

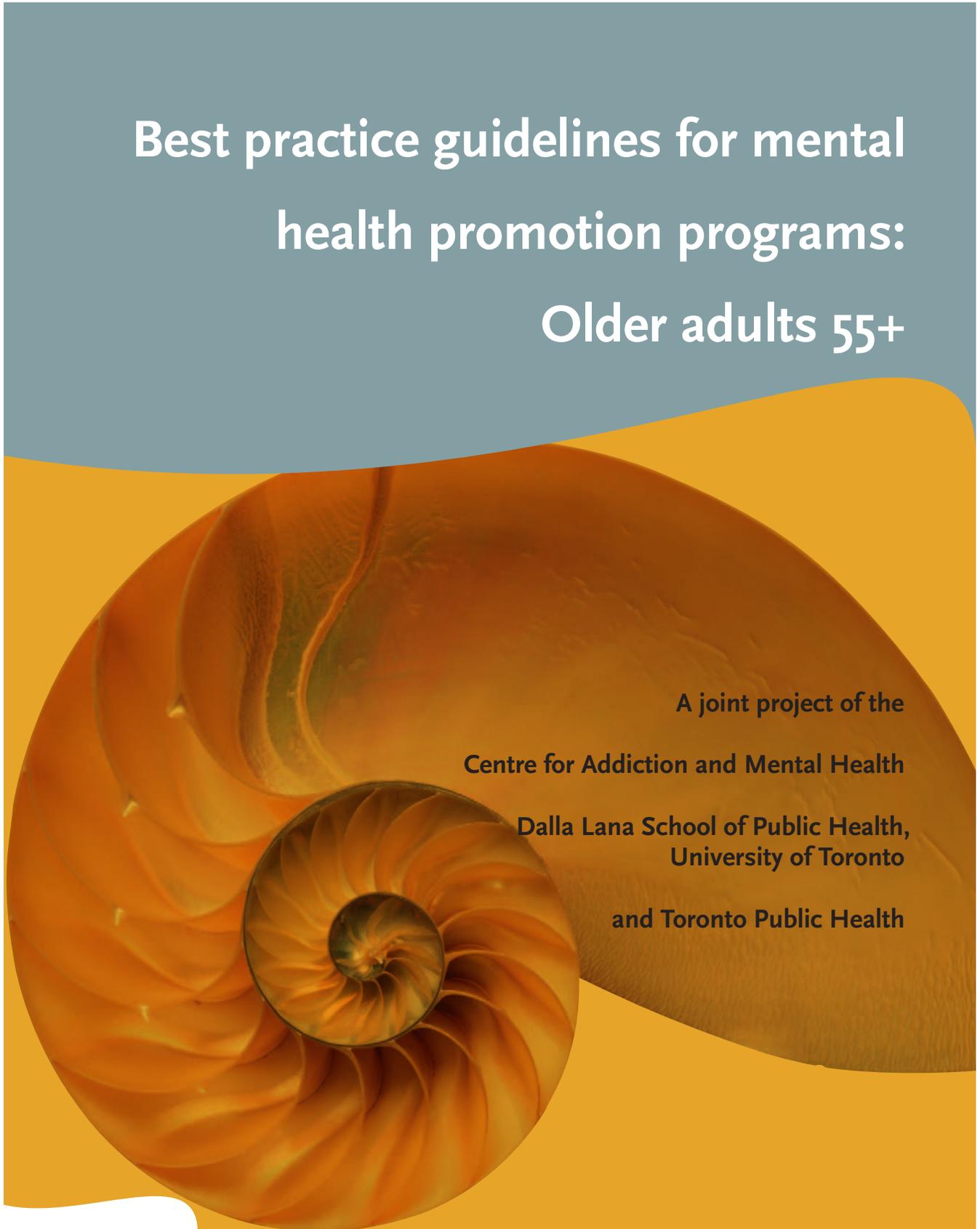
# Best practice guidelines for mental health promotion programs: Older adults 55+

A joint project of the

Centre for Addiction and Mental Health

Dalla Lana School of Public Health,  
University of Toronto

and Toronto Public Health





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The document reflects a literature review of articles published since 2000, including literature from Europe and Canada. Specific attention was given to finding examples of best practice in Canada and Europe from websites and reports as well as published articles. Managers and practitioners from agencies serving people aged 55+, 60+, 65+, largely from the Greater Toronto Area and representing community health agencies, long-term care, home care, public health units, addiction agencies and counselling organizations, were interviewed by telephone after they had had a chance to review the guidelines. The guidelines have been improved by incorporating their comments.

