' mental health. Ania, can you tell us about the psychology of poverty?

ANIA 22:16

When we consider the impact of poverty on individuals, we can think of it in different ways. People can become more, sort of, ashamed of their circumstances, afraid to reach out for help, and focus on the basics and trying to get by from day-to-day. Poverty can then result in increased, kind of, physical as well as mental disorders, and can also decrease cognitive functioning just because of chronic stress.

Joanne 22:46

So how can we start turning this around?

ANIA 22:49

I think there are certainly increasing initiatives to look at decreasing poverty in our society in general. Seniors are certainly an affected group as well. Obviously, affordable housing is a big one, particularly in Canada, given the astronomical prices of housing. And that's not just for purchasing real estate, but also rental. For seniors who do not own their own properties, improving access to coverage for medications. Some medications are still out of pocket expenses that are not even covered by PharmaCare. And they can be extremely expensive. And some of my patients are not able to afford those medications, limiting the options for them.

There has obviously been a lot of discussion in Canada and other countries looking at the concept of minimum income, and whether or not that would be something that will be of benefit. There's obviously differing opinions on that whether it's something worth considering as well. And also the role of families and how they are involved in supporting seniors, in terms of helping them with some of their financial concerns, I think would also be important to consider.

Joanne 23:52

Marjorie, what have you learned about the impact of poverty on seniors' mental health? And again, how can we turn this around?

MARJORIE 24:00

There's quite an issue with so many people as their aging, and particularly if they don't have the security of a good financial portfolio. There's a lot of fear that revolves around that. But also seniors have a great sense of pride. And it does limit them, I think, in reaching out to gain the support that maybe even is available. They don't know where to go, they don't know where to look. The generation of my parents, that's very much there that they don't want to be a burden to anyone else, even in their family or on society. They're proud and they've worked hard.

Joanne 24:41

Naomi, what have you learned about the impacts of poverty on mental health, both in your caregiving and advocacy work?

NAOMI 24:49

So what I am seeing, a lot of it tends to be this catch-22, where poor mental health leads to lower income and then vice-versa, lower income results in poor mental health. So I believe when you're navigating this both from a caregiving side and advocating, you really do need a lot of resilience to navigate, because you are met with a lot of obstacles along the way. And that really takes a toll on you. And when you're already worried about putting food on the table, paying your rent, it's really hard to steel yourself to fight the good fight on a daily basis.

So, I'm seeing that people are just exhausted. They simply, especially from a caregiving perspective, as we had discussed that the supports that once were available to people, whether it's adult day support, or respite care, are not available in the same way. So the different areas that you may have had an opportunity to have a break or reprieve aren't really available. That compounds the stress to the point that you're often left just burnt out.

Joanne 25:59

Let's move on to the conditions of trauma and elder neglect and abuse. Ania, what kinds of trauma follow people into their senior years. And how did they effect those seniors' capacity to live full and rewarding lives.

ANIA 26:17

Trauma is obviously a complex issue. And it's generally kind of considered an emotional reaction to something that's quite distressing or stressful. And of course, those types of events can take place at any given point. Traumatic experiences can include exposure to combat or war. Of course natural disasters can also be very traumatizing. Accidents, be it a motor vehicle accident, or as seniors age, unfortunately, there is a high risk for falling.

There are also experiences that can happen in terms of abuse, that includes both physical, emotional, and sexual abuse. And those experiences can take place in adulthood, but also in childhood. And of course, that can lead to some difficulties later on. Various studies that look at the experience of trauma and seniors will estimate that between 70 to 90% of seniors have experienced trauma in their lives, which is obviously not surprising given the average age of a senior in Canada.

