



shalem Digest

Spring 2014

TOPICS OF INTEREST TO FRIENDS OF SHALEM MENTAL HEALTH NETWORK

The Golden Years? Seniors and Mental Health

BY JENNIFER BOWEN and MARK VANDER VENNEN

Verna [not her real name] has had a full, engaging life. Her considerable gifts, including a wry sense of humour, have blessed many people. But now Verna has a difficult time getting out of bed. It's hard to say precisely why, because there are so many reasons.*

Last November, while leaving her house to attend a women's breakfast, she slipped on her porch and fell, breaking her right hip. She lay in pain on her porch for a half-hour before a neighbour heard her cries for help. Her recovery in hospital was a discouraging ordeal. While the hospital staff were kind and supportive, she had few visitors. Her pain management has been difficult, as she is reluctant to take the full dose prescribed, fearing dependence on the medication. The family members she longed to see while in hospital live too far away, have young children and work, and couldn't take time off to come down. Her husband, now gone for five years, would have been her support person, driven her to appointments and stopped to pick up her favorite tea, but now she is dealing with this injury on her own. Verna wakes daily with pain. She's reluctant to tell her church friends or neighbours how difficult living alone can be or to complain about her pain – *everyone has pain, everyone is sad*, she thinks, *why would they want to hear about mine?* Days are getting worse, not better. Verna is now leaving her home less, avoiding her front porch when she can, and trying to make do with less contact with people. What will be her future?

Verna is slipping into a depression. Depres-

sion is just one of the mental health issues that can affect seniors as they age. Others include trauma due to elder abuse, which is increasing at an alarming rate. Psychosis, such as seeing hallucinations due to forms of dementia or the effects of medication, can also emerge. Each of these realities deserves exploration beyond what can be provided in this issue of the Digest (but see Promising Practices on page 3).

For now, let's focus on Verna. What is in store

for her? Consider first some context behind her story.

A DANGEROUS MYTH

The research is clear that people are at an increased risk of depression as they become elderly. Seniors living in care are at the highest risk. The Center for Addiction and Mental Health says that 44% of senior adults living in long-term care, nursing or personal care homes have either symptoms or a diagnosis of depression. This was gleaned from a sample of nearly 50,000 seniors living in residential care facilities in five Canadian jurisdictions.

The Mood Disorder Association of Ontario says that 10-15% of seniors living in the community have notable depression symptoms. Women are at a higher risk, with 14% of senior ▶



* Verna is a fictional compilation of real-life stories.

► women and 7% of senior men affected by depression. However, men over 65 carry the highest risk of suicide of any age or gender (Health Canada, 2002). They are at an even greater risk if they live alone.

Despite the higher rate of depression among seniors, a dangerous myth is far too prevalent in our society. We may subtly assume that because of the losses that seniors experience, depression in seniors is inevitable. This myth may be at least as common among professionals in the helping sector as elsewhere. There is no evidence to support it. On the contrary, the majority of seniors thrive even in the midst of significant losses of friends, spouses or their own physical capacities.

When people assume that depression is inevitable for seniors, then we consign them to mental illness. That is reprehensible: according to the Mood Disorders Society of Canada, 80% of seniors who struggle will experience notable improvement in their mental health when supported in a timely fashion.

Let's pick up Verna's story again.

VERNA'S STORY

One day, waiting at a doctor's office, Verna noticed a pamphlet on seniors and depression. As she read the Risk Factors for Depression (see Box) and then the Symptoms of Depression (see Box), she recognized more clearly what she was experiencing. The pamphlet also talked about the courage to reach out and get some help from a local psychotherapist.

She realized that going to a therapist would be a big bridge for her to cross. The attitude she was raised with was that depression is a form of weakness. She knew this all-too familiar script: "I used to be able to snap out of it! I don't want anyone to feel bad for me. If I pray harder, shouldn't I feel better?" She knew the shame she felt at not being able to fix this on her own. And certainly no one in her family growing up had gone to therapy.

But I am desperate, Verna thought, and losing hope: what could I lose? She mustered up her

courage and contacted a therapist. There were three things about the therapy that Verna found helpful. First, the therapist helped her to realize that what she was going through was normal—she was not strange or weak. Second, the therapist suggested that Verna contact her family doctor, and a small amount of medication proved to be helpful. Third, perhaps most importantly, Verna learned that isolation has toxic effects. The therapist encouraged Verna to speak up, to regain her voice, to ask for what she needs, to become engaged, without embarrassment or shame—in short, to seek out community.

