

Presentation to

**Standing Senate Committee on Social Affairs, Science and  
Technology's Study on Mental Health Issues  
Round Table Meeting on Senior's Mental Health**

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## **BCPGA and SPIG: WHO WE ARE**

The British Columbia Psychogeriatric Association (BCPGA) is a provincial non-profit multidisciplinary organization interested in developing and sharing knowledge and expertise, with the goal of benefiting seniors with mental health problems. Our members come from a wide array of disciplines (physicians, nurses, psychologists, social workers, etc.) and many different settings (community mental health, long term care facilities, seniors centres, universities, acute care hospitals, etc.), and locales (urban, rural, remote). BCPGA's mission is to enhance interdisciplinary services, education and research in support of the mental health needs of older adults in British Columbia.

The BCPGA provides networking and educational opportunities through an annual conference, a quarterly newsletter, and a website. These activities allow us to develop and disseminate our knowledge, share expertise, and to develop consensus about government policy and other issues related to seniors' mental health that we act upon. We are active in creating positive social environments within the health care system that optimise seniors' mental health and prevent mental health problems.

BCPGA co-chaired the development of "Guidelines for Elderly Mental Health Care Planning for Best Practices for Health Authorities", (B.C. Ministry of Health, 2002). The values and principles that underpin the Guidelines were identified through consultation with elderly persons, family caregivers, volunteers, psychogeriatric specialists, policy makers, program planners and managers, and organizations interested in elderly persons with (or at risk of) mental health problems. The Guidelines are fundamental in guiding the development of appropriate services for older adults with mental health problems and their families.

We have been involved in a collaborative research project with the University of Victoria Centre on Aging and the Mental Health Evaluation & Community Consultation Unit (MECCU) at the University of British Columbia, "Meeting the Mental Health Needs of Older British Columbians" (Tuokko, Donnelly & MacCourt, 2001). Participants (older adults, family members and service providers) expressed a need to broaden the scope of mental health care to include, and give greater recognition to, the importance of psychosocial needs such as support groups and social activities, housing, transportation, health care promotion and prevention, wellness, and a more holistic model of care.

The BCPGA was funded by the Population Health Fund, Health Canada from 2002-2004 to carry out a national project "Psychosocial Approaches to the Mental Health Challenges of Late Life". The goal of the project was to develop the capacity of communities across Canada, through a comprehensive, integrated cross-sectoral approach, to use psychosocial approaches to promote seniors' mental health, and to prevent and/or address mental health problems. The following are key achievements of the project, each of which is available at [www.seniorsmentalhealth.ca](http://www.seniorsmentalhealth.ca).

- Seniors to Seniors Brochure: This brochure was designed for seniors, by seniors from across Canada, who shared their wisdom with peers, in 12 focus groups, about how they define and meet the mental health challenges of late life.
- Psychosocial Resource Manual (PRM): The PRM provides information about the psychosocial approaches that practitioners/communities are using to promote

and support seniors' mental health, and to prevent and address seniors' mental health problems, in Canada.

- Psychosocial Research Agenda for Seniors Mental Health has been developed with input of seniors organizations, service providers and researchers from across Canada. This has been presented to national funding bodies with a request for a special call for proposals.
- Seniors' Mental Health Policy Lens (SMHPL): The SMHPL is an analytical tool, made up of a set of questions intended to raise users' awareness about the factors that impact the mental health of older adults, and to guide their analyses of policies and programs from a seniors' mental health perspective. Applying the SMHPL to policies and programs helps to identify their potential direct or indirect repercussions on the mental health of all older adults. It is intended as an aid to help ensure that the way services used by seniors that are defined, delivered, and funded, will result in a greater emphasis on mental health promotion, and on the prevention of mental health problems. We have applied for funding to implement and evaluate the SMHPL nationally.
- Formation of the national Seniors Psychosocial Interest Group (SPIG): The goals of the SPIG include (1) developing and promoting a better understanding of the influences of psychosocial factors on seniors' mental health, by (2) promoting increased integration of psychosocial and community approaches into the bio-psychosocial model of seniors' mental health. SPIG members are service providers, educators, researchers, advocates, program designers and managers, and policy analysts, from all over Canada. SPIG gathers and disseminates information about seniors' mental health practice and programs through its' website [www.seniorsmentalhealth.ca](http://www.seniorsmentalhealth.ca) . It meets annually as a interest group attached to the Canadian Association on Gerontology.

BCPGA and SPIG are working in concert, and in collaboration, with others in and outside of government, to influence practice, policy and research related to seniors' mental health, provincially (BCPGA) and nationally (SPIG).

## DEFINITIONS

We are defining mental health as "The capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice, and the attainment and preservation of fundamental equality" (Health & Welfare Canada, 1988; p.8). In this submission "environment" includes policies, (government, organizational and practice) that shape the seniors' social environment, in part, through the design and delivery of health services. *Mental health* is a broad concept that suggests a continuum from wellness through illness. Mental health can be promoted and supported (or not) wherever the individual is situated on the continuum. Mental health is conceptualized as individual resource, but one that is affected by the social context in which the individual lives. Mental health is more than the absence of mental illness.

We are defining psychosocial as: the psychological and social (relational and environmental) factors that can influence mental health positively or negatively, whether

the individual possesses good mental health or suffers from a mental disorder. Examples of psychosocial approaches are: mental health promotion; community/social strategies that support mental health by facilitating social relationships (such as seniors' drop in centres, senior peer visiting, transportation); non-biomedical clinical interventions to address mental health problems and disorders; creation of social milieus that support mental health in long term care facilities, environmental approaches to prevent behavioural and psychiatric symptoms of dementia, etc.

