SUPPORTING SENIORS' MENTAL HEALTH

A Guide for Home Care Staff

CANADIAN MENTAL HEALTH ASSOCIATION
L'ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE

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A Message from the Canadian Mental Health Association

At the Canadian Mental Health Association, 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 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.

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

About This Guide

This guide is the result of a national study conducted by the Canadian Mental Health Association in 2001 that assessed the mental health needs of seniors and the role home care does, and can, play in meeting those needs. The study concluded that in order to promote seniors' mental health, there is a need to enhance the capacity of home care organizations to identify and support seniors' mental health issues both through the type of services provided, and the way in which they are provided.[1]

Structure of the Guide

This guide[2], which is based on the study's findings, provides practical tools and check lists to assist front-line staff to support the mental health needs of seniors. It begins by discussing mental health and proposing principles and a framework for addressing seniors' mental health issues. The guide then looks at how home care staff can support seniors' mental health by providing information and coordinating services to help seniors navigate provincial home care programs.

Strategies are then presented to enhance three key practice skills for home care staff:

- communication skills
- involving clients in decision-making and
- advocacy skills.

The guide concludes with a section discussing issues that may affect a senior's mental health, how to identify them and how to address them. The issues addressed are:

- social isolation
- functional decline
- substance abuse
- elder abuse
- family caregiver stress/burnout
- changing life situation

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

[2] *A second guide for planners and policy-makers, identifies the key "system features" that must be addressed through policy and operationalized in the home care system in order to promote seniors' mental health. K. Parent, M. Anderson, and L. Huestis, Supporting Seniors' Mental Health through Home Care: A Policy Guide (Toronto: Canadian Mental Health Association, 2002.)*

- financial insecurity
- depression

The national study focused on mental health, rather than mental illness. As a result, this guide does not address dementia, alzheimer's disease or various types of mental illness, with the exception of depression. Depression was included because it was identified as a frequent component of the issues affecting mental health.

Who Should Use this Guide

This guide has been developed as a basic resource guide to assist home care staff who provide and/or coordinate home care for seniors -- both professional staff (e.g., case managers/care coordinators, nurses, therapists) and para-professional staff (e.g., home support workers, personal support workers, personal care attendants, home health aides, community health workers, preposée aux beneficiaries, visiting home-makers, etc.).

It is hoped that the guide will also be a valuable information source for family care-givers, volunteers and any organizations who provide care and support to seniors.

Much of the information presented will be familiar to both professional and para-professional staff from other contexts and may already be part of their day-to-day practice. What may be new is viewing these skills and practices in the context of seniors' mental health. We hope that by bringing this information and these resources together, home care staff members will become aware of the critical role they are currently playing in supporting seniors' mental health, and find new ways to address mental health concerns in the care they provide to their senior clients. We also hope that by providing much of the material as checklists, staff members can use it as a quick review tool.

It is recognized that the scope of practice among individual staff members varies, and that the responsibility for use of the assessment tools and some checklists provided in the guide rests with the health professionals. Other support staff members can use the information in the guide to assist them as they provide care to the seniors.

Supervisors or managers of para-professional staff may also wish to use, adapt and expand upon sections of the guide for in-service or training sessions.

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.[3]

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.

[3] *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, previous 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.[4]

The national 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.

"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 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.[5] 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.[6]

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[4] *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.*

[5] *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.*

[6] *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

The findings from the national study reinforced the key elements that are required for a quality life and sense of well-being for seniors. The findings also validated the five fundamental principles underlying Health Canada's *National Framework on Aging*[7]. These are dignity, independence, participation, fairness and security. Each of these principles has real world relevance in the daily lives of seniors. They need to be incorporated into our thinking and interaction with seniors when we consider how care and support are provided to them in their homes. The principles also provide further support for the holistic approach to seniors' health that is advocated in this guide. The five principles are described below:

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

"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)

[7] *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>.*

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)

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 national study used a similar framework that was adapted from the VON Canada's mental health model[8] and the Canadian Mental Health Association's Community Resource Base[9]. The framework was refined following discussions with seniors and formal care providers and is particularly useful when having to differentiate mental health promotion from the treatment of mental illness.

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

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 indi-

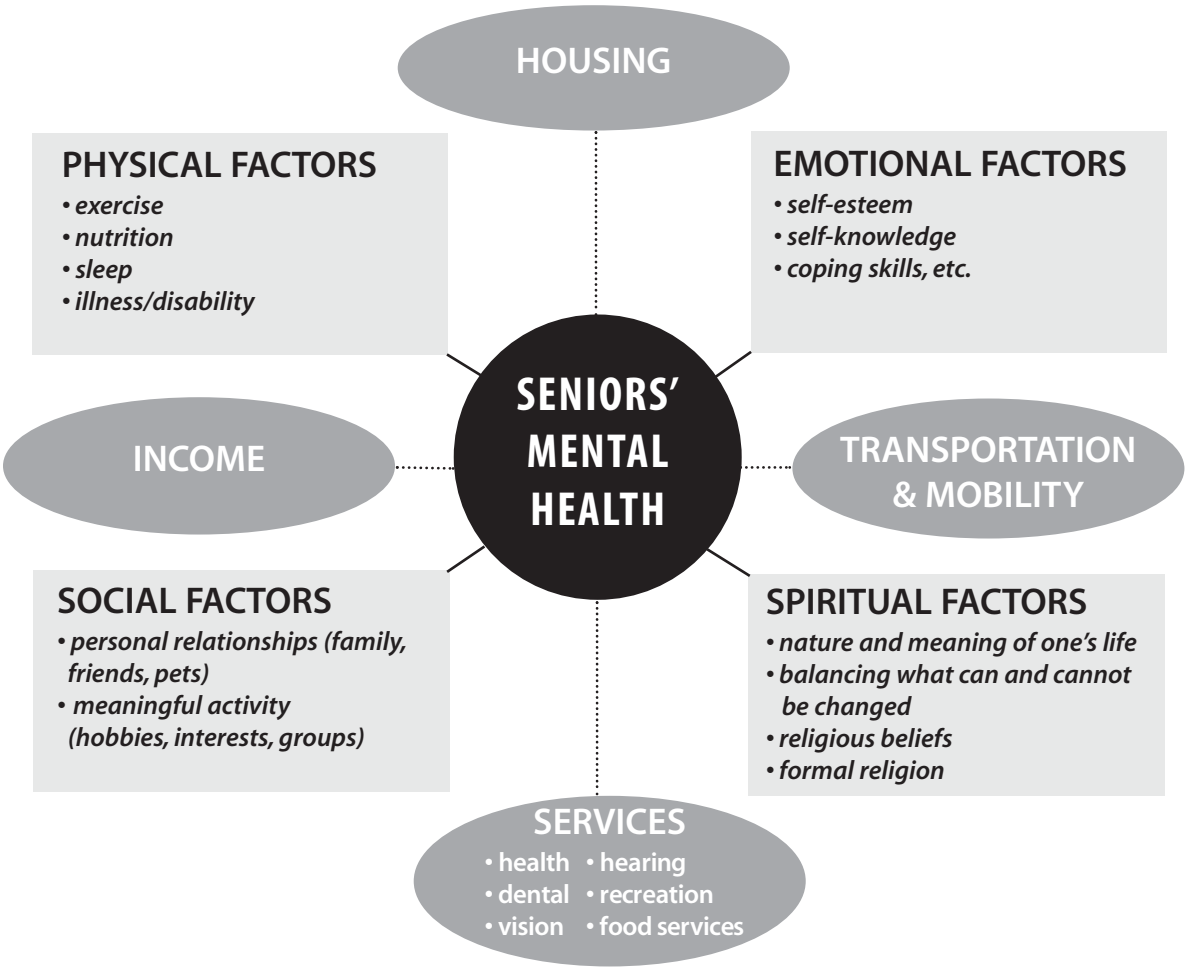
[8] *VON Canada, Mental health resource guide for community caregivers (Ottawa: VON Canada, 1998.)*
[9] *J. Trainor, E. Pomeroy, and B. Pape, ed., Building a framework for support (Toronto: Canadian Mental Health Association, 1999.)*

vidual's mental health. 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.

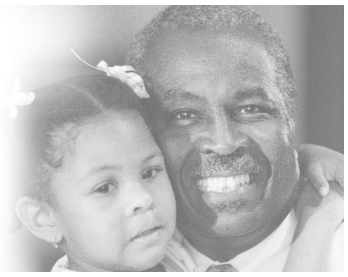
Since the quality of the daily lives of seniors reflects the combination of all these factors, it is important to be aware of how the combination, or any changes in these various factors, contributes – either positively or negatively – to seniors' mental health needs.

