



Aging and mental health: How can we destigmatize and build resilience through conversations in home & community care?

The mental health of aging Canadians is a growing concern for Canada’s health and social care system. The dual stigmas of ageism and negative attitudes about mental health can make it challenging for older adults to access needed mental health support, care, and treatment. Promoting mental health conversations between older adults, caregivers and health and social care providers in home and community settings is an important step towards expanded system capacity to address unmet needs.

“Evidence-based mental health conversations at the point-of-care are critical to counteracting the dual stigmas of ageism and negative attitudes towards mental health that impede help-seeking behaviours and system integration. The Mental Health Conversations Initiative will expand health system capacity for mental health support, care and treatment in home and community care settings across Canada.”

– Nancy Lefebvre, SVP and Chief Operating Officer, SE Health



Project Overview

Mental health of aging Canadians is a longstanding concern for the health and social care system. Older adults disproportionately experience systemic barriers to mental health support, care, and treatment due to systemic ageism and mental health stigma. As a result, older adults’ mental health needs are often unmet in a healthcare system that focuses more on addressing physical health concerns.

Community-based health/ social care providers develop trusting relationships with their clients and have insight into older adults’ home and life circumstances.¹ These providers are well-positioned to talk with their clients about mental health – our “*positive sense of well-being, or our capacity to enjoy life and deal with the challenges we face*”² – but often avoid doing so due to a lack of resources and training available to help build their skills and confidence.

Acting on Research Priorities Identified by Canadians

In 2019, the SE Research Centre and Canadian Mental Health Association National office obtained feedback from health/ social care providers, older adults and caregivers to identify priorities for aging and mental health research.³ Two priorities were:

1. Skill-building in community health/ social care providers who are not mental health specialists;
2. Application of user-friendly tools to identify signs of positive and poor mental health.

Guided by the Participatory Research to Action (PR2A) Framework,⁴ we are co-designing and testing the **Mental Health Conversations Initiative**, an evidence-based approach to mental health conversations between health/ social care providers and older adults during routine care interactions in rural and urban settings across Canada.⁵

What have we done?

As part of our research portfolio investigating Aging in Society, we are conducting a 3-phase study with the support of a Working Group of experts-by-experience.

- **Phase 1** involved adapting the Mental Health Continuum Model⁶ for use with older adults in home and community care settings through 4 online workshops and an online survey, engaging over 1,000 older adults, caregivers, and health/ social care providers.
- **Phase 2** involved co-design of the Mental Health Conversations Initiative with 84 health/ social care providers from 15 organizations in rural and

urban communities across British Columbia, Ontario, and Nova Scotia through 7 workshops.

- **Phase 3** will involve piloting the implementation of the Mental Health Conversations Initiative at the point-of-care in rural and urban communities across British Columbia, Ontario, and Nova Scotia.

What did we find?

Phase 1

The workshops and survey led to the production of the **Mental Health Continuum for Aging Canadians (MHCAC)**.

Adaptations incorporated into the MHCAC included more neutral and action-oriented language, more culturally inclusive colours, re-naming mental health categories, adding aging-relevant signs and signals, and reflecting potential change over time. Survey responses validated the changes identified and provided additional support for the value and potential applications of the MHCAC.

Phase 2

To co-design additional resources and processes to support use of the MHCAC during mental health conversations at the point-of-care, health/ social care providers participated in workshops.

Based on health/ social care providers' feedback and support from a service design company, the Mental Health Conversations Initiative was created to support implementation of mental health conversations at the point-of-care. The Mental Health Conversations Initiative has 5 components:

1. An **Implementation Framework** with guidance about universal (e.g., MHCAC in-service training for care providers) and site-specific (e.g., paper-based preferences for rural sites, climate concerns for coastal provinces) implementation factors.
2. A **Mental Health Conversations Guide** to support care provider decision-making when engaging clients in mental health conversations.
3. **Mental Health Conversations Training** for care providers to equip them with the knowledge and

skills needed to facilitate mental health conversations with older adults.

4. A **Mental Health Conversations Toolkit** that includes physical, digital, and allegorical tools and resources (e.g., a fridge magnet, digital app, living plant with blue flowers) to support mental health conversations.
5. **Mental Health Conversations** that care providers will facilitate with older adults and caregivers.

What are the next steps?

Phase 3 of the project is currently underway and involves pilot and feasibility testing of the Mental Health Conversations Initiative at the point-of-care. We will be exploring the acceptability, feasibility, and preliminary effects of the initiative among older adults, caregivers, and health/ social care providers.

How is this research funded and supported?

This work is funded by the Canadian Institutes of Health Research (Operating Grant: Addressing the Wider Health Impacts of COVID-19, #478339) and SE Health, one of Canada's largest social enterprises.

To learn more about this work

Co-designing action-oriented mental health conversations between care providers and ageing Canadians in the community: a participatory mixed-methods study protocol



To cite this work

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References



MHCAC Figure

