E4 CENTER
Center of Excellence for
Behavioral Health Disparities in Aging

SPRING '22

HOT TOPICS
Newsletter

In This Issue

In this month's *Hot Topics Newsletter*, we feature the latest research in mental health and substance use stigma and ageism, which can serve as barriers to older adults accessing and benefiting from high quality mental health and substance use treatment in many ways. Clinician ageism affects the treatment planning process and in the worst cases, older adults with treatable mental health conditions may be overlooked, untreated, or undertreated. Older adults may also hold stigmatizing beliefs about mental health and substance use, preventing them from seeking available treatment. Additionally, policy-level structures with ageist or stigmatizing underpinnings also hinder older adults from accessing quality care.

These themes are highlighted in the newly released book by Becca Levy, Ph.D., **Breaking the Age Code: How Your Beliefs about Aging Determine How Long and Well You Live.** Dr. Levy's research sheds new light on the mind-body connection and how our beliefs about aging affect many facets of our lives. Her research has demonstrated that not only do positive perceptions about aging enhance mental and physical wellbeing, but they are also associated with living an additional 7.5 years of life. She details how many mental health issues that were previously attributed to the aging process are actively influenced by ageist beliefs. Levy also includes practical strategies anyone can use to explore and improve their beliefs about aging as well as commentary about tackling structural agism.

STIGMA

Navigating the minefield: Managing refusal of medical care in older adults with chronic symptoms of mental illness

O'Cionnaith and colleagues present three case reports in which an older adult with chronic symptoms of mental illness refused treatment for a serious medical comorbidity. These older adults were assessed as lacking capacity for healthcare consent. The authors highlight ways that clinician stigma towards aging and mental illness ("double stigma") may have contributed to clinician decisions on management of treatment refusal in older adults. Solutions are offered, including optimizing management of underlying mental illness that may affect capacity and emphasizing clinician advocacy for their patients in considering the impact of ageism and stigma in care decisions.

Mental health treatment use among cannabis users aged 50+: Associations with cannabis use characteristics

Older adults are using cannabis at increasing rates and many report mental health problems as the primary reason for use, despite lack of research supporting its efficacy. Stigma and limited knowledge about mental health treatment options may affect older adults' choices in managing symptoms. Choi and colleagues examine cannabis use characteristics, mental health treatment use, and perceived treatment need in a large sample of cannabis users 50 years and older from the National Survey of Drug Use and Health (NSDUH). Their findings support that substantial numbers of older adults use medical cannabis as substitute or supplement to mental health treatment. Barriers to receiving formal treatment included affordability, accessibility, stigmatizing practices and policies, and self-sufficiency beliefs.

Health bias in clinical work with older adult clients: The relation with ageism and aging anxiety

Caskie and colleagues examined health bias in an experimental study of 488 graduate-level mental health trainees. Trainees were given vignettes about working with an older adult client in good or poor health and were asked to rate various aspects of working with this client. They found that trainees rated clinical work with the unhealthy older adult more negatively than with the healthy older adult. Health bias was more pronounced in trainees reporting higher levels of ageist attitudes and aging anxiety. Outcomes affected included ratings of appropriateness of the client for therapy and perceived competence and comfort in providing treatment.

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SAMHSA
Substance Abuse and Mental Health Services Administration

Attitudes toward aging, active coping, and depressive symptoms among middle-aged and older Korean adults: How do they differ by age group?

Choi and colleagues report on the interplay of attitudes on aging, use of active coping, and depressive symptoms in a sample of 500 Koreans over the age of 55 years. They found that negative attitudes toward aging were associated with increased depressive symptoms. Older Koreans had more negative attitudes about aging compared to middle-aged Koreans. Use of active coping buffered the relationship between negative attitudes towards aging and depressive symptoms in the older adult group. They discuss their findings in the context of the stress coping theory.

Disparities in mental health and well-being between heterosexual and sexual minority older adults during the COVID-19 pandemic

Chen reports on sexual orientation disparities in older adult mental health and wellbeing during the COVID-19 pandemic. In a sample of 3,217 older adults from the Health and Retirement Study, sexual minority older adults reported more emotional stress, higher concern about the pandemic, and less in-person contact compared to heterosexual older adults. They discuss contributing factors to these disparities, including structural stigma, or the societal-level constraints on opportunities and resources available to sexual minorities.

Attitudes toward mental health and mental health care among custodial grandparents

Hayslip and Maiden surveyed 239 custodial grandparents regarding their attitudes towards mental health and mental health care as well as mental health service utilization. They found that grandparent caregivers reported generally positive ratings on willingness to seek mental health care, biases regarding mental health professionals, and beliefs about the origins of emotional distress. Grandparents who had more positive attitudes about mental health were more likely to have sought mental health services.

Ensuring access to high-quality substance use disorder treatment for Medicaid enrollees: A qualitative study of diverse stakeholders' perspectives

Shifts in Medicaid policies could affect substance use disorder treatment coverage and care for low-income individuals. Using a policy implementation research approach, Zhen-Duan and colleagues report qualitative findings from interviews with policy leaders, clinicians, patients, and Medicaid managed care plan administrators to outline barriers and facilitators in substance use disorder care when transitioning from Medicaid fee-for-service to managed care plan structures in New York State. They discuss how older adults are perceived to be at higher risk for inadequate care and the barriers involved, including stigma, cognitive impairments, and medical comorbidity.

Written for the E4 Center by Susan Buehler, PhD

For additional resources, events, and training opportunities, visit the **E4 Center's website**, particularly our **Speak Up to Reduce Stigma** campaign. Our partners at the **African American** and **LGBTQ** Centers of Excellence also offer fantastic resources regarding stigma.

Upcoming Events

You can register for these events or learn more by going to our website at e4center.org/calendar

JUNE

High Risk Medications and Polypharmacy for Non-Prescribers

June 10
@ 12:00 pm - 2:00 pm CST

Older Adults' Protected Health Information: A Complex Ethical Case Discussion

June 22
@ 12:00 pm - 2:00 pm CDT