Now, in terms of looking at how trauma can impact a senior, I think a lot of it depends on how that trauma is experienced and processed over time. The way we experience trauma is sort of, I guess, in a way filtered through our sort of life experience, our personality, and also the circumstances. So for example, if we experienced something traumatizing, but we have tremendous support from family or friends, our reaction to it may be a bit more muted, versus if you are not supported or isolated, and may be much more difficult to cope with the trauma. But there's also, of course, concerns about delayed reactions and also chronic post traumatic stress disorder, which we will see in seniors as well.

JO 27:15

What kinds of successes do you see in the treatment of seniors with trauma related mental health challenges?

ANIA 28:07

Some of it actually starts off with maybe even looking at prevention, particularly when you look at seniors who are at risk for falling. So, looking at prevention to try to diminish the risk of trauma, being more in tune with what may be happening for them at home in terms of monitoring for any concerns related to abuse or neglect. Another thing that can happen in terms of prevention is even staying in hospital can be traumatizing, particularly for patients who are in the ICU. So looking at strategies in the ICU to decrease the experience of trauma in that environment. So prevention is one piece.

And then of course, if a traumatic experience happens, counseling can be quite effective. And that can include more supportive grief counseling, cognitive behavioral therapy, and other modalities of counseling. Some seniors do better with one-on-one counseling related to their trauma, and others will benefit from either group therapy or a support group. That sense of connection with other people who may have experienced trauma or similar traumatic experiences, can be really empowering and also normalizing for patients.

And sometimes we do need to resort to medications. Patients who have severe post traumatic stress disorder can be quite affected by it, and post traumatic stress disorder can be associated with other psychiatric illnesses such as depression. So sometimes medications are also an important tool that can improve the quality of life for a patient who has a history of trauma.

Joanne 29:32

Naomi, what have you learned in your caregiving and advocacy work about how to respond if you think a senior is being neglected or abused?

NAOMI 29:42

If you are aware that a senior is being neglected or abused, you should seek out provincial or territorial resources on elder abuse. They will depend on the location, but really reporting what you're seeing. If it's a staff member, reporting that to a higher level, or if it's a family member, any means that you can just bring it to someone's attention is a first step. And if you're not comfortable doing that within a

home setting, then seeking out government bodies to help support or guide, I think, would be the best first approach.

Joanne 30:15

Next, I want to talk about the mindset us seniors have, the choices we make, and the behaviors we adopt that can help us live long, fulfilling lives. Now, bear with me, I'm thinking there might be an aging spectrum here. On the one end, could be people who embrace the aging process and choose to be responsible for aging, while on the other end, there could be those who resent aging and resist change. What's likely for most of us is that we inhabit the middle ground between positive and negative circumstances, attitudes, and behaviors. So honestly, does that make any sense? Ania?

ANIA 30:59

Definitely, I think the way you have summarized it focuses on not just some of the responsibilities you mentioned, but the sense that it is an individual experience. So the mindset is very much a personal experience that can be shaped by the person's individual personality, but also their life experiences and sense of support from their community or families. It also I think, comes from a sense of purpose, and acceptance of changes. So I think if we look at all these factors, certainly we have to consider every individual in terms of their own life experiences, and their approach to how they want to lead their lives.

And yes, I agree, I think we all need to take personal responsibility for our health and well-being. We talked in the earlier podcast about factors that can increase our risk of having various medical or psychiatric conditions later on in life. That may be, for example, smoking or dietary choices. So those are some of the things that we need to think about when we want to think about responsibility for aging well, is that sense we are looking at prevention as well. That's a complex decision for sure.

JO 32:08

Marjorie?

MARJORIE 32:09

I work a lot with people around change in many different capacities during workshops and webinars. Because I find that as so many people as they're getting older, they are afraid to step out of their comfort zone. And it's not that they're particularly happy in their comfort zone. But I do feel that as we're getting older, sometimes we lose a bit of sense of courage to move into the unknown. And I really do feel we need to support each other with that. And I'd see the benefit of doing that within some of these wisdom workshops that I've done for the last five or six years.