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## Development of the resource

This resource was adapted by Anja Ziegenspeck, a visiting student at the University of Toronto, under the direction of a work group from Toronto Public Health (TPH); Policy, Education and Health Promotion, Centre for Addiction and Mental Health (CAMH); and the Dalla Lana School of Public Health, University of Toronto.

The group worked from a previous draft document entitled “A Checklist: Guiding Principles of Best Practices in Mental Health Promotion across the Lifespan,” developed by Maria Au-Yee Choi, MHSc, of the CHP.

That document was based on findings of the research report *Analysis of Best Practices in Mental Health Promotion across the Lifespan*, undertaken by Catherine Willinsky and Anne Anderson (2003) for CAMH and TPH. Anja updated the literature review in 2006 to refine the mental health promotion guidelines and checklist for older adults.

Nilusha Jiwani (Master of Nursing student, University of Toronto) interviewed 26 managers and front-line practitioners working with older adults in a variety of front-line agencies about their opinions of the practical usefulness and applicability of these guidelines. The document was revised to reflect the input received from these practitioners and Nilusha’s recommendations.

Holly Easlick (Master of Psychosocial Studies student, University of Brighton, UK) reviewed the worksheet resource in this document through conducting a pilot study about its usefulness. The worksheet was then redesigned to reflect the feedback provided by the organizations that reviewed the resource.

Lara Mylly, M.H.Sc., R.D., provided the guide’s sample worksheet that describes the Whitewater Bromley Community Health Centre (a part of Lanark Health & Community Services) mental health promotion initiative for older adults: Fit, Fun & Fully Alive! (Fitness Classes for Older Adults) and demonstrates the worksheet’s utility.

# Introduction

This resource is the second in a series of guides to promoting positive mental health across the lifespan. It provides health and social service providers (“practitioners”) with current evidence-based approaches in the application of mental health promotion concepts and principles for older adults and is intended to support practitioners, caregivers and others involved in developing programs in incorporating best practice approaches to mental health promotion initiatives that are directed towards older people (55 years of age and over).

This resource includes:

- background on how older adults are defined in this document.
- a theoretical context for mental health promotion, including definitions and underlying concepts, with a focus on promoting resilience.
- 11 best practice guidelines for mental health promotion interventions with older people, and examples of outcome and process indicators for measuring program success.
- examples of mental health programs that exemplify the guidelines listed in this resource.
- resources, including a worksheet that can be used by practitioners to plan and implement mental health promotion initiatives, a sample worksheet showing how it has been used in a mental health promotion initiative, a list of web resources, and a glossary of terms commonly used in mental health promotion.



# 1. Background: Older adults

These guidelines focus on people aged 55 years and older. While the retirement age in most western countries is approximately 65, many health promotion interventions are designed to reach populations of concern prior to the onset of age-related illnesses and diseases. This age group spans three to four decades or even more, so what we refer to as “older people” is far from being a homogeneous group.

The terms “elderly” and “older adult” do not have the same meaning in all societies, so their definitions are somewhat arbitrary. In most developed countries the terms are related to retirement age (65 or thereabouts). Researchers also identify subgroups of “older adults”: “younger old” (ages 65–75), “older old” (ages 75–85) and “oldest old” (ages 85+).

However, chronological age is not a precise marker for changes that accompany aging. The World Health Organization (WHO; 1999) suggests that there are dramatic variations in health status, levels of participation and independence among older adults of the same age.

In general, global life expectancy has risen and it will probably continue to rise, due to medical innovation, new technology and improvements in sanitation, housing, medication (e.g., vaccination) and nutrition. As a result, the number of people reaching old age in developed countries is increasing (WHO, 1999). In 2000, there were 600 million people in the world aged 60 and over. By 2025 it is estimated that there will be 1.2 billion, and by 2050, two billion (WHO, 1999).

In Canada, older adults are diverse in age, level of independence and ethnocultural background. Canadians are living longer and are able to stay healthy longer by remaining socially connected, increasing their physical activity, eating healthily, refraining from smoking and minimizing their risk of falls. The upcoming generation of older adults, which will be composed of “baby boomers”

(generally defined as people born between 1945 and 1965), will differ on several dimensions from today's older adults. They will:

- be more likely to have higher education
- have longer work tenure
- have a better knowledge of community and government programs and services
- be more open to health promotion messages
- be more inclined to participate in educational, political and voluntary activities
- be more likely to demand their rights

