

Seniors' Mental Health Psychosocial Research Agenda for Canada

Purpose: To create a research agenda related to older adults' mental health that promotes psychosocial research and its' integration with biomedical research.

Mental health and mental illness take place within the context of social environments, (including relationships). Mental health problems in late life usually occur in the context of medical illness, disability and psychosocial impoverishment and are best addressed with a biopsychosocial model. It is well understood in the fields of geriatrics and psychogeriatrics that there is a high crossover of biomedical/physical and psychosocial factors impacting on each other that makes assessment of older adults very complex, demanding a holistic approach. Co-morbidity, medications, normative events, chronic and acute care needs and support systems are all impacted by this complexity. The identification of each (and all) treatable aspects of the presenting situation must be addressed, and interventions that support autonomy are fundamental to meeting the needs of older adults with mental health problems. Psychosocial rehabilitation, as related to seniors' mental health, promotes optimal performance in areas of cognition, interpersonal skills, self-care, leisure, and utilization of community resources and is based on the premise that success in these areas is crucial to mental well being.

In direct practice there is evidence that psychosocial approaches to mental health problems in late life can be very effective in the prevention, and alleviation of some mental health problems. Psychosocial approaches nevertheless tend to be under valued. In the area of clinical practice, programs and interventions are often developed and implemented by clinicians to address immediate needs, but their documentation and evaluation are often not priorities in increasingly case and crisis driven practice environments. This makes it difficult for clinicians to build on or disseminate knowledge gained through their experience. Without documentation and dissemination, however, these approaches do not meet criteria for evidence-based practice, which often determines funding priorities. Research related to the use of psychosocial approaches in practice is often handicapped by the preference of funders for randomised control trial (RCT) methods that may not necessarily be the most appropriate for evaluating such issues as environmental milieu, relational context, quality of life and psychosocial rehabilitation, and by the preference of private industry for biomedical research. There are few researchers who can provide peer review for psychosocial research proposals or can review papers for publication, further handicapping the field. When research funds are procured they are most frequently short term, and funding is seldom available to facilitate the translation of findings into practice. Without a robust body of research it is difficult to justify psychosocial approaches in practice.

Research Objectives

Five areas of research have been identified. Because of the complexity of factors influencing seniors' mental health, multidisciplinary (e.g., physicians, occupational therapists, nurses, social workers, psychologists, etc.), multi-method (e.g., qualitative, quantitative, individual case studies, small group, etc.) research is needed. Research linking epidemiological, etiological, and intervention research that includes psychosocial perspectives is lacking. Integrative research that addresses this need and translational research that promotes the dissemination of research in this area is encouraged.

1. Social Context

The social context is the physical and relational environment in which we live; it has an impact on individuals and is in turn impacted by them. For example, a person who is socially isolated, perhaps because of mobility or transportation issues, may become depressed, which in turn may affect his relationship with his spouse in a negative way. A person with a cognitive impairment may exhibit challenging behaviours that impinge on others because of an over-stimulating or demanding environmental

milieu. The National Framework on Aging identifies values that must be incorporated into the social context of older adults' lives (policy, practices, programs, attitudes, relationships etc.) in order to support their mental health.

Examples of research areas include studies of:

- The impact of policies (i.e., federal, provincial, municipal, agencies/organizations) on seniors mental health
- Demographic variables and cultural and social factors (e.g., family roles, marriage, ageism, stigma, cultural values) in relation to seniors mental health
- Environmental milieu (e.g., physical design as it effects interaction, social interaction, institutional philosophy) in relation to seniors mental health
- Caregiving and social support as they impact on seniors mental health
- Community development that supports social inclusion and the mental health of older adults

2. Epidemiology and clinical studies of disorders

It is important to develop an understanding of the psychological and social consequences of the underlying etiology of disorders as they affect people's functioning within a variety of social environments (e.g., living alone, assisted living, long term care facility). The need for such research is particularly pressing if we are to appropriately target interventions and service delivery. Studies encouraged here include those of epidemiology, the psychosocial aspects of diagnosis, lifespan development, and the evolution of psychosocial sequelae across the course of various mental disorders in older adults.

