SUPPORTING SENIORS' MENTAL HEALTH THROUGH HOME CARE

A Policy Guide

CANADIAN MENTAL HEALTH ASSOCIATION

L'ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE

A Policy Guide

Karen Parent and **Malcolm Anderson**
Department of Physical Medicine and Rehabilitation
Queen's University

and

Linda Huestis
Canadian Mental Health Association
National Office

Acknowledgements

Many individuals and groups provided their valuable time and insight to both the development of this guide and the research study on which it was based.

Thank you to the seniors, family members, providers, volunteer agencies, researchers, home care organizations and government officials across the country who participated in the research. The work of the local community research sites was an invaluable addition – thank you to CMHA PEI Division, CLSC René Cassin, CMHA Weyburn Branch and CMHA Kelowna Branch.

Thank you also to Susan Shoniker (Comcare Health Services) and the focus group participants in Ontario and New Brunswick who provided feedback on our draft guides.

The national advisory committee for this project provided support and thoughtful input throughout the research study and development of the project's two guides. Thank you to Tom Bauld, Janet Bruch, Judy Cutler (CARP, Canada's Association for the Fifty-Plus), Frank Decaire (VON), Lynn Douglas (Scarborough CCAC), Mae Harman, Bill Hughes, Marilyn Gruneir (COTA, Comprehensive Rehabilitation and Mental Health Services), Jan Leiterman (VON), Nona Moscovitz (CLSC René Cassin), Bob Neal, Norma Wilcox and corresponding members – Karen d'Alessio (St. Elizabeth Health Care) and Holly Tuokko (University of Victoria).

Special thanks also to Barbara Neuwelt, Project Manager for the crucial first year of the project, and to Bonnie Pape, Director of Programs and Research, CMHA National Office, who provided support and guidance throughout the project.

We're grateful for the support we received from Health Canada: practical help from the Division of Aging and Seniors and the financial support of the Population Health Fund.
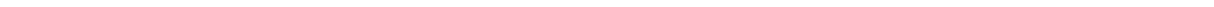
Table of Contents

A Message from the Canadian Mental Health Association

At the Canadian Mental Health Association (CMHA), National Office, our interest in home care goes back a number of years. In 1998, inspired by growing national awareness of home care as an increasingly significant resource in the health care continuum, we set out to explore the potential of home care to meet mental health needs.

With the funding support of Health Canada, our first study, completed in 2000, looked into how home care can or does meet the needs of people with psychiatric disabilities. That was followed in 2001 by another Health Canada-funded study on the potential of home care to support seniors' mental health, which in turn has provided the foundation for this guide for policy makers and the companion guide for home care staff.

Issues of seniors' mental health touch all of us personally. If we are not dealing with them ourselves yet, we are probably facing them vicariously through parents or other elderly relatives. Findings from CMHA's research struck many chords for me; they reminded me of challenges my parents had dealt with in their older years, and reflected more universal issues such as the need for social contact and dealing with life transitions that emerge throughout the life cycle. It is not surprising that the results arising from our different research methodologies were strikingly consistent. I think they suggest some basic truths about the human condition.

In fact, a basic understanding about what people need for their mental health was the starting point for this project. As with all CMHA research projects, the *Seniors' Mental Health and Home Care* study was built on general mental health promotion principles emerging from our policy model, *A Framework for Support*. The model focuses on the individual (in this case the older adult), rather than the system, and stresses the importance of the person's active participation in decisions about their health and their life. This principle of participation grounded the research for this project, which used a variety of methods to tap the perspectives of seniors and family caregivers as well as home care providers. We hope this strong value on participation emerges through the recommendations in this guide.

In addition, CMHA's model identifies a number of resources that can support mental health. Besides the formal mental health service system, these include family and friends, self-help or peer support and generic community resources such as religious organizations, interest groups or recreation resources. The model also recognizes the fundamental importance of the determinants of health such as income, housing and work or other

meaningful activity. While the home care system is clearly our interest for this endeavour, the influence of the *Framework for Support* model ensures that our perspective is a broad one. As a result, many of our conclusions relate to issues outside the health system, such as the importance of connecting to peers and other community resources, the way factors such as poverty can affect mental health, and certainly the need for recognizing and supporting the role of family caregivers. You will find these themes woven throughout this document.

Like the respondents in our research, no doubt many readers involved in home care are also viewing seniors' issues through a broad mental health lens, though perhaps not framing your perspective in those terms. We hope this guide will validate what you already intuitively understand from your own experience, and will underscore how a wide range of actions, both within and outside the formal service system, can play an important part in promoting mental health.

Bonnie Pape
Director of Programs and Research

Executive Summary

In Canada, as in most industrialized countries, health system reform has had a profound effect on how health care is delivered. A significant component of this reform has been a shift of the site of care from a predominantly institutional base to a community base.[1] As a result, home care has become one of the fastest growing sectors in health care today.[2]

Running parallel to the growth of home care in Canada is the demographic imperative of a growing population of seniors. The population of seniors (age 65+) is expected to increase to 5 million by 2011 from 3.6 million in 1998.[3] The "temporary bulge in the population pyramid will have an enormous impact initially on labour markets, pensions, and the health care sector, and eventually – in the 2030s – long-term care."[4]

The implications of a growing population of seniors and a growing home care sector are significant for health care policy generally, but also for mental health policy specifically. In the research conducted for this guide, key stakeholders across Canada were emphatic regarding the need for a holistic model of care – incorporating both medical and psychosocial supports – to meet the needs of seniors today and in the future.

> *"Scientific research and learning, and medical research and learning need to be matched with empathy, care and knowledge of seniors' mental health."*
> *(Seniors' Organization)*

The research also demonstrated that there is considerable potential for home care to play a greater role in implementing such a model, and in doing so, support the mental health and well-being of seniors in Canada. This guide discusses the policy implications of this role, and based on the research findings, presents the following policy recommendations, synthesized under two broad headings – *Accessing Home Care Services* and *Provision of Home Care Services*:

---

[1] *P. Coyte, Location in Health Care: Sites, Roles, Rights and Responsibilities, 1999, <http://chsrf.ca/docs/finalrpts/hidg_ e.shtml>.*

[2] *M. Anderson and K. Parent, Putting a face on home care. A status report on home care in Canada (Kingston: Queen's University, 1999.)*

[3] *Health Canada, Public home care expenditures in Canada 1975-76 to 1997-98 (Ottawa: Policy and Consultation Branch, 1998.)*

[4] *R. Evans, K.M. McGrail, S.G. Morgan, M.L. Barer and C. Hertzman, "Apocalypse no: Population aging and the future of health care systems," Canadian Journal on Aging 20, no. 1 (2001):160-191.*

Recommendations

ACCESSING HOME CARE SERVICES

- *Service Awareness*
  To provide seniors and their family caregivers with the information they need to access appropriate services, policies should allow and encourage home care organizations to act as information clearinghouses.

- *Service Integration and Coordination*
  To ensure that seniors and family caregivers receive the assistance they need to navigate the health and social service systems, policies should support home care organizations taking on, or expanding the scope of, their coordinating role. Policies should also support home care organizations in assuming the role of identifying and addressing the issues, gaps and barriers that are preventing seniors from accessing services that would enhance their mental health.

PROVISION OF HOME CARE SERVICES

- *Effective Communication and Involvement in Decision-making*
  To ensure that clients are active participants in the planning and delivery of their care, policies must reflect a client-centred model and support the integration of the model into clinical and home support services by front line staff.

  To enhance communication with, and accountability to, the community, policies should encourage the recruitment and participation of seniors and family caregivers not only in the governance structure of home care organizations and/or advisory groups, but also in ongoing care planning and identification of required supports.

- *Service Flexibility*
  To ensure that services remain client-centred, policies must recognize mental health needs as well as medical needs and support the principle of flexibility in care plans and time assigned to tasks.

- *Enhanced Role for Home Support Services*
  To ensure that the mental health needs of seniors are considered in resource allocation decisions, policies must recognize the value of home support services and give consideration to how they can be maintained in an efficient and effective manner.

- *Addressing Social Isolation*
  To ensure the key mental health issue of socialization is addressed, home care organizations should identify options for meeting this need and ensure that these options are incorporated into service delivery planning.

- *Trained Workforce*
  To ensure home care staff have adequate knowledge of the factors affecting mental health, training in mental health issues should be made explicit in staff development plans and be incorporated into continuing education curricula.

- *Continuity*
  To ensure continuity of care is maintained, operational policies and structures must maximize staff retention (e.g., salary and benefits policies) and encourage and support staff in developing and sustaining relationships with clients (e.g., scheduling policies).

- *Supporting Family Caregivers*
  To ensure the family caregiver role is recognized and supported, policies should encourage staff to recognize and value the role of family caregivers, involve them in decision-making where appropriate, and where possible provide supports to address their mental health.

Summary

Meeting the present and future mental health needs of seniors will require the concerted efforts of those working across the full continuum of care, from acute care institutions to home care organizations, in both the public and private sectors. Effective policy to promote and maintain mental health in seniors requires an interdisciplinary, cross-sectoral, comprehensive approach. It requires the involvement of policy makers, service providers, health care professionals, family caregivers, advocates and seniors themselves. It is hoped that the policy directions and approach suggested in this report will contribute to this effort.