And there's such a broad spectrum of why do people resist change. But if you help educate them, change has a lot to do with how we have dealt with losses and grief in our life, and Ania spoke of trauma. And of course, many people have had trauma in their lives that they haven't yet healed. And so coming together and sharing that vulnerability of perhaps exploring why people resist change, and bringing some of these components forward around loss around that, it's okay to make mistakes, and to embrace imperfection.

Because I think older people somehow thinks, well, I should know how to do that, or I should be able to handle that. They're a little bit more afraid of looking foolish. And so when we just bring that out on the table and talk about it, and then people hear other people sharing that they feel that way, I think it helps people to move forward with a greater awareness of how to go about change.

Joanne 33:55

Naomi, what are your thoughts on what I call the aging spectrum?

NAOMI 34:00

I think that makes a lot of sense. I do find aging well takes concerted effort. And sometimes people might not be ready to put that effort forward, or like you pointed out, resistance to change, which I think is quite interesting considering the age-old adage, there's only one constant in life and that's change. I believe inhabiting that middle ground really is the key to aging with grace, as no extreme really works.

I'm not there in that older adults state at the moment, but I can imagine that it would be difficult when you physically cannot do the things that maybe you once did. But accepting that things change and finding maybe new activities, new hobbies really will allow you to discover things about yourself and learn new skills that you didn't even know you had. I think living life to the fullest in whatever ability you are at like physically, cognitively really will ease potential burdens.

And again, to speak to what we were talking about that stress and poverty, the more you focus on the aging side of things, the more it will stress you out. And that's going to cause some other unintended consequences. I really do believe embracing what's happening in your life is the best step forward.

Joanne 35:26

So let's see how this might play out in real life. We talked earlier about isolation and the huge role it plays in defining seniors' mental health, and therefore their life expectations and experiences. What if isolation and/or loneliness were choices for some seniors? And what if they chose human connection instead? Ania?

ANIA 35:53

I think it is important to recognize that we're all very different in terms of our personalities. Folks who are more introverted will tend to feel a little bit more comfortable in a world that's a bit smaller and has less going on. So I think there may be an element of choice, for some people to be maybe perceived as being more isolated or more separated. And yet, it is something that they feel quite content with.

So I think that will be something that is important to keep in mind that we can't expect everyone to fit into the same expected behavior. We need to ask, is this something that you're content with? Is it something that makes you happy? But I think if there is an element of choice, we also sometimes need to accept that some people just feel more content.

When I see that sometimes play out in my offices, where I have a senior who is more introverted, who actually does like staying at home all day and reading a book, and maybe their family member would like to see their mother or father be a little bit more active or socialize more. And it can actually lead to some degree of conflict between the caregiver and my patient where the patient is trying to say, I'm actually happy living like this. And the families sometimes struggle with accepting that.

So I think we do need to consider those personal preferences. But if there is that desire for increased connection, then I think we need to look at options for people, and as I said, we've discussed those already.

Joanne 37:19

Naomi?

NAOMI 37:20

In my caregiving scenario, I think in the beginning, I really tried to get my Mom to do the things that I thought she might want to do or would like to do, or that I wanted her to do. And like Ania said, some people would rather just read a book, and she is one of those people. Over time, I have learned to just cultivate that. If that's what she enjoys doing, then I want to do it.

But to harness that connection, as well as respecting what somebody enjoys spending their time doing, I brought forward the idea to the long-term care home. What about a book club, or coming up with some creative ways so that you're still cultivating that hobby, but also bringing in an engagement piece as well? And I think the pandemic, one positive thing that has come out of that is that we're really getting creative about connecting, whether it's Zoom, or telemedicine, or these different ways that weren't available to us or we weren't exploring, suddenly seems more possible.