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 seniors may need encouragement and assistance to activate their choices. Individuals providing care to seniors in their homes have an opportunity to do this. They also have an ideal opportunity to monitor and enhance the mental health of seniors who receive care in their home.

A Framework for Seniors' Mental Health



Helping Seniors Navigate the System – A Key Role for Home Care Staff



The national study found that 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.

In addition, 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."

To maintain their physical and mental health as they age, seniors are more likely to require a range of services and programs, in both health and social services. Home care cannot provide all services, but staff can play a key role in providing information regarding what services are available, from what organizations, and how they can be accessed. To do this well, staff need to be aware of the resource options available in the community (e.g., volunteer agencies, parish nursing and visiting programs, outreach programs, community support groups, etc.)

In addition to simply providing information, staff can play a role in coordinating the various services available for seniors and helping seniors to access them. While this improves seniors' access to necessary support services, it also supports the mental health of seniors who may not be familiar or comfortable with navigating a 'system' of care on their own. Case managers/care coordinators are ideally situated to play this coordinating role because they communicate directly with the seniors in their homes, have a sense of the range of services that the seniors require and use, and have built a relationship of trust with their clients. Their role also becomes one of advocacy to ensure the needs of seniors are met.

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

While home care staff currently play this coordinating role to varying degrees, the national study findings suggest that this role needs to be enhanced and expanded by home care playing a lead role in bringing together various service providers in a coordinated network. Building a network among the various service providers takes time and commitment, however, the benefits are significant. These include:

- reduction of duplication of services

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

By providing information and coordinating seniors' access to health and social services, home care staff contribute to the mental health of seniors in several very tangible ways: reducing confusion and the resulting stress for seniors and their family caregivers; helping seniors enhance their sense of control over the services they receive and how they receive them; and improving seniors' access to services that can support and enhance their mental health.

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

Key Practice Skills for Home Care Staff

In the national study's interviews with seniors and their family members, it was clear that for many seniors, the home care staff member is the window to the rest of the world – the person who provides care, companionship and the support they need to remain in their own home.

While home care professionals and para-professionals require a variety of skills to fulfill this role, the research suggested three key practice skills are required to support seniors' mental health, the ability to: be an effective communicator; involve seniors in decision-making; and be an effective advocate.

Being an Effective Communicator

Effective communication is a critical skill for anyone working with seniors. For home care staff, good communication is more than a social skill; it is the basis for clinical judgements and interventions. Poor communication can lead to inappropriate care and increased levels of anxiety and frustration for seniors – both of which negatively affect seniors' mental health.

Communication should be a two-way street – not just a way to provide information but also a means of checking for comprehension and letting clients clarify or enhance their understanding. From a mental health perspective, good communication also allows you to better assess the mental health status of your clients, and provides you and them with the opportunity to identify any issues or concerns that could affect their positive mental health.

Staff need to be skilled in responsive listening. Communicating with seniors should involve an exchange of information and understanding, allowing clients to express thoughts and feelings as well as convey objective information about their situation. Listeners should be skilled in interpreting gestures, words and behaviour, observing verbal and non-verbal messages, allowing enough time for communication to occur, and providing the appropriate responses.

"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).

A Model for Effective Communication[10]

The following is one model which can be used to work through issues with your senior clients.

> ***Step 1 Inquire:*** *Gain information by asking relevant questions and listening in an active way to encourage people to say what they want.*

Show a genuine interest in what the client or family member is saying and use the time to gain the knowledge required. If the answers to your questions are unclear, ask the questions in a different way, or reiterate what the individual has just told you. Ask non-judgmental questions. Be patient. Give the client or family member the time they need to answer the question.

> ***Step 2 Assess:*** *Assess the information and come to a judgment on what it means.*

You do not have to be quick to formulate an answer to a problem. Think about the different ways that the information can be interpreted. Think about the information from the perspective of the client or family member.

> ***Step 3 Summarize:*** *Convey to your client your understanding of the issues so that both your views and the views of the client are shared.*

Express to the client or family member what you have just heard. Pull the various pieces of information together and highlight the main areas to deal with. Instill confidence in the client that you understand the information that they have given you. Be clear and concise.

> ***Step 4 Propose:*** *Develop and present suggestions, recommendations and options on what can be done to solve the problem.*

Given the information provided, identify the range of options that can be pursued. Identify who would be the best person or people to address the problem. If possible, indicate what amount of time may be required to resolve the problem.

> ***Step 5 Decide:*** *Work with the client to make choices, and indicate those choices to others.*

Engage the client or family member in the decision-making where appropriate. Communicate with others whom you feel should be informed of the decision, and why the decision was made. Again, be clear and concise; present the information in a logical manner to show how the decision came about.

In-person Communication

In providing services to seniors, you may be using a variety of communication methods: in-person, telephone and written materials. In-person communication is the most common form of contact by home care staff with seniors in their homes. This is likely an advantage, since some research indicates that seniors prefer personal communication over other forms of communication. This is particularly critical for people with low literacy levels.

In dealing with seniors, it is important to be aware of, and accommodate, any disabilities related to communication. Hearing loss may impede a client's ability to

[10] *Adapted from C. Margerison and D. McCann, "Team performance management," International Journal 2, (1996):14-16.*

✔ CHECK COMMUNICATING WITH SENIORS[11]

VERBAL COMMUNICATION

Ask the person to list questions or concerns before a visit.

Ask the person how they prefer you to address them (Mrs., first name...).

Use open-ended questions to get information.

Summarize information provided by the client to check your comprehension of the facts.

Avoid formality and professional jargon; speak to the person's level of vocabulary and understanding.

Offer checklists or other plain-language material to back up oral instructions.

Make sure your client has understood you by asking that he/she summarize what was said.

If the client doesn't understand, rephrase the sentence; don't just repeat the same words or say them louder.

Be aware and accommodate any disabilities related to communication e.g., hearing loss. Check with the client to ensure they can hear you. Adjust where you are sitting and the volume of your voice accordingly and speak clearly.

Watch for signs that memory loss is affecting a client's ability to communicate and function independently. Ensure contributing medical factors are properly assessed and treated. Discuss strategies to help clients compensate for memory loss, for example: helping them to use memory aids such as written schedules, calendars, writing information down, pill reminders, etc.

Take steps to accommodate a client's language needs if English or French is not his/her first language. A family member may be able to assist with interpretation, or in some situations a professional interpreter may be required.

NON-VERBAL COMMUNICATION

Avoid establishing physical barriers (across desk) between you and the client.

Remain seated during the conversation.

Show courteous attention; demonstrate interest in what they're saying.

Show (don't just tell) the client how to do something.

Maintain eye contact; communicate occasionally through touch if appropriate.*

Avoid doodling or fiddling.

Stay alert to non-verbal clues that contradict or supplement verbal communication.

Stay focused on the client; don't consult your schedule or your watch.

** As with all physical contact, a client's personal boundaries must be respected. Your professional standards of practice will provide you with guidance.*

[11] *Adapted from Health Canada, Communicating with Seniors: Advice, Techniques & Tips, 1999, <http://www.hc-sc.gc.ca/seniors-aines/seniors/english/resrc2_e.htm#C>.*

participate in a conversation and/or lead to frustration or withdrawal from social interaction. Memory loss may lead to your client providing inconsistent information between one visit and the next. (Memory loss is not necessarily a normal part of aging and may require assessment to determine and treat the underlying causes.) You may also need to take steps to accommodate clients' language needs if English or French is not their first language.

Respecting confidentiality and the privacy of your clients may provide additional challenges in a home situation, particularly if family members are involved in care. In sensitive situations where a client's willingness to speak openly may be compromised by the presence of the family member, e.g., elder abuse, the health care team will need to look at strategies which will provide the client with opportunities to communicate openly.

Telephone Communication

Although telephone communication is a useful way of communicating, it may be inappropriate if the senior has some degree of hearing loss. Some seniors may have difficulty with the impersonal nature of dealing with someone over the telephone, particularly if they are required to give personal information. Lastly, seniors may also find automated telephone systems frustrating and prefer to speak to a real person. The following checklist can help you assess whether your organization's telephone system is meeting the needs of your senior clients.

✔ CHECK TELEPHONE SYSTEM[12]

- ☐ Does your phone system invite callers to talk to a real person without waiting for endless messages and menu choices?
- ☐ Does the system accommodate rotary phones?
- ☐ Are the instructions on your automated answering system spoken clearly and slowly, with options to repeat a menu?
- ☐ Does your message start by advising callers to have a pen and paper handy?
- ☐ Does your system provide for tty/teletypewriter users to accommodate callers who are deaf or hard of hearing?
- ☐ Does the system give callers the option of leaving a message and having someone return the call?
- ☐ Does your system take into account the language preferences of your clients?