About This Guide

This guide is the result of a national study conducted by the Canadian Mental Health Association in 2001 to assess the mental health needs of seniors and the role home care does, and can, play in meeting those needs. The *Seniors' Mental Health and Home Care* study[5] concluded that in order to preserve and promote seniors' mental health there is a need to enhance the capacity of home care to identify and support seniors' mental health issues both through the type of services provided, and the way in which they are provided.

Two guides have been developed based on the research findings. This guide, *Supporting Seniors' Mental Health through Home Care: A Policy Guide*, articulates the key "system features" that must be addressed through policy and operationalized in the home care system in order to promote seniors' mental health. A second guide, *Supporting Seniors' Mental Health: A Guide for Home Care Staff*,[6] focuses on providing tools and checklists to assist the front-line practitioner to support the mental health needs of seniors.

Structure of the Guide

This guide presents a case for considering seniors' mental health in the review and development of home care policy. It begins by presenting and building on three fundamental pieces of work: the CMHA's *Seniors' Mental Health and Home Care* study; a *Framework for Seniors' Mental Health*, which was developed in the early stages of the study; and Health Canada's *Principles of the National Framework on Aging*. These pieces interconnect naturally with each other and provide a sound basis for future policies to promote seniors' mental health. For example, the research findings indicate a need for a holistic approach to home care for seniors. The inherent values underlying the principles also support a holistic approach, as does the framework for seniors' mental health.

Next, the current context of home care for seniors is explored. Data related to demographic and service utilization trends are provided, clearly indicating that seniors are, and will continue to be, major users of home care. Additional information highlights how current fiscal and human resources constraints faced by home care are having an adverse affect on seniors.

With the foundation and context in place, the work of reviewing and developing home care policy to support seniors' mental health begins. Desirable

---

[5] K. Parent, M. Anderson, and B. Neuwelt, *Seniors' Mental Health and Home Care*, 2002, <http://www.cmha.ca/english/shmcare /index.html>.

[6] M. Anderson, K. Parent, and L. Huestis, *Supporting Seniors' Mental Health: A Guide for Home Care Staff* (Toronto: Canadian Mental Health Association, 2002.)

system features and the resulting policy implications are identified in the following key areas:

- Holistic philosophy of care
- Service awareness
- Service integration and coordination
- Effective communication and involvement in decision-making
- Service flexibility
- Enhanced role for home support services
- Addressing social isolation
- Trained workforce
- Continuity
- Supporting family caregivers
- Standards of care

Practical examples of policy statements are also provided. The guide concludes with a model for the development and evaluation of policy to ensure it supports seniors' mental health.

Who Should Use this Guide

This policy guide has been developed to assist individuals who are shaping home care policy for seniors in Canada. It is believed that the guide will also be a useful resource for groups and organizations advocating on behalf of seniors in Canada.

DEFINITIONS

The following definitions have been adopted for this guide:

Mental health: The capacity of individuals to interact with each other and their environment in ways that enhance or promote:
- their sense of well-being
- their sense of control and choice with their life
- optimal use of their mental abilities
- achievement of their own goals (both personal and collective) and
- their quality of life.

Home care: Publicly-funded home care services are an array of services that enable clients, incapacitated in whole or in part, to live at home, often with the effect of preventing, delaying or substituting for long-term care or hospital care.[7]

Home care organizations: Organizations that coordinate and sometimes provide home care services, depending on the jurisdiction (e.g., Regional Health Authorities, Health Districts, CLSCs, CCACs). Provider agencies differ in that they are contracted by home care organizations to deliver services to clients. Providers may either be for-profit or not-for-profit agencies.

Home support services: Services that provide assistance with personal care needs or essential housekeeping tasks e.g., dressing, bathing, meal preparation, laundry, household tasks, etc.
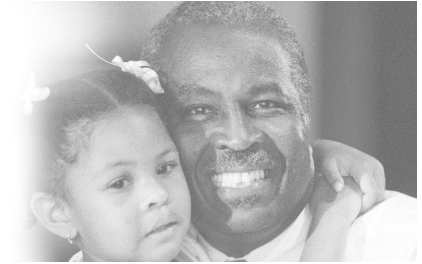
Seniors: Individuals 65 years of age and over.

---

[7] *Health Canada, Provincial and Territorial Home Care Programs: A Synthesis for Canada (Ottawa: Minister of Public Works and Government Services Canada, 1999.)*

Mental Health versus Mental Illness

Often the term mental health is used interchangeably with the term mental illness. This creates confusion since mental health is a specific concept that is quite separate from mental illness. Mental health refers to one's sense of well-being and control over one's life (see definitions, opposite page), whereas mental illness refers to specific, diagnosed disorders. The CMHA national study focused predominantly on mental health rather than mental illness. As a result, the findings are relevant to all seniors in the general population.[8]

The study identified a diverse range of factors that influence the mental health of seniors. The leading factors that strongly influence positive mental health include: independence and control over one's life, a sense of dignity and purpose, physical health, social interaction, spirituality, coping with losses and the life experience of the individual.

There are also a number of broader situational factors that contribute to mental health. These include: quality of the home environment, sense of security and personal safety, the extent of one's caregiving role, safety, financial security, transportation, timely and easy access to services (including services that are culturally and linguistically appropriate), the role of the formal care provider and flexibility of service provision.

> *"Despair, loneliness, frustration, the inability to perform certain tasks and a feeling of being unwanted and unneeded are the basis of mental health problems with seniors."*
>
> *(Seniors' Organization)*

The promotion and maintenance of seniors' mental health has been shown to have a positive impact on seniors' overall health and well-being, and plays a significant role in seniors' quality-of-life.[9] Mental health has also been shown to affect physical health and utilization of health care services. One study, for example, showed that home care visits with a focus on surveillance, support, health promotion and prevention of ill health (all of which have a mental health component) were associated with a significant reduction in mortality and long-term care admissions among the elderly.[10]

---

[8]   Addressing the mental health needs of all seniors in the general population also means addressing the mental health needs of those with a diagnosed mental illness. Appropriate supports can enhance the quality of life for seniors with mental illness, thereby improving their mental health.

[9]   C. McWilliam, W.L. Diehl-Jones, J. Jutai and S. Tadrissi., "Care delivery approaches and seniors' independence," Canadian Journal on Aging 19, suppl. no. 1 (2000): 101-124.

[10]   R. Elkan, D. Kendrick, M. Dewey, M. Hewitt, J. Robinson, M. Blair, D. Williams and K. Brummel, "The effectiveness of domiciliary health visiting: A systematic review of international studies and a selective review of the British literature," Health Technology Assessment 4, no. 13 (2000): i-339.

Promoting Seniors' Mental Health
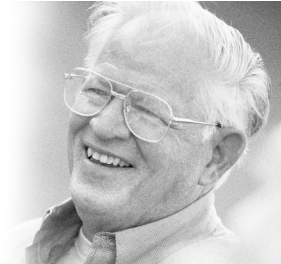
Guiding Principles

To ensure that policies promoting seniors' mental health are congruent with a population health approach, the following principles have been adopted from Health Canada's *Principles of the National Framework on Aging: A Policy Guide*.[11] These principles were developed based on broad consultation and recognize the need to promote seniors' quality of life and well-being.

Dignity
- being treated with respect, regardless of the situation, and having a sense of self-esteem e.g., having a sense of self-worth
- being accepted as one is, regardless of age, health status, etc.
- being appreciated for life accomplishments
- being respected for continuing role and contributions to family, friends, community and society
- being treated as a worthy human being and a full member of society

Independence
- being in control of one's life, being able to do as much for oneself as possible and making one's own choices e.g., decisions on daily matters
- being responsible, to the extent possible and practical, for things that affect one
- having freedom to make decisions about how one will live one's life
- enjoying access to a support system that enables freedom of choice and self-determination

Participation
- getting involved, staying active and taking part in the community, being consulted and having one's views considered by government e.g., being active in all facets of life (socially, economically, politically)
- having a meaningful role in daily affairs; enjoying what life has to offer
- participating in available programs and services
- being involved and engaged in activities of daily living (decisions/initiatives in all spheres, not just those specifically oriented to seniors)

---

[11] *Health Canada, Principles of the National Framework on Aging: A Policy Guide, 1998, <www.hc-sc.gc.ca/seniors-aines/ seniors /english/ pubs2_e.html>.*

Fairness
- having seniors' real needs, in all their diversity, considered equally to those of other Canadians e.g., having equitable access (socially, economically, politically) to available resources and services
- not being discriminated against on the basis of age
- being treated and dealt with in a way that maximizes inclusion of seniors

Security
- having adequate income as one ages and having access to a safe and supportive living environment e.g., financial security to meet daily needs
- physical security (including living conditions, sense of protection from crime, etc.)
- access to family and friends; sense of close personal and social bonds; and support

A Framework for Seniors' Mental Health

The framework for seniors' mental health used for the national study and this guide is adapted from the VON Canada's mental health model[12] and the Canadian Mental Health Association's Community Resource Base.[13] It was refined with additions from seniors and formal caregivers and is particularly useful when having to differentiate mental health promotion from the treatment of mental illness. The framework can also serve as an excellent "roadmap" for considering the development of policy.

