THE CATALYST

Challenging the “Boomer Remover” Hashtag: Why We Fight for the Mental Wellness of Older Adults

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It is no secret that the COVID-19 pandemic has exposed the poor management of long-term care homes across Canada. According to the Canadian Institute for Health Information (CIHI), “More than 840 outbreaks have been reported in LTC facilities and retirement homes, accounting for more than 80% of all COVID-19 deaths in the country” (p.1). Many argue that ageism has been the leading factor in apathy towards older adults’ overall mental and physical wellbeing. Overt ageism is also widespread. For instance, Twitter has been flooded with “#boomerremover,” a hashtag used to make fun of the overrepresentation of COVID-19 deaths among older adults. We oppose ageism, whether implicit or overt, and offer in this blog some reasons on why we fight for the mental wellness of older adults.

Ageism During COVID

Despite having a “rapidly aging population,” Canada continues to witness widespread ageism in various manifestations (Guidelines, 2020). This trend has drastically increased during the COVID-19 pandemic. Various news articles have drawn attention to the way social media has facilitated the propagation of a new wave of ageism: “‘Boomer Remover’ is the Morbid Meme Millennials are Sharing”(New York Post), “Coronavirus: Le Virus de L’agisme” *(Le Devoir)*, and “A Certain Horrible Subset of the Internet is Calling the Corona Virus ‘Boomer Remover”*(Business Insider).*

A recent study notes the prevalence of ageism in three Western countries:

> Despite divergent policies in the 3 countries [Australia, the United Kingdom, and the United States], ageism took similar forms. Public responses to lockdowns and other measures cast older adults as a problem to be ignored or solved through segregation. Name-calling, blame, and “so-be-it” reactions toward age vulnerability were commonplace. (Linchenstein, 2020)

In another study, researchers found that the majority of the 18,000+ tweets related to senior's vulnerability to COVID-19 they analyzed expressed concern over the wellbeing of older adults. However, many millennials used "#boomerremover" to make light of the impact of COVID-19 on seniors (Jimenez?Sotomayor et al., 2020). The health and mental wellbeing of older adults in Canada is not a joke.

Why We Fight for Seniors Mental Wellness

The Mental Health Commission of Canada's (MHCC) Guidelines for Comprehensive *Mental Health Services for Older Adults in Canada (2011)* provides an overview of the growing proportion of seniors in Canada's population and the state of seniors' mental health. The *Guidelines* note that:

> Canada's population is currently undergoing a fundamental shift: during the next quarter century, the proportion of Canadians aged over 65 will nearly double as the entire baby boom generation turns 65… As a result, by 2036 nearly one out of every four Canadians will be a senior, outnumbering children for the first time in history. (p. 6)

Thus, ageism has the potential to affect a growing number of Canadians as our population ages. The impact of ageism on older people is further compounded when individuals are living with a mental health problem or illness. The *Guidelines* (2011) state: "Seniors who experience a mental health problem or illness may face a 'double whammy' of stigma: the stigma of being older in addition to the stigma of mental illness" (Guidelines, p. 6).

Finally, the *Guidelines* (2011) contend that,

The most tragic complication of mood disorders is death by suicide. Although research shows that older men have the highest suicide rate in Canada, it is widely believed that published suicide rates still underestimate the total number of deaths by suicide for older men and women, due, in part, to the stigma of suicide. Currently, men aged 80 and older are the group with the highest suicide rates in Canada (p. 15).

The MHCC is committed to fighting ageism based on three principles:

1. Discrimination is never okay. Whether it is ageism, racism, sexism, homophobia, or any other form of discrimination, making fun of any aspect of someone's identity is damaging and dangerous. We assert the dignity of all people—everyone deserves respect. We care about older adults' mental health and wellbeing because they are human beings. Period.
2. Intersectionality matters. While Professor Kimberle Crenshaw originally created intersectionality theory to explain the "double whammy" of race- and gender-based discrimination and its effects on African American women, we can also apply this theory to the plight of older adults in Canada. In addition to other forms of discrimination they may experience, older adults with mental health problems or illness also face a dehumanizing combination of stigma related to mental health and stigma surrounding old age works. This must end.
3. Mental illness has the potential to kill. Research has shown that older people are more likely to die by suicide due to ongoing mood disorders such a depression (Guidelines, p. 15). When we dehumanize older adults through ageism, even if in jest, and fail to advocate for their physical and mental wellbeing, we are potentially contributing to the deaths of

fellow Canadians.

In short, we assert that the lives and mental wellbeing of seniors matter and can never be laughed off as a joke.

To learn more about the great work being done across Canada to advocate and support the mental wellbeing of older adults, follow the links below:

BrainXchange, https://brainxchange.ca/

Canadian Academy of Geriatric Psychiatry, http://www.cagp.ca/page-182559

Canadian Coalition for Seniors' Mental Health, https://ccsmh.ca/

Mental Health Commission of Canada Seniors,
https://www.mentalhealthcommission.ca/English/what-we-do/seniors

References

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MHCC's Guidelines for Comprehensive Mental Health Services for Older Adults in Canada (2011), https://mentalhealthcommission.ca/wp-content/uploads/2021/06/Senior_Care_Guideline_2018_eng.pdf

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