### **FOCUS OF SUBMISSION**

Our submission focuses on the psychosocial factors that impact on mental health. Current policy and services related to seniors mental health, are typically situated within the context of health, using a biopsychosocial model. Within this model there is an unequal emphasis on the biomedical component that shapes how mental health is conceptualized and needs are addressed. This creates barriers to utilizing psychosocial approaches and results in the psychosocial component of the biopsychosocial model being under valued and underfunded. We believe that greater recognition of psychosocial factors that affect seniors mental health and increased integration of psychosocial and community approaches into the bio-psychosocial model of seniors' mental health, is imperative.

### **OUR RECOMMENDATIONS FOR ACTION**

Following is a list of recommendations for an *action* plan for senior's mental health that we would like to see considered for inclusion in your final report. (Greater detail is provided about each recommendation below).

We believe that the implementation of these recommendations will have a positive impact on how various groups involved in senior's mental health ( including all levels of government, family physicians, psychiatrists, counsellors, home and respite care providers, hospital emergency personnel, and family members), identify and address the mental health challenges of aging.

1. Identify seniors as a special population within mental health.
2. Promote increased recognition of psychosocial factors that affect seniors mental health and increase support and funding for psychosocial and community approaches that promote and support seniors' mental health, and prevent or address mental health problems and disorders.
3. Screen policies and programs pertinent to seniors, at both the federal and provincial levels, with the Seniors Mental Health Policy Lens in order to ensure any potential direct or indirect negative repercussions on the mental health of all older adults are identified and addressed.
4. Create a National Framework for Seniors Mental Health that is value and principle based and that promotes the integration of policy pertinent to seniors mental health across Ministries and federal and provincial jurisdictions.
5. Increase support and funding for psychosocial research.

6. Conduct a public awareness/education campaign that addresses both ageism and stigma related to mental illness.

## **RATIONALE FOR OUR RECOMMENDATIONS**

### **1. Identify seniors as a special population within mental health.**

It is currently estimated that 13% of the population is 65 years of age and older. By 2016, it is estimated that seniors will represent over 16% of the population (Statistics Canada, 2002). Older adults experience unique physical, psychological and social changes that individually and together may challenge their mental health, sometimes resulting in mental illness. It is estimated that 1 in 5 persons aged over 65 years has a mental health disorder, including dementia with behavioural problems, depression, psychosis, bipolar disorders, schizophrenia, and anxiety disorder (Jeste, Alexopoulos, Bartels, Cummings, Gallo, Gottlieb and others (1999). In comparison with other age groups, suicide rates are highest among individuals 65 years of age and older (Bharucha & Satlin, 1997; Schmitz-Scherzer, 1995) and 50% per cent of suicide attempts by the elderly are successful (Gomez & Gomez, 1993). With the growing aging population, come an increased number of seniors who will experience mental health problems, or are at risk of doing so (Sullivan Kessler, Le Clair, Stolee & Whitney, 2004).

Some of the factors associated with mental health challenges in late life that argue for older adults being designated as a special population are as follows:

- Chronic pain, multiple losses, bereavement, and social isolation are all common among depressed older adults in primary care (Unutzer, 2002).
- Caregiving women, especially those caring for an individual with dementia (Livingston, Manela and Katona, 1996) are at increased risk for depression. Caregivers who receive little social support and who feel burdened and/or lonely are more likely to also experience depression than caregivers with good social support (Clyburn, Stones, Hadjistavropoulos & Tuokko, 2000).
- Multicultural and generational attitudes/values can be a barrier to service, affecting how older adults communicate about their mental health and how issues should be addressed (Unutzer, 2002).
- Ethical and legal issues related to competency, often associated with living at risk, driving, self neglect, elder abuse, etc., require specialized knowledge and skills for assessment and management.
- Substance abuse or misuse and/or developmental disability, have unique social and service dimensions, and can mask or masquerade as mental illness, or occur concurrently (Health Canada, 2002).
- With advancing age, the prevalence of most chronic conditions increases, as does the prevalence of physical problems and dependency (Wilkins & Park, 1996). The prevalence of co-morbid, chronic medical illness can be confounding factors in the presentation of older adults (Blazer, 2000) and can exacerbate or cause depression (Fischer, F., Solberg, L., Rush, W. & Heinrich, R., 2003). Some

medications for the treatment of medical conditions can cause or exacerbate psychiatric symptoms (Unutzer, 2002).

- Physiological changes associated with aging need to be taken into account for any pharmacological treatment, including psychiatric (Health Canada, 2002).
- Changes that occur as part of the normal aging process affect psychological and social well-being in some seniors (e.g. retirement; reduction in income level; physical changes; losses, and changes in social support networks) (Lepine & Bouchez, 1998; Samuelsson, Andersson & Hagberg, 1998). Some seniors may become lonely, depressed, or even suicidal (Forbes, 1999; Sokero, Melartin, Rytsälä, Leskelä, Lestelä-Mielonen & Isometsä, 2005).
- Physical health status is strongly correlated with loneliness ( Dugan & Kivett, 1994; Pennix, van Tilburg, Kriegsman-Didi; Boeke & van Eijk, 1999). Loneliness in later life is problematic, as it is closely related to depression, which in turn is closely related to suicide (Rocach, 2000).
- Older adults have expressed that the mental health challenges they face could be better met, if psychosocial approaches such as support groups and social activities, housing, transportation, health care promotion and prevention, wellness and a holistic model of care, were implemented (MacCourt and Tuokko, 2005) .
- Psychosocial factors are related to suicide risk; high levels of emotional disturbance; being depressed or anxious; having one or more physical illnesses; a history of stroke; alcohol abuse; being widowed; living alone; fear regarding an inability to influence one's own dying, and a certain weariness of life (Schmitz-Scherzer, 1995; Scocco, Meneghel, Caon, Dello Buono & De Leo, 2001; Sokero, Melartin, Rytsälä, Leskelä, Lestelä-Mielonen & Isometsä, 2005; Sullivan, Fiellin & O'Connor, 2005).
- Older adults in rural communities have limited access to geriatric mental health specialists and supportive services (e.g., day programs, housing), making collaborations between social and health services and personnel (i.e., social and health) within rural communities and outside of the community important in providing comprehensive care (McGee, Tuokko, MacCourt and Donnelly, 2005).