One thing I have also learned is that sometimes it doesn't even take words to have that kind of human connection. I know sometimes when I'll visit my mom, she'll be in a mood that day, and she's not really up for talking, and she doesn't want to listen to me rattle on about whatever else I'd be asking or talking to her about. So sometimes I just sit there with her and hold her hand. And there are no words, and that can speak volumes. So I think really living to what the other person that you're caring for, if that is the situation, and cultivating things that they enjoy will make both of you the most fulfilled, has the most possibility of success.

JO 39:14

And Marjorie.

MARJORIE 39:15

Music is a wonderful thing to use. And there's a wonderful documentary on Netflix, if anybody wants to watch it, called *Alive Inside*. And it's all about the aspect of music and that we retain the memories and the joy of music that we heard between 14 and 21. And you can find that if you play some songs for that person that maybe is disconnected from that time period, this look, they suddenly open their eyes and they begin to just open into their emotions again, and a beautiful, beautiful connection is formed that way.

NAOMI 39:55

I have also seen that film and it is so touching. And I've seen it in my Mom's home as well, that people that don't really speak, almost mute to some extent, you put them in front of a piano, and then suddenly they're playing Beethoven. Or somebody comes in and plays some music, and they're singing along, and otherwise they're not conversing, they're not making those kinds of eye contact. So I agree, coming up with some different approaches can make a world of difference.

Joanne 40:24

The next contrast we'll examine is one between resignation and resilience, which are both frames of mind. I know that many seniors experience challenges beyond their control and prevent them from living full lives. But I also know from experience that some of us give in to the challenges of aging. Marjorie, I know you embrace an approach called conscious eldering. Tell us about that, and how it can help build resilience.

MARJORIE 40:54

I really came to myself when I just had turned 60. And I felt, boy, how am I going to approach this next chapter of my life? One great book is by Richard Lewis. And he talks about the stages where we have to really look at our past. And it's a letting go, that this is where we are at, this is the stage. And what have all those experiences come together to make us who we are, and that we may have had difficulties, we may have made mistakes, but it's an accepting process, and sometimes not a process of forgiveness, as well.

And then it is about adapting to the stage of life. And that yes, physical challenges do happen. We are facing a death at the end of this stage of our life, and what are our fears about that, and exploring that? It's also called gerotranscendence. And it's really where we are looking at perhaps our tendency to resist change as well. Because this time of life is really about wanting to have an experience of more grace in our lives. And I define grace as being aware that everything that happens to us sometimes does happen for a reason, and that the spiritual component of it is that we are taking care of.

And so it speaks a bit to developing trust, in even a bigger way as we're coming through this stage of our life, and allowing ourselves to let go of what was and be fully present with where we're at, as we go on each step of our journey. And it's very, very powerful in bringing, I think, a different awareness of what are the golden aspects of this time of life, which often do include all of these challenges that we've never faced before. And it takes a change in your mindset, I think, to form this type of acceptance. And also a trust that there is something bigger that is there, supporting us as we come through this stage of our journey is very, very valuable to look at.

And I think it makes us feel where we can also find new passions and new ways of expressing who we truly are, that might have gotten buried over the second half of our life and gives us this chance to explore some of those aspects of ourselves. And that don't come out in whatever way feels right for each individual person.

Joanne 43:34

Naomi, can you help us understand aging in place, and the infrastructure we need to help seniors stay resilient? I know this is important to you.

NAOMI 43:45

There are different definitions of aging in place. But basically what it is, is meaning that you have access to services, and health, and social supports. You need to live safely and independently, whether in your home or your community for as long as you wish, or are able in terms of physical infrastructure. Aging in place would accommodate the different levels of aging. So in a physical space, there'll be a section for independent living, then maybe some supported living, long-term care, and then palliative care. And that would be all in one place so that you could graduate to the different levels without having to have so much disruption of moving to a new location, which I have seen firsthand can cause some regression cognitively, when they have to make that kind of move.

Just from my experience with my Mom, and as I previously spoke about, part of the actual design of the homes at the moment, really don't foster the ability to age in place. Just to give you an example, my mom was about 53, 54 when she entered the home, and a lot of the people that were there were either palliative or in their later stages. So kind of placing her in an area where she's not with other people in a similar condition, I think can cause decline. And I had seen that as well.