So at her women's group at church Verna talked about her experiences. An outcome was that Verna and Dorothy, whom she hardly knew, now visit each other routinely and thoroughly enjoy each other's company. Verna also contacted her family members, described what she was going through and what she would find helpful from them now. She didn't silence her needs in deference to the many

demands already on them. Her family members were relieved rather than burdened—Verna had given them a roadmap for how they could express their care for her.

Finally, Verna has always had a heart for people in pain. She decided to volunteer one day a week at the local hospital's palliative care unit, visiting with people. Her support is deeply appreciated, but she knows that she is getting at least as much out of it as them.

Verna now has community again. Her humour is coming back! Of all three things that worked together—psychotherapy, slight medication and community—perhaps her newly found, vibrant community is the greatest factor helping her to experience the source of her real healing: a growing realization that she is a loved child of God.

HIDDEN TREASURES

Our community's most valuable treasures are often scarcely visible. Our culture has done poorly at valuing seniors. A cone of silence makes things worse, because we know that gradually losing one's voice breeds isolation, and isolation is fertile ground for problems like depression. But God has built us to live and thrive in community. Our relationships with each other, and through each other with God, are simply vital in our collective road to recovery. Let's tell that story again and again!

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Risk Factors for Depression

- ☼ Becoming single, through separation or death
- ☼ Losing a family home
- ☼ Losing a job
- ☼ Moving away from friends or supports
- ☼ Losing physical mobility because of an injury or illness
- ☼ Losing the ability to drive a car, or other forms of independence
- ☼ Experiencing chronic illnesses or pain, without reasonable hope of improvement
- ☼ A family history of depression, or having had a previous episode of depression
- ☼ Certain medications
- ☼ Discrimination due to age
- ☼ Elder Abuse

Symptoms of Depression

Depression can be difficult to spot. Sometimes symptoms can be confused with physical illnesses. Look through this list. If you check off several of the items, you may be depressed and may benefit from support. Consider bringing this list to a meeting with your doctor, therapist or loved one.

- Feeling low or sad
- No interest in things you used to enjoy
- Loss of appetite, reduced eating, weight loss
- Overeating
- Pain, headaches, fatigue, gastrointestinal problems
- Preoccupation with failures and inadequacies
- Loss of self worth, feelings of uselessness, hopelessness, excessive guilt
- Slowed thinking, forgetfulness

- Difficulty in concentrating and in making decisions
- Loss of interest in hobbies, people
- Social isolation
- Lethargy and/or low energy
- Agitation
- Sleeping too much or too little
- Thoughts of suicide or death

If you suspect you may have some depression symptoms, what should you tell your doctor?

- List any symptoms that you or someone else has noticed.
- List any major life events or issues that have come up lately.
- Make a list of all medications you are taking.
- List any questions you have for your doctor, including any fears you have.
- Consider taking a family member or friend with you.

Promising Practices: Seniors and Mental Health

The Elder Abuse Response Team in Kitchener-Waterloo successfully uses restorative justice to deal with situations of elder abuse, led especially by Arlene Groh, an internationally recognized Mennonite leader in restorative justice. And three WrapAround initiatives in Ontario are focused on WrapAround with seniors, such as the Seniors WrapAround of North Leeds program at Country Roads Community Health Centre in eastern Ontario. A volunteer-based initiative, they wrap community around seniors in need, to help provide quality of life. These are promising practices!

Sources for this article, and useful resources:

Canadian Coalition for Seniors' Mental Health (www.ccsmh.ca)

Mood Disorders Association of Ontario (www.mooodisorders.ca)

Center for Addiction and Mental Health (www.camh.ca)

Join us for our ANNUAL GENERAL MEETING

Out of the Pew and Into the Action

Andrew Hawkins,
WrapAround Coordinator, Chatham-Kent Neighbourlink

Hear real-life stories of faith in action! Explore how you and your church can effectively care for people with significant needs. Come and be inspired!

Tuesday, June 10, 2014
12:00 noon - 1:30 pm
at First Hamilton CRC



For more information and to RSVP, please contact the Shalem office at 866.347.0041 or office@shalemnetwork.org

Shalem is committed to best practices in mental health and is a member of Family Service Ontario. All services are offered in strictest confidence.

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What Can I Do?

Take stock of the seniors in your life and consider how you can share your life with them. Consider building in regular social visits, inviting them regularly into your life.