Together these issues underline the complex intermingling of factors related to older adults' mental health and the importance of approaches that focus on the individual, their relationships and the social context in which they live, singly and together. Clearly collaborations between disciplines, government and non-government programs, and across the continuum of care, are required to promote and support older adults' mental health, and to address mental health problems and illnesses from a psychosocial perspective.

**2. Promote increased recognition of psychosocial factors that affect seniors mental health and increase funding/support for psychosocial and community approaches that promote and support seniors' mental health, and prevent or address mental health problems and disorders.**

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 from a biopsychosocial perspective. 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. As indicated in the previous section, co-morbidity, medications, normative events, critical transitions, 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.

For many seniors, the factors that affect their mental health are often related to disability or deficits in their social support system or environment. Current policy and services related to seniors mental health, however, are typically situated within a biopsychosocial model, but with an emphasis on the biomedical component. The biomedical model of mental health focuses on individual pathology and leads to the organization of services and programs that focus primarily on the diagnosis and treatment of mental illness. There is a narrow focus on cure and acute care. The biomedical paradigm has led to the neglect of the development of broader non-medical interventions and community-based services required to support seniors' mental health.

Although 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 tend to be under valued and under-funded. Often services that meet psychosocial needs (e.g., transportation; senior peer counselling; mental health promotion and prevention strategies) are cut in times of financial restraint (Tuokko et. al., 2001).

Recognition of the impact of psychosocial factors on seniors mental health and the importance of integrating psychosocial approaches into the health care system within a more holistic model and concept of wellness, is imperative to meeting the mental health needs of older adults and developing preventative initiatives that will pay dividends down the road. A paradigm shift is required to create social environments and health services supportive of seniors' mental health. Values and core principles that promote a culture of caring need to be applied to policy, programs and services for elderly persons at risk of, or with mental health problems. This would radically change the way mental health services are defined, delivered and funded, resulting in a greater emphasis on mental health promotion, prevention and the use of psychosocial approaches.

### **3. Screen policies and programs at the federal and provincial levels with the Seniors Mental Health Policy Lens in order to ensure any potential direct or indirect repercussions on the mental health of all older adults are identified and addressed.**

Policies, from legislative to organizational, play an important role in creating the social milieu in which older adults live, and can have inadvertent negative effects on their mental health. The Seniors Mental Health Policy Lens (SMHPL) is an analytical

framework for assessing government policies, program policies and service delivery policies that pertain to older adults.

It was created to provide a lens through which potential negative effects of policies on seniors mental health can be illuminated, by those who make policy and for those who wish to critique it. The SMHPL can be used by policy makers, program managers, designers, evaluators, clinicians and seniors' advocacy groups (See Appendix 1 for a full description).

The SMHPL is made up of a set of ten questions that are (1) intended to raise users' awareness about the factors that impact on the mental health of older adults, and (2) guide their analyses of policies from a seniors' mental health perspective. The SMHPL questions are based on the principles of the population health determinants (Health Canada, 2002), mental health promotion (Health Canada, 1996) and healthy aging policy (Marshall, 1994). They draw upon the values and core principles embedded in the "Guidelines for Best Practices in Elderly Mental Health Care" (B.C. Ministry of Health, 2002) and the "National Framework for Aging: A Policy Guide" (Health Canada, 1998). The SMHPL also incorporates Canadian seniors' perspectives about the factors influencing their mental health, and reflects the values of older adults. (For a full discussion of each of these, see the complete document at [www.seniorsmentalhealth.ca](http://www.seniorsmentalhealth.ca))

The SMHPL is intended to promote analysis and discussion of policy decisions under consideration, and to facilitate assessment of the impact of current policies and programs on senior's mental health. The SMHPL can be used as a quick screen of policies, as a critique of policies and programs to guide research and evaluation studies of program impact, or to develop a policy response to an issue or need. It can be used to evaluate the mental health implications of policies that specifically target older adults (e.g., long term care eligibility criteria), and those that do not (e.g., hospital discharge policies).

#### **4. Create a National Framework for Seniors Mental Health that is value and principle based and that promote the integration of policy pertinent to seniors mental health across Ministries and federal and provincial jurisdictions.**

One of the most important recommendations that can be made in our view is that the federal government take the lead in the development, implementation and funding of a national framework for promoting and supporting the mental health of seniors, where ever they are on the continuum of mental health. This would ensure equitable access to services that support mental health and address mental health problems, across Canada. We believe that a national framework must be value and principle based, integrated at the policy and service levels across Ministries and across federal and provincial jurisdictions.

