

# Overcoming Stigma



## Depression Demystified

- An estimated 20 percent of older adults in the community and as many as 50 percent in nursing homes experience depression.
- In general, older adults with mental illnesses experience high medical comorbidity.
- Older adults with significant depression have total health care costs that are roughly 50 percent higher than those without depression.
- Compared to other age categories, older adults have the highest suicide rate in the country.

## Double Trouble: Stigma and Depression

Older adults who experience depression must deal with double trouble, according to Patrick Corrigan, professor of psychiatry at the Illinois Institute of Technology and principal investigator of the Chicago Consortium for Stigma Research. One challenge, of course, is the burden of depression itself, which affects a significant number of older men and women (see sidebar, left). But another is stigma — the widely held, but false, perception that people who have depression and other mental problems are dangerous, incompetent, or weak. These stereotypes persist in books, film, and television and thus in the hearts and minds of the public.

There are three types of stigma:

1. **Public stigma** occurs when health care providers, employers, and the general public develop and sustain negative stereotypes about people with mental illness.
2. **Self-stigma** occurs when individuals with mental illness apply negative stereotypes to themselves.
3. **Institutional stigma** occurs when assumptions about persons with depression are translated into public policy and funding decisions that discriminate against people with mental illness.

Indeed, discrimination is a serious consequence for older adults living with depression. Examples of discriminatory policies include the historic lack of mental health parity under Medicare, exclusion or elimination of mental health services from insurance coverage, loss of driving privileges, and reduced funding for mental health services. Discrimination can also lead to unnecessary institutionalization, abuse and neglect, and, overall, a lower quality of life.

## Breaking Down Barriers

The first step in eliminating stigma is understanding the barriers that must be overcome. In *Mentally Healthy Aging, A Report on Overcoming Stigma for Older Americans*, the Geriatric Mental Health Foundation (GMHF) and the Substance Abuse and Mental Health Services Administration (SAMHSA) concluded that the barriers to reducing stigma and deterring discrimination were lack of information, resources, understanding, interest, and knowledgeable and experienced health care professionals. These barriers perpetuate the misconceptions about older adults with mental illnesses and continue the cycle of stigma and discrimination.





Visit these websites for more information about stigma and depression:

Chicago Consortium for Stigma Research  
<http://www.stigmaresearch.org>

SAMHSA's Resource Center to Promote Acceptance, Dignity, and Social Inclusion  
<http://www.promoteacceptance.samhsa.gov/>

Stamp Out Stigma  
<http://www.stampoutstigma.org>

Geriatric Mental Health Foundation  
<http://www.GMHFonline.org>

GMHF's Depression Awareness Campaign  
<http://www.treatmenthelps.org>

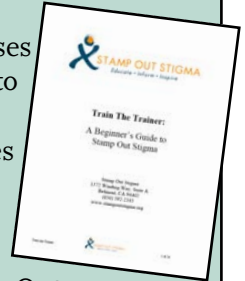
## Strategies to Remove Barriers

In 2003 and 2004, the Geriatric Mental Health Foundation (GMHF) and the Substance Abuse and Mental Health Services Administration (SAMHSA) convened two roundtables to study the impact of stigma and discrimination on older adults. One key outcome was a strategy to overcome barriers to eliminating stigma. This strategy had two components: (1) empower and educate older adults and (2) educate the public on mental health and aging.

In 2007, GMHF acted on this strategy by rolling out a public awareness campaign in Baltimore and Nashville. The campaign theme — “Depression Kills, Treatment Works” — was communicated in print ads and radio spots running in the local markets. A Treatment Helps website supported the advertising, which was supplemented online via a series of Google ads. GMHF representatives also conducted significant outreach to health care providers, community centers, and media outlets.

## Personal Storytelling

San Francisco-based Stamp Out Stigma uses a personal approach to dispel the negative myths and stereotypes surrounding late-life depression. To put a human face on mental illness, Stamp Out Stigma makes presentations using an interactive panel of four to six speakers who have experienced mental illness. The speakers share their personal stories with the audience, providing a glimpse into the lives of real people living with mental illness.



This approach has been extremely successful. To date, Stamp Out Stigma has made more than 1,600 presentations, reaching almost 100,000 people throughout Northern California.

Stamp Out Stigma has developed a toolkit to help other local advocacy groups start their own community based anti-stigma programs. Download the toolkit online at [www.stampoutstigma.org](http://www.stampoutstigma.org).

## Keys to a Successful Anti-Stigma Campaign

### Empowering and Educating Older Adults

- Define messages of hope
- Engage community groups in contact with older adults
- Provide peer counseling, peer support, and mentoring programs
- Adopt a multicultural approach

### Educating the Public

- Develop a media campaign focused on older adults, their families, and the general population
- Deliver a message that treatment helps
- Encompass a range of tactics in multiple venues
- Organize a press strategy to accompany messaging
- Use PSAs on the radio, using celebrity spokespeople



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### Special Thanks:

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To learn more about related resources and initiatives, please visit the Healthy Aging Research Network at <http://www.prc-han.org>.