Examples of research areas include studies of:

- Health disparities so as to identify, understand, and target the burden of mental illness and related disability and to improve psychosocial interventions and service utilization among older adults of different ethnic and socio-economic backgrounds.
- Reliability, validity, and predictive value of psychosocial classifications and instruments for older adults
- Taxonomies of functional outcomes and disabilities in older adults with mental disorders and instruments to measure functional changes following interventions
- Identification of psychosocial risk (e.g., social isolations) and protective factors (e.g., personal coping mechanisms) related to the emergence of mental disorders in later life

3. Age-Associated Events and Critical Transitions

Age-associated events and transitions (such as retirement, widowhood, reduced income, changes in health or function) can impact on mental health and challenge coping abilities. We know little about the various ways individuals cope with transitions, or why some cope better than others. Age-associated events and transitions are associated with the development of some mental illnesses (e.g., bereavement and depression): early intervention could prevent this from occurring. Different cultures, religious groups, genders (including gays, transgendered) may ascribe different meanings to age-associated transitions/events than the main stream (or each other). In our diverse society it is important to identify these understandings and their implications for older adults' mental health.

Examples of research areas include studies of:

- Identification of the impacts of age-associated normative events and critical transitions on seniors mental health
- Identification of personal and social factors that influence the development of mental health disorders arising from the experience of age-associated normative events and critical transitions

- Psychosocial interventions to prevent or ameliorate the onset or recurrence of mental disorders related to normative events and critical transitions

4. Other Intervention Research

In addition to interventions designed to ameliorate the onset or recurrence of mental disorders related to age-associated events and critical transitions, there is a need to examine the broad range of psychosocial interventions and their impact on the mental health of older adults. Interventions are defined here to include preventative treatment, service systems, and rehabilitative interventions.

Examples of research areas include studies of:

- Long-term and short-term psychosocial treatment outcomes for mental disorders including suicide and suicidal behaviors
- Difference among older persons with mental health disorders in compliance, values, intervention preferences, expectations, and service use
- Psychosocial influences (e.g., social relationships, social supports, personality factors, geographic location, culture) and their impact on intervention response
- Psychosocial interventions targeting the early manifestations or behavioral precursors of depression, anxiety, agitation, dementia, other behavioral disorders (e.g., aggression) and suicidality.
- Psychosocial intervention aimed at multiple co-occurring conditions in older adults with or at risk for mental disorders (e.g., substance abuse, elder abuse, co-morbid disease, developmental disorders)

5. Health Service Delivery Research

There are a variety of models that underlie the delivery of services to older adults. Some of these address mental health concerns directly (e.g., mental health services) and some address other areas of concern but have an impact on mental health (e.g., home support). There is little research examining the impact of these services on seniors' mental health in the context of, for example, system costs, organizational structure or host community. Similarly, there is little research examining the adequacy of the implementation of different models of care (e.g., Eden alternative, psychosocial rehabilitation), or comparing these in terms of adequacy of outcomes (e.g., cost, reduction of aberrant behaviours, quality of life).

Examples of research areas include studies of:

- Identification and evaluation of service delivery models that promote seniors' mental health incorporating psychosocial approaches
- Articulation and evaluation of the optimal mental health care team to promote and support mental health (i.e., composition, roles, functioning, implementation of philosophy) in different contexts (e.g., institutions, community, rural).
- Evaluation of the implementation of service delivery models/philosophy of care that incorporates psychosocial approaches.
- The supports (e.g., education, staff to client ratios, specialized consultations) required to recruit and retain care providers who are able to support the mental health of older adults
- The supports (e.g., education, resources) required to support family caregivers of seniors with mental health disorders