



**CANADIAN MENTAL  
HEALTH ASSOCIATION, ONTARIO**  
**ASSOCIATION CANADIENNE  
POUR LA SANTÉ MENTALE, ONTARIO**

## **BACKGROUND on Seniors' Mental Health**

September 2007

### **Purpose of this Backgrounder**

- To inform service providers of some of the research related to seniors' mental health that may be useful for providing input into LHIN plans for the Aging At Home Strategy.

### **The Aging at Home strategy**

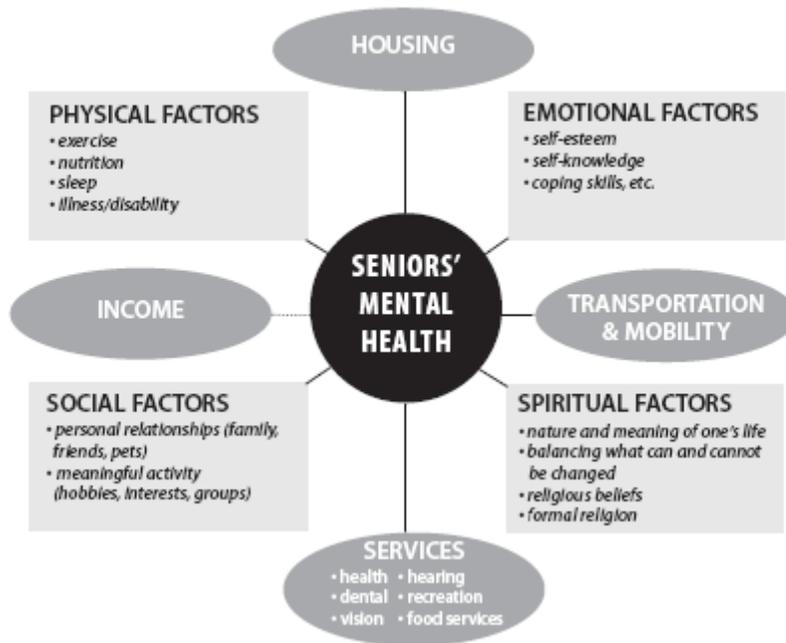
On August 28, 2007, The Ministry of Health and Long-Term Care announced an Aging At Home strategy. The strategy provides \$702 million over three years to enhance home care and community supports with the goal of maintaining seniors in their homes longer. Close to \$600 million dollars will be provided to the LHINs, \$3 million of which is for planning in 2007/2008. Service enhancements will flow beginning in April 2008.

The Ministry has left it up to each LHIN to decide how to enhance services in their communities. LHIN plans are due to the Ministry at the end of October 2007. Many LHINs are currently consulting with health service providers.

### **Promoting seniors' mental health**

Maintaining good mental health helps seniors stay physically healthier longer and therefore able to stay in their homes longer. The Canadian Mental Health Association (CMHA) National Office's mental health promotion model for seniors may be useful in thinking about appropriate services and supports for the Aging at Home strategy. <sup>1</sup>

## A Framework for Seniors' Mental Health



From *Supporting Seniors' Mental Health Through Home Care, A Policy Guide* (2002) CMHA National.

The four boxes represent personal factors and the four circles the external determinants of health that affect mental health. Some of these factors may be available through the individual's own resources. Others may be available through family and friends. Still others may be available only through publicly-funded services or volunteer supports. Where the resources are available, the individual has the power to make choices about which resources to use and how. Some seniors may need encouragement and assistance to activate their choices.

### Service system design

The Aging at Home strategy can be an opportunity for LHINs to improve the design of health and social service systems to support seniors in the community. How service systems are designed can have a significant impact on seniors' mental health.

Health Canada's National Framework on Aging recognizes five principles that promote seniors' quality of life and well-being. These are dignity, independence, participation, fairness and security. The National Framework on Aging recommends that these principles guide all policies affecting seniors. Service systems can be designed in a way that promotes these principles.

Research conducted by CMHA National found that service provision that respects these principles has the following features:<sup>1</sup>

- Effective communication and involvement in decision-making - When changes are taking place at the system level or the organizational level, communicating

well about the changes and listening to seniors prevents frustration, anxiety, anger and unexpected losses. Good communication and involvement in decision-making about changes in services was very important to seniors. Meaningful participation in the planning of their care and decisions about changes in their care were also a critical aspect of seniors' mental health.