So I really believe looking at infrastructure when it comes to residential care is so important. And there's a lot of countries that are ahead of us, including the Netherlands. There's a home called the Hogawick. This is basically the leading model for aging. And that is a dementia village specifically, but just really allowing the space for people to live their best life in whatever stage they're at in their journey.

Joanne 45:47

Ania, from your professional perspective, what does resilience look like for seniors?

ANIA 45:53

Resilience is probably one of the most important factors that I consider when I see my patients and consider treatment options. And resilience, I guess, in a brief way could be summarized as an innate ability to adapt to either change, and/or stressful situations. It is something that offers a sense of perspective, and also an opportunity for growth. And that's definitely something that I try to tap into when I do talk to my patients.

Some of them may have lost that sense of resilience or have a hard time accessing it. So some of our conversations were really focused on looking at previous life experiences when they were able to deal with situations that were quite difficult. And sort of we talked about how they were able to get through it, what helped them, and try to apply some of those strategies to their current circumstances. So it's definitely something that is quite important in terms of the work that I do with my patients.

Joanne 46:55

Knowing that some seniors can make choices, what is one vital step they can take to move from resignation to resilience?

ANIA 47:04

When I think of resilience and making those choices, resilience is actually something that can be learned or developed if one applies themselves. So even folks who may perceive themselves over the course of their life as maybe less resilient, can be encouraged through ongoing support to become more resilient. That resilience can also be fostered by a sense of close relationships. And we've talked about that quite a bit during our podcast today and also the last time. It can also be improved by a sense of physical and mental well-being.

And I think the other thing that I look at also is a sense of purpose, because I think having a sense of purpose allows someone to feel more confident. And we talked about loss of confidence and how that can impact seniors as well. And then I think the last thing I would mention in terms of making choices and looking at resilience is also that there will be some changes that are inevitable, and that's part of our good outlook. And accepting those changes is also important in terms of our well-being, because if we dwell on the changes that are inevitable, we kind of get stuck and we can't move forward and look into the future.

JO 48:09

Marjorie.

MARJORIE 48:10

Well, I was just reading Brene Brown, of course, has written many books and studied resilience. And she had a quote that says, "Joy collected over time fuels resilience, ensuring we'll have reservoirs of emotional strength when hard things do happen." And so sometimes people that have become resigned

and sort of stuck, they're not feeling a lot of joy. They're not looking for, or exploring inside themselves. What does bring me joy? And sometimes we, I think, have to sit with that for a while and have some enquiry of ourselves. Do I want more joy in my life? Because you can't make people do things. They have to have some desire within them to have more joy or to extend themselves again, out to people.

Just what Naomi was saying about giving, I think that's an important part. Whenever I feel stuck, I think okay, I need to go and give somewhere because it moves me out of that space. But people have to have desire to move from resignation to resilience. I've watched both my sister and her husband have gone through enormous challenges. And I remember when he had a massive stroke at the age of 61. And it is through love, it was the love that was all around him with his family that fueled that desire for him to say, and his mantra was what Churchill said was, if it's to be it's up to me.

Joanne 49:44

Let's now look at invisibility versus legacy, which I must admit interests me now that I'm a young senior. So Marjorie, can you tell us what you think are seniors ongoing contributions?

MARJORIE 49:57

A lot of people as their ageing feel like they are a burden. And so how do we help them to engage. And I think the intergenerational component is so important, because I've just turned 70 and I do find that people in their 30s do recognise the wisdom that I have gained over all the experiences that I've gone through in my life. I think it takes some courage to feel that, gee, my ideas are of value, I do have wisdom. And so that's an inward place that we each have to come as we're getting older, to let go of even what society perhaps feels in some ways about aging.