[12] *Ibid.*

Print Communication
Providing information in print form allows readers to absorb information at their own pace and to keep the item for future reference. However, written information may be of limited use if the person has low literacy skills, vision problems or does not have English or French as a first language. If you are providing information in a written form, be sure to select a type font and size that is easily readable, and a layout and design that maximizes readability. The following checklist provides some tips on how to increase readability through the use of plain language.

✔ CHECK PLAIN LANGUAGE[13]

- Use familiar words and a conversational, personal tone.
- Proceed logically, with the most important ideas first, and linked from one paragraph to the next.
- Use action verbs and active construction, not passive.
- Favour short words and short sentences.
- Use short paragraphs.
- Use concrete examples to illustrate ideas or concepts.
- Present ideas with illustrations or diagrams if this makes them easier to understand.
- Highlight main ideas and important information with headings, point form and boldface type.

Printed information is easily misplaced or thrown out. Consider how the senior will use the printed information and suggest where it could be kept for future reference. For example, if the information relates to what to do in an emergency, it may be useful to help the senior post it beside the telephone.

Involving Seniors in Decision-making

Independence is highly valued by seniors. A sense of control over one's life and the ability to make choices are critical factors in maintaining mental health. This sense of independence is easily lost when a senior is dependent on others, particularly strang-ers, for personal care and support for activities of daily living. It is difficult for seniors to feel a sense of control when decisions regarding the type, amount and scheduling of care and support they receive are made by someone else.

> *"Older adults need to feel they can make decisions which are good for them. They need the freedom to do that. This includes where they will live, how they will maintain their health, financial independence, the services they would select to maintain their independence and that they would have enough money to live comfortably. They also need to feel they are involved and not isolated in their homes and their lives."* (Provider Agency)

[13] Ibid.

The principle of client-centred care is embraced by most home care organizations. But ensuring this guides all of your interactions with clients can be challenging. In addition to being an effective communicator, you have a responsibility to involve clients and their family caregivers in decisions affecting care, provide them with choices whenever possible, and respect their decisions. Likewise, looking for opportunities to do tasks "with" rather than "for" allows seniors to retain control and independence through helping themselves. Your role is not to solve every problem for your clients, but to support their own problem-solving skills.

Respecting a client's right to make their own choices can prove particularly challenging when you disagree with that decision, particularly in situations of risk. Where competency is not an issue, you may simply have to live with a senior's choice to live at risk.

Being an Effective Advocate

As a professional caregiver, one of your major responsibilities is advocating for your clients to ensure they receive the best possible care and support. The advocacy may take the form of supporting senior clients as they advocate for themselves, or where they are unable or unwilling to do so, becoming the advocate yourself.

Advocacy is particularly relevant when caring for seniors, because often they are unaware of services and resources that are available and don't know where to go for help. Supporting your client's advocacy or, where necessary, assuming the role of advocate yourself, will allow you to support seniors' mental health by ensuring they not only receive the services they need to sustain their mental health, but that they receive them in a manner which contributes to mental health i.e., respecting their independence, dignity, etc.

How to Advocate

Supporting a senior's mental health may require advocacy on a variety of issues, e.g., making the case for additional home support services that will improve your client's quality of life in the home, or advocating for your client to receive transportation support so s/he can participate in social programs in the community that will reduce social isolation.

At times you may also find yourself advocating for family caregivers, to ensure they receive the support they need to continue in their role.

Effective advocacy requires the following:

- *Energy*
  Advocacy requires energy to ensure that your client's situation is receiving as much attention as possible. It will require that others see that there is someone (you) who is supportive of the client and who will help that client to achieve the best possible outcome.

- *Ongoing commitment*
  Being a strong advocate may require your involvement at different times and with different providers and organizations.
- *Avoiding and minimizing conflict of interest*
  The advocacy should not compromise your own practice or jeopardize that of others.
- *Focusing the advocacy on the vulnerable individual*
  The advocacy should clearly be for your client and not for the purpose of promoting your views or personal agenda. It should be clear to everyone that it is the client who will benefit.
- *Reflecting the needs and desires of your client*
  You should not place your own views and desires ahead of your client's. Your advocacy should be supportive and at all times, to the greatest extent possible, directed by your client.

Advocacy is not always successful. The following can affect the success of your advocacy work on behalf of your senior client:

- *Lack of knowledge on the issues*
  If you don't understand the issues, your advocacy may not only be unsuccessful, it could actually waste time and get in the way of your client receiving the care s/he needs.
- *Lack of insight into the wishes and needs of your client*
  If you don't understand your client, you will not be able to advocate for him/her.
- *Lack of resources*
  Successful advocacy can take time and resources. Despite good intentions, you may simply not have the time or resources to undertake the full extent of advocacy required. Recognize, however, that advocacy does not necessarily have to be time consuming. A simple telephone call at the right moment may take very little time, but make a significant difference in ensuring your client receives the services s/he needs.
- *Organizational policy*
  Your organization may have policies that discourage employees from taking on an advocacy role for clients.
- *Loss of Energy*
  An advocate can become sensitized to the issues and no longer see the worth of the advocacy effort. Advocacy takes energy. Over time it is easy to lose sight of the importance of the issues and lose your effectiveness as an advocate.

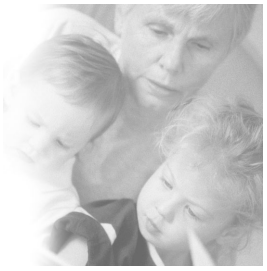
Peer Advocacy

In addition to supporting senior clients in advocating for themselves, it may also be appropriate to encourage them to advocate for others in their community. This latter form of advocacy is often referred to as peer advocacy. A peer advocate is a volunteer senior interested in helping other seniors.

Peer advocates …

- provide other seniors with information about available services and resources.
- use their own lifetime experiences as well as information from outside resources.
- may assist seniors to obtain needed services.
- may advocate on behalf of individual seniors.
- may advocate to obtain needed services and programs.

Issues Affecting Seniors' Mental Health



Seniors face numerous mental health issues in their day-to-day lives. In order to provide care that supports and promotes mental health, home care staff must understand these issues and be able to recognize signs of deteriorating mental health.

This section of the guide will provide a brief overview of the mental health issues identified in the national study, and provide checklists to help home care staff members to identify if these issues are affecting their clients. In addition, several more detailed tools to assist in assessment and referral are included in the appendices of this guide. Supplementary information can also be accessed readily through the internet sites provided at the back of the guide.

Social isolation

What are the causes?
Social interaction is a basic human need. Social interaction promotes self-worth, provides a sense of purpose and engages us in the affairs of others, the community and the world at large.

"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)*

As people age, they often outlive relatives and friends and their social interaction becomes more limited. With aging, seniors may also become less mobile and begin to acquire chronic illnesses, which can limit the extent to which they may be able to get out and socialize. The death of a spouse may also lead to a sense of isolation, particularly if the senior has been the caregiver and has given up other connections in the community in order to care for their spouse.

Although some people may be able to cope with fewer people with which to socialize, others may feel increasingly lonely. Lack of social interaction can lead to a decline in nutrition, increased anxiety and/or depression and substance abuse. Studies show that there is a relationship between loneliness, poor health and well-being. Seniors who are very lonely are more likely to move into a nursing home.

What to watch for

✔ CHECK FACTORS CONTRIBUTING TO SOCIAL ISOLATION[14]

- Advanced age.
- Gender (women are more likely to become isolated than men).
- Fewer social contacts.
- Widowed.
- Difficulty with finances.
- Living alone.
- Problems accessing transportation.
- No relatives living nearby.
- Recent changes in place of living (i.e., have moved into present community in past five years; have moved into present living arrangement in past three years; have recently moved more than one day away from previous living arrangement).
- Satisfaction with life (does individual perceive that the community values seniors?)
- Health (four or more health problems; spent more than one month in hospital in past year; unsteady state of mind).
- Low levels of physical functioning (e.g., vision, hearing, mobility).
- Declining cognitive function.
- Greater use of drug medications.

TOOL

A tool for use in assessing loneliness is found in Appendix A.

How can you help?

If you think someone is socially isolated, there are a number of things you can try to help alleviate the problem:

- Encourage more social activities.
- Discuss the situation and possible solutions with other members of the care-giving team, including the family physician, if appropriate.
- Try to make the senior feel needed and valued.
- Help the senior to be informed about activities in the community.
- Look for ways to improve access to transportation.
- Provide the senior with information about supports and services for seniors in the community, including recreational activities and help them connect with the appropriate service.
- Arrange to have someone accompany the senior for the first time when attending a new community group or support. If contacted, many groups may

[14] *M. Hall and B. Havens, The Effect of Social Isolation and Loneliness on the Health of Older Women, 1999, <http://www.pwhce.ca/isol.htm>.*

volunteer to have one of their members pick up the senior and act as a "buddy.