If you know a senior who may be struggling with depression, be a listening ear, validate their concerns, encourage them to meet with their family doctor and offer to bring them

to the visit. Consider sharing this article with them, or bring it to the doctor's appointment to help identify issues of concern.

If you are a senior struggling with symptoms of depression, know that you are not alone. Consider telling someone at your church or in your community that you may need some added support. Consider telling your family doctor about your depression symptoms. If you're not sure what to say, bring this article with you, and

share your symptoms with them. Or consider contacting a local psychotherapist. If you belong to a church which is part of Shalem's Congregational Assistance Plan (CAP) (now 40 churches across Ontario), call 1.866.347.0041 to receive psychotherapy locally and at no cost to you. No one in the church will know you are receiving therapy, unless you tell them. CAP is part of your church's desire to support you and your neighbours in the pew in dealing with issues like depression.

{ DIRECTOR'S CORNER }



**MARK
VANDER VENNEN,
MA, M.ED, R.S.W.**
Executive Director

NEVER MORE NEEDED THAN NOW

Dear Friends,

Two recent developments have prompted me to reflect, “never have communities of care been more needed than now.”

The first was a study published in the April, 2014 issue of *Pediatrics*. It found that between 2007 and 2010 in the United States there was a 24% increase in the number of hospitalizations of children and youth due to mental illnesses. I do not know of a comparable study in Canada, but anecdotally that is also the trend we’re experiencing here.

The second development is the rise of mental health needs among our senior population, as highlighted in this issue of the *Digest*.

Shalem supports communities of care by working intentionally with vulnerable children and youth through our psychotherapy work (including attachment therapy for traumatized children and youth), our RE-create program (expressive art-making with street-involved youth) and Wrap-Around (children in poverty and with spe-

cial needs). We are also actively engaged in psychotherapy with seniors, who are increasingly seeking our counselling support.

All of these trends have also brought me to the observation that *never have organizations like Shalem been more needed than now*.

That’s confirmed by dramatically increased activity at our Shalem Counselling Centres in Hamilton and Durham. The first three months of 2014 saw a 23% increase in the number of psychotherapy sessions over the same period in 2013, and a 45% increase from 2012:

SHALEM COUNSELLING CENTRES

January through March	# of Psychotherapy Sessions:
2014	514
2013	418
2012	355

When sessions from our Congregational Assistance Plan program are added, the numbers rise dramatically again.

What is further striking is that 38% of our Shalem Counselling Centre clients pay \$50 per session, well below the expected session fee. Our Shalem Counselling Centres operate on a sliding scale fee structure—as our resources permit—so that people are not denied the counselling they need because they cannot afford it. Shalem fills a unique space: because we are a non-profit, charitable organization, *and because of your financial partnership with people in need*, we are able to offer high-quality psychotherapy services to people who

would otherwise not receive them.

RIISING TO THE CHALLENGE

Shalem is striving to meet the challenge of worsening mental health trends at both ends of the age spectrum. On March 3 and 4, 2014, we were pleased to sponsor a ground-breaking conference called *Attachment: Cradle to Grave*, featuring Dr. Dan Hughes (attachment therapy with children and youth, and a mentor to us at Shalem) and Dr. Sue Johnson (attachment therapy with couples), with discussion moderated by renowned child psychiatrist Dr. Jean Clinton. Dan and Sue are world leaders in understanding “attachment”, or the dynamics of human relationship. Over 200 people from around North America attended the conference, and it was a thrill to watch aspects of the field of mental health develop right before our eyes.

Further, the Board of Shalem is now contemplating the creation of a Shalem “Centre of Excellence and Learning in Community-Based Mental Health”, an umbrella for the research, evidence-gathering, publication and presentation of our collective learning about community responses to mental health needs—helping to influence the field of mental health practices broadly and to encourage the development of the society of care that, deep down, I believe we all want.

OUR CHALLENGE TOGETHER

Will you partner financially with those who seek psychotherapy support but are not able to pay the full cost? All monies donated to our Counselling Assistance Fund go directly to support people in need seeking critical counselling services.

We covet your partnership with them. We do not take it for granted and are most grateful for it.

Thank you! Above all, may God bless you in your ministries of caring for others in His name.

Yours,



Left to Right: Dr. Dan Hughes, Dr. Sue Johnson, Dr. Jean Clinton, Betty J.B.Brouwer, Jennifer Bowen, Mark Vander Vennen
Attachment: Cradle to Grave conference in March 2014
Photo credit: Robin Williams Blake