For us as boomers, as we're moving into this time of our life, it's to discover what do I have to express? Where can I express that and how? And that does maybe take an engagement in a certain way that not everybody wants to do, but many of us do. Many of us do want to still be contributing. And so it takes a confidence to not listen to what other people may be telling you, "Oh, you shouldn't start that business. Or you shouldn't go and do that. What are you doing that for?" If it feels right for you, then find the courage to do it. That's where I think we're going to have healthier aging lives without as much chronic disease. And we're going to have more joyful aging lives even amid very difficult challenges that do come.

ANIA 51:41

I would think of it as sort of a gradual process and trying to help them gain a sense of perspective, and a sense of pride in what it is that they have accomplished. I think it also helps to involve family members to try to help the patient gain that sense of perspective. So they do feel more valued and more appreciated, rather than invisible. And also consider some of the cultural differences that may impact the perception of a legacy. Because of course, there will be some cultural differences in terms of how contributions, either past or present, of seniors are perceived by their families or their communities.

Joanne 52:23

Naomi, does your Mom or did she ever talk about her legacy and how it would be affected because of her illness?

NAOMI 52:31

We didn't have an opportunity to have those conversations.

Joanne 52:35

Does that make you think about your own legacy?

NAOMI 52:38

Absolutely. Her dementia diagnosis, and its inevitable conclusion has made me more cognizant of what time I have and how precious time is. And I know that I really want to leave my stamp or something that can live on beyond me, especially considering what I have facing me as a child of somebody living with early onset. There is a 50/50 likelihood that you would potentially be diagnosed with the disease, plus as a woman that Alzheimer's disease is often more prevalent. That's kind of ever present in my life. So if that is where life goes, I really want to in the time that I have now try to make a change that outlives me.

Joanne 53:26

Before we touch on the mental health care system. I'd like to talk about the role of spirituality in seniors' mental health. Ania, are you aware of any research that demonstrates a link between senior spiritual beliefs and their mental wellness?

ANIA 53:42

There is research that does reveal that there is a correlation between a heightened sense of spiritual connection and a sense of psychological well-being, for example, a sense of comfort, of peace, and more hopeful view of the world.

Joanne 54:00

And do you see this in your patients?

ANIA 54:03

Yes, it's sort of interesting because we think of spirituality particularly in the context of maybe more religious spirituality, as something that is generally beneficial. But surprisingly, there are circumstances where religious beliefs especially can present some challenges. For example, my patients who suffer from more severe depression, sometimes will have a greater sense of guilt or failing God, that can actually exacerbate their depression.

Having said this, one of the protective factors that we see when it comes to suicide is a sense of faith and connection, spiritual connection, and quite often when I asked my patients who do feel like life is not worth living, or they have thoughts of suicide, and yet they are not acting on them. One of the more common answers I get is it's the faith that keeps them going.

Joanne 54:57

Lastly, I'd like to touch on seniors' mental healthcare in our overall health care system? Can each of you share briefly what you think are the greatest challenges that seniors face within those systems? Ania.

ANIA 55:13

That could be probably a podcast of its own. What I would like to see the most and I struggle with the most is the recognition or early detection of mental illness. Sometimes we end up meeting with patients where they've had symptoms for quite a long time. And one cannot help but wonder what if we had recognized it earlier? What if we had treated it earlier? Would it have led to that same degree of disability, loss of quality of life, or a burden on the caregivers?

But I think in general, what the system will require to improve upon is a more continuous and more integrated system of care, including our acute care system and also our community. For example, we now have a Minister for Mental Health and Addictions, which I'm hoping is a sign that there is going to be greater importance paid to the treatment of mental illness amongst our community, including our seniors. But again, I think that early recognition, prevention, and also developing a more cohesive, more seamless system would be essential.

JO 56:20
Marjorie.