Functional decline

What are the causes?

An individual's mental health is often related to their physical health. Declining health and functional ability can lead to reduced independence and loss of a sense of control over one's life.

There is a natural decline in functional capacity as an individual ages, such as decreased mobility, hearing loss and vision impairment. However, particular illnesses, diseases or life events may accelerate the functional decline. These include: heart disease/attack, stroke, falls and injuries (possibly due to an unsafe home environment), high blood pressure, osteoporosis, obesity and cancer.

What to watch for

Critical events such as a heart attack, stroke or the onset of cancer obviously influence the extent of functional decline. Another major contributor to physical decline for seniors is falls.

How can you help?

Promote Physical Activity

Encourage regular physical activity to the greatest extent possible for the senior. Physical activity has a number of benefits, including greater levels of independence, better mental health, improved quality of life, more energy, fewer aches and pains, less stress, improved self-esteem and better control of weight. It can also lead to more social activities, improved sleep and simply having fun in life. It may help to significantly offset the emergence of disease and illness (e.g., heart problems).

"The physical being affects your mental well-being. We can't do things we used to do and it takes us twice as long to do what we can still do."
(Senior)

Canada's Physical Activity Guide to Healthy Living for Older Adults identifies three main activity groups – flexibility, endurance and strength and balance.[15]

- *Flexibility activities* help seniors to move more easily and do daily tasks better. They promote more independence and help to keep joints healthy. Activities include: stretching, yard work, vacuuming, gardening, dancing, yoga, mopping the floor, golf and curling.

[15] *Health Canada, Canada's Physical Activity Guide to Healthy Living for Older Adults, 1999, <http://www.hc-sc.gc.ca/hppb /paguide /older/pdfs/guide_handbook.pdf>. Copies of the guide can also be ordered through the website and can be provided to clients that could benefit from regular physical activity. The Canadian Centre for Activity and Aging has also developed a home exercise program for the frail elderly living in the community. More information on the program is available at <http://www.uwo.ca/actage/new/ home.htm>.*

- *Endurance activities* help to increase energy and keep seniors moving for longer periods of time. Endurance activities help the heart, lungs, circulation and muscles. By far the most common of all endurance activities is walking.
- *Strength and balance activities* help to keep muscles and bones strong, and improve balance and posture, which will also help in preventing falls. The choice of activities will be determined by the senior's functional capacity, but may include climbing stairs, exercises for standing up and sitting down, carrying groceries, lifting weights and carrying laundry. It is important for your clients to start slowly and know how to lift and use their muscles in the right way.

> *"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)

Encourage your clients to do some form of regular physical activity every day. This could include a 10-minute walk, moving around frequently during the day, doing some stretching or lifting light weights. (Depending on their physical condition, your clients may need to consult with their family doctor before beginning any new routines.) Consider whether a physiotherapy consult could assist your client to increase their physical activity. You can also encourage your clients to talk to friends and family about doing activities, and encourage them to get involved in group activities in the community. These will provide social interaction, which will also enhance their mental health.

Prevent Falls

A major factor in the physical and mental health of seniors is the occurrence of falls. Injuries associated with falls can significantly affect mobility, and reduced mobility may reduce an individual's independence and contribute to other mental health issues, e.g., social isolation may result if the individual can no longer participate in activities outside the home. Canadian researchers recently produced a best practices guide for preventing falls among seniors in the community[16] . In the guide there are a number of suggestions for preventing falls. These include:

- *Screening* for physical and cognitive impairment.
- *Identifying appropriate supportive services* for seniors to have in their homes, e.g., homemaker support.
- *Awareness that taking drugs* such as benzodiazepines and psychotropic drugs increases the risk of falls among seniors. (Alcohol use, or alcohol use in combination with medications, can also contribute to falls.)
- *Education and awareness* for seniors in association with other risk reducing strategies can help to prevent falls.
- *Home modifications* can play a role in reducing falls. These include railings for stairs, slip mats and grab bars in baths, improved pathways, lights outdoors, removal of lose rugs.

[16] *V. Scott, S. Dukeshire, E.M. Gallagher, and A. Scanlan, A Best Practices Guide for the Prevention of Falls Among Seniors Living in the Community, 2001, <http://www.hc-sc.gc.ca/seniors-aines/pubs/best_practices/pdf/BestPractice_Falls_e.pdf>.*

Encourage seniors, if possible, to have someone come into their home to assess the need for modifications. While some modifications are easily made, others have costs associated with them. If seniors cannot afford to pay for them, you will want to assist them in finding whether other sources will cover the costs. e.g., Veterans' Affairs, government-run programs, etc.

There is no one single strategy for reducing falls. Rather, it is the effective combination of a range of strategies that will reduce the likelihood of a fall for a senior.

TOOL

Reducing hazards in the home can help to reduce falls. Several useful checklists are provided in Appendix B.

Substance abuse

What are the causes?
Substance abuse reduces brain activity, and affects alertness, coordination and reaction time. It is a major physical and mental health problem, and increases the risk of falls and other injuries and accidents.

As people age, their ability to absorb and dispose of alcohol and other drugs changes. For example, problems with alcohol abuse can be magnified for seniors when alcohol is mixed with prescription and over-the-counter medication. In some cases it can be fatal. Aspirin, for example, can cause bleeding in the stomach, but the risk of bleeding increases if there is also the consumption of alcohol.

A lack of understanding of prescription medications can also contribute to substance abuse, e.g., overusing or underusing a medication, or using someone else's prescription medication.

A senior may develop a substance abuse problem in response to many factors, including failing health, loneliness, death of friends or family, retirement and other life changes, and lowered income.

Initially the substance abuse may provide relief for one or some of these situational factors. However, it can turn into a dependency and a significant problem from both a physical and mental health perspective.

What to watch for

✔ CHECK SIGNS OF SUBSTANCE ABUSE[17]

A drinking problem may exist if the senior:

- Drinks to calm nerves or reduce depression.
- Lies to hide drinking habits.
- Loses interest in food.
- Feels irritable, resentful or unreasonable when not drinking.
- Has medical, social or financial problems caused by drinking.

How can you help?

- Be aware of the potential for substance abuse by the senior when visiting or talking to him/her or a family caregiver.
- Be aware that lack of knowledge about combining prescription medications with alcohol can also lead to problems.
- Be aware of the potential for substance abuse by the caregiver.
- Ensure the individual on the caregiving team responsible for taking action in this type of situation is aware of the situation

Elder abuse

What are the causes?[18]

A range of abusive behaviours can occur in the seniors population. These include physical and sexual abuse, emotional or psychological abuse, financial abuse and neglect or a combination of all or some of these. Abuse occurs in all economic, social and cultural groups.

Abuse can come from family, friends, family and professional caregivers and may be the result of many factors, including:

- Caregiver stress – This is more likely when the individual being cared for has challenging physical and mental health problems, and when the caregiver is not prepared or capable of carrying out the caregiving role.
- Impairment of the senior – Seniors in poor health are more likely to be abused than seniors in good health.
- Existing violence in a family – Violence has been a normal response to tension and conflict in a family and has been passed from one generation to another.
- Personal problems of the abusers – Abusers are more likely themselves to have mental and emotional problems, alcoholism, drug addiction or financial problems.

[17] *Consumer Health Interactive, The Elderly and Alcohol Use, 2000, < http://www2.vhihealthe.com/topic/sralc>.*
[18] *National Center on Elder Abuse, The Basics: What is Elder Abuse?, 2002, <http://www.elderabusecenter.org/basic/index.html>.*

What to watch for [19]

✔ CHECK SIGNS OF PHYSICAL ABUSE

- Bruises, black eyes, welts, cuts, rope marks.
- Bone fractures, open wounds, sprains, untreated injuries.
- Broken eyeglasses.
- Signs of being restrained.
- Refusal by family caregiver for you to see the individual.
- Misuse of drug medication.
- Sudden change in behaviour by the senior.
- Senior commenting on being abused.

✔ CHECK SIGNS OF SEXUAL ABUSE

- Bruises around breasts or genital area.
- Unexplained venereal disease or genital infections.
- Unexplained vaginal or anal bleeding.
- Torn, stained or bloody underclothing.
- Senior commenting on being abused.

✔ CHECK SIGNS OF EMOTIONAL OR PSYCHOLOGICAL ABUSE*

- Senior being upset or agitated.
- Senior being noticeably withdrawn.
- Unusual behaviour by the senior.
- Senior commenting on being verbally or emotionally mistreated.