The framework reflects the belief that an understanding of mental health needs must include both the personal factors that affect a senior's mental health and the external factors that contribute to good mental health.
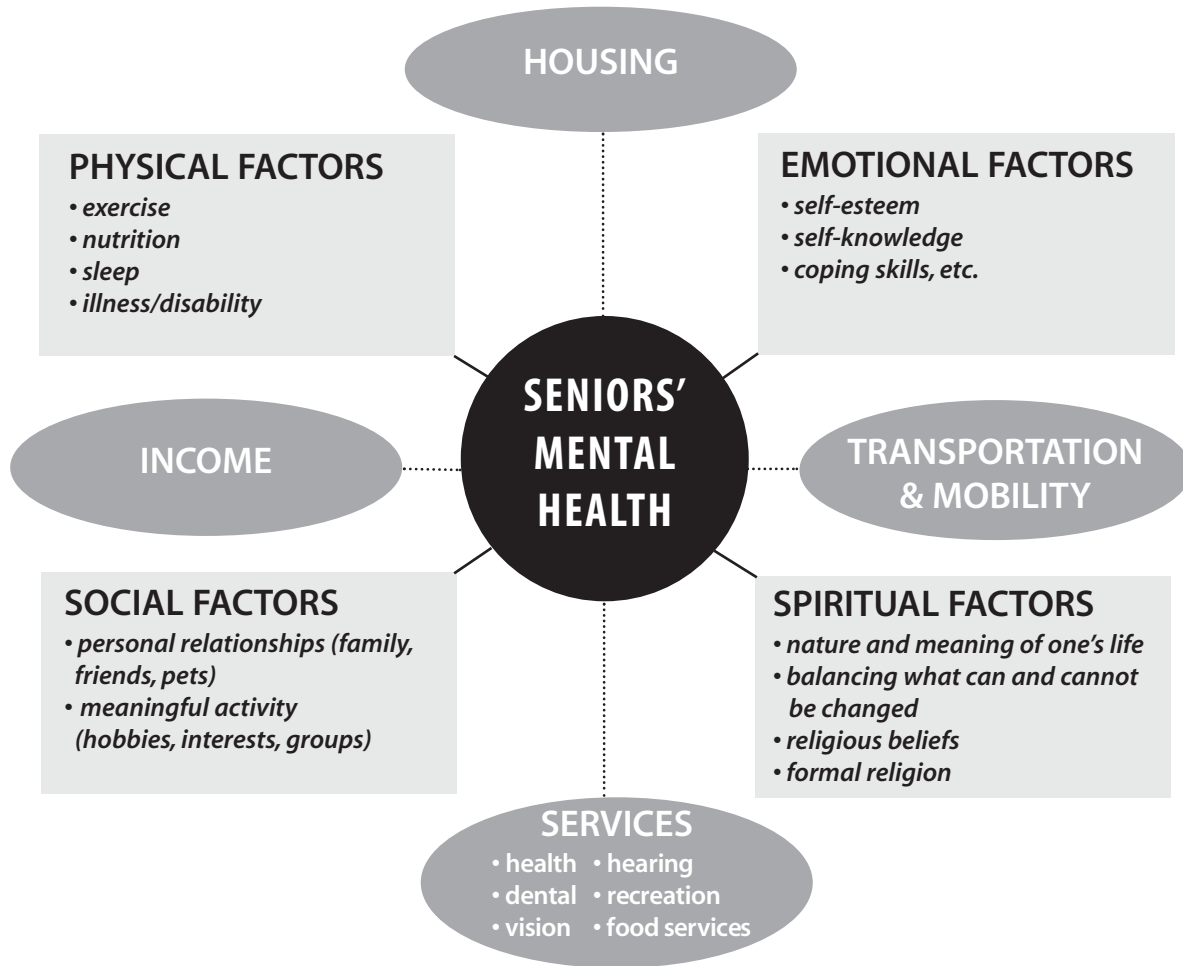
See diagram next page.

---

[12] VON Canada, *Mental health resource guide for community caregivers* (Ottawa: VON Canada, 1998.)

[13] J. Trainor, E. Pomeroy, and B. Pape, ed., *Building a framework for support* (Toronto: Canadian Mental Health Association, 1999.)

A Framework for Seniors' Mental Health

HOUSING

PHYSICAL FACTORS
- *exercise*
- *nutrition*
- *sleep*
- *illness/disability*

EMOTIONAL FACTORS
- *self-esteem*
- *self-knowledge*
- *coping skills, etc.*

SENIORS' MENTAL HEALTH

INCOME

TRANSPORTATION & MOBILITY

SOCIAL FACTORS
- *personal relationships (family, friends, pets)*
- *meaningful activity (hobbies, interests, groups)*

SPIRITUAL FACTORS
- *nature and meaning of one's life*
- *balancing what can and cannot be changed*
- *religious beliefs*
- *formal religion*

SERVICES
- health
- dental
- vision
- hearing
- recreation
- food services

The four boxes represent personal factors that affect an individual's mental health. The four circles represent external determinants of health that contribute to an individual's mental health. Implicit in this model is the assumption that the older adult has the power to make choices about which of the available resources to utilize and how. Some of the contributing factors may be readily available through the individual, family or friends, while others may only be available through publicly-funded services or on a volunteer basis. Some seniors may need encouragement and assistance to activate their choices.
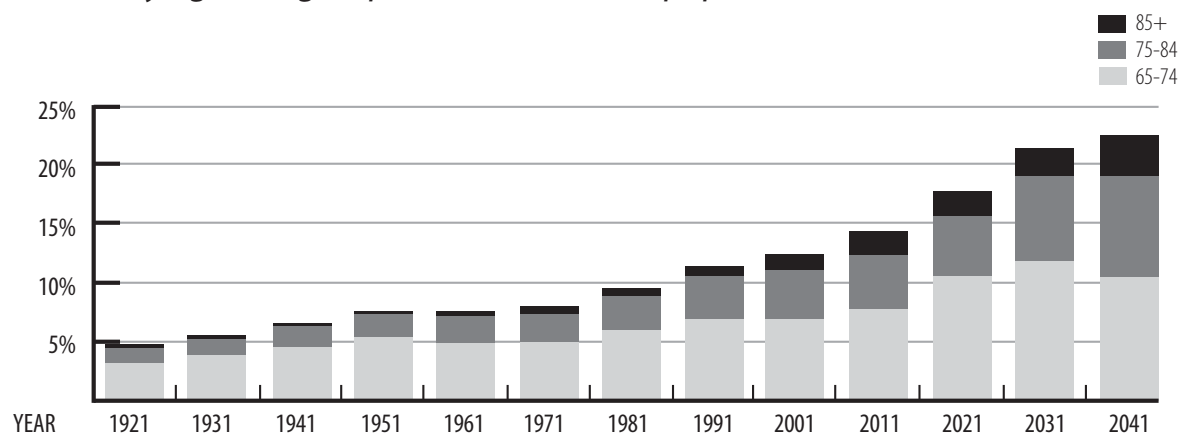
Seniors and Health Care

By the year 2041, one in five Canadians will be 65 years old, representing 15% of the population.[14] (Chart 1) While in the future, seniors are expected to be "healthier and wealthier" and live longer lives,[15] the growth of this segment of the population will inevitably have a significant effect on the nature and extent of health care services provided.[16] This trend is already evident.

Over the past 20 years, the population of 65+ Canadians increased from 9.4% to 12.5% of the population, while the percentage of total health expenditures for this age group grew from 35% to 42.7%.[17]

> *"As your health deteriorates, this affects your mental state. As your body slows down, your desire and ability to participate in the activities that you love to do such as golf, travel, etc., also slows down … you must learn to live with the fact that you no longer can do the active things that you loved to do." (Senior)*

Chart 1

Seniors by age sub-groups, as % of the total population, Canada, 1921-2041

Legend:
- 85+
- 75-84
- 65-74

Y-axis: 25%, 20%, 15%, 10%, 5%

YEAR: 1921, 1931, 1941, 1951, 1961, 1971, 1981, 1991, 2001, 2011, 2021, 2031, 2041

---

[14] Health Canada, Canada's Aging Population, 2002, <http://www.hc-sc.gc.ca/hppb/seniors/pubs/fpt_docs/fed_ paper/index_e.htm>

[15] D. Foot, Boom bust and echo: How to profit from the coming demographic shift (Toronto: Macfarlane Walter and Ross, 1996.)

[16] E.G., Moore, M.W. Rosenberg, and D. McGuiness, Growing old in Canada: Demographic and geographic perspectives, Census Monograph Series (Ottawa: Statistics Canada, 1997.)

[17] Health Canada, Public home care expenditures in Canada by age and sex, 1980 to 2000-01 (Ottawa: Policy and Consultation Branch, 2001.)