##### Value and Principle Based

The well-being and mental health of older adults depends, in part, on the availability and accessibility of appropriate resources within a supportive social environment. Today=s economic and political climate, with the focus on reducing health and social services, the identification of seniors as a burden, and a preoccupation with the collapse of medicare@ (equated with physicians and hospitals), does not create a supportive environment in which seniors are likely to flourish. Monetarist and corporate policies, currently at the forefront worldwide, are almost the antithesis of human values that

underpin the principles of good mental health. Strong leadership is needed to champion seniors= mental health, in order to keep community and human values, rather than fiscal values, central in policy development.

Values and core principles embedded in the Guidelines can form the foundation for a National Framework for Seniors Mental Health (see Appendix 2). The principle are fundamental in guiding the development of services for older adults with mental health problems and their families. In addition to the Guidelines, core values (e.g., dignity and fairness) articulated by the Federal/Provincial/Territorial Ministers Responsible for Seniors as principles that reflect central values in Canadian society, can also be incorporated into a National Framework for Seniors Mental Health (Health Canada, 1998). The values of seniors articulated in “National Framework for Aging: A Policy Guide” (Health Canada, 1998) should be incorporated into a national framework for seniors mental health. Their work incorporates the principles of population health and health promotion, as well as the needs, values and concerns, as expressed by seniors. The core principles required for programs and policies that promote seniors’ quality of life and well being were identified as: dignity, independence, participation, fairness and security.

In keeping with the foregoing, seniors need to be involved in the development and implementation of a national framework for seniors mental health. An overarching body, with national seniors’ organizations’ representation, should be created to develop and implement a long-term National Strategy.

Services for seniors, and policy related to their needs, are usually “stove piped” within health and between Ministries, with no clear responsibility for seniors’ mental health. We recommend that measures be taken to integrate social and health policy across Ministries both at the highest levels and at the service delivery level.

Integration and collaboration between the federal, provincial and territorial governments is necessary. This will require dedicated resources and accountability from all levels of government. To this end, available mechanisms should be used to facilitate joint initiatives by the federal/provincial and territorial government that, (1) promote and support seniors’ mental health through the development of healthy aging policies; (2) resolve mandate and jurisdiction issues at the Federal/Provincial/Territorial level that create barriers to promoting and supporting seniors= mental health.

Seniors’ Mental Health Secretariat or equivalent should be created in every province and within the federal government to identify gaps between Ministries and jurisdictions that could negatively impact seniors’ mental health.

#### Specific Roles for Government

- provide leadership in facilitating multisectoral collaboration in the development, implementation, evaluation and dissemination of knowledge about effective mental health promotion and other psychosocial practices related to seniors.
- create links with research and grant funding bodies inside and outside of the federal government, to maximize opportunities for collaboration in developing knowledge related to the application of psychosocial strategies to issues

- pertinent to seniors mental health; ensure that knowledge formed informs healthy public policy.
- create opportunities within and without government (e.g., media, conferences, publications) to promote the value of psychosocial approaches, and to support healthy aging policy that creates supportive environments and foster individual resilience.
  - increase partnerships and develop intersectoral collaboration by building bridges and alliances with other natural allies (e.g: Alzheimer Society of Canada; anti-poverty groups), to further the application of psychosocial strategies to issues related to seniors mental health.
  - take the lead in the development and implementation of a strategic plan to educate government and other leaders about the principles of positive mental health, and how they may be effectively used to support seniors' mental health.
  - using available mechanisms at the federal level, facilitate comprehensive and coordinated action by governments, private, professional and voluntary sectors to increase awareness of, and address identified needs and issues related to the impact of health determinants on seniors' mental health.

## **5. Increase Support and Funding for Psychosocial Research**

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

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.

A research agenda related to older adults' mental health that promotes psychosocial research and its' integration with biomedical research has been created by BCPGA and SPIG. This has been presented to CIHR for their consideration. (see Appendix 3 for complete research agenda with examples). Five areas of research have been identified (i.e.; social context; epidemiology and clinical studies of disorders; age-associated events and critical transitions; psychosocial intervention studies, and health service delivery research). 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.

## **6. Conduct a public awareness/education campaign that addresses both ageism and stigma related to mental illness.**

We live in an ageist society which stigmatizes older adults and has serious repercussions for their mental health, directly (e.g., self-esteem), and indirectly (e.g., in how we value them, define and meet their needs). Ageism in and of itself is a challenge to the mental health of older adults. Negative stereotyping of older adults (e.g., “bed blockers”, anticipated apocalyptic effects of aging population on the health care system, economy/drain on the economy, ineffectual) promotes/fosters age discrimination and perpetuates ageist attitudes. The social milieu in which older adults live can promote or undermine their mental health. Policies, (legislative, organizational, service delivery, etc.) play an important role in creating the social milieu in which older adults live, and therefore can impact on their mental health.

- Ageist biases in policies can lead to inadequate planning and design of policies, legislation, programs, services and interventions.
  - Ageism affects the priority given to seniors’ needs (including how they are defined and addressed) by those funding, designing and delivering health and social services.
  - Many service providers, including health care professionals are ageist which is reflected in attitudes (e.g. little interest in working with older adults; therapeutic nihilism) and practice (e.g., fewer referrals for older adults to medical to mental health treatment services).
  - Ageist practices and policies are costly economically: they lead to under servicing of older adults that can lead to an increase in mental health problems/ illness, and consequent hospitalizations that might have been prevented.
  - Ageist practices and policies can result in unintended and undesirable outcomes for older adults (e.g., social isolation) and society as a whole (e.g., loss of seniors’ contributions).

