

Painting by Dorothy Riley

Mental Wellness Series

by Anti-Stigma Discrimination (ASD) Team
Outpatient Services Division, Older Adults



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
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Intro to the ASD Team

What is ASD?

- It stands for Anti-Stigma and Discrimination

Why we do what we do

- Helping people understand mental illness

Breaking barriers

- Learn to identify stigma and how it can prevent people from seeking help

Effects of Stigma

Often, individuals with mental illness are labeled and identified by their mental illness. As a result, they are often stereotyped or looked down on by others. This is known as “**stigma.**” Often this stigma is internalized by the person with mental illness, leading to self-blame and shame. Shame may lead to secrecy and isolation, embarrassment and anger. As a result, people struggling with mental illness may not get the help they need for fear there will be discrimination.

Words Can Be Poison

The stigma of mental illness is real, it's painful, and damaging to the lives of older adults with mental illness. Stigma prevents them from getting the treatment and support they need to lead healthy, normal lives.

- Stigma discourages older adults from getting help
- Stigma keeps people from getting good jobs and advancing in the workplace
- Stigma leads to fear, mistrust, and violence
- Stigma results in prejudice and discrimination

How You Can Fight Stigma

We all can do our part to reduce stigma and make life easier for millions of people who struggle with mental illness.

Here are some ideas:

- **Share your story.** If you or someone in your family has had a mental illness, speak up about it. Your example could help someone else.
- **Be aware of words.** Don't reduce people to a diagnosis. Instead of "a schizophrenic," say "a person with schizophrenia." Correct people who use hurtful language to describe people with mental illness, such as "psycho" or "crazy."
- **Support those with mental health issues.** Treat them with respect.



Grief and Loss



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Advisory

This presentation is for general guidance and is **not** intended to substitute for professional health care and advice by physicians and other authorized, qualified health care providers.

If you think you have a medical problem, please consult your medical practitioner promptly.

A Quick Question

I'd like everyone to think about a time when you may have experienced grief. Did you feel you had the support inside yourself or from others to deal with it?

Beliefs

- The pain will go away faster if you ignore it.
- It's important to “be strong” in the face of loss.
- If you don't cry, it means you aren't sorry about the loss.
- If you cry too much, the deceased will not rest in peace.
- Grief should last about a year.
- The deceased doesn't want you to cry too much or they won't rest in peace.

What is Grief?

Grief is a natural response to loss, particularly to the loss of someone or something to which a bond was formed.

Our response can vary and is influenced by how close we were to the person, pet, or lost item; personality; family; culture; and religious beliefs.



Types of Losses

Loved ones

- Loss of a partner
- Loss of a friend
- Loss of a pet

Health

- Serious illness
- Loss of a physical ability

Existential

- Sense of Identity
- Loss of faith or beliefs

Components of grief

Common reactions



Common Reactions: Physical

- Fatigue, tension
- Loss of appetite or overeating
- Stomach distress
- Insomnia



Common Reactions: Emotional

- Tearfulness
- Restlessness and the inability to concentrate
- Feelings that arise from a dream of the loved one or loss
- Mood swings
- Guilt
- Anger
- Possible feelings of relief



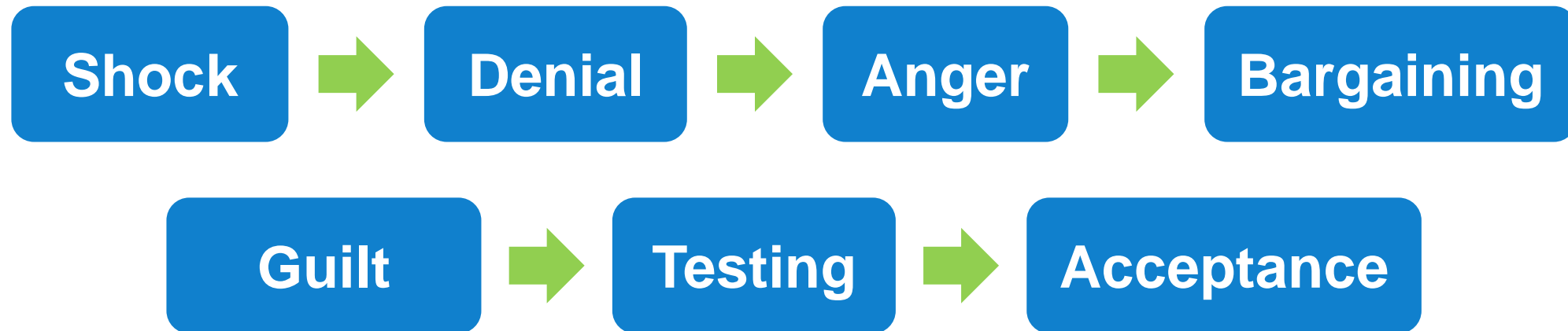
Common Reactions: Behavioral

- Loss of interest in pleasurable activities
- Disruptions in sleep and appetite
- Social isolation
- Low energy
- Irritability
- Hearing their voice
- Smelling them



Stages of Grief

The Grieving Process



The feelings within these stages are likely to be ones that you'll experience, but not necessarily in that order and not according to that script. There's no "right" or "wrong" way to grieve.