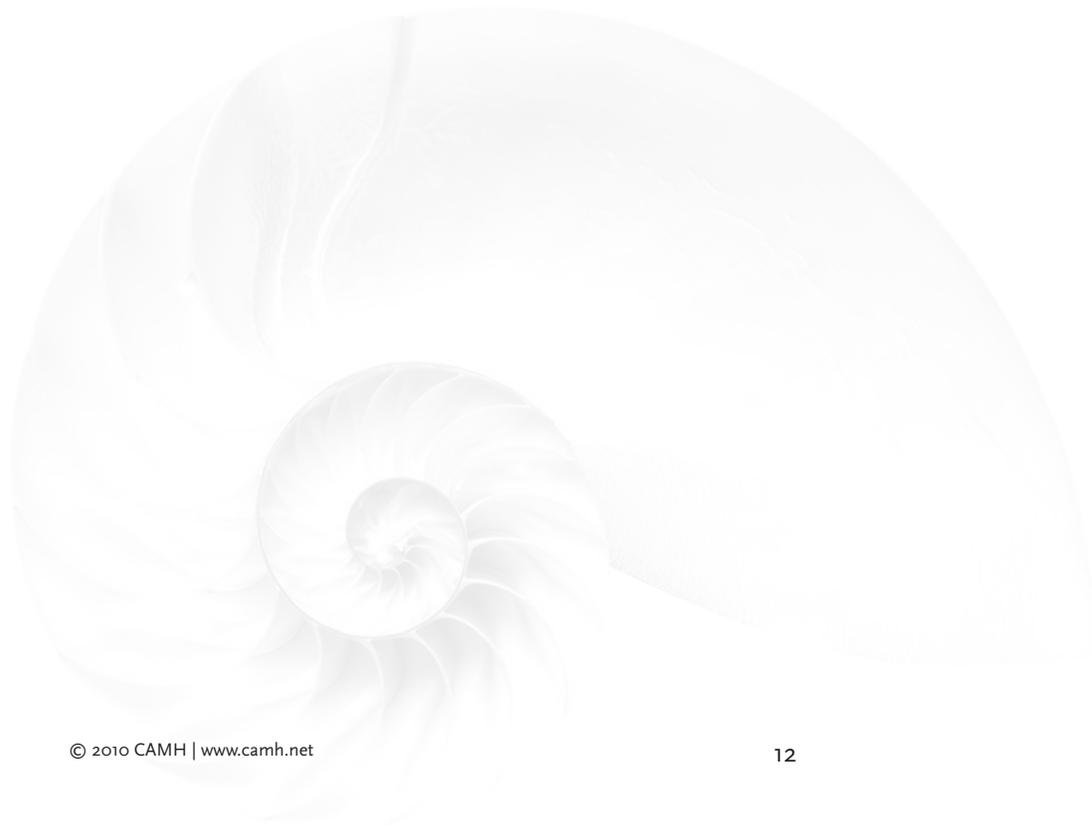
(National Advisory Council on Aging Highlights 1999 and Beyond Challenges of an Aging Society, 1999, p. 5–6).



# Demographic profile of older adults in Canada

Older adults are the fastest-growing age group in Canada. Statistics Canada (2007) projects that this trend will accelerate over the next two decades, once baby boomers begin turning 65. The number of older adults in Canada is projected to increase from 4.2 million in 2005 to 9.8 million in 2036, with older adults' share of the population increasing from 13.2 per cent to 24.5 per cent. By 2056, the number of older adults is projected to increase to 11.5 million (27.2 per cent of the total population).

Interestingly, older adults' share of Canada's overall population is smaller than that of most other Western industrialized countries. Within Canada, there are interprovincial differences: the largest older adult population is in Saskatchewan (14.8 per cent of the total population), followed by Nova Scotia (14.2 per cent) and Prince Edward Island (14.1 per cent); the smallest is in Alberta (10.5 per cent), followed by Ontario (12.8 per cent) (Statistics Canada, 2007).



## 2. Theory, definitions and context for mental health promotion



This section provides the practitioner with the theoretical context for mental health promotion through definitions and underlying concepts, with a focus on the promotion of resilience.



# How is mental health promotion related to health promotion?

## Health promotion

Health promotion is defined as a “process of enabling people to increase control over and to improve their health” (WHO, 1986).

The *Ottawa Charter for Health Promotion* (WHO, 1986) defined five key health promotion strategies:

- building healthy public policy
- creating supportive environments
- strengthening community action
- developing personal skills
- reorienting services toward promotion, prevention and early intervention.

Population health is an approach often used in health promotion and is based on interventions that target the entire population rather than smaller, select target groups. Population health in a Canadian context builds on public health, community health and health promotion traditions for which Canada has been recognized internationally since the groundbreaking work of the *Ottawa Charter*. Other key documents that have shaped the population health framework include the Lalonde Report, entitled *A New Perspective on the Health of Canadians* (Lalonde, 1974), and *Achieving Health for All: A Framework for Health Promotion* (Epp, 1986).