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## APPENDIX 1

### SENIORS MENTAL HEALTH POLICY LENS

*Developed by BCPGA and SPIG*

[www.seniorsmentalhealth.ca](http://www.seniorsmentalhealth.ca)

#### INTRODUCTION

The seniors' mental health policy lens (SMHPL) is a conceptual framework that has been developed as a guide to identify (or predict) the direct or indirect negative repercussions of policies, programs and services (in place or proposed) on the mental health of all older adults.

The SMHPL was developed as part of a national project, "Psychosocial Approaches to the Mental Health Challenges of Late Life", awarded to the BC Psychogeriatric Association by Health Canada, Population Health Fund. The SMHPL was developed in consultation with a wide variety of practitioners, policy makers and researchers interested and active in the field of older adults' mental health from across Canada. It incorporates Canadian seniors' perspectives about the factors influencing their mental health, and reflects the values of older adults.

This document begins with a definition of terms. The purpose of the SMHPL and a rationale for why it is needed, are provided. Next, the SMHPL and how to implement it is presented. An example showing how the SMHPL can be applied is demonstrated in Appendix I. The values and principles identified through a literature review, and through research conducted with older adults, form the basis for the SMHPL and are presented in Appendix II.

#### DEFINITION OF TERMS

*Mental health* is a broad concept that suggests a continuum from wellness through illness. Mental health can be promoted and supported (or not) wherever the individual is situated on the continuum. Mental health is conceptualized as individual resource, but one that is affected by the social context in which the individual lives.

*Policy* is defined as guidelines, regulations, parameters or rules that govern social life and determine how resources, services and goods are distributed and to whom. Policy occurs at the legislative level (e.g., Old Age Security), within programs (e.g., admission criteria for home support services), and in service delivery (e.g., staff rotation in long term care facilities).

*The Seniors Mental Health Policy Lens (SMHPL)* is an analytical framework that allows the user to assess government policies, program policies and service delivery policies that pertain to older adults. The SMHPL is a set of questions for focussing on the possible negative impacts of particular measures on older adults' mental health.

The *biomedical model* (in relation to mental health) focuses on individual pathology and leads to the organization of services and programs that focus primarily on the diagnosis and treatment of mental illness.

*Psychosocial* refers to the non-biomedical component of the biopsychosocial model. It includes a focus on individual, group, and community factors that impact on mental health.

*The social model of care in relation to mental health is holistic and focuses on the individual and the social context, separately and together. It incorporates all components of the biopsychosocial model and leads to the organizations of services and programs that promote and support mental health, and prevent and treat mental illness, through individual, group and community interventions.*

## **PURPOSE OF THE SMHPL**

The SMHPL is designed to strengthen the capacity of government and non-government organizations to promote social environments, including health services, that are supportive of older adults' mental health. It provides a method for identifying the negative effects of current and planned policies, programs and practices on seniors' mental health, thus allowing for their amelioration. The use of the SMHPL will result in a greater emphasis on mental health promotion and the prevention of mental health problems, which in turn will affect how mental health services are funded, designed and delivered.

## **RATIONALE FOR THE SMHPL**

The need to assess policy from a seniors' mental health perspective has arisen from a number of concerns, as follows, each of which can be addressed through the use of the SMHPL:

- The prevalence of mental health problems affecting elderly people in Canada is between 17% and 30% (Health & Welfare Canada, 1991). With the growing aging population, come an increased number of seniors who experience mental health problems, or are at risk of doing so.

*The use of the SMHPL facilitates social environments that support the mental health of older adults, reducing the likelihood of mental health problems occurring.*

- Much of the policy that shapes the lives of older adults, directly or indirectly, has been developed without the input of older adults, and often without reference to their particular needs. The resulting policies are unlikely to reflect the priorities and values of older adults. Seniors' mental health has become marginalized as decisions are made (1) to reduce the very supports that seniors consider important to the promotion of their mental health, and (2) to re-orient services in a way that detracts from good mental health by, for example, limiting access to services (Anderson & Parent, 2002).

The SMHPL incorporates the values and priorities that older adults' have identified as important to their mental health, and against which policy can be assessed.

- Ageism affects the priority given to seniors' needs (including how they are defined and addressed) by those funding, designing and delivering health and social services. If ageist biases in policies are unrecognized this can lead to

inadequate planning and design of policies, legislation, programs, services and interventions. This can be costly in both human and economic terms (Rogers, 1993). It can also result in unintended and undesirable outcomes for older adults and society as a whole.

The SMHPL is designed to identify biases in policy that may lead to negative impacts on the mental health of older adults.

- Current policy related to seniors mental health is typically situated within a biomedical model. The biomedical model of mental health focuses on individual pathology and leads to the organization of services and programs that focus primarily on the diagnosis and treatment of mental illness. There is a narrow focus on cure and acute care, yet for many seniors, the needs are chronic and often related to disability or deficits in their social support system or environment. The biomedical paradigm has led to the neglect of the development of broader non-medical interventions and community-based services required to support seniors' mental health. Often services that meet psychosocial needs (e.g., transportation, or health promotion and prevention) are cut in times of financial restraint (Tuokko et. al., 2001).

The SMHPL focuses on the individual and the social context, separately and together, in relation to the mental health of older adults. Its' use fosters a social model of care which emphasizes the psychosocial component of the biopsychosocial model.