Home Care in Canada

Home care is generally considered to have three key functions:

- a substitution function for other more costly services, such as hospitals and long term care facilities,
- a maintenance function, which allows clients to remain in the current environment rather than moving to a new and often more costly venue, and
- a preventive function which invests in client services and monitoring at additional short-run but lower long-run costs.[18]

It is currently estimated that 2.1% of Canadians use home care services (1998-99 data). Seniors are nearly three times as likely to receive home care as persons aged 18 to 64, with the highest utilization in individuals 75+ years old. Older women are twice as likely to receive home care as their male counterparts.[19]

Home Care Expenditures

According to Health Canada data, per capita provincial and territorial home care spending has increased significantly over the past decade. While home care spending still only represents 4.3% of the total provincial and territorial government health expenditures compared to 44% for hospital care, home care spending increased from a level of $36 per capita in 1990-91 to $88 per capita in 2000-01. Of the overall home care expenditures, 73.9% is expended providing services to seniors 65+.[20]

While there has been growth in the publicly-funded home care sector, there has also been significant growth in the private sector. Most recent figures show a 15.6% increase in expenditures in the private sector between 1994 and 2000.[21]

---

[18] *Statistics Canada, Provincial and Territorial Home Care Programs: A Synthesis for Canada, 1998, <http://www.hc-sc.gc.ca/homecare/english/ syn_2.html>.*

[19] *D. Forbes, N. Stewart, D. Morgan, M. Anderson, K. Parent, and B. Jenzen, Use of home care over time by two distinct Canadian cohorts. (In press.)*

[20] *Health Canada, Public home care expenditures in Canada by age and sex, 1980 to 2000-01 (Ottawa: Policy and Consultation Branch, 2001.)*

[21] *P. Coyte, Home Care: Potentials and Problems, (Paper presented at the public conference, Diagnostics and Solutions: Building Consensus for Health Care Reform in Canada, Montreal, Quebec, February 14-16, 2002), <http://www.hcerc.org/cgi-bin/WebObjects/hcerc.woa/wa/DetailDirect/ recentResearch?id=1000014>.*

Funding of Services

Although home care services fall outside the legislative framework of the Canada Health Act, professional home care services (nursing, social work, etc.) are publicly funded in every province and territory in Canada. Para-professional services such as personal care, housekeeping, and meal preparation, may or may not be covered by government programs. As a result, a client requiring these services may have to pay for them in part or in full.[22]

Policies on payment can also vary significantly within the same province. In Ontario, for example, one Community Care Access Centre (CCAC) may pay for medical supplies for a client while the adjacent CCAC may have policies that require the client to pay for these supplies out-of-pocket.

A Shift in Services

With the onset of earlier hospital discharges and greater capacity for technology in the home, home care is being provided for clients with increasing complex medical needs. While home care expenditures have continued to grow, so have the costs of providing this level of care. The resulting budget constraints have led to a reduction in other services, particularly home support services, despite being considered a core function by definition.[23] Decreased access to home support services through restrictive eligibility and limited hours is viewed as detrimental to seniors[24] and was one of the areas of concern identified in the national study.

"Home care's mandate should be expanded to cover emotional and social supports. The emphasis needs to shift from technology and a purely medical model to a personalized, community care, preventive and supportive one." (Seniors' Organization)

---

[22] *Health Canada, Public home care expenditures in Canada by age and sex, 1980 to 2000-01 (Ottawa: Policy and Consultation Branch, 2001.)*
[23] *Canadian Institute for Health Information and Statistics Canada, Health care in Canada 2002: A first annual report (Ottawa: Canadian Institute for Health Information, 2002.)*
[24] *M.J. Hollander and A. Tessaro, Evaluation of the maintenance and preventive model of home care (Ottawa: Home Care/ Pharmaceuticals Division, Policy and Communication Branch, Health Canada, 2001.)*

Home Care's Contribution to Seniors' Mental Health
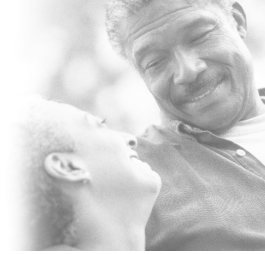
Traditionally, home care programs have provided services that address the mental health needs of seniors more implicitly than explicitly. Home care helps to promote independence, provides an essential social interaction function through building relationships with seniors, fosters self-sufficiency and empowerment, maintains and improves physical health, provides information on additional supports available to seniors, provides support to family caregivers, coordinates care and sometimes responds to critical client needs such as mental health and substance abuse problems.

However, because the maintenance and promotion of good mental health in seniors has not been identified explicitly as a role for home care, it has not been a priority in resource allocation decision-making for home care at the provincial, local, or organizational level.

"Unless we improve current human and fiscal constraints and push for a prioritization of preventive community health care and a shift in emphasis from 'heroic' medical models to a 'wellness' model focused on individual clients in the community setting, we will keep chasing the chimera that there is a cure for old age and its concomitant issues." (Seniors' Organization)

Priority-setting occurs at three levels – the allocation policy of government, the allocation of funds within a home care organization (e.g., regional health authority, CCAC, CLSC), and the priority setting of case managers/care coordinators at the interface with the client. In many cases, at each of these levels seniors' mental health has become marginalized as decisions are made to reduce the very supports that seniors (and home care staff) consider promote mental health (e.g., home support services), and to re-orient services in a way that detracts from good mental health (e.g., access to services becomes limited.)

The Seniors' Mental Health and Home Care study identified that a comprehensive approach is required if the benefits of supporting seniors' mental health are to be realized. The study also identified that home care continues to be well-positioned to contribute to seniors' mental health. However, to do this a number of "system features" must be addressed through policy and operationalized in the home care system. These system features will require that current priorities be re-examined.

Addressing Seniors' Mental Health: Key System Features

The following section draws on the national study's research findings to discuss the system features required if home care is to adopt a comprehensive approach to addressing seniors' mental health. The features can be categorized into two broad areas:

> I. ACCESSING HOME CARE SERVICES and
> II. PROVISION OF HOME CARE SERVICES.

The principle which links all the features together is a holistic philosophy of care. If the home care sector is to become an active participant in the maintenance and promotion of seniors' mental health, a holistic view of health must inform all policy decisions. A holistic approach to health embraces both the physical and mental needs of individuals and allows for an integrated approach to service delivery.

However, the current challenges facing the social services and health care system, and the home care sector specifically, are not conducive to this approach. The current system has increasingly become a fragmented set of services much narrower in scope and often difficult to access and navigate. As a result, factors affecting seniors' mental health such as socialization and control over one's life, and contributing factors such as transportation services, adequate housing and family caregiving are not supported as well as they should be.

Supporting seniors' mental health is not, nor should it be, the sole responsibility of the home care sector. However, home care is in a unique position to take a lead role in this area by committing to a vision of holistic health as the basis for delivering services in the home and ensuring that all policies are developed within a framework that promotes both physical and mental health (spiritual, emotional, social, etc.)

> *"Somewhere we've lost the 'people' in this – now it's much more task oriented. It's a holistic approach we're supposed to be doing, and it's not happening."*
> (Home care agency nurse)

I. ACCESSING HOME CARE SERVICES

Service Awareness

The Issue:
Moving care into the community has created a "state of confusion" for many seniors and their families. Across the country, respondents spoke of not knowing what was available and the lack of a coordinated information system. Family caregivers, in particular, felt that the first major hurdle in securing help was finding out what the local services were, the various eligibility criteria and how to access services.

System Feature:
To maintain their mental health as they age, seniors are more likely to require both the informal support provided by family and friends, and the formal support provided by health and social services. Given the myriad of

> *"We're fitting clients into the system rather than making the system fit the clients."* (Service Provider)

programs and services available and often needed to address complex health and social needs, seniors and their caregivers must be aware of the services and how to access them. Home care can play a major role in providing information regarding what services are available, from what organizations and how they can be accessed.

RECOMMENDATION:

To provide seniors and family caregivers with the information they need to access appropriate services, policies should allow and encourage home care organizations to act as information clearinghouses.

SAMPLE POLICY STATEMENT:

An up-to-date database of all community services and supports will be maintained to allow staff to provide senior clients and their family caregivers with information and referrals to assist them in accessing services. The following factors will be taken into account in developing and maintaining the database:

- Responsibility for maintaining accurate, up-to-date and reliable community information will be assigned to specific staff members as one of their job responsibilities.
- Coordination will take place with other initiatives in the community to avoid duplication.

- The service will be linked with all other programs and services provided by this organization (intake, assessment, placement).
- Information will be provided in a variety of forms—telephone, paper and electronic —to ensure that seniors can receive the information in the manner that is most accessible and useful to them.

Service Integration and Coordination

The Issue:

Navigating a complex system of interconnecting provider organizations and departments was identified as a stressful and frustrating experience for both seniors and their family members. One respondent noted that, "Seniors are often left unaware of the dynamics of the system and all the players involved."

Issues of access can be further accentuated by individuals' lack of proximity to services and care, both in urban centers or in rural or remote communities.