* Emotional or psychological abuse may include verbal assaults, threats, intimidation, humiliation, harassment, isolating seniors from friends and family, giving the senior the 'silent treatment,' treating the senior like a child.

[19] *Ibid.*

✔ CHECK SIGNS OF NEGLECT

- Dehydration, malnutrition, untreated bed sores, poor personal hygiene.
- Untreated health problems.
- Unsafe or inappropriate living arrangements (e.g., unsafe electrical wiring, no heat, no water).
- Unsanitary living conditions (e.g., dirt, fleas, mice, fecal/urine smell).
- Senior commenting on unsanitary conditions.
- Abandonment (e.g., desertion in a public place, or the senior reporting on being abandoned).

✔ CHECK SIGNS OF FINANCIAL ABUSE

- Sudden change in bank account or banking practices.
- Unexplained disappearances of valuable possessions.
- Discovery of senior's signature being forged.
- Sudden appearance of previously uninvolved relatives claiming their rights to the senior's affairs and possessions.
- Unexplained transfer of assets to a family member or someone outside the family.
- Provision of services that are not necessary.
- Senior commenting on being financially exploited.

In addition to all these things to look for it is important to consider that self-neglect may also occur. This is when someone consciously makes a decision to engage in acts that threaten their own well-being – many of which have been listed above.

TOOL

A screening tool to determine whether a senior is at high risk of elder abuse is included in Appendix D.

Health Canada has produced a variety of resources on elder abuse, including a *Resource and Training Kit for Service Providers: Abuse and Neglect of Older Adults*. These resources are available on the Health Canada web site at: www.hc-sc.gc.ca/hppb/familyviolence/indexfi_e.html

How can you help?

- Be aware of the things to look for when visiting or talking to clients or their family caregiver.
- Ensure the individual on the caregiving team responsible for taking action in this type of situation is aware of the situation. Note: In some provinces, reporting of abuse is mandatory.

Family caregiver stress and burnout[20]

What are the causes?

Family caregiver stress and burnout can be a major problem for seniors, who are providing more and more care for spouses, older parents and other family members. This is especially true if they themselves are experiencing a decline in their functional capacity. Family caregivers may become drained emotionally, physically, mentally and/or spiritually and feel they have nothing left to give.

Collectively, the pressures facing family caregivers can exceed their capacity to cope. They can be so focused on their caregiving responsibilities that they often do not consider their own needs. Without adequate formal and informal supports for family caregivers their own mental and physical health can suffer. And in some cases the health of the person they are caring for may also suffer.

What to watch for

Individual caregivers are different, and so are the family members to whom they provide care. How they cope with the caregiving responsibilities will vary accordingly and it is important to keep that in mind when looking for ways to help them. Family caregivers may show signs of deterioration in their own physical health. Family caregivers can also be at risk for depression. (See section on depression.)

✔ CHECK SIGNS OF CAREGIVER STRESS

Are the family caregivers of your clients feeling:

- ☐ always exhausted?
- ☐ hopeless?
- ☐ overwhelmed?
- ☐ emotionally numb or emotionally explosive?
- ☐ unable to focus or concentrate?
- ☐ resentful/sorry for themselves?
- ☐ inadequate to the task?
- ☐ the need for an increased use of alcohol or stimulants?
- ☐ isolated?
- ☐ experiencing sudden weight changes from increased or decreased food consumption?

✎ TOOL

A screening tool to determine whether a caregiving situation is "at risk" is included in Appendix E.

[20] *Adapted from B. Remakel and M. Davis, Caregiver Burnout, 2002, <http://www.elderhope.com/Burnout.shtml>.*

How can you help?
Link the family caregiver with day care, respite and other supportive services in the community that can provide them with additional support.

The following may also be useful suggestions to provide family caregivers:

- Ask others for "shift" help with medication administration so that they can get a full night's sleep whenever they can.
- Write out their to-do list the day before so that they don't have to remember everything.
- Ask for help. Their friends or family probably want to help, but may just not know what they need. Maybe a neighbor can run a few errands, or sit with the family member so they can take a 20 minute walk.
- Write down all their questions concerning the family member's illness and prognosis and set up a time to discuss them with their doctor. Having a general idea of what lies ahead can help family caregivers determine what plans they need to start making now.
- Ask for a meeting with their siblings or other family members to discuss their concerns about being 'the' caregiver. If family relations are strained, an intermediary could buffer the meeting such as a social worker, minister, care manager, etc. They should be clear with other family members about their concerns, needs and expectations.
- Try to be realistic about what they can do. At a certain point they need to accept that they are doing the best they can right now.
- Try and exercise during the day, as this can significantly help the quality of their sleep. A 20-30 minute brisk walk, every day if possible, can help many health related concerns. Watch their alcohol, caffeine, greasy foods, copious fluid intake before sleep. It may affect the amount and quality of their night's rest.
- Journaling, meditation, talking with an empathic listener, art, music, visual imaging and breathing exercises are some ways to express what's on their mind before they go to bed and help them relax.

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

Changing life situation

What are the causes?
It is inevitable that as people age they experience changing life situations. This may be through critical events, such as the loss of a loved one, or a health condition such as a heart attack or stroke, or other changes such as moving into a nursing home or retirement. These can all affect the mental health of an individual, and can lead to the deterioration of their physical health.

In addition, as people age often they reflect and examine their purpose in life. They reflect on the meaning of their lives – relationships, achievements, worth to others and the community, personal values and goals.

How can you help?

- Spend time with senior clients – allow them to reminisce. Listen and share their experiences with them when they want to share them with you.
- Offer to help if needed by coordinating their expressed concerns with organizations with specific expertise and knowledge (e.g., volunteer hospice agencies that can provide support for the dying and grief and bereavement support for the family members).
- When visiting or talking to clients or their family caregivers – be aware of things that may suggest changes in their life situation are having a negative effect on their mental and/or physical health.
- If you feel there is a need for additional engagement of formal care providers (e.g., counselors, therapists), contact the individual on the caregiving team responsible for taking action in this type of situation.

Financial insecurity

What are the causes?
Financial security helps to promote independence, control and choice over one's life. Some seniors experience great stress from the uncertainty about what services and supports they can get without causing financial hardship. Anxiety may develop if a senior does not have the ability to pay for services that are not publicly-funded but necessary, such as many home care services, equipment and supplies, transportation costs, medications, home repairs, etc.

Other factors contributing to financial insecurity may include:

- Insufficient income to assist in current needs.
- Insufficient savings to assist in current and future needs.
- Expenses exceeding income.

- Lack of knowledge or awareness on how to budget and allocate finances.
- Ongoing expenses for health reasons (e.g., rental of equipment, purchase of supplies, drug medications).
- Fraud scams.
- Financial abuse by a family member, or another acquaintance.

What to watch for

✔ CHECK SIGNS OF FINANCIAL INSECURITY

- ☐ Signs of depression. (See section on depression.)
- ☐ Disappearance of valuable possessions.
- ☐ Concern expressed by the senior or family caregiver about the ability to pay for health care and other essentials for daily living.

How can you help?

- If you think there are financial problems you could discuss these issues with the individual if you have a relationship that allows that to occur in a non-threatening and non-intrusive way.
- Contact the individual on the caregiving team responsible for taking action in this type of situation.
- Make seniors aware of the type of financial "scams" that exist, e.g., bogus telephone sales or solicitations. Suggest to seniors that they contact a trusted family member or service provider before agreeing to give money to anyone they don't personally know and trust.

Depression

What are the causes?

There is a growing concern that depression in the seniors population is both high and under-reported. Many depressed persons are not diagnosed with depression because the symptoms are not recognized or their behavior is attributed to some other reason. For some seniors, for example, depression is often confused with dementia. Depression should be assessed. Treatment may take the form of medications and/or therapy and is often very effective.

"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)

What to watch for

✔ CHECK SIGNS OF DEPRESSION[21]

- ☐ A sad mood.
- ☐ Ongoing pessimism about the past, present and future.
- ☐ Loss of interest in other activities (e.g., social life, hobbies, leisure).
- ☐ Lack of energy.
- ☐ Irritability.
- ☐ Difficulty in making decisions.
- ☐ Loss of weight/decreased appetite.
- ☐ Disturbed sleep patterns.
- ☐ Depressive dreams.
- ☐ Thoughts of suicide.