## **DEVELOPMENT OF THE SMHPL QUESTIONS**

The SMHPL is made up of a set of ten questions that are (1) intended to raise users' awareness about the factors that impact on the mental health of older adults, and (2) guide their analyses of policies from a seniors' mental health perspective. The SMHPL questions are based on the principles of the population health determinants (Health Canada, 2002), mental health promotion (Health Canada, 1996) and healthy aging policy (Marshall, 1994). They draw upon the values and core principles embedded in the "Guidelines for Best Practices in Elderly Mental Health Care" (B.C. Ministry of Health, 2002) and the "National Framework for Aging: A Policy Guide" (Health Canada, 1998). The SMHPL also incorporates Canadian seniors' perspectives about the factors influencing their mental health, and reflects the values of older adults. (For a full discussion of each of these, see Appendices).

### ***The Seniors Mental Health Policy Lens Questions***

- Has the policy been developed in collaboration with those who will be most affected?
- Does the policy address the diverse needs, circumstances, and aspirations of vulnerable sub-groups within the seniors' population? Are any negative effects from this policy likely to be magnified for any of these groups?
- Does the policy acknowledge the multiple determinants of health?
- Does the policy consider accessibility?

- Does the policy support seniors' social participation and relationships?
- Does the policy support seniors' independence and self-determination?
- Does the policy support seniors' dignity?
- Is the policy fair? Does it take into account the full costs and benefits of supporting the aspirations of seniors?
- Does the policy/program support seniors' sense of security?
- Is consideration given to the cumulative impacts on later life of policies/programs targeted at earlier life stages?

### **Who Should Use The SMHPL?**

The SMHPL can be used by policy makers, program managers, designers, evaluators, clinicians and seniors' advocacy groups. It can be used by those who create policy, and by those who wish to critique policy from a seniors' mental health perspective.

### **APPLICATION OF THE SMHPL**

The SMHPL is intended to promote analysis and discussion of policy decisions under consideration, and to facilitate assessment of the impact of current policies and programs on senior's mental health. The SMHPL can be used as a quick screen of policies, as a critique of policies and programs to guide research and evaluation studies of program impact, or to develop a policy response to an issue or need. It can be used to evaluate the mental health implications of policies that specifically target older adults (e.g., long term care eligibility criteria), and those that do not (e.g., hospital discharge policies).

The SMHPL can be used for policy analysis, and to clarify the implications of program activities in government and non-government sectors on older adults' mental health. For example, what are the potential negative impacts on older adults' mental health, of:

- Lack of accessible and affordable transportation?
- Elimination of cleaning services to older adults receiving home support?
- Mandatory driving assessments for individuals over age 85?

The SMHPL is educative and can be used to assess policies not specifically targeting seniors for unintended ageist biases that may lead to negative impacts on the mental health of older adults. For example, what are the potential negative impacts on older adults' mental health, of:

- Multiple step voice mail systems used to access programs?
- Requirement for Do Not Resuscitate orders (DNRs) for long term care facility residents?

The SMHPL can be used to assess the potential negative implications of health care system policies (e.g.: organization, funding criteria, staffing issues) on the mental health of older adults. For example, what are the potential negative impacts on older adults' mental health, of:

- Biweekly staff rotations in long term care facilities?
- Staff without specialized training in geriatrics or psychogeriatrics in hospital emergency departments?
- Quotas on number of older adults admitted to general psychiatric beds in hospitals?

## **IMPLEMENTATION OF THE SMHPL QUESTIONS**

By answering the SMHPL questions the user is prompted to consider how a policy may affect both the mental health of older adults in general and of specific groups with special needs in particular. By using the SMHPL users are able to identify unintended negative effects of a policy on the mental health of older adults. If no negative effects are noted the policy is accepted. Where it is unclear whether negative effects exist or not, the need for additional information is noted and potential sources for obtaining this information recorded. Where negative effects are revealed, the user identifies actions that could correct/offsets these. The findings are summarized, any necessary actions undertaken, and the policy revised accordingly. The SMHPL is then reapplied to the policy in a reiterative manner until the unintended negative effects have been adequately addressed.

## **CONCLUSION**

Mental health is affected by a wide array of interacting individual and social factors. Policies, from legislative to organizational, play an important role in creating the social milieu in which older adults live, and can have inadvertent negative effects on their mental health. The SMHPL, based on the values of older adults, provides a lens through which these negative effects can be illuminated, by those who make policy and for those who wish to critique it. Once visible, strategies to avoid or address the negative effects can be designed. The use of the SMHPL therefore can facilitate the development of policies, programs and services that promote and support the mental health of older adults and prevent mental health problems.

## APPENDIX 2

### PRINCIPLES OF PSYCHOGERIATRIC CARE

*From “Guidelines for Elderly Mental Health Care Planning for Best Practices for Health Authorities”, (B.C. Ministry of Health, 2002).*

Co-chaired by BCPGA

The principals of psychogeriatric care were identified through consultation with elderly persons, family caregivers, volunteers, psychogeriatric specialists, policy makers, program planners and managers, and organizations interested in elderly persons with (or at risk of) mental health problems. They are fundamental in guiding the development of services for older adults with mental health problems and their families.

#### Client and Family Centered

- Maintains the dignity of older adults and treats them with respect.
- Involves the person and the family in care planning and management.
- Is culturally sensitive.
- Is sensitive to the complex and novel ethical issues that arise in the context of decision making about care for older persons, especially those with significant mental health concerns and end-of-life decisions.

#### Goal Oriented

- Reduction of distress to the person and the family.
- Improvement and/or maintenance of function.
- Mobilization of the individual’s capacity for autonomous living.
- Maximization and maintenance of independence at the highest level possible.