System Feature:

Improving service access will require taking fragments of services and connecting them for seniors. Clearly, home care cannot provide all services, but home care can play a key role in coordinating the various services available for seniors and helping them access them. If home care organizations cannot provide the services that support seniors' mental health, then at a minimum they should be able to direct seniors to services that can fulfill this function. While this improves access to the necessary supports, it also plays a substantive role in promoting the mental health of seniors who may not be familiar or comfortable with navigating a 'system' of care on their own.

"Seniors are often left unaware of the dynamics of the system and all the players involved."
(Seniors' Organization)

Home care organizations are ideally suited to play this pivotal coordinating role because case managers/care coordinators communicate directly with the seniors in their homes, and have a sense of the range of services that the seniors require and use. Their role also becomes one of advocacy, both on an individual and systemic level, to ensure the needs of seniors are met.

While home care organizations currently play this role, to enhance their effectiveness a broader approach is required, bringing together disparate perspectives to address a common goal. Although building a network between the various service providers takes time and commitment, the benefits are significant:

- reduction of duplication of services
- reduction of organizational barriers to more effective care
- maximization of opportunities for improved coordination and integration of services.

It will be necessary to articulate to all the key players in the network the benefits of cooperation, the resources offered, the cost of cooperation, the need for cooperation and other alternatives. As the primary point of entry into community-based care, home care organizations are well positioned to initiate viable, functioning networks to address seniors' mental health.

RECOMMENDATION:

To ensure that seniors and family caregivers receive the assistance they need to navigate the health and social service systems, policies should support home care organizations taking on, or expanding the scope of, their coordinating role. Policies should also support home care organizations in assuming the role of identifying and addressing the issues, gaps and barriers that are preventing seniors from accessing services that would enhance their mental health.

SAMPLE POLICY STATEMENT:

Developing a "single entry" model of care is one approach to ensuring coordination and integration of health and social service systems. This model requires coordination at the regional or provincial level. The following sample policy would be appropriate at that level:

In order to provide holistic care to seniors in this community, coordination and integration of a broad range of health and social services is required. The following factors will guide the provision of home care services:

- commitment to providing a full range of health and social support services to meet the diverse needs of seniors.
- establishment of a single, coordinated entry system at the local/regional level offering seniors "one-stop shopping" to home care, long-term care, acute care and social services. The system will incorporate the following components:
    - Information and Referral
    - Common Intake
    - Coordinated Assessment
    - Case Management
    - Case Resolution Function
    - Single Service Agreements
    - adoption of a single or highly coordinated administrative structure.
    - establishment of an integrated information system to ensure consistency and to avoid duplication.

II. PROVISION OF HOME CARE SERVICES

Effective Communication and Involvement in Decision-Making

The Issue:

Respondents stressed the importance of good communication between the client and home care staff. When home care organizations communicate well about changes and listen to seniors, respondents noted that it helps prevent frustration, anxiety, anger and unexpected losses.

A related issue identified by respondents was the importance of meaningful participation in the planning of their care and decisions about changes in that care. This is consistent with the research findings that independence, autonomy and the ability to make choices are significant contributors to positive mental health. Control over one's life is essential to positive self-esteem.

Participation in decision-making goes beyond the individual level, however. Respondents also identified the need for communication and involvement in decision-making at the system level. They identified a need for a mechanism by which home care organizations can let the community know about systemic changes, and consult with community members about their needs and concerns.

System Feature:

A system that promotes mental health is one that is client-centred and empowers its clients as much as possible. Involving seniors and caregivers in decision-making at an individual level is a fundamental requirement and should guide all interactions of home care staff members with their clients.

> *"There needs to be more direct participation by seniors in the planning and managing of those services critical to them in the community." (Seniors' Organization)*

At a systemic level, seniors and family caregivers must be consulted in the development of policy if the system is to be truly accountable to the individuals it serves.

RECOMMENDATION:

To ensure that clients are active participants in the planning and delivery of their care, policies must reflect a client-centred model and support the integration of the model into clinical and home support services by front line staff.

To enhance communication with, and accountability to, the community, policies should encourage the recruitment and participation of seniors and family caregivers

not only in the governance structure of home care organizations and/or advisory groups, but also in ongoing care planning and identification of required supports.

SAMPLE POLICY STATEMENT:

Service Delivery

Service delivery must be client-centered and take into account the following considerations:

- Clients are considered first and foremost at every point in the planning, implementation and evaluation of service delivery.
- Clients must be treated with respect and courtesy; clients are equal partners in the staff-client relationship.
- Staff must listen to the client, and make every effort to understand a client's particular situation and needs. Clients will be provided with individualized service and, if possible, preferred providers.
- Clients will be provided with a broad array of health and social services and provided with the opportunity to negotiate the nature and extent of the service mix they receive (within organizational constraints.)
- Clients must be provided with all information and care options in terms that they understand in order to allow them to make decisions about their own care.
- Clients and families must be provided with a safe environment for raising concerns and have the assurance that any problems can, and will, be taken care of.

Governance

Participation of seniors and family caregivers in governance allows this organization to hear and be responsive to the needs and concerns of senior clients and ensures that the services and programs provided reflect the needs of this community. To achieve this goal:

- board membership will be expanded to include at least one senior consumer and one family caregiver
- at least one senior consumer and one family caregiver will be asked to sit on all committees responsible for resource allocation and service provision decisions.

Service Flexibility

The Issue:

Respondents expressed concern that the range of services provided by home care is being reduced to a set of specific, limited tasks. As a result, they felt

that the benefits of socialization and companionship long associated with the provision of home care services were being lost, which could have a detrimental affect on seniors' sense of well-being and mental health. Task-oriented care also does not encourage staff to spend time working with seniors to allow them to help themselves. Three key concerns emerged from respondents:

- that the tasks themselves do not address mental health needs
- that the extent of interaction between client and home care staff is significantly reduced, which reduces the capacity for mental health to be maintained and promoted
- that the actual time assigned to tasks is being reduced, creating quality issues.

System Feature:

Implementing a client-centred approach to providing care requires a degree of flexibility for home care staff. They need to have the option of supporting the client in ways they know will contribute to the well-being and mental health of the senior. The needs of the client may not necessarily coincide with the list of tasks identified by home care organizations but they may make a considerable difference to the mental health of the senior. The current emphasis on time-for-task makes this feature particularly difficult to address, except on an ad hoc basis.

"There are rules that say the workers cannot dust, clean…..but will give you a bath. Because I can bath myself I can get no help. If I did not get help for cleaning what is the use of taking a bath while my home remains unclean?" (Senior)

RECOMMENDATION:

To ensure that services remain client-centred, policies must recognize mental health needs as well as medical needs and support the principle of flexibility in care plans and time assigned to tasks.

SAMPLE POLICY STATEMENT:

Supervisors and managers are encouraged to permit employees to work with clients and families in a flexible manner to meet client/family care needs whenever it is possible to do so without compromising (the organization's) goals. Providing flexibility in service times and care plans is appropriate, providing the following requirements are met:

- Operational requirements must be met. e.g., eligibility criteria as determined by assessments.
- Service to the customer and health outcomes must be maintained or improved.

- Costs to (the employer) must not be increased.
- Services must be provided during core business hours.

Enhanced Role for Home Support Services

The Issue:

The increased emphasis on acute care substitution services and the resulting need for professional or "high tech" services, has resulted in a shift away from the provision of home support services, often described as "high touch" services.

While physical health needs are obviously important, respondents noted that when home care is available only for physical ailments, mental health needs may not be addressed. In particular, they expressed concern about home support services being reduced across the country, given the perceived and known mental health benefits of these services in maintaining independence, self-sufficiency and a sense of autonomy and empowerment.

System Feature:

The clinically-oriented medical model of care, combined with the increasing demands of post-acute care clients, is subsuming home care budgets such that the health promotion/illness prevention model of care is being eroded. Yet, it is the many social-oriented services – the home supports – that positively contribute to the mental health of seniors. As indicated earlier, research suggests that sustaining mental health also contributes to reduced utilization of the health care system. There is a need to rebalance the allocation of resources to ensure that the services that contribute to mental health are not lost.

"The training and education may be adequate, but if and when the amount of time allotted to tasks is severely limited, the worker is too busy and has no time to attend to the mental health needs of the clients – which leads to unhealthy seniors and frustrated workers."
(Seniors Organization)

RECOMMENDATION:

To ensure that the mental health needs of seniors are considered in resource allocation decisions, policies must recognize the value of home support services and give consideration to how they can be maintained in an efficient and effective manner.

SAMPLE POLICY STATEMENT:

Providing home support services is one component of a holistic model of care. Home support services are recognized and valued as a significant factor in the

mental and physical well being of seniors. In providing care to seniors, the following requirements must be met:

- Seniors must have access to the necessary clinical and home support services. These may include personal care, meal preparation, house-keeping and laundry.
- Individuals delivering home support services must be trained to moni-tor clients' ongoing functional ability in order to ensure clients have the most appropriate level of services to meet their needs.
- The commitment to home support services must be reflected in appro-priate levels of funding.
- In order to evaluate the impact of sustaining home support services, mechanisms will be put in place to collect and analyze information on the effectiveness of home support services from a variety of perspec-tives, including mental health and well-being.