TOOL

A geriatric depression scale to screen for depression in seniors is provided in Appendix F. **Please note: Depression screening tools should only be used by health care professionals trained in their use.**

Additional information on depression in the elderly is available at on the National Institute of Mental Health web site at http://www.nimh.nih.gov/publicat/over65.cfm

How can you help?[22]

- Get to know the senior's unique situation.
- Try and determine if there are supports available from family members or in the community that can help the senior.
- If you feel growing pressure is exceeding the senior's capacity to cope and is leading to or has resulted in signs of depression, contact the individual on the caregiving team responsible for taking action in this type of situation.
- Don't ignore the warning signs if someone is sad, withdrawn, lethargic, or neglects personal appearance or hygiene.
- Take all comments about death or suicide seriously.
- Pep talks don't work. Urging the person to 'cheer-up' or 'snap out of it' isn't helpful. Instead, support them in their search for appropriate help.
- Listen to the depressed person without criticizing or feeling responsible for the person's unhappiness. Be supportive and understanding without feeling guilty – you didn't cause the depression.

[21] *National Advisory Council on Aging, "Dealing with depression," Expression 13, no. 3 (2000), < http://www.hc-sc.gc.ca/seniors-aines/pubs/expression/expintro_e.htm>.*

[22] *Ibid.*

Summary

The purpose of the guide has been to heighten the awareness of home care staff about issues associated with the mental health of seniors, and to provide support tools and checklists that can be used to improve seniors' mental health. The extent to which this will be achieved will depend on how much the material provided is used on an ongoing basis.

It is hoped that the information will be incorporated into the day-to-day work of those providing in-home care to seniors. It is also hoped that those who read and use the guide will take the opportunity to consider how, with the information provided, they may be able to further support and improve seniors' quality of life.

Appendices

Note:

The inclusion of some tools over others is not to suggest their superiority; rather they serve to illustrate that there are many resources already available for providers to use when considering mental health needs. There are many additional tools currently in use that can be used to assess, preserve and promote seniors' mental health. Tools included in these appendices met the following criteria: high degree of reliability and/or validity; user-friendly; tested in the field; are accompanied by materials to interpret the results correctly; and additional information on the tools is readily available from internet sources or the developers of the tools.

Appendix A: Assessing loneliness

The following loneliness scale has been developed to help determine if someone feels lonely. The scale can be used in face-to-face interviews, telephone interviews, self-administered (mail) questionnaires and electronically.

It is recommended that the scale be used in the middle of an interview or questionnaire – at a point where respondents would anticipate discussing more details about their life situation. Ideally, the developers of the survey note, the preceding questions should ask about the social relationships of the individuals. Six questions are worded in the negative and five positive. The scale typically used is:

☐ "Yes!" ☐ Yes ☐ More or less ☐ No ☐ "No!"

When face-to-face or telephone interviews are conducted it may be sufficient to use only the following options:

☐ Yes ☐ More or less ☐ No

The Loneliness Scale[23]

Introduction:

"We shall continue with a set of statements. Individuals who had previously shared their experiences with us made these statements. Please indicate for each of the 11 statements the extent to which they apply to your situation, the way you feel now. Please circle the appropriate answer."

1. There is always someone I can talk to about my day-to-day problems.
☐ "Yes!" ☐ Yes ☐ More or less ☐ No ☐ "No!"

2. I miss having a really close friend.
☐ "Yes!" ☐ Yes ☐ More or less ☐ No ☐ "No!"

3. I experience a general sense of emptiness.
☐ "Yes!" ☐ Yes ☐ More or less ☐ No ☐ "No!"

4. There are plenty of people I can lean on when I have problems.
☐ "Yes!" ☐ Yes ☐ More or less ☐ No ☐ "No!"

[23] *J. de Jong Gierveld and T. van Tiburg, Manual of the Loneliness Scale, 1999, <http://home.scw.vu.nl/~tilburg/manual_loneliness_scale_1999.html>.*

5. I miss the pleasure of the company of others.
☐ "Yes!" ☐ Yes ☐ More or less ☐ No ☐ "No!"

6. I find my circle of friends and acquaintances too limited.
☐ "Yes!" ☐ Yes ☐ More or less ☐ No ☐ "No!"

7. There are many people I can trust completely.
☐ "Yes!" ☐ Yes ☐ More or less ☐ No ☐ "No!"

8. There are enough people I feel close to.
☐ "Yes!" ☐ Yes ☐ More or less ☐ No ☐ "No!"

9. I miss having people around.
☐ "Yes!" ☐ Yes ☐ More or less ☐ No ☐ "No!"

10. I often feel rejected.
☐ "Yes!" ☐ Yes ☐ More or less ☐ No ☐ "No!"

11. I can call on my friends whenever I need them.
☐ "Yes!" ☐ Yes ☐ More or less ☐ No ☐ "No!"

Scoring:

1. Count the neutral and positive answers ('more or less', 'yes', 'yes!') on questions 2, 3, 5, 6, 9, 10. This is the *emotional loneliness* score.
2. Count the missing values (i.e., no answer) on questions 2, 3, 5, 6, 9, 10. This is the missing *emotional loneliness* score.
3. Count the neutral and the negative answers ('No!', 'no', 'more or less') on questions 1, 4, 7, 8, 11. This is the *social loneliness* score.
4. Count the missing values (i.e., no answer) on questions 1, 4, 7, 8, 11. This is the missing *social loneliness* score.
5. Compute the *total loneliness* score by taking the sum of the emotional loneliness score and the social loneliness score.
6. The *emotional loneliness* score is valid only if the missing emotional loneliness score equals 0.
7. The *social loneliness* score is valid only if the missing social loneliness score equals 0.
8. The *total loneliness score* is valid only if the missing emotional loneliness score and the missing social loneliness equal 0 or 1.
9. If desired, the *total loneliness score* can be categorized into four levels: *not lonely* (score 0, 1, 2), *moderately lonely* (score 3 through 8), *severely lonely* (score 9 or 10), and *very severely lonely* (score 11).

APPENDIX B: Improving Home Safety

The following checklists[24] help find things around the home that may cause accidents or injuries. Seniors can review the checklists on their own, or with your assistance. Every "No" answer is a clue that the home may not be as safe as it could be. If the answer is "No", check the "To Do" box as a reminder that a change is needed. Seniors may require assistance in finding physical or financial assistance to make necessary repairs or modifications.

OUTSIDE THE HOME	YES	NO	TO DO
■ Are the front steps and walkway leading to your house or apartment in good repair?			
■ Does your front entrance have an outdoor light?			
■ Does the doorway to your balcony or deck have a low door sill or threshold that will not trip you?			
■ Do you have non-slip surfaces on the balcony, porch or patio?			
■ If you live in a rural area, and don't have an address on your home, is your home clearly identifiable in some way, for example, with your name on the mailbox?			
■ Are stairs and walkways kept free of snow, ice or leaves in the wintertime? Does the surface provide good traction?			

✔ TIP

If your clients live in a rural area, suggest they have directions to their home by each phone in their house. Make sure the directions are clear. They should refer to main roads and identifiable landmarks so anyone could find their home quickly in case of an emergency.

[24] *Health Canada, The Safe Living Guide: A Guide to Home Safety, 1997, <http://www.hc-sc.gc.ca/seniors-aines/pubs/safelive/safelive_e.pdf>. Checklists are available for every room in the house. Detailed safety checklists for every room in the house are also available from Michigan Aging Services System (MASS), <http://www.miseniors.net/weinform/checklists/hsc/hsccover.asp?CatID=5&SubCatID=1>.*

GENERAL	YES	NO	TO DO
☐ If you have throw rugs and scatter mats, do they have non-skid backing on them to keep them from slipping? (These types of rugs and mats can be treacherous. If you can part with them, it's a good idea not to have them at all.)			
☐ If you have throw rugs and scatter mats, do you ensure that they are not placed in high traffic areas or at the top of a stairway, where they can lead to a serious fall?			
☐ If you use floor wax, do you use the non-skid kind?			
☐ Are your floor surfaces free from glare?			
☐ Do you have an easy-to-read list of emergency telephone numbers near the phone?			
☐ If you live in an apartment, and have trouble getting around, are you registered on your building's fire safety plan? (Every apartment building is required to have a fire safety plan, which, among other things, indicates which tenants need help to evacuate the building in case of an emergency.)			
☐ Do you have an escape route in case of fire and a fire safety plan?			
☐ Are your traffic areas clear of telephone or electrical cords?			
☐ If you use a space heater, is it placed well away from flammable substances and materials that are likely to catch fire?			
☐ If you have older appliances, have you recently checked them for worn or frayed cords?			
☐ Do you know which of your appliances need (grounded) three-pronged plugs?			
☐ In general, is your home well lit?			
☐ Are the floors in your home free of obstacles, such as toys and parcels; and do you watch that your pets are not underfoot?			
☐ Is there a smoke alarm on every floor of your home?			
☐ Do you test your smoke alarm every six months?			
☐ Do you have a carbon monoxide alarm in your home?			
☐ Do you keep important documents in a fire resistant box or cabinet?			