#### Accessible and Flexible.

- User friendly
- Readily available
- Responsible services that listens to and understands the problems and acts promptly and appropriately.
- Integrates services to ensure continuity of care and coordinates all levels of service providers including local, provincial and national governments with community organizations.
- Individualized to provide service to each person in his/her family, home and community context (ie. outreach, and community based care).

#### Comprehensive

- Takes into account all aspects of the person’s physical, psychological, social, financial and spiritual needs.
- Makes use of a variety of professionals, community resources and support personnel to provide a comprehensive range of community oriented services (i.e., collaboration between agencies/organizations).

#### Specific Services

- Recognizes that the needs of older adults with a psychiatric illness are qualitatively different from mentally well older adults.

- Recognizes that the needs of older adults with a psychiatric illness are qualitatively different from the younger population with a psychiatric illness.
- Designs appropriate and relevant services specifically for this population.

#### Accountable

- Accepts responsibility for assuring the quality of the service it delivers, and monitors this in partnership with the client and family.
- Responds to reasonable expectations from clients, families and those providing service.
- Anticipates and responds to changing demographics.
- Incorporates relevant evaluation strategies and research findings to determine optimal methods of service delivery.

## APPENDIX 3

### *Senior's Mental Health Psychosocial Research Agenda for Canada*

*Created by BCPGA and SPIG 2004*

[www.seniorsmentalhealth.ca](http://www.seniorsmentalhealth.ca)

#### **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 examine the broad range of psychosocial interventions and their impact on the mental health 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.

## APPENDIX 1

### SENIORS MENTAL HEALTH POLICY LENS

*Developed by BCPGA and SPIG*

[www.seniorsmentalhealth.ca](http://www.seniorsmentalhealth.ca)

## INTRODUCTION

The seniors' mental health policy lens (SMHPL) is a conceptual framework that has been developed as a guide to identify (or predict) the direct or indirect negative repercussions of policies, programs and services (in place or proposed) on the mental health of all older adults.

The SMHPL was developed as part of a national project, "Psychosocial Approaches to the Mental Health Challenges of Late Life", awarded to the BC Psychogeriatric Association by Health Canada, Population Health Fund. The SMHPL was developed in consultation with a wide variety of practitioners, policy makers and researchers interested and active in the field of older adults' mental health from across Canada. It incorporates Canadian seniors' perspectives about the factors influencing their mental health, and reflects the values of older adults.

This document begins with a definition of terms. The purpose of the SMHPL and a rationale for why it is needed, are provided. Next, the SMHPL and how to implement it is presented. An example showing how the SMHPL can be applied is demonstrated in Appendix I. The values and principles identified through a literature review, and through research conducted with older adults, form the basis for the SMHPL and are presented in Appendix II.

## DEFINITION OF TERMS

*Mental health* is a broad concept that suggests a continuum from wellness through illness. Mental health can be promoted and supported (or not) wherever the individual is situated on the continuum. Mental health is conceptualized as individual resource, but one that is affected by the social context in which the individual lives.

*Policy* is defined as guidelines, regulations, parameters or rules that govern social life and determine how resources, services and goods are distributed and to whom. Policy occurs at the legislative level (e.g., Old Age Security), within programs (e.g., admission criteria for home support services), and in service delivery (e.g., staff rotation in long term care facilities).

*The Seniors Mental Health Policy Lens (SMHPL)* is an analytical framework that allows the user to assess government policies, program policies and service delivery policies that pertain to older adults. The SMHPL is a set of questions for focussing on the possible negative impacts of particular measures on older adults' mental health.

The *biomedical model* (in relation to mental health) focuses on individual pathology and leads to the organization of services and programs that focus primarily on the diagnosis and treatment of mental illness.

*Psychosocial* refers to the non-biomedical component of the biopsychosocial model. It includes a focus on individual, group, and community factors that impact on mental health.

*The social model of care in relation to mental health is holistic and focuses on the individual and the social context, separately and together. It incorporates all components of the biopsychosocial model and leads to the organizations of services and programs that promote and support mental health, and prevent and treat mental illness, through individual, group and community interventions.*

#### **PURPOSE OF THE SMHPL**

The SMHPL is designed to strengthen the capacity of government and non-government organizations to promote social environments, including health services, that are supportive of older adults' mental health. It provides a method for identifying the negative effects of current and planned policies, programs and practices on seniors' mental health, thus allowing for their amelioration. The use of the SMHPL will result in a greater emphasis on mental health promotion and the prevention of mental health problems, which in turn will affect how mental health services are funded, designed and delivered.

#### **RATIONALE FOR THE SMHPL**

The need to assess policy from a seniors' mental health perspective has arisen from a number of concerns, as follows, each of which can be addressed through the use of the SMHPL:

- The prevalence of mental health problems affecting elderly people in Canada is between 17% and 30% (Health & Welfare Canada, 1991). With the growing aging population, come an increased number of seniors who experience mental health problems, or are at risk of doing so.

*The use of the SMHPL facilitates social environments that support the mental health of older adults, reducing the likelihood of mental health problems occurring.*

- Much of the policy that shapes the lives of older adults, directly or indirectly, has been developed without the input of older adults, and often without reference to their particular needs. The resulting policies are unlikely to reflect the priorities and values of older adults. Seniors' mental health has become marginalized as decisions are made (1) to reduce the very supports that seniors consider important to the promotion of their mental health, and (2) to re-orient services in a way that detracts from good mental health by, for example, limiting access to services (Anderson & Parent, 2002).

The SMHPL incorporates the values and priorities that older adults' have identified as important to their mental health, and against which policy can be assessed.

