



# Co-designing the Mental Health Conversations Initiative to facilitate conversations in home & community care

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. However, due to a historical emphasis on task-based physical health care, capacity-building and evidence-informed resources are needed to support the integration of mental health into providers' existing practice.

“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, Senior Vice President and Chief Operating Officer, SE Health

## Project overview

The **Mental Health Continuum for Aging Canadians (MHCAC)**<sup>1</sup> is a holistic, visual mental health model illustrating mental health as a spectrum that can change over time, with mental health being influenced by categories that include thoughts, feelings and emotions, daily routine and activities, sleep experience, physical observations, relationships, participation and connection, and habits and coping strategies (see QR code under **MHCAC Figure**).

As an evidence-informed, non-diagnostic, discipline-agnostic resource, the MHCAC can be used by health and social care providers to engage clients and caregivers in conversations about mental health. However, there is a need for additional resources that build providers' skills and confidence to meaningfully integrate the MHCAC into their daily work.<sup>2,3</sup> To help ensure resources are usable and applicable, it is important to engage providers in the design process.

## What have we done?

In alignment with stage 4 'Develop' and stage 5 'Deliver' of the **Participatory Research to Action Framework (PR2A)**,<sup>4</sup> this project focused on co-

designing additional resources and processes to support use of the MHCAC during mental health conversations at the point-of-care.

As part of our research portfolio investigating Aging in Society, we conducted a series of workshops in partnership with 15 home and community care organizations across rural and urban communities in British Columbia, Ontario, and Nova Scotia. A Working Group of experts-by-experience provided guidance throughout the project.

First, we conducted 7 workshops in English and French with 84 health and social care providers to generate ideas for what resources and processes are needed to support providers to use the MHCAC to engage clients in mental health conversation.

Next, we developed prototypes based on the ideas generated from the workshops. To support prototype development, we worked with a service design consultancy to conduct 4 additional workshops with 44 health and social care providers and leaders to:

1. Determine which ideas should be prioritized for prototype development, and
2. Get feedback on preliminary prototypes.

These additional workshops supported development of refined prototypes that could be used for pilot testing.

### What did we find?

During initial workshops to generate ideas on how providers could use the MHCAC, providers shared they felt the MHCAC was a valuable resource to support mental health conversations between providers, clients, and caregivers, since it could act

*“... as a common language for the three different perspectives. And using the key elements of the continuum. So, the categories [of signs and symptoms] and the labels at the top, and the bi-directional arrow ... as things that everybody could understand as a common language to structure their communication about mental health.”*

The MHCAC was also thought to provide general education about mental health and serve as a visual reference about the different categories of mental well-being. Providers felt it could be useful to visually track mental health over time, using the action-oriented levels and associated signs and signals (see **MHCAC Figure**). Additionally, the MHCAC could facilitate mental health communication between providers, clients, and caregivers.

Based on the ideas generated from these workshops and additional co-design sessions led by the service design consultancy, the **Mental Health Conversations Initiative (MHCI)** was created. The MHCI is a non-diagnostic and discipline-agnostic initiative that will support more inclusive and holistic attention to mental health needs in home and community care settings. The initiative has 5 components:

1. An **Implementation Framework** with information about the initiative and its development, testimonials to support change leadership, and key implementation learnings to support spread and scale of the MHCI.
2. A **Mental Health Conversations Guide** to support care provider decision-making when engaging clients in tailored, person-centred 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 tangible tools and resources (e.g., a fridge magnet, conversation cards) to support mental health conversations.
5. **Mental Health Conversations** that care providers will facilitate with older adults and caregivers.

### What are the next steps?

Peer-reviewed publications reporting on the development of the Mental Health Conversations Initiative are under development. The MHCI is currently being piloted with 11 home and community care organizations across Canada.<sup>5</sup>

### How is this research funded and supported?

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### 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<sup>6</sup>



### To cite this work

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### References



### MHCAC Figure