APPENDIX C: Assessing a drinking problem

The following questionnaire can be used to screen clients for alcohol abuse. It may be completed as part of a face-to-face interview or as a self-administered questionnaire. If it is included as one component of a broader assessment, the client is less likely to feel defensive.

The CAGE Questionnaire[25]

Consider the past 12 months …

1. Have you felt a need to cut down on your drinking? ☐ Yes ☐ No
2. Have people annoyed you by criticizing your drinking? ☐ Yes ☐ No
3. Have you felt bad or guilty about your drinking? ☐ Yes ☐ No
4. Have you had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)? ☐ Yes ☐ No

Scoring:

Two or more 'Yes' responses on the CAGE questionnaire indicates the client's recognition of a drinking problem. With an elderly population a score of 1 is sufficient to further investigate the issue.

APPENDIX D: Elder abuse – High Risk Elderly Screening Tool[26]

The following elder abuse screening tool is based on the factors contributing to elder abuse, taking into account the individual being abused, the professional or family caregiver, and the family or significant other in the abusive relationship.

The tool is intended as a guide to help a care provider identify risk factors and prioritize them for action or response. The tool does not necessarily reflect direct questions to be asked; the health professional uses his/her discretion to determine what questions are necessary to complete the tool. (The tool would normally be used with other intake or screening tools in the initial assessment of a client.)

[25] *H. A. Skinner and S. Holt, Alcohol Clinical Index (Toronto: Addiction Research Foundation of Ontario, 1987.)*

[26] *Excerpted from CLSC René Cassin, Elder Abuse Protocol and Intervention Guide (CLSC René Cassin, 1993.) For more information about the tool or to obtain a copy of the guide (available in English or French at a cost of $20), contact: CLSC René Cassin, 5800 Cavendish Blvd, Côte St. Luc, Quebec, H3W 2T5 or through the website, www.geronto.org.*

Elder Abuse – High Risk Elderly Screening Tool

Part 1

NAME _____ SCREENER _____

UNIT/Service Point _____

Living arrangements:

☐ Alone ☐ Spouse ☐ Son ☐ Daughter ☐ Foster home ☐ Other

Part 2

BENEFICIARY RISK INDICATORS	HIGH	MEDIUM	LOW	UNKNOWN
Mental Status	☐ confused	☐ Some memory loss and/or orientation variable	☐ No memory loss and fully oriented	☐
Mental Health	☐ History of mental illness	☐ Evidence of fear, anger, withdrawal, depression	☐ Minimal/no emotional disability	☐
Physical Health Status ☐ Acute ☐ Chronic	☐ Dependent on others	☐ Some assistance required for ADL	☐ Independent	☐
Drug/Alcohol Abuse	☐ Active abuse	☐ Episodic abuse	☐ No abuse	☐
Isolation	☐ Isolated from others	☐ Limited network	☐ Existence of formal and informal network	☐
Financial Resources	☐ Dependent on others for funds ☐ Finances managed by others	☐ Some financial dependency ☐ Some assistance in place for financial management	☐ Independent ☐ Public/ private curator	☐
History of Abuse/ Neglect/ Exploitation	☐ Known history ☐ Present report	☐ Previous report	☐ No history	☐

Part 3

CAREGIVER'S NAME:_____

RELATIONSHIP:_____

CAREGIVER RISK INDICATORS	HIGH	MEDIUM	LOW	UNKNOWN
Mental Status	☐ confused	☐ Some memory loss and/or orientation variable	☐ No memory loss and fully oriented	☐
Mental Health	☐ History of mental illness	☐ Evidence of fear, anger, withdrawal, depression	☐ Minimal/no emotional disability	☐
Physical Health Status ☐ Acute ☐ Chronic	☐ Dependent on others ☐ Needs some assistance for ADL	☐ Can provide some caregiving	☐ Able to provide caregiving	☐
Drug/Alcohol Abuse	☐ Active abuse	☐ Episodic abuse	☐ No abuse	☐
Isolation	☐ Isolated from others	☐ Limited network	☐ Existence of formal and informal network	☐
Financial Resources	☐ Dependent on elderly person	☐ Some dependency on elder person	☐ Independent	☐
Stress	☐ Caregiver is overwhelmed by stress (emotional, social, economic, physical)	☐ Caregiver is overwhelmed at times	☐ Caregiving not found to be stressful	☐

Part 4

Significant Other: _____

(can be child, spouse, companion, friend, doctor etc).

Name: _____

Relationship: _____

Telephone: _____

SIGNIFICANT OTHER RISK INDICATORS	HIGH	MEDIUM	LOW	UNKNOWN
Mental Status	☐ confused	☐ Some memory loss and/or orientation variable	☐ No memory loss and fully oriented	☐
Mental Health	☐ History of mental illness	☐ Evidence of fear, anger, withdrawal, depression	☐ Minimal/no emotional disability	☐
Physical Health Status ☐ Acute ☐ Chronic	☐ Dependent	☐ Some dependency	☐ No dependency	☐
Drug/Alcohol Abuse	☐ Active abuse	☐ Episodic abuse	☐ No abuse	☐
Isolation	☐ Isolated from others	☐ Limited network	☐ Existence of formal and informal network	☐
Financial Resources	☐ Dependent on elderly person	☐ Some dependency on elder person	☐ Independent	☐

Scoring:

Codes are assigned by the professional based on the clarity of the declared or identified behaviours which suggest an abusive situation. Professional judgment will determine the urgency or priority for assessment, and therefore the code to be assigned.

Code 1: Beneficiary is in a life threatening abusive situation. Intervention will be required immediately. Protective measures must be initiated by the practitioner – i.e., court order, hospitalization of beneficiary, emergency placement, etc.

Code 2: Beneficiary is not in life threatening situation or in immediate danger but the danger and risk is real and is foreseeable in the near future. Intervention will be required within 4 working days to stabilize the situation, i.e., homemaker services, material aid, medical services, etc.

Code 3: Beneficiary is not in life threatening situation or in immediate danger but:

a) there exists an ongoing situation of abuse, neglect or exploitation that has only recently been identified, and which does not present a danger as defined in Codes 1 and 2. Intervention will be required within 10 working days.

or

b) the beneficiary is at potential risk for abuse, neglect or exploitation. Intervention will be required within 10 working days.

☐ Code 1 ☐ Code 2 ☐ Code 3 ☐ No Code

For coded cases:

Types of possible abuse:

BY WHOM: _____

APPENDIX E: Caregiver Risk Screening Tool

The Caregiver Risk Screen was developed as part of a national research project – *Development of Screening and Assessment Tools for Family Caregivers*. [27] The purpose of the project is to establish a more comprehensive method of determining the situations and needs of family caregivers.

The *Caregiver Risk Screen* is a tool designed for use by home care agencies at intake, to determine whether a caregiving situation is "at risk" and the level of urgency required for intervention. "At risk" means: a caregiver's physical and/or mental well-being is in jeopardy; the care being provided is deteriorating; if intervention is delayed it could result in abuse, family breakdown or a sudden interruption in the care provided by the caregiver.

The screening interview lasts about 15 minutes. To maintain consistency each intake worker must complete the *Caregiver Risk Screen* exactly as it is presented in Sections 1 and 2. To help you understand the situations of caregivers and how this may affect the screening interview, please refer to the next page.

Section 1 This section is designed to gather basic information from the caregiver to establish the characteristics of her/his situation. The information helps inform the data collected in the rest of the screening tool and provides a more comprehensive understanding of the caregiving situation.

Section 2 The scale is the key component of this screening tool. It contains 12 questions and is designed to gather information from the caregiver that can help to identify if the caregiver's well-being is at risk and the priority that this intake requires for further assessment.

Explain to the caregiver that there are 12 statements, and that you will ask her/him the level to which she/he agrees or disagrees with that statement. Read each statement to the caregiver as it is worded. Following each statement ask the caregiver if she/he agrees or disagrees with the statement. After the answer is given, ask the caregiver if she/he agrees (or disagrees) completely or somewhat. Circle the one number which corresponds to the answer provided by the caregiver.

[27] *N. Guberman, J. Keefe, P. Fancey, D. Nahmiash, and L. Barylak. Caregiver Risk Screen, 2000, <http://www.msvu.ca/family&gerontology/project>. See web site for an agreement for usage of this screening tool and further information.*

Understanding Caregivers' Situations

Before conducting the Caregiver Risk Screen with caregivers, consider some of the factors that may impact on their situations, their feelings about their role, and their feelings about participating in a screening.