- Ageism affects the priority given to seniors' needs (including how they are defined and addressed) by those funding, designing and delivering health and

social services. If ageist biases in policies are unrecognized this can lead to inadequate planning and design of policies, legislation, programs, services and interventions. This can be costly in both human and economic terms (Rogers, 1993). It can also result in unintended and undesirable outcomes for older adults and society as a whole.

The SMHPL is designed to identify biases in policy that may lead to negative impacts on the mental health of older adults.

- Current policy related to seniors mental health is typically situated within a biomedical model. The biomedical model of mental health focuses on individual pathology and leads to the organization of services and programs that focus primarily on the diagnosis and treatment of mental illness. There is a narrow focus on cure and acute care, yet for many seniors, the needs are chronic and often related to disability or deficits in their social support system or environment. The biomedical paradigm has led to the neglect of the development of broader non-medical interventions and community-based services required to support seniors' mental health. Often services that meet psychosocial needs (e.g., transportation, or health promotion and prevention) are cut in times of financial restraint (Tuokko et. al., 2001).

The SMHPL focuses on the individual and the social context, separately and together, in relation to the mental health of older adults. Its' use fosters a social model of care which emphasizes the psychosocial component of the biopsychosocial model.

## **DEVELOPMENT OF THE SMHPL QUESTIONS**

The SMHPL is made up of a set of ten questions that are (1) intended to raise users' awareness about the factors that impact on the mental health of older adults, and (2) guide their analyses of policies from a seniors' mental health perspective. The SMHPL questions are based on the principles of the population health determinants (Health Canada, 2002), mental health promotion (Health Canada, 1996) and healthy aging policy (Marshall, 1994). They draw upon the values and core principles embedded in the "Guidelines for Best Practices in Elderly Mental Health Care" (B.C. Ministry of Health, 2002) and the "National Framework for Aging: A Policy Guide" (Health Canada, 1998). The SMHPL also incorporates Canadian seniors' perspectives about the factors influencing their mental health, and reflects the values of older adults. (For a full discussion of each of these, see Appendices).

### ***The Seniors Mental Health Policy Lens Questions***

- Has the policy been developed in collaboration with those who will be most affected?
- Does the policy address the diverse needs, circumstances, and aspirations of vulnerable sub-groups within the seniors' population? Are any negative effects from this policy likely to be magnified for any of these groups?
- Does the policy acknowledge the multiple determinants of health?

- Does the policy consider accessibility?
- Does the policy support seniors' social participation and relationships?
- Does the policy support seniors' independence and self-determination?
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- Is the policy fair? Does it take into account the full costs and benefits of supporting the aspirations of seniors?
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## **CONCLUSION**

Mental health is affected by a wide array of interacting individual and social factors. Policies, from legislative to organizational, play an important role in creating the social milieu in which older adults live, and can have inadvertent negative effects on their mental health. The SMHPL, based on the values of older adults, provides a lens through which these negative effects can be illuminated, by those who make policy and for those who wish to critique it. Once visible, strategies to avoid or address the negative effects can be designed. The use of the SMHPL therefore can facilitate the development of policies, programs and services that promote and support the mental health of older adults and prevent mental health problems.

## APPENDIX 2

### PRINCIPLES OF PSYCHOGERIATRIC CARE

*From “Guidelines for Elderly Mental Health Care Planning for Best Practices for Health Authorities”, (B.C. Ministry of Health, 2002).*

Co-chaired by BCPGA

The principals of psychogeriatric care were identified through consultation with elderly persons, family caregivers, volunteers, psychogeriatric specialists, policy makers, program planners and managers, and organizations interested in elderly persons with (or at risk of) mental health problems. They are fundamental in guiding the development of services for older adults with mental health problems and their families.

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- Involves the person and the family in care planning and management.
- Is culturally sensitive.
- Is sensitive to the complex and novel ethical issues that arise in the context of decision making about care for older persons, especially those with significant mental health concerns and end-of-life decisions.

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- Reduction of distress to the person and the family.
- Improvement and/or maintenance of function.
- Mobilization of the individual’s capacity for autonomous living.
- Maximization and maintenance of independence at the highest level possible.

#### Accessible and Flexible.

- User friendly
- Readily available
- Responsible services that listens to and understands the problems and acts promptly and appropriately.
- Integrates services to ensure continuity of care and coordinates all levels of service providers including local, provincial and national governments with community organizations.
- Individualized to provide service to each person in his/her family, home and community context (ie. outreach, and community based care).

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- Takes into account all aspects of the person’s physical, psychological, social, financial and spiritual needs.
- Makes use of a variety of professionals, community resources and support personnel to provide a comprehensive range of community oriented services (i.e., collaboration between agencies/organizations).

#### Specific Services

- Recognizes that the needs of older adults with a psychiatric illness are qualitatively different from mentally well older adults.
- Recognizes that the needs of older adults with a psychiatric illness are qualitatively different from the younger population with a psychiatric illness.

- Designs appropriate and relevant services specifically for this population.

Accountable

- Accepts responsibility for assuring the quality of the service it delivers, and monitors this in partnership with the client and family.
- Responds to reasonable expectations from clients, families and those providing service.
- Anticipates and responds to changing demographics.
- Incorporates relevant evaluation strategies and research findings to determine optimal methods of service delivery.

## APPENDIX 3

### *Senior's Mental Health Psychosocial Research Agenda for Canada*

*Created by BCPGA and SPIG 2004*

[www.seniorsmentalhealth.ca](http://www.seniorsmentalhealth.ca)

#### **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 examine the broad range of psychosocial interventions and their impact on the mental health 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