Addressing Social Isolation

The Issue:
The issue of social interaction, and conversely, social isolation, was identi-fied by virtually all respondents as a vital component in seniors' mental health.

System Feature:
Currently some degree of social contact is implicit in the formal home care services provided, and more explicit in other services such as friendly vis-iting programs. Recognizing social contact as an essential function of home care would lead to a shift in both what services are provided and how services are provided. This has implications for costs, and given the current period of fiscal constraints, there is a need to examine ways in which this could occur at minimal cost.

While the argument could be made that one of the key values of home support services (that have a socializing dimen-sion) is their contribution to the mental health of seniors, the argument has also been made that services focusing on socialization are more appropriately pro-vided outside the publicly funded sys-tem. If such is the case, the coordinating role for home care advocated above lends itself to the coordination and facil-itation of volunteer-based support for seniors – an obvious alternative to address the issue of social interaction.

"I believe the most critical issue to optimum mental health for seniors is the sense of belonging and having a place in society which is valued. This involves receiving respect from those around them and society generally, being cared for by family and formal caregivers, having a social network or at least one person they can talk to about their past experiences (someone who knows them) and a strong sense of self or in what way they fit into their community." (Seniors' Organization)

It is worth noting that one of the key contributors to social isolation is reduced mobility, and mobility capabilities may suffer as an individual ages. Many seniors, particularly those without willing support networks, have difficulty getting to necessary destinations such as grocery stores, medical appointments, places of worship, homes of other family members and social engagements. If safe, affordable alternatives are not made available, the quality of life and subsequent mental health of the senior can be diminished.

RECOMMENDATION:

To ensure the key mental health issue of socialization is addressed, home care organizations should identify options for meeting this need and ensure that these options are incorporated into service delivery planning.

SAMPLE POLICY STATEMENT:

Social isolation has a detrimental effect on seniors' mental health. In order to identify and reduce social isolation, as well as create opportunities for socialization, the following will be considered in providing home care services:

- The role home support staff can play in reducing social isolation must be recognized and valued. Training will be provided to assist staff in early identification of potential concerns.
- Opportunities and formal mechanisms will be provided for home support workers to report social isolation and mobility issues for their clients on a regular ongoing basis.
- Formalized agreements, through protocols and/or guidelines, will be adopted with the appropriate community and support organizations to address social isolation.
- Mobility needs for seniors, including fragile seniors, will be integrated into planning. Partnerships with community agencies will be developed to provide innovative, cost-effective ways to transport clients/families to and from necessary appointments, etc.

Trained Workforce

The Issue:

Home care staff play a critical contributing role to the mental health of seniors. If appropriately trained, home care staff can support and promote independence by early detection and surveillance of any deterioration in mental and physical health.

Many respondents, including home care staff members themselves, felt that there was insufficient training and education for home care staff on mental

health issues. They suggested that mental health needs will not be addressed if staff are not trained to deal with them.

Respondents noted the need for staff to have increased knowledge in the areas of: seniors' mental health needs; behavioural management; strategies to increase and promote seniors' independence; the use of assessment tools and skills; recognition of the early stages of depression; management of depression; and alcohol and substance abuse among seniors. Communication skills were also identified as particularly critical for home care staff.

System Feature:
There is a need for home care staff to receive more generic and specific training and education on seniors and mental health issues (i.e., gerontology, promotion of mental health, prevention and detection of the onset of mental illness). Many mental and physical health problems could be prevented through improved training for home care staff members to help them recognize potential and actual deterioration in the mental health status of clients and their family caregivers.

RECOMMENDATION:

To ensure home care staff have adequate knowledge of the factors affecting mental health, training in mental health issues should be made explicit in staff development plans and be incorporated into continuing education curricula.

SAMPLE POLICY STATEMENT:

The availability of a trained and competent workforce for dealing with seniors' mental health in an effective and efficient manner is paramount to ensure the best possible outcomes for the client/family and the organization. Therefore, this organization will:

• Assume the responsibility for training new employees in issues relating to the mental health of seniors. This may include the use of printed and video materials, individual and group instruction, and "on-the-job" training. Each employee must also assume responsibility for maintaining a competence in their position related to promoting the mental health of seniors.
• Ensure training reflects a commitment to a holistic model of care.

Continuity

The Issue:
Home care staff provide clients with a window to the outside world, perhaps the only one if clients live alone and are socially isolated. Relationships are established and friendships built; the personal connection between the staff member and the client becomes a key component in maintaining a client's mental health.

Respondents noted that difficulty with recruiting and retaining home care staff affects home care's capacity to provide trained personnel and to support the development of connections with clients. Continuity of care suffers, and there is no sense of investment in, or attachment to, the person. The lack of continuity of staff has a negative effect on mental health needs as it also impinges on people's sense of security and safety.

Respondents spoke of the difficulty of maintaining their dignity, privacy and feeling of being treated with respect when many strangers come through their home. The stress of having to explain everything to a new person frequently is also detrimental to good mental health. As a member of a caregiver organization commented: "What is required is the same familiar face to look forward to. Different faces can be very invasive."

Respondents also observed that compatibility between the client, family members and home care staff is important. If there is not compatibility, then the mental health of seniors can be compromised because they feel uncomfortable with the staff member – even to the point of being unwilling or reluctant to have the care and support required (e.g., personal care needs). As one participant noted, they may go so far as to request the removal of the services based on the fact that they find each visit stressful – due to the staff member rather than the actual service being provided.

> *"What is required is the same familiar face to look forward to. Different faces can be very invasive."*
> *(Caregiver Organization)*

System Feature:
Home care staff members build up an intimate knowledge of the client and this will assist them in detecting any changes in the mental health status of the client. But if there is a high turnover of staff and if there is increasing emphasis on time-for-task, the socialization and relationship building that occurs, and the capacity for monitoring the client for changes in mental health status will be reduced. While issues of remuneration, working conditions and other factors affect staff retention, operational issues such as scheduling and work assignments also determine whether continuity of care provider is maintained.

RECOMMENDATION:

To ensure continuity of care is maintained, operational policies and structures must maximize staff retention (e.g., salary and benefits policies) and encourage and support staff in developing and sustaining relationships with clients (e.g., scheduling policies).

SAMPLE POLICY STATEMENT:

Continuity of care is an important quality indicator in the home care setting more so than in any other health setting. The recruitment and retention of high quality staff is a key factor in addressing continuity issues, as are scheduling practices. Therefore the following will guide human resource practices:

- When reviewing the wage and benefit packages for professionals and para-professionals, the potential impact of decisions on staff continuity will be considered.
- Full-time rather than part-time positions will be created whenever possible in order to provide a more stable workforce and the ability to improve continuity when assigning staff.
- Ensuring continuity of care provider will be a priority in all scheduling decisions.
- A monitoring system will track the number of care providers clients have in a given week. An acceptable threshold will be determined in consultation with staff and clients, and steps taken to address situations in which continuity is not being sustained.

Supporting Family Caregivers

The Issue:
The current constraints on the amount and extent of services provided by home care programs is placing pressure on the mental health of family caregivers (often an elderly spouse) who are faced with carrying out functions once provided by home care staff. This creates a heightened sense of anxiety and uncertainty, over and above the stress of having a spouse in ill-health.

Respondents emphasized that seniors who are also caregivers have a significant number of issues to address. As a caregiver, they must be in constant communication with the formal care system and need to become aware of, navigate, and coordinate the myriad of formal services and informal supports. There may be practical

"The current downloading to families, volunteers and communities is reaching a breaking point – help!"
(Community Organization)

issues surrounding accessing services, such as problems accessing transportation services. The home environment may not be physically conducive to providing care in the home (e.g., too many stairs, poor design, narrow doorways inaccessible to a wheelchair, etc.).

Family caregivers may also face a variety of personal issues. They may have their own health issues to deal with and have other family members for whom they provide care. They may have to juggle caregiving with other activities such as work or community service commitments, and there may be financial costs incurred with the responsibilities of caregiving.

In short, there are a number of issues that could put considerable pressure on family caregivers' mental health. There are minimal supports to caregiving seniors to assist them in their new role. All of this can lead to burnout and reduce the ability of the family caregiver to continue providing care.

System Feature:
Family caregivers need to be involved in the assessment and decision-making process regarding what services the client will receive. Such an assessment should recognize and take into account the family caregiver's role and that person's need for emotional support and assistance.

Providing practical supports to family caregivers can help to address their mental health needs and allow them to be more effective in their role. These include: helping them to connect with the appropriate health care provider to access information on the illness/condition(s) of the client; providing information on services within the community; offering adequate respite where necessary; offering support in dealing with care transitions (e.g., from home to institutions); or offering training to help them in their caregiving role.

RECOMMENDATION:

To ensure the family caregiver role is recognized and supported, policies should encourage staff to recognize and value the role of family caregivers, involve them in decision-making where appropriate, and where possible provide supports to address their mental health.