Many people do not identify themselves as "caregivers."
Care relationships are built on prior experiences and relations between the caregiver(CG) and care receiver (CR) that continue after the CR becomes ill. Many caregivers do not see themselves as a "caregiver," but rather as the mother, partner, son, or friend of the person receiving care.

Many caregivers have difficulty differentiating their own situation and needs from those of the care recipient.
It is important not to diminish the value of the caregiver's perspective on the care receiver's situation, but at the same time reassurance can be provided to the caregiver that she/he may also have needs which require attention.

Caregivers are often hesitant to use formal services and may be resistant to the screening
Fear of being judged on their caregiving, negative past experiences with formal services, personal values can all lead to hesitation in using formal services and accepting a screening. It is important to discuss the purpose of the screening openly.

Caregivers often have trouble identifying their own needs and asking for help from services
Since caregivers are rarely approached about their needs and are often totally focused on caregiving activities, it can be difficult to change the focus of their concern from the CR's needs to their own. Be patient as caregivers consider these questions.

Caregivers often provide care in isolation with little support
Cutbacks in hospital beds and community programs have meant that most caregivers have few resources outside of home care to turn to for support, additional respite, or education.

Caregivers are each unique individuals who cope with situations differently
Each caregiver will have unique pressures and rewards derived from the caregiving situation. Each will draw on and provide care according to certain cultural, religious, or family values or beliefs.

Potential stressors for the caregiver also exist outside of the caregiving relationship
These stressors can impact on a caregiver's level of burden. For example, elderly-caregivers frequently have health problems, while younger caregivers often have additional family/work responsibilities.

Client number_____

Caregiver Risk Screen

Section 1

Ask CG for information as required or to verify information you may already have.

Caregiver's name_____

Telephone_____ Age_____ Sex ☐ F ☐ M

1.1 Care Receiver's Name:_____

1.2 a) Relationship with CR: The Care Receiver is the _____of the CG.

b) How long CG has been caring for CR?_____ ☐ weeks / ☐ months / ☐ years

1.3 Does CR live with CG: ☐ Yes ☐ No

If no: does he/she live alone? ☐ Yes ☐ No

1.4 How often is CG caring for CR: ☐ all the time

_____ hours per ☐ day / ☐ week / ☐ month

1.5 Language spoken at home: ☐ French ☐ English ☐ Other

1.6 Is the CR cognitively impaired? ☐ Yes ☐ No

1.7 What made CG ask for services now?_____

_____

Additional comments

_____

_____

_____

_____

_____

Section 2 - Complete with caller

Intake worker_____
Date _____

Read to the caller

Taking care of someone ill (or with loss of autonomy) can have consequences on the caregiver and their family. This is perfectly normal. We would like you to indicate whether you are in agreement or disagreement with the following statements about your situation. There are no good or bad responses. We ask you to reply as honestly as you can to enable us to understand what kind of services or support should be available to meet caregiver needs.

		Totally disagree	Somewhat disagree	Somewhat agree	Totally agree
2.1	Caring for my _____ has negative effects on my physical health.	0	1	2	3
2.2	I am not coping well with my present situation.	0	1	2	3
2.3	I am more cut off from my regular social activities than before.	0	1	2	3
2.4	Taking care of my _____ has put a strain on my family relationships.	0	1	2	3
2.5	I will not be able to continue caring for _____ much longer.	0	1	2	3
2.6	Taking care of my _____ has put a strain on my relationship with him/her.	0	1	2	3
2.7	I feel that meeting the needs of _____ is no longer worth the effort.	0	1	2	3
2.8	I don't have a minute's break from caregiving.	0	1	2	3
2.9	I do more than my share of caring compared to other family members or other members of my support system.	0	1	2	3
2.10	I feel depressed.	0	1	2	3
2.11	I feel I am losing control over my life because of my present situation.	0	1	2	3
2.12	In the past few months, I have increased my intake of alcohol, drugs or cigarettes.	0	1	2	3
	Total score:				

Scoring:
A score greater than 23 indicates the caregiver may be at high risk and further assessment is recommended. A detailed assessment tool is available at http://www.msvu.ca/family&gerontology/project. The assessment tool helps to identify specific areas of concern, and to determine the appropriate resources or services needed.

APPENDIX F: Geriatric Depression Scale [28]

The following questionnaire is a useful screening tool for the presence of depressive symptoms in an individual. It may be completed as part of a face-to-face interview or as a self-administered questionnaire.

Geriatric Depression Scale
Choose the best answer for how you have felt over the past week:

1. *Are you basically satisfied with your life? ☐ Yes ☐ No
2. Have you dropped many of your activities and interests? ☐ Yes ☐ No
3. Do you feel that your life is empty? ☐ Yes ☐ No
4. Do you often get bored? ☐ Yes ☐ No
5. *Are you in good spirits most of the time? ☐ Yes ☐ No
6. Are you afraid that something bad is going to happen to you? ☐ Yes ☐ No
7. *Do you feel happy most of the time? ☐ Yes ☐ No
8. Do you often feel helpless? ☐ Yes ☐ No
9. Do you prefer to stay at home, rather than going out and doing new things? ☐ Yes ☐ No
10. Do you feel you have more problems with memory than most? ☐ Yes ☐ No
11. *Do you think it is wonderful to be alive? ☐ Yes ☐ No
12. Do you feel pretty worthless the way you are now? ☐ Yes ☐ No
13. *Do you feel full of energy? ☐ Yes ☐ No
14. Do you feel that your situation is hopeless? ☐ Yes ☐ No
15. Do you think that most people are better off than you are? ☐ Yes ☐ No

Scoring:

For each of the *starred items, a "No" response equals one point.

For each of the unstarred items, a "Yes" response equals one point.

Total the number of points.

A score greater than 5 indicates a possibility of depression and the need for a referral for complete evaluation.

[28] *T. L. Brink and J. A. Yesavage, The Geriatric Depression Scale, 1982, <http://www.stanford.edu/~yesavage/GDS.html>.*

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Internet Resources

There are many resources available on the internet that provide information relevant to the mental health needs of seniors. The following sites provide examples of the vast array of supports available to those who care for seniors.

Aging –Various

A number of useful articles have been written by the National Advisory Council on Aging. These are available at the following website:

http://www.hc-sc.gc.ca/seniors-aines/pubs/expression/expintro_e.htm

Aging and changing life situation

"Healthy Lifestyles and Aging"

"Choosing When and How To Die"

"Aging and the Meaning of Life"

"Seniors and Palliative Care"

"A Time to Grieve"

Finances

"Canada's Retirement Income System: Myths and Realities"

"Beware of fraud!"

General

"Reconnecting the Generations"

"Seniors and Disabilities"

"A Choice Of Housing Lifestyle"

Medications

"Caution: Medications!"

"Dealing with Depression"

"Alternative Medicine and Seniors: an Emphasis on Collaboration"

Depression

http://www.nimh.nih.gov/publicat/over65.cfm

Elder Abuse

www.hc-sc.gc.ca/hppb/familyviolence/indexfi_e.html

Family Caregivers

http://www.msvu.ca/family&gerontology/project

Functional decline

Appropriate use of medications
http://www.hc-sc.gc.ca/seniors-aines/seniors/english/pubs-cat.htm

Hearing loss
http://www.chs.ca/

Injury prevention
http://www.hc-sc.gc.ca/seniors-aines/seniors/english/pubs-cat.htm

Physical activity
http://www.hc-sc.gc.ca/hppb/paguide/older/index.html

http://www.hc-sc.gc.ca/hppb/paguide/older/pdfs/guide_handbook.pdf

http://www.uwo.ca/actage/new/home.htm

Prevention of falls
http://www.hc-sc.gc.ca/seniors-aines/pubs/best_practices /pdf/BestPractice_Falls_e.pdf

Safe living guide
http://www.hc-sc.gc.ca/seniors-aines/seniors/english/pubs-cat.htm

http://www.miseniors.net/weinform/checklists/hsc/hsccover.asp?CatID=5&SubCatID=1

Substance abuse

http://sano.camh.net/

General

Website resource that identifies dozens of aging and health related websites.

http://www-hsl.mcmaster.ca/tomflem/aging.html

Geriatric Health Promotion

http://www.helmnutrition.com/geriatrictoc.htm

http://geriatricspt.org/

http://www.canoe.ca/Health/seniors.html

Mental Health Resources

http://mentalhelp.net/

http://www.esmerel.org/misc/mental.htm

http://cmha.ca

Mental Illness

http://www.nimh.nih.gov/publicat/index.cfm

http://www.med.nyu.edu/Psych/public.html

Resources for nurses

http://www.springnet.com/nursingcommunities.htm

http://www.springnet.com/homehealth/hhonline.htm

CANADIAN MENTAL
HEALTH ASSOCIATION

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