MARJORIE 56:20
A more family centered approach, if that's possible, so that everyone within the family is understanding what are the components of that mental health issue. And how can they deal with it themselves? And also, how can they support that person? I think that's an education component and an inclusiveness that perhaps needs to improve. And especially as far as seniors in the older senior population, the accessibility and availability has to change somewhat, because so many of them aren't that comfortable with computers.

JO 56:21
Naomi.

MARJORIE 56:21
Access to services in a timely manner, super important. Just to give you an example, we were looking for support for my Mom at the beginning of the journey. So we reached out to our GP, who had recommended or referred her to a neurologist, but it was over a year to get an appointment. And like Ania said, there could be a decline. And you wonder what could have happened if they had that timely response.

NAOMI 57:27
Trying to get a dementia diagnosis, very, very difficult. There's not one test that you can get, it's a battery of tests, and the services are often siloed. And they don't always talk to each other. So as the caregiver or the person trying to get the best care for their loved one, we're really left trying to navigate all these systems that don't always make sense and are at times in contravention with one another. I would love a coordinated clear pathway of how to navigate the system, because I find that that is a lot of my time is spent just doing that.

Joanne 58:08
For our listeners who are interested in more information about needed change to our seniors' mental health care system, you can find the Mental Health Commission of Canada's 2019 Guidelines for Comprehensive Mental Health Services. For older adults in Canada, you can visit the Commission's website at mentalhealthcommission.ca.

We're on the homestretch now, and I can't believe how much ground we've covered. As a senior with mental health challenges, I thank you all from the bottom of my heart for sharing such great stories and helpful information. So let's bring this all to a finer point. Ania, if you could share the most important thing you've learned about seniors' mental health with other medical professionals, what would that be?

ANIA 59:06

I would look at hopefulness as the most important thing that I have learned. Basically, it's that sense that there is hope that there is possibility for improvement. And that we should always strive towards the goal of improving not only that sense of well-being but also quality of life, and the well-being of the caregivers. Because often, the sense of improvement is tied into the relationship between the patient and the caregiver. So I think hope is the most important thing I have learned.

Joanne 59:38

Ania, thanks so much for sharing your incredible insights. It's been a pleasure getting to know you and your work, and I'm really so grateful for people like you who use your talents and passions to serve a demographic that's often overwhelmed and overlooked.

ANIA 59:56

Thank you again Jo, for taking on this really important topic.

Joanne 1:00:00

Marjorie, if you could say one thing to seniors about the opportunities available to them at this time of life, what would that be?

MARJORIE 1:00:09

I'm a lifelong learner. And I know many people say that to me that that's what they want to do as well. And that I think creates a sense of hope that this stage of life is wonderful in so many ways.

Joanne 1:00:23

Thanks for joining us, Marjorie. Your broad understanding of the issues has helped us build a robust argument for improving seniors' mental health care. And I wish you loads of love and fulfillment in your golden years.

MARJORIE 1:00:37

Thank you. I'm really trying to take that saying, 'the golden years' and really find where there are those nuggets of gold, even despite challenges that we go through and the resilience that we're cultivating as well.

JO 1:00:50

And Naomi, what do you envision for the future of caregiving for seniors with mental health challenges?

NAOMI 1:00:57

What I envision is really having somebody to accompany you through this journey of caregiving, that understands how to navigate these different health care systems and will help guide you along a defined path. I also see for the future of caregiving, increased access to respite care and at home care, and of course, an outlet for advocacy to make these systemic changes.

Joanne 1:01:24

Naomi, your devotion to caregiving in general and your mother's care in particular, is truly inspiring. On your Discuss Dementia website, you asked the question, who will speak if I don't. I suggest that because you speak, many will listen, and positive change will follow. So keep up the great work.

So that's a wrap for Part 2 of this podcast on seniors' mental health. So much great information.

To connect with Ania, Marjorie, or Naomi visit freshoutlookfoundation.org and look for Seniors Mental Health under Podcasts. There you'll find their contact info, bios, a list of resources, and the podcast transcript.

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