SAMPLE POLICY STATEMENT:

Providing adequate supports for family caregivers is a component of a holistic model of care and acknowledges the pivotal role family caregivers can, and do, play in meeting the mental health needs of seniors. In order to ensure that family caregivers are adequately supported:

- Staff must work with family caregivers and support their caregiving efforts.

- Seniors and family caregivers should be consulted in all phases of planning and implementation of the care plan.
- Family caregivers should not be considered a replacement for formal services; rather, they augment, where possible, the services provided by home care staff. Concrete mechanisms must be developed to facilitate this cooperation between the formal and informal support network.
- Respite programs and services must be made available to the family caregiver. These services must be flexible enough to meet the unique needs of the family caregiver and be available prior to the onset of a crisis.

Establishing Standards of Care

As identified earlier, there is currently little consistency in the provision of home care services across the country. This poses a challenge when considering how to ensure that seniors' mental health is taken into account in the planning and delivery of home care services.

While the idea of national standards is not new, it is of particular value when considering how best to address mental health promotion for seniors within the home care system. The system features identified in this report identify many of the key features that should be addressed in such standards.

The development of national standards would ensure a uniform and necessary minimum standard of care and services that is consistent between and among regions and provinces. Standards would facilitate planning, development, management and evaluation of services. In particular, national standards for the provision of home support services for seniors would ensure that these services are not eroded further, and in some areas, actually enhanced.

Such standards could be accomplished through the introduction of a national voluntary registration or accreditation scheme, or through the introduction of a compulsory national regulatory framework.

A Model for Creating and Evaluating Effective Policy to Support Seniors' Mental Health

Given both the fiscal and human resource constraints affecting home care, developing effective policy to promote the mental health of seniors based on the principles, mental health framework and system features previously articulated will require careful consideration. The difficulty in sustaining the focus on mental health is not surprising given the history and strength of the dominant medical model within which we conceptualize notions of health and sickness, structure our services and direct our investment. It can also be difficult to ensure policy reflects the knowledge and experience not only of professionals, but of the senior clients and family caregivers whose mental health we hope to promote.

With the view to creating policy within a broader social framework, the next section of the guide provides a basic step-by-step approach to developing and evaluating home care policies designed to promote seniors' mental health in Canada. The proposed process:

- is intended to be one aspect of a comprehensive approach to policy development and to enhance the quality of current analysis;
- integrates seniors' mental health principles into each step of the policy development process;
- is not a check-list; the questions and examples are meant to stimulate reflection and further inquiry;
- relies on the existing expertise and abilities of those involved in policy development and analysis; and,
- assumes that those responsible for policy development and analysis will adapt the method to their own style and circumstances.

Clearly State Policy Goal

The goal of the policy must be clear with no ambiguity. The following questions may help to identify the policy goal and determine whether there is agreement among stakeholders regarding the role home care should/can play in addressing the issue:

- **Need:** How significant is the identified need for the population served?
- **Impact:** What impact will any action taken to address the identified need have?

- **Appropriateness:** Is home care the appropriate body to deal with this issue? Does it fall within the home care mandate?
- **Capacity:** Will home care be able to address the issue given the human and fiscal resources at its disposal?

In some cases it may be appropriate for home care to take a lead role in a policy area; in others, it may be more appropriate to suggest other government or community partners take responsibility with home care acting as a partner.

Consider the Current Context

Many factors must be considered in developing policy that supports and promotes seniors' mental health. The following checklist[25] provides a useful planning and evaluation tool.

Factor	*Issue to Consider*
Economic	• Are there funds available to implement the options? • How are the costs distributed in terms of start-up and on going? • Is it consistent with strategic plans?
Administrative	• Can it feasibly be done by the existing organization? • Will it require new staff, skills and administration?
Legal	• Is the option constitutional and in accordance with provincial and federal law? • Are seniors' rights and liberties respected?
Social	• Is the option socially acceptable? • Does it conform to the guiding principles of the National Framework on Aging? • Does it reflect a holistic approach, taking into consideration more than just the physical aspects of care? • What are the community impacts and how are they addressed? • What are the caregiving impacts and how are they addressed?
Stakeholder involvement	• Have seniors and other stakeholders been consulted and engaged in the policy development process? • How have groups not usually involved in policy-making been included? Rural, remote, multicultural groups, individuals with disabilities, etc.

[25] *Adapted from Queensland Government, The Queensland Policy Handbook, 2002, <http://www.premiers.qld.gov.au/governingqld/policy/ analysis4_0.htm>.*

Political expectations	• What was the level of government involvement in the policy development process? • Does it conform to government's direction?
Community expectations	• Who is affected by the policy? • How will negative effects be addressed? • What are the stakeholders' views?
Implementation issues	• What resources are needed for successful implementation? • How is 'success' measured? • How will things be different if the policy works? • What communication strategy is required?
Effectiveness	• Will it make a difference to the problem? • How will we know?

Ensure Stakeholder Involvement

Stakeholder involvement in the development of policy is desirable to ensure the policy is reflective of realities from a variety of perspectives and that the policy development process is transparent. Both increase the likelihood of successful implementation. The following process is advisable:

- Identify key stakeholders
- Develop an appropriate consultation process
- Manage expectations
- Implement consultation
- Record all stakeholder input
- Use input to improve policy development and gain acceptance
- Conduct further consultation as required.

It is important to articulate the assumptions guiding the development of the policy to ensure they are shared by all stakeholders.

Define Expected Outcomes and Evaluation Process

In developing policy, anticipated outcomes must be defined and measurable. Consider both the short and long-term outcomes the policy is intended to achieve. What will the impact of the policy be on the mental health of seniors?

Because policy is not static in today's home care environment, an ongoing evaluative process is required to allow for periodic examination and revision.

The following questions can be used in developing an evaluation framework:

Policy Evaluation Questions[26]

1. Does the policy/program address the diverse needs, circumstances, and aspirations of various sub-groups within the seniors population (e.g., age, gender, family status, geographic location, Aboriginal status, official language minorities and ethnocultural minorities, income status, health status, etc.)?

2. Is the policy/program inclusive in nature, or does it separate and isolate seniors from the rest of society?

3. Does the policy/program acknowledge the multiple determinants of health (physical health, income status, housing, etc.)?

4. Has the policy been developed in collaboration with those that will be most affected?

5. Does the policy/program support the theoretical-base noted in the Framework for Seniors' Mental Health (page 12).

6. Does the policy/program emphasize partnership and collaboration?

7. Does the policy/program take into account the full costs and benefits of supporting the aspirations of society, including those of seniors? What is the cost or consequence of not responding?

8. Does the policy/program reflect and respond to the different realities of seniors living in different economic and environmental circumstances?

---

[26] *Adapted from Health Canada, Principles of the National Framework on Aging: A Policy Guide, 1998, <www.hc-sc.gc.ca/seniors-aines/ seniors/english/pubs2_e.html>. An excellent guide, How are Health Reforms Affecting Seniors? A Participatory Evaluation Guide, has been produced by the National Advisory Council on Aging . It can be obtained from their website <www.hc-sc.gc.ca/seniors-aines> or by emailing <seniors@hc-sc.gc.ca> for a copy of the document.*

9. Does the policy/program adequately consider the diversity among various age segments of older Canadians (e.g., those who lived through the Great Depression, wars, linguistic or cultural differences, etc.)?

10. Does the policy/program build on the capacity of seniors and adjust to different circumstances?

11. Does the policy/program consider individual versus collective needs?

Concluding Remarks

This guide has been developed based on information presented in the *Seniors' Mental Health and Home Care* study commissioned by the Canadian Mental Health Association (CMHA) in 2001. The content of the guide has been further enhanced by published research and resources and the input of seniors, professional and family caregivers and home care providers.

The CMHA study and other published research provide a compelling and salient case for why decision-makers should place the promotion of seniors' mental health on their policy radar. With the impending growth in Canada's population of seniors, the issue of promoting a more holistic approach to care for seniors has never been more timely.

"Living fully until the very end of life with dignity and in comfort requires a full circle of support so the individual feels in control rather than isolated or a burden on family and friends. We have shifted from care to cure, and need to stop denying the journey toward end of life and embrace it as an act of completeness and meaning."

(Seniors' organization)

The research literature supports the case that the promotion and maintenance of mental health has a positive impact on seniors' overall health and well-being, and plays a significant role in seniors' quality-of-life. The principles and mental health framework presented in this guide define mental health from a holistic perspective that considers social, psychological, spiritual and physical factors. These personal factors must be supported by external factors such as adequate housing, transportation and mobility, and income security. It is from these principles and conceptual framework that policy for seniors should evolve.

Fiscal and human resource constraints are creating increased pressure on home care to prioritize limited resources. However, priority setting should not be done without consideration of the mental health implications for seniors. Home care is uniquely positioned to contribute to the mental health of seniors given the day-to-day contact home care organizations have with seniors in their homes or home-like settings.

Meeting the present and future mental health needs of seniors will require the concerted efforts of those working across the full continuum of care, from acute care institutions to home care organizations, in both the public and private sectors. Effective policy to promote and maintain mental health in seniors requires an interdisciplinary, cross-sectoral, comprehensive approach. It requires the involvement of policy makers, service providers, health care professionals, family caregivers, advocates and seniors themselves.