Stages of Grief

- **Shock:** “What are you talking about”
Initial paralysis at hearing the bad news; can include screaming, shaking, inability to move...
- **Denial:** “This can’t be true.”
This protects people from experiencing the intensity of the loss.
- **Anger:** “It’s not fair. Why is this happening to me?”
This reaction usually occurs when a person feels helpless, powerless or abandoned.
- **Bargaining:** “I’ll give my life savings if...”
Negotiation with a higher power.
- **Guilt:** “If only I hadn’t....”
You may have guilty feelings or remorse over things you did or didn't do with your loved one.



Stages of Grief (Continued)

Testing: “Maybe doing this will help me.”

Once a person realizes they cannot be in a deep, dark, place forever, they begin looking for realistic things they can do to escape the discomfort of the grief, for example, returning to their daily routine.

Acceptance: “It’s going to be okay.”

This final stage comes with peace and understanding of the loss.



Loss is Forever, but Grief Ends

What we do know is that while the longing and yearning for what was lost might last forever, the acute grief will end. The pain won't be as sharp but will become more rounded and not hurt as much.



Tip: Connect with Family and Friends

Talking about your loss may make the pain of grief easier to carry.



Tip: Faith-based community

Your religious community can give you emotional support.



Tip: Join Support Groups

There are many support groups for people who are grieving. These include grief and loss groups as well as groups for specific loss such as people who have lost children or survivors of suicides, and suicide survivors (relatives of those who completed suicide).



Tip: Seek Help of Therapist and/or Other Professionals

Consider seeking professional help if the following symptoms impair your ability to go about your daily routine:

- Problems falling or staying asleep
- Decrease or increase in appetite
- Feelings of sadness or emptiness
- Difficulty concentrating
- Feelings of hopelessness



Summary of Tips: Ways of Coping

Grief is a normal part of life. Support from friends, family, faith-based communities, support groups and a mental health counselor may help your healing process.



What Might Not Be As Helpful

- “Time heals all wounds.”
- “Think about the good times.”
- “It was God’s will/everything happens for a reason.”
- “Something good will come of this.”
- “She/he led a full life.”
- “Cheer up.”
- “He/she is better off.”
- “Call me if you need me.”



Some Suggestions

- “I’m sorry/I’m sorry you are going through this.”
- “How are you doing with all this?”
- “What can I do for you?”
- “I’m here and I want to listen.”
- “What’s the hardest part for you?”
- “I’ll call tomorrow/Friday/in an hour.”
- “I can’t imagine how much this hurts.”
- “It isn’t fair, is it?”
- “Take all the time you need.”



Other Ways to Express Condolences

- Donation to a favorite charity
 - Personal letter
 - Flowers
 - Phone call
 - Gift of money
 - Gift of food
 - Visit
- And assistance such as mowing the lawn, cooking meals, doing laundry, running errands, making phone calls



Contact Numbers

Los Angeles County Department of Mental Health (LACDMH)

Help Line: 800-854-7771, press “2” for **Emotional Support Line**

Available from 10:30 a.m. to 9p.m., 7 days a week in multiple languages

Additional resources available at: <http://dmh.lacounty.gov/resources>

988 Suicide & Crisis Line. 988 is a 24/7 confidential and free emergency line for mental health related distress, including thoughts of suicide as well as substance use crisis.

Los Angeles County Information Line: 2-1-1

Available 24/7 in multiple languages

Adult Protective Services (APS) **Elder Abuse Hotline: 1-877-477-3646**

LACDMH GENESIS: 213-351-7284

Questions?



THANK YOU!



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References

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[New Ways to Think About Grief - TIME](http://content.time.com/time/magazine/article/0,9171,2042372,00.html#ixzz2wMX3l26q)

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George Bonanno, a professor at Columbia University's Teachers College who specializes in the psychology of loss and trauma, suggests that tamping down or avoiding those feelings, known as "repressive coping," actually has a protective function.

[New Ways to Think About Grief - TIME](http://content.time.com/time/magazine/article/0,9171,2042372,00.html#ixzz2wMVwhcC5)

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