- Service provision for physical care explicitly supports seniors' mental health - A staff person that is coming into a senior's home for physical care should not just be there to perform specific tasks in a set time period, but should have the flexibility to support the client in ways they know will contribute the well-being and mental health of the person.
- Consistent providers - Seniors spoke of the difficulty of maintaining their dignity, privacy and feeling of being treated with respect when many strangers come through their home. It impacts on their sense of security and safety and the stress of having to explain everything to a new person can be detrimental to mental health. Continuity of service-providers also promotes socialization and improves the capacity for monitoring changes in the senior's mental health status.
- Enhanced role for home support services - The role of home support services in promoting the mental health of seniors living in their homes cannot be overemphasized. These include meal preparation, shopping, housework, yard work and transportation services. The researchers heard consistently across the country about how important these services are to help to maintain seniors' independence, self-sufficiency, sense of autonomy and empowerment.<sup>2</sup>
- Services that address social isolation - Home support services and home care services can play an important role in providing social contact while addressing physical health and the environment. Transportation also plays a key role also in allowing seniors access to social situations. Specific services focusing on socialization are also important.
- Trained work force – Staff going into the home should be trained in early detection and surveillance of any deterioration in mental health. Seniors and home care staff identified the following training needs: communication skills, understanding seniors' mental health needs, behavioural management, strategies to increase and promote seniors' independence, recognition of the early stages of depression, management of depression, and skills related to alcohol and substance abuse among seniors.<sup>3</sup>
- Supporting family caregivers – Caregivers must be involved in the assessment and decision-making process regarding what services the client will receive. Practical supports for caregivers are also needed: respite, support in dealing with care transitions, training for their caregiving role, information about community services and support to access their family member's health care provider(s).<sup>4</sup>
- Accessible information about services and integrated services - To maintain mental health as they age, seniors and their caregivers must be aware of the services available and how to access them. They must have assistance with

navigating the system and the system must be integrated and coordinated. Specific components include: information and referral, common intake, coordinated assessment, case management, case resolution function, single service agreements, a coordinated administrative structure and integrated information systems.

## **Preventing, recognizing and treating depression in seniors<sup>5</sup>**

Depression is the most common mental health problem in seniors and is often not recognized due to confusion with dementia, communication problems that make assessment difficult (e.g. hearing loss), a poor understanding among seniors of normal aging changes vs. illness, and the difficulty of knowing whether the physical changes common with depression (poor sleep and digestion) are due to depression or to medical illnesses common in seniors.

Depression in seniors is associated with functional decline, family stress, greater risk of medical illness, reduced recovery from illness and premature death from suicide or other causes.

The *National Guidelines for Seniors' Mental Health: The Assessment and Treatment of Depression* provides guidance to primary care providers and health care teams working with older adults around recognizing and treating depression. The guidelines include a number of recommendations that may be relevant for the Aging at Home strategy.

- Implement a system of care that addresses the physical/functional and the psychosocial needs of older depressed adults.
- Ensure continuity of care providers for older depressed adults as they appear to respond better to consistent providers.
- Monitor seniors who have experienced depression for recurrence for two years after treatment.
- Treat dementia patients who have mild depressive symptoms or symptoms of short duration with psychosocial supportive interventions first.
- Monitor seniors who have had strokes for the development of depression as it is a common complication of stroke.
- Provide training for health care workers, depressed seniors, family members and the public :
  - Specialized training for health care professionals
  - Training in geriatric mental health issues for personnel caring for older depressed adults
  - Education for older depressed adults in the nature of depression, its biological, psychological and social aspects, effective coping strategies, and lifestyle changes that will assist recovery while being mindful of the individuals' stresses and strengths

- Information for family members on signs and symptoms of depression, attitudes and behaviours of depressed people and their own reaction to them, coping strategies, treatment options and the benefits of treatment.<sup>4</sup>

## Endnotes

<sup>1</sup> *Supporting Seniors' Mental Health through Home Care, A Policy Guide* (2002) CMHA National. Available at [www.cmha.ca/data/1/rec\\_docs/158\\_smhhc\\_polguide.pdf](http://www.cmha.ca/data/1/rec_docs/158_smhhc_polguide.pdf).

<sup>2</sup> A 2001 Health Canada study found that reducing preventive home care services, including home supports, led to increased costs to the health care system. Many people cut off from home care returned to continuing care facilities as a result of the cuts. See *Evaluation of the Preventive and Maintenance Function of Home Care Final Report* (2001), Hollander Analytical Associates. Available at [www.hollanderanalytical.com/downloads/preventivehomecarereport.pdf](http://www.hollanderanalytical.com/downloads/preventivehomecarereport.pdf).

<sup>3</sup> For tools and checklists that can be used by home care staff and other personnel who work with seniors in their homes to monitor and support seniors' mental health, see *Supporting Seniors' Mental Health, A Guide for Home Care Staff* (2002) CMHA National. Available at [www.cmha.ca/data/1/rec\\_docs/159\\_smhhc\\_hcguide.pdf](http://www.cmha.ca/data/1/rec_docs/159_smhhc_hcguide.pdf).

<sup>4</sup> Caring for caregivers may prevent early institutionalization of the ill family member. A recent Canadian study of live-in family caregivers of seniors with dementia found that caregivers who were depressed experienced a faster physical deterioration than those who were not, putting their family member with dementia at risk of earlier institutionalization. See "Recurrent Depressive Symptomatology and Physical Health: A 10-Year Study of Informal Caregivers of Persons with Dementia," *Canadian Journal of Psychiatry* (July 2007; 52[7]: 424-441). Available at <http://publications.cpa-apc.org/media.php?mid=481>.

<sup>5</sup> Condensed from *National Guidelines for Seniors' Mental Health: The Assessment and Treatment of Depression* (2006), *Canadian Journal of Geriatrics* (2006; 9[2]: S52- S58). Available at [www.cagp.ca/en/CCSMH%20National%20Depression%20Guideline%20May%20R2006.pdf](http://www.cagp.ca/en/CCSMH%20National%20Depression%20Guideline%20May%20R2006.pdf).