Population health aims to address the health needs of a whole population. It is based on the tenet that health and illness are the result of a complex interplay between biological, psychological, social, environmental, economic and political factors. The goal of population health is to achieve the best possible health status for the entire population by fostering conditions that enable and support people in making healthy choices and by providing the needed services that promote and maintain optimum health.

*Social Determinants of Health: Canadian Perspectives* (Raphael, 2004) identified a range of factors that influence health (the determinants of health), which include:

- income and social status
- housing
- social support networks and social connectedness
- education
- employment and working conditions
- unemployment and employment security
- physical environments
- biology and genetics
- personal health practices and coping skills
- healthy child development
- health services.

Population health incorporates health promotion principles and strategies at all levels of society (e.g., individual, family, community) to address these determinants of health (Raphael, 2004).

## Mental health promotion

The discussion paper *Mental Health for Canadians: Striking a Balance* (Health Canada, 1988) provided the driving force for placing mental health within a health promotion framework, and viewing mental health specifically on a continuum, ranging from optimal to minimal. The paper also provided a forum to define optimal mental health for the whole population, including people with a diagnosed mental health disorder. Further, this document supported the notion that promoting mental health is consistent with the health promotion process of “enabling people to increase control over and to improve their own health” (WHO, 1986).

The field of mental health promotion is continuing to evolve, as is the definition of the term. A 1996 international workshop hosted by the University of Toronto’s Centre for Health Promotion, along with the Mental Health Promotion Unit of Health Canada, defined mental health promotion as:

The process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. Mental health promotion uses strategies that foster supportive

environments and individual resilience, while showing respect for culture, equity, social justice, interconnections, and personal dignity.

(Joubert et al., 1996).

This definition is very similar to the general concept of health promotion as defined by the *Ottawa Charter* (WHO, 1986). Similarly, strategies used in mental health promotion—many of which are also used in the substance use field—also parallel health promotion strategies. Various interconnecting factors affect mental health, as they do substance use and general health: mental health status is determined by a complex interplay of individual characteristics, along with cultural, social, economic and family circumstances at both the macro (society) and micro (community and family) levels (Commonwealth Department of Health and Aged Care [CDHAC], Australia, 2000).

In summary, health promotion and mental health promotion have common elements, in that both:

- focus on the enhancement of well-being rather than on illness
- address the population as a whole, including people experiencing risk conditions, in the context of everyday life
- are oriented toward taking action on the determinants of health, such as income and housing
- broaden the focus to include protective factors, rather than simply focusing on risk factors and conditions
- include a wide range of strategies such as communication, education, policy development, organizational change, community development and local activities
- acknowledge and reinforce the competencies of the population
- encompass the health and social fields as well as medical services (Joubert et al., 1996).

# What makes mental health promotion different from health promotion?

Mental health promotion emphasizes two key concepts: power and resilience. Power is defined as a person's, group's or community's sense of control over life and the ability to be resilient (Joubert & Raeburn, 1998). Building on one's existing capacities can increase power and control.

Resilience has been defined as “the ability to manage or cope with significant adversity or stress in ways that are not only effective, but may result in an increased ability to respond to future adversity” (Health Canada, 2000, p. 8).

Resilience is influenced by risk factors and protective factors:

- Risk factors are variables or characteristics associated with an individual that make it more likely that he or she will develop a problem (Mrazek & Haggerty, 1994, cited in Commonwealth Department of Health and Aged Care [CDHAC], 2000). They “are vulnerability factors that increase the likelihood and burden of disorder” (CDHAC). Risk factors can be biological or psychosocial, and may reside within a person, his or her family or social network, or the community or institutions that surround the person. They occur in innumerable contexts, including perinatal influences, family relationships, schools and workplaces, interpersonal relationships, media influences, social and cultural activities, the physical health of the individual, and the physical, social and economic “health” of the community.
- Protective factors buffer a person “in the face of adversity and moderate . . . the impact of stress on social and emotional well-being, thereby reducing the likelihood [that] disorders will develop” (CDHAC, 2000, p. 13). Protective factors may be internal (e.g., temperament, cognitive abilities) or external (e.g., social, economic or environmental supports). They enable a person to protect his or her emotional and social well-being and cope with everyday life events (whether positive or negative). Protective factors act as a buffer against stress and may be drawn upon in dealing with stressful situations.

Potential risk and protective factors for mental health problems are described on pages 27–30.

Some research has suggested that a person's resilience can be enhanced by improving his or her coping skills, reducing risks and improving protective factors. However, others suggest that resilience is more than simply improving these factors. Resilience is reflected in the ability to respond over time as various things change in one's life. It is a characteristic that is dynamic rather than static in nature and it has a direct effect on the coping process of an individual.