This policy guide, designed to assist individuals responsible for shaping seniors' health and social policy in home care, provides a 'road-map' for ensuring that adequate consideration is given to promoting and maintaining the mental health of seniors. It has been written with an understanding of the constraints faced by home care organizations, but also the knowledge that failing to support seniors' mental health will have short-term and long-term economic and social implications.

Literature Cited

Anderson M. and K. Parent. *Putting a face on home care. A status report on home care in Canada.* Kingston: Queen's University, 1999.

Canadian Institute for Health Information and Statistics Canada. *Health care in Canada 2002: A first annual report.* Ottawa: Canadian Institute for Health Information, 2002.

Coyte. P. *Home Care: Potentials and Problems.* Paper presented at the public conference, Diagnostics and Solutions: Building Consensus for Health Care Reform in Canada, Montreal, Quebec, February 14-16, 2002. <http://www.hcerc.org/cgi bin/WebObjects/hcerc.woa/wa/DetailDirect/recentResearch?id=1000014>.

_____. *Location in Health Care: Sites, Roles, Rights and Responsibilities.* 1999. <http://chsrf.ca/docs/finalrpts/hidg_e.shtml>.

Elkan R., D. Kendrick, M. Dewey, M. Hewitt, J. Robinson, M. Blair, D. Williams and K. Brummel. "The effectiveness of domiciliary health visiting: A systematic review of international studies and a selective review of the British literature." *Health Technology Assessment* 4, no. 13 (2000): i-339.

Evans R., K.M. McGrail, S.G. Morgan, M.L. Barer and C. Hertzman. "Apocalypse no: Population aging and the future of health care systems." *Canadian Journal on Aging* 20, no. 1 (2001):160-191.

Foot D. *Boom bust and echo: How to profit from the coming demographic shift.* Toronto: Macfarlane Walter and Ross, 1996.

Forbes D., N. Stewart, D. Morgan, M. Anderson, K. Parent and B. Jenzen. *Use of home care over time by two distinct Canadian cohorts.* In press.

Health Canada. *Canada's Aging Population.* 2002. <http://www.hc-sc.gc.ca/hppb/seniors/pubs/fpt_docs/fed_paper/index_e.htm>.

_____. *Principles of the National Framework on Aging: A Policy Guide.* 1998. <www.hc-sc.gc.ca/seniors-aines/seniors/english/pubs2_e.html>.

_____. *Provincial and Territorial Home Care Programs: A Synthesis for Canada.* Ottawa: Minister of Public Works and Government Services Canada, 1999.

_____. *Public home care expenditures in Canada by age and sex, 1980 to 2000-01.* Ottawa: Policy and Consultation Branch, 2001.

_____. *Public home care expenditures in Canada 1975-76 to 1997-98.* Ottawa: Policy and Consultation Branch, 1998.

Hollander M.J. and A. Tessaro. *Evaluation of the maintenance and preventive model of home care*. Ottawa: Home Care/ Pharmaceuticals Division, Policy and Communication Branch, Health Canada, 2001.

McWilliam C., W.L. Diehl-Jones, J. Jutai, and S. Tadrissi. "Care delivery approaches and seniors' independence." *Canadian Journal on Aging* 19, suppl. no. 1 (2000): 101-124.

Moore E. G., M.W. Rosenberg, and D. McGuiness. *Growing old in Canada*: *Demographic and geographic prospectives, Census Monograph Series*. Ottawa: Statistics Canada, 1997.

Parent K., M. Anderson, and B. Neuwelt. *Seniors' Mental Health and Home Care*. 2002. <http://www.cmha.ca/english/shmcare/index.html>.

Queensland Government. *The Queensland Policy Handbook*. 2002. <http://www.premiers.qld.gov.au/governingqld/policy/analysis4_0.htm>.

Statistics Canada. *Provincial and Territorial Home Care Programs: A Synthesis for Canada*. 1998. <http://www.hc-sc.gc.ca/homecare/english/syn_2.html>.

Trainor J., E. Pomeroy, and B. Pape, ed. *Building a framework for support*. Toronto: Canadian Mental Health Association, 1999.

VON Canada. *Mental health resource guide for community caregivers*. Ottawa: VON Canada, 1998.

Additional References and Websites

Denton F. and B. Spencer. *Economic cost of an aging population.* no. 32. Hamilton, Ontario: McMaster University, Organization for Economic Co-operation and Development, 1998.

Federal/Provincial/Territorial Advisory Committee on Population Health (Canada). *Towards a Healthy future: Second report on the health of Canadians.* Ottawa: Health Canada, 1999.

Federal/Provincial/Territorial Ministers Responsible for Seniors. *The Canadian Seniors' Policies and Programs Database.* <http://www.sppd.gc.ca>.

Health Canada and Human Resources Development Canada. *Population aging in Canada: A diagnostic.* Unpublished report, 1999.

Health Canada and Division of Seniors and Aging. *Healthy aging and behavioral risk factors: An overview.* Unpublished document, 2001.

Hogan S. *Aging and financial pressures on the health care system. Health Policy Research Bulletin* 1, no. 1 (2001):5-9.

Human Resources Department Canada and Income Security Programs. *Canada's retirement income system: What's in it for you?* Hull: Human Resources Development Canada, 2001. <http://www.seniors.gc.ca>.

Keating N., et al. *Eldercare in Canada: context, content and consequences.* Cat. no. 89-570-XPE. Ottawa: Statistics Canada, 1999.

King P. and H. Jackson. *Public finance implications of population aging.* 2000. <http://www.fin.gc.ca/wp/2000-08e.html>.

Kinsella K. and V. Velkoff. *An aging world: 2001.* Series P95/01-1 Washington, D.C.: US Census Bureau, 2001.

Lindsay C. *Canada's seniors: statistical snapshots of Canada's seniors.* Ottawa: University of Ottawa and Health Canada, Division of Aging and Seniors, 1998.

Moyer A. et al. *Falls in later life.* Community Health Research Unit. no. M98-2. Ottawa: University of Ottawa, 1998.

National Advisory Council on Aging (Canada). *Intergovernmental relations and the aging of the population: challenges facing Canada.* Ottawa: National Advisory Council on Aging, 1991.

Organization for Economic Co-operation and Development. *Aging and income: Financial resources and retirement in nine OECD countries*. Paris: OECD, 2001.

Pollock A.. Aging as a health care cost driver. *Health Policy Research Bulletin* 1, no. 1 (2001):10-12.

Robb R., et al. *Valuation of unpaid help by seniors in Canada: an empirical analysis*. no. 27. IESOP Research Paper. Hamilton, Ontario: McMaster University, 1997.

Statistics Canada. *Survey of financial security: private pension savings*. Cat. no. 11-001E, 2-8. The Daily.

_____. *Population projections for 2001, 2006, 2011, 2016, 2021 and 2026*. <http://www.statcan.ca/english/Pgdb/People/popula.htm#pop>.

_____. *Population by age group.* <http://www.statcan.ca/english/Pgdb/People/popula.htm#pop>.

_____. *Population of census metropolitan areas.* <http://www.statcan.ca/english/Pgdb/People/popula.htm#pop>.

Provincial Websites

The following are provincial government websites that address the needs of seniors and/or their mental health needs. Often sites related to mental health focus on mental illness. However those sites have still been included because material is often available on promoting the quality of life and well-being of an individual to prevent mental illness.

ALBERTA

http://acaging.interbaun.com/

BRITISH COLUMBIA

http://www.hlth.gov.bc.ca/mhd/

http://www.healthservices.gov.bc.ca/mhd/mhdforms

http://www.healthservices.gov.bc.ca/mhd/advisory/index.html

MANITOBA

http://www.gov.mb.ca/health/mh/act.html

http://www.gov.mb.ca/chc/statpub/free/pdf/m110.pdf

NEW BRUNSWICK

http://www.gnb.ca/0055/en/org.htm

NEWFOUNDLAND

http://www.gov.nf.ca/publicat/MentalHealthPolicyPaper.pdf

NORTHWEST TERRITORIES

http://www.hlthss.gov.nt.ca/Content/Planning/ActionPlan/3Direction.pdf

ONTARIO

http://www.gov.on.ca/health/english/program/mental_health/mental-health_mn.ca

http://www.ontario.cmha.ca/content/policy_and_action/policydocuments.asp

PRINCE EDWARD ISLAND

http://www.gov.pe.ca/infopei/Government/GovInfo/Seniors/Seniors_Policy_and_Programs/

QUEBEC

Contact individual CLSCs

SASKATCHEWAN

http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/M13-1.pdf

YUKON

No specific website noted

PROVINCIAL COMPARISON

www.hc-sc.gc.ca/hppb/healthcare/qaehs/pubs/continuingcare/roundtab.html

CANADIAN MENTAL
HEALTH ASSOCIATION

L'ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE

2160 Yonge Street, 3rd Floor
Toronto, Ontario M4S 2Z3
Telephone: 416-484-7750
Fax: 416-484-4617
Email: national@cmha.ca
Web site: www.cmha.ca