## Seeing a counselor in your golden years? Mind these misconceptions

The statistic is no surprise, says Kren Harmon, a licensed clinical social worker at OSF HealthCare: 80% of older adults suffer from at least one chronic health condition like diabetes or high blood pressure.

And since we know the body functions as a whole, it's also no shock that physical problems for older adults can turn into *mental* health concerns. Depression over lost independence, purpose or financial stability. Loneliness due to isolation. A fear of death.

Harmon encourages everyone, young or old, to see a mental health professional. But seeing seniors over the years, she's heard plenty of misconceptions worth debunking.

- "You're just a shrink."

  Harmon sees this apprehension often. She explains that mental health professionals are not only qualified, but they can link you with resources outside of the office.

  "Practical matters such as housing and transportation," Harmon says. "I hear 'My doctor told me I can't drive anymore. How do I get to appointments?' We network closely with our care management team to handle those social work kind of details."

- "I don't want to be a burden on my kids."

  On the contrary, Harmon says it's useful and important to involve the family in coming up with a care plan. She recalls bringing an adult daughter into a counseling session and getting a much different picture of things than what the older adult was letting on.

- "Back in my day, we didn't talk about this. We handled it on our own."

  Harmon says: "We start with a basic education. What is mental health? How do I know if I'm struggling? What's the difference between a therapist, psychologist and a psychiatrist?"

  Harmon also finds it less challenging when the person's primary care provider makes a recommendation to get mental health care. She says the older adult has often seen the provider for a while, has built up trust and is more likely to take their advice.

- "I don't want to take pills."

  "There are just a lot of stereotypes about that," Harmon says. "It's going to make me feel like a zombie. I don't want to be sedated. That's not what we're talking about with the newer SSRI [selective serotonin reuptake inhibitor] medications. It's not going to sedate you. It's just going to help you be a better version of yourself. Have a little more hope and energy. It's not going to radically change how you think and feel.

  "They're apprehensive because they're thinking of medications from yesteryear," she adds. "They even bring up shock therapy. That is not the first mode of treatment."

  Harmon also tells older adults: I might make a recommendation on medicine down the road, but that's not why you're here. You're here to talk about your emotions.

- "Feeling these emotions makes me feel flawed, weak or not normal."

  Harmon retorts: "Depression can just be a chemical imbalance in the brain. It doesn't mean you're not a good follower of your faith. It doesn't mean you don't have good values or morals. This is not your fault."

Read more about mental health resources on the OSF HealthCare website.