People who have high resilience (i.e., have the capacity to “bounce back” after adversity) are still vulnerable to adverse events and circumstances (CDHAC, 2000). However, a person's level of protective factors—regardless of the number of risk factors—has been shown to lower his or her level of risk (Resnick et al., 1997, cited in CDHAC). Protective factors also reduce the likelihood that a mental health disorder will develop, by reducing the person's exposure to risk, reducing the effect of risk factors or both.

Resilience consists of a balance between stress and adversity on one hand and the ability to cope and availability of support on the other. When stresses exceed a person's protective factors, even someone who has previously been resilient may become overwhelmed.

The relationship between risk and protective factors is complex: “[I]t is not the presence of risk or protective factors but rather the interaction and accumulation of these factors over time that affects the development of mental health problems and mental disorders” (CDHAC, 2000, p. 53).

In conclusion, mental health promotion efforts should start by:

- respecting people as they are at any given stage in their lives
- recognizing that people have the capacity to cope with life (regardless of whether they are currently coping well) acknowledging that they themselves are the best ones to know how to access their own intrinsic capacity.

This increased sense of power and resilience is important not only as an outcome, but also as an integral part of the process—where the person truly feels that he or she is part of the process.

# What are the goals of mental health promotion?

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This section is adapted from: Canadian Public Health Association. (1998). *Documenting Projects, Activities and Policies in the Field of Mental Health Promotion in Association with CMHA*. Ottawa: Author.

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The goals of mental health promotion are to:

- to increase resilience and protective factors
- to decrease risk factors
- to reduce inequities.

## Increasing resilience and protective factors

Mental health promotion aims to strengthen the ability of individuals, families and communities to cope with stressful events that happen in their everyday lives by:

- increasing an individual's or community's resilience
- increasing coping skills
- improving quality of life and feelings of satisfaction
- increasing self-esteem
- increasing sense of well-being
- strengthening social supports
- strengthening the balance of physical, social, emotional, spiritual and psychological health.

## Decreasing risk factors

Mental health promotion aims to reduce the factors that place individuals, families and communities at risk of diminishing mental health by reducing or eliminating:

- anxiety
- depression
- stress and distress
- sense of helplessness
- abuse and violence

- problematic substance use
- suicidal ideation or history of suicide attempts.

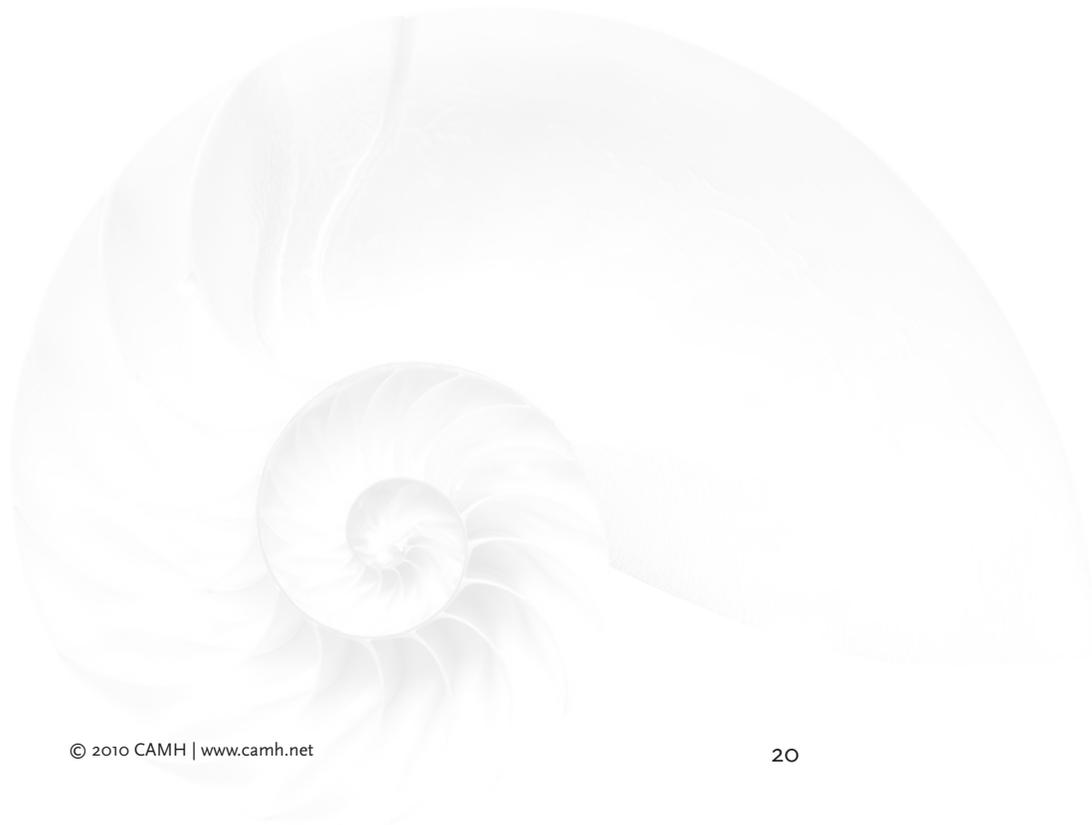
## Reducing inequities

Mental health promotion aims to reduce inequities and their consequent effects on mental health. Inequities are often based on:

