

Pilot testing of the Mental Health Conversations Initiative: A holistic strategy to support the mental health of aging Canadians

Home and community care providers have opportunities to provide needed mental health support to older adults, given their frequent interactions allow them to build strong relationships with their clients. To leverage these opportunities, home and community care providers need evidence-informed training and tools to build their confidence and skills in engaging older adults in holistic and supportive mental health conversations. The Mental Health Conversations Initiative was co-designed as a strategy to build the mental health capacity of the home and community care workforce to support integration of mental health conversations into routine care. Testing the initiative in real-world settings is essential to ensuring the initiative is acceptable and fits into existing practice.

“One of the things that makes the Mental Health Conversations Initiative so valuable is the training and practical tools it gives providers. These resources build a shared understanding of mental health and strengthen providers’ confidence to talk about mental health with clients. The emphasis on conversations as a way to meet clients’ holistic mental health needs highlights the central role relationships play in providing high quality home and community care.”
- Matthew Minnings, Regional Director, SE Health

Project overview

As part of a national, multi-phase research study,¹ the **Mental Health Conversations Initiative (MHCI)** was co-designed as a **non-diagnostic, discipline-agnostic strategy** to address the mental health needs of aging Canadians.

Rooted in the Mental Health Continuum for Aging Canadians (MHCAC),² a holistic mental health model, the MHCI equips providers with evidence-informed training and tools to engage older adults in mental health conversations.³ The MHCI and MHCAC were co-designed with over 1,000 Canadians representing every province and territory in Canada.^{2,3} However, the initiative has not yet been tested in practice.

What are we doing?

In alignment with stage 6 ‘Measure’ of the **Participatory Research to Action Framework (PR2A)**,⁴

this project focused on testing the MHCI to explore acceptability and feasibility of implementing the initiative in urban and rural settings across Canada.

How are we doing it?

As part of our research portfolio investigating Aging in Society, we pilot tested the MHCI in partnership with 11 home and community care organizations in British Columbia, Ontario and Nova Scotia. A Working Group of experts-by-experience (n=18) was engaged throughout this project to guide recruitment, data collection and knowledge mobilization.

Over 60 home and community care providers working in rural and urban areas completed the MHCI training which included an online education module and a live group training session.

Home and community care providers used the MHCI with over 50 older adults for 8 weeks. Participants

completed surveys and interviews exploring the acceptability of the MHCI based on the Theoretical Framework of Acceptability⁵ and how the MHCI was implemented into routine care interactions.

What did we find?

Who took part

Providers were mainly women (86%), identifying as White (78%) or Black (21%), living in rural (34%) and urban areas (66%), with many having over 5 years experience working in home and community care (47%).

Older adults included women (67%) and men (33%) who identified as White (98%) and lived in rural (43%) and urban (50%) areas. Older adults' self-reported mental well-being ranged from flourishing (37%) to languishing (17%), highlighting that providers sought to use the MHCI with older adults who had diverse mental health support needs.

Acceptability of the MHCI - preliminary findings

Both providers and older adults rated the acceptability of the MHCI as 'good' with an average score of 4 (out of 5).

Interviews with providers highlighted that the MHCI fit well into existing routines and the tangible tools provided to support conversations were a valued resource that differentiated the MHCI from other mental health initiatives. Mental health conversations were valued as a way to build deeper relationships with older adults, with one provider saying:

“Being concerned about their [an older adult’s] mental health shows them you are concerned about them as a person and not just concerned that they are in clean clothes and that their bed is made”.

Interviews with older adults highlighted that strong trust with their provider made them open to talking about mental health. Older adults valued the acknowledgment and empathy they received during mental health conversations, with one older adult saying:

“Well, it [the mental health conversations] just made me feel like I wasn’t alone. [...] It just sort of boosted me up”.

Based on feedback from providers and older adults, strategies to enhance acceptability and use of the MHCI included:

- Enhancing training to provide more examples of how the MHCI tools could be used during a mental health conversation
- Engaging supervisors in MHCI training to ensure they can support and encourage MHCI use
- Ensuring providers are scheduled regularly with the same older adults to provide opportunities for regular, repeated use of the MHCI

What are the next steps?

We are pursuing funding to support spread and scale of the MHCI across multiple care settings (e.g., community care, primary care, hospitals) to ensure the mental health of aging Canadians is supported across our communities and care systems.

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 protocol¹



To cite this work

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References