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

The COVID-19 pandemic has raised concerns about the mental well-being of older adults, who often face two stigmas: ageist attitudes and negative attitudes about mental health. These stigmas create barriers to accessing necessary mental health support, care, and treatment. More intentional conversations about mental health, prompted by home and community care providers, could help to better meet older adults’ holistic health and social care needs and build a more resilient health system for the future.

Project Overview

The COVID-19 pandemic has reinforced a mental health crisis in Canada, which has disproportionately impacted older adults because they are more likely to experience systemic ageism and mental health stigma in the health and social care system and society overall. As a result, older adults are at a higher risk of social isolation, loneliness, and substance use and addictions, and often experience barriers in accessing needed mental health support, care, and treatment.

To address the wider impacts of COVID-19 on older adults across Canada, we need to find opportunities to destigmatize and encourage more conversations about mental health—our “positive sense of well-being, or our capacity to enjoy life and deal with the challenges we face”—with aging Canadians who are already accessing the health care system for physical health care needs.

Acting on research priorities identified by Canadians

The SE Research Centre and Canadian Mental Health Association (CMHA) National office partnered with older adults, caregivers, and health and social care providers during the early phases of the pandemic to identify priorities for aging and mental health research. Top priorities according to aging Canadians were:

1. Skill-building in community health and social care providers who are not mental health specialists; and

* Prior to the pandemic, older adults expressed feeling uncomfortable talking about mental health issues with...
Older adults’ mental health needs are more likely to be under-reported or misdiagnosed due to the prioritization of physical health concerns.\(^5\)

2. Application of user-friendly tools to identify signs of positive and poor mental health

*The Mental Health Continuum (MHC) Model uses a multiple-domain, colour-coded scale to promote self-reflection and self-monitoring by using common and destigmatizing language to demonstrate that a person’s mental health is dynamic on a spectrum.*\(^7\) The MHC Model requires adaptation for use with older adults in community and health and social care settings.

**Partnering with experts-by-experience**

Guided by the Participatory Research to Action Framework,\(^8\) we will partner with experts-by-experience in all phases of the research. Our project Working Group includes older adults, caregivers, and health and social care providers from across Canada. They will advise on the project direction, support diverse community engagement in research activities (e.g., help sharing recruitment materials), help to create data collection tools and do data analysis, and participate/guide the creation of summaries, reports, papers and other communications about the project and results with participants, other researchers, health decision makers and the broader public.

**Project goal**

The overall goal of this project is to co-design and test an evidence-based approach to mental health conversations between home and community care providers and older adults during routine care interactions in rural and urban settings across Canada.

**3 phases over 3 years**

Phase 1, a two-stage process, consisted of online workshops and an online survey. Phase 2 consists of 7 in-person co-design sessions in 3 rural and 3 urban communities across 3 Canadian provinces. We have completed 5 co-design sessions and anticipate having Phase 2 completed by January 2024. Phase 3 is anticipated to be completed by September 2024.

**Phase 1—Year 1**

Using a modified ADAPTE process,\(^9\) 59 older adults, caregivers, and health and social care providers from across Canada participated in 4 online English workshops and 2 online French one-on-one interviews. Participants provided their input on how to adapt the MHC Model\(^6\) for use with older adults in community health and social care settings.

Content analysis of the workshops and one-on-one interviews revealed two major findings:

1. There was consensus a visual model depicting mental health as complex with many components was helpful to guide conversations between older adults, caregivers, and health and social care providers.
2. The visual model needed to be adapted to promote conversations in home and community care settings using more neutral and action-oriented language; more culturally inclusive colours; re-naming model components; adding aging-relevant signs and signals; and reflecting potential change over time.

The analysis led to an adapted visual model called the *Mental Health Continuum for Aging Canadians* (See Figure below).

Using an online survey, older adults, caregivers, and health and social care providers from across Canada were asked to state their level of agreement with each of the adaptations of the *Mental Health Continuum for Aging Canadians* using a 5-point Likert scale (1 – strongly disagree to 5 – strongly agree). The online survey contained 12 questions about adaptations of the *Mental Health Continuum for Aging Canadians* and one open-ended question for additional feedback. Eleven survey questions received an endorsement of 83% or higher (>3 on a 5-point Likert scale) with only one adaptation related to colour receiving a 76% endorsement from 1,068 survey respondents. The usefulness of the *Mental Health Continuum for Aging Canadians* to
start mental health conversations and 6 categories of the model received the highest endorsements and the colour blue received the lowest endorsement. Qualitative feedback from 435 of 1,068 survey respondents was analyzed using content analysis and revealed further support and feedback for the model and ideas about its applications.

Phase 2—Year 2

We will conduct 7 action-oriented in-person co-design sessions at 6 sites (3 urban and 3 rural) in the following provinces:

- British Columbia (Penticton; Similkameen Valley/Osoyoos);
- Ontario (Toronto; Peterborough); and
- Nova Scotia (Halifax; Antigonish).

Each co-design session will include 9-15 health and social care providers working in home and community care. Through gamestorming methods such as empathy-mapping and bodystorming, we will develop site-specific process maps to guide the implementation of destigmatized mental health conversations between older adults and health and social care providers during routine care interactions using the Mental Health Continuum for Aging Canadians. We will compare and contrast these process maps to identify both consistent and unique factors to implementation by geography, ethnocultural, linguistic diversity and other demographic characteristics.

Phase 3—Year 3

We will conduct pilot and feasibility testing of the new co-designed mental health conversations with the same 6 sites and providers who participated in Phase 2. Up to 30 older adults will be engaged in these conversations at each site. Surveys and key-informant interviews will be conducted with older adults, caregivers, and health and social care providers to understand the feasibility and preliminary outcomes regarding older adult help-seeking behaviour and enhanced provider confidence.

What will be the impact?

The anticipated outcome of this research is enhanced individual, collective and health system resilience. Key indicators of success include:

- More holistic care: better integration between physical and mental health care during routine home and community care interactions;
- Enhanced system access: more direct linkages to needed mental health support, care and treatment.
made by community health and social care providers;

Reduced stigma: increased help-seeking behaviours and enhanced provider skills and confidence through better understanding of and more conversations about mental health.

For more information about the project and/or how you can get involved please contact:

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In the Media

- Waterloo Project Aims to Improve Mental Health Care for Seniors
- New funding targets stigma of aging and mental health

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References