- gender
- age
- poverty
- physical or mental disability
- employment status
- race
- ethnic and/or cultural background
- sexual orientation
- geographic location.

Mental health promotion attempts to reduce inequities by:

- implementing diversity policies
- providing diversity training
- creating transitional programs for identified groups (i.e., tailoring programs to make them more inclusive of or responsive to marginalized populations)
- promoting anti-stigma initiatives/campaigns.



# What are the characteristics of successful mental health promotion interventions?

Willinsky and Anderson (2003) found that successful mental health promotion interventions include the following characteristics:

- clearly stated outcome targets
- comprehensive support systems with multiple approaches including emotional, physical and social support, together with tangible assistance
- intervention in multiple settings (e.g., home and community)
- provision of screening and early interventions for mental health problems throughout the lifespan
- involvement of relevant parts of the social network of the specified population
- intervention over an extended time period
- long-term investment in program planning, development and evaluation.



# What factors influence the mental health and social well-being of older people?

From a population health perspective, the health status of individuals, subgroups within the population and the population as a whole is the result of complex interplay among various factors. These factors include individual characteristics, the physical environment, and social and economic factors (i.e., the determinants of health). In *Seniors Mental Health Policy Lens*, MacCourt (2004) draws from the theoretical literature to examine the influence on older adults' mental health of these population health determinants and the changes that occur as part of the natural aging process, such as retirement, changes in income, physical changes and changes in social support networks. While these changes are common among older adults, individuals may vary widely in their responses to the changes. The material that follows draws liberally on McCourt's work.

## Retirement

Some older people may welcome retirement as an opportunity to engage in activities that had been set aside while working and/or raising a family. For others, retirement may signal a significant reduction in income, a narrowing of their social network and support system, a negative change in self-image and identity, and the recognition of their mortality.

The retirement process may involve passing through a series of phases, the precise nature of which is influenced by a person's reasons for retirement and the age of retirement. Older people who have inadequate income, are in poor health, or need to adjust to attendant stresses such as the death of a partner have the most difficulty adjusting to retirement. Retirement also impacts a person's partner and may require both people to adjust to changing roles and expectations (e.g., while a partner remains in the workforce, a retiree may experience increased loneliness).

## Changes in income

Older people generally have lower incomes than their younger counterparts, with women who are unattached (e.g., as a consequence of divorce or bereavement)

being particularly vulnerable to poverty. However, improvements in women's educational and employment opportunities may result in improved financial circumstances for older women in the future.

## Physical changes

Physical changes and increased vulnerability to chronic health conditions are often seen as the hallmark of aging, and can significantly impact older people's psychological and social well-being. Health problems may limit older people's mobility, thereby narrowing their social contact and potentially precipitating mental health problems. In addition, MacCourt refers to studies showing the significance to health of other factors, including an older person's perception of his or her own health status. In these studies, more health problems were associated with lower education, lower income, less health knowledge and poorer health practices, as well as lower perceived health status and lower self-efficacy. By contrast, older people who felt they were healthy and self-sufficient had fewer health problems, greater knowledge of health issues, and better health practices.

## Changes in social support networks

The presence of a social support network is associated with better health. Changes in support networks pose challenges and may affect older people in a myriad of ways, including increasing a person's risk for developing mental health problems. Three key circumstances in which older people may find their social support networks transformed are caregiving, spousal bereavement and social isolation.

- **Caregiving:** At some point in their senior years, many older adults may become caregivers to others (e.g., an older person, such as a parent or partner, who may be experiencing cognitive impairment or physical frailty). This is not in itself a risk factor for mental health problems, but depression has been shown to be common in caregivers of people with a psychiatric disorder and most common for women providing care to someone with dementia. Witnessing the physical, psychological and social decline of a person with dementia can have a significant impact on a caregiver, particularly if the caregiver receives little support from others. Spousal caregivers are at particular risk for experiencing loneliness and decreased social support. As compared to those who have good social support, caregivers who feel burdened and lonely are more likely to also experience depression.

- Spousal bereavement: Studies indicate that grieving the death of a partner is frequently a cause of medical and psychiatric problems for both older men and older women. In one study, changes in older women's mental and physical health, morale and social functioning were examined over an eight-year period. As compared to women who had never married or were still married, the women who were widowed during the course of the study showed declines in mental health that exceeded the age-related declines in mental (and physical) health experienced by the study's subjects as a whole.
- Social isolation: Widowed women are especially at risk for social isolation, since the proportion of older women who are widowed and living alone has risen over the past century. While the trend is attributed to no single factor, it has been suggested it may be affected by age and the degree to which her family ("kin") is available.

## Loneliness

Loneliness is defined as "an unwelcome feeling of loss of companionship, or feeling that one is alone and not liking it" (Forbes, 1996, cited in MacCourt, 2004). As this definition makes clear, the experience of loneliness is subjective: circumstances that cause loneliness for one person may be experienced as welcome solitude by another. Nonetheless, loneliness in later life affects about 10 per cent of older adults, and is closely related to depression and an ensuing risk of suicide.

Loneliness increases gradually with age, is more common in women and is highly correlated with physical health, although causality is not clear. Other risk factors include low economic status and a lack of security and social networks.

The absence of supportive friendships appears to be a major determining factor for loneliness. Further, widowed men and women report higher levels of loneliness and depression than their married counterparts. However, in older adults who are married vs. those who are single, and among those who have children vs. those who are childless, perceptions of well-being are reported as similar.

Reducing loneliness may be addressed by improving older people's functional status and socialization, although it is thought that research into coping strategies used by older people who do not experience loneliness may offer further insight into other solutions.

## Depression

It is widely believed that depression is common in older adults, but in fact prevalence rates vary widely. Mild depression and situational depression (i.e., depression in response to physical or social losses) are more frequent than major depression. Depression is more frequent in older women and people over 85.

Depression in older adults may manifest differently than in younger people, requiring different approaches to identification and treatment. For example, signs and symptoms are often physical rather than emotional, and may include changes in sleep patterns, decline in appetite, weight loss, constipation and minor aches and pains.

Depression in older adults is associated with increased morbidity and mortality, and so is important to notice and address. This requires care, because symptoms of depression in older people may overlap with the symptoms of other conditions or may be seen as a normal part of aging, resulting in the depression's being overlooked.

## Risk of suicide

Older adults over 65 have a higher rate of suicide than other groups, with men at higher risk than women. Other risk factors include depression, anxiety, physical illness, history of stroke, and being widowed and living alone. Uncertainty and fear about the ability to influence one's own dying and a "weariness of life" may also be risk factors.

While older people are less likely than younger people to indicate suicidal intentions, 50 per cent of suicide attempts by people over 65 are successful (compared to 13 per cent of attempts by people under 50 years).

## Sexual orientation and gender identity

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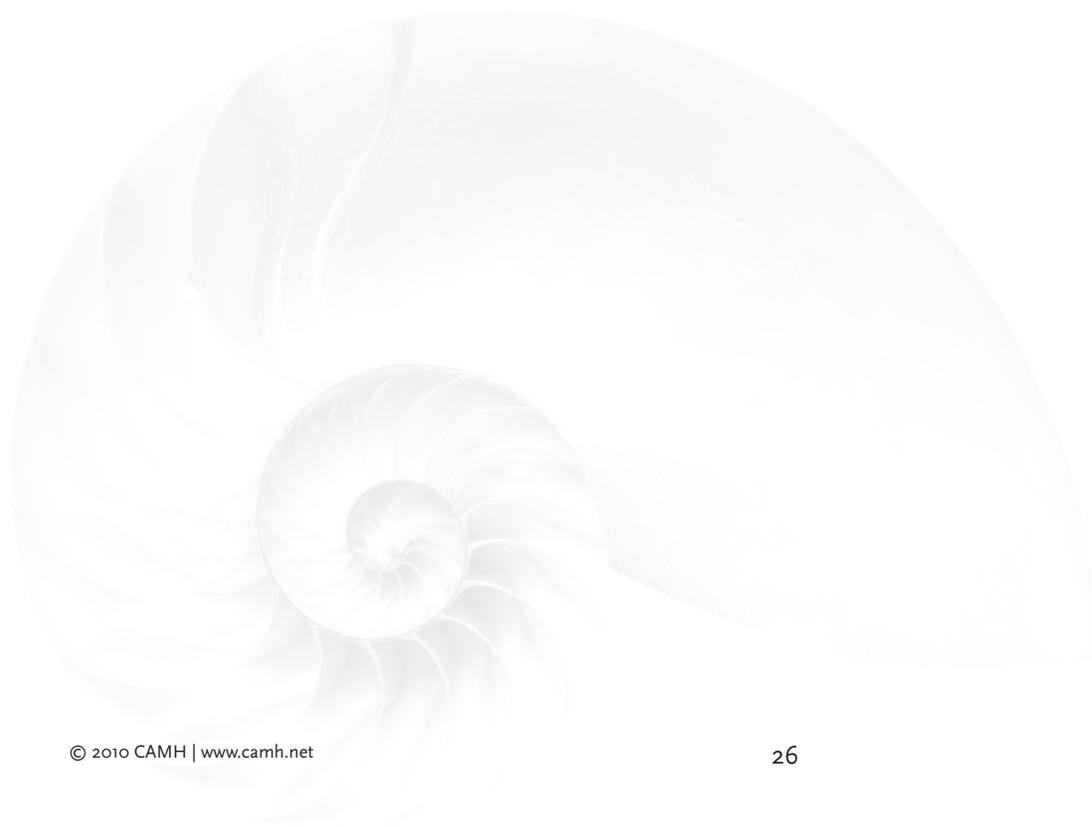
*This section is adapted from: CAMH Healthy Aging Project. (2008). Improving Our Response to Older Adults with Substance Use, Mental Health and Gambling Problems: A Guide for Supervisors, Managers, and Clinical Staff. Toronto: Centre for Addiction and Mental Health.*

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Sexual orientation and gender identity are central aspects of who a person is throughout his or her life, including in old age. When people feel they must keep

this aspect of their identity hidden, it prevents them from living and expressing themselves fully. This can have a negative effect on their mental health.

People who are lesbian, gay, bisexual, transsexual, transgender, two-spirit, intersex or queer (LGBTTTIQ) face discrimination from people they know, from strangers and from health care and social service providers. While rates of substance use and mental health problems are high in this community, many people do not access care because of fear of discrimination and stigma. LGBTTTIQ people may have developed alternative family structures of support, which may not be recognized or welcomed by mainstream services. Many of the present generation of older people who are LGBTTTIQ may have hidden lives or go “back into the closet” to avoid facing the discrimination of service providers.



# What are the potential risk factors for mental health problems?

“Factors can be described as either protective or risky. Protective factors maintain ‘mental well-being,’ whereas risk factors may undermine ‘mental stability’” (Solin, 2006).

The following lists include risk factors extrapolated from the best practice examples identified in this resource (see page 48) as well as factors identified by Willinsky & Anderson (2003). The categories are based on U.K. Department of Health (2001), p. 38.

## Individual factors

- sadness or depression
- grief
- loneliness and isolation
- anxiety
- stress
- lack of satisfaction with life
- negative style of talking
- difficulty communicating
- trouble handling disagreements
- low self-esteem
- making negative social comparisons to others
- negative attitudes about aging and mortality
- inappropriate self-expectations
- chronic or severe mental illness
- problematic use of substances, including medications
- heavy alcohol consumption
- smoking
- physical illness or impairment
- chronic illness
- poor nutrition
- physical inactivity

## Family and social factors

- isolation
- lack of family support
- limited social network

## Life events and situations

- caring for someone with an illness or disability
- death of family member, especially spouse
- divorce or family breakup
- unemployment
- other adverse or stressful life events
- retirement
- unsatisfactory workplace relationships
- workplace-related injury
- living in a nursing home
- economic deprivation
- recent immigration or resettlement
- homesickness or culture shock
- elder abuse
- violence

## Community and cultural factors

- low socio-economic status
- lack of support services, including transport, shopping and recreational facilities
- limited mental health service
- social and environmental barriers
- stigma and discrimination
- inadequate housing
- language barriers

# What are the potential protective factors against mental health problems?

The following lists provide examples of protective factors extrapolated from the best practice examples identified in this resource, as well as those identified by Willinsky & Anderson (2003). The categories are based on U.K. Department of Health (2001), p. 38.

## Individual factors

- self-efficacy
- engagement
- high motivation
- good coping skills, including working skills
- interpersonal skills
- self-esteem
- resilience
- communication and conflict management skills
- empowerment
- satisfaction with one's life
- health literacy
- nutrition
- physical activity
- reading skills
- a sense of control over one's life

## Family and social factors

- adequate social and emotional support
- nurturing environment
- social activity
- friendships
- living in close proximity to family, friends and/or support networks
- having a partner or spouse (and a good relationship with him or her)

## Life events and situations

- economic security
- availability of opportunities around major life events
- general physical health and fitness
- well-being and positive mental outlook
- history of positive life experiences

## Community and cultural factors

- access to community support services
- social / cultural networks within the community
- supportive environment
- access to appropriate mental health services
- opportunities to serve as a volunteer
- meaningful participation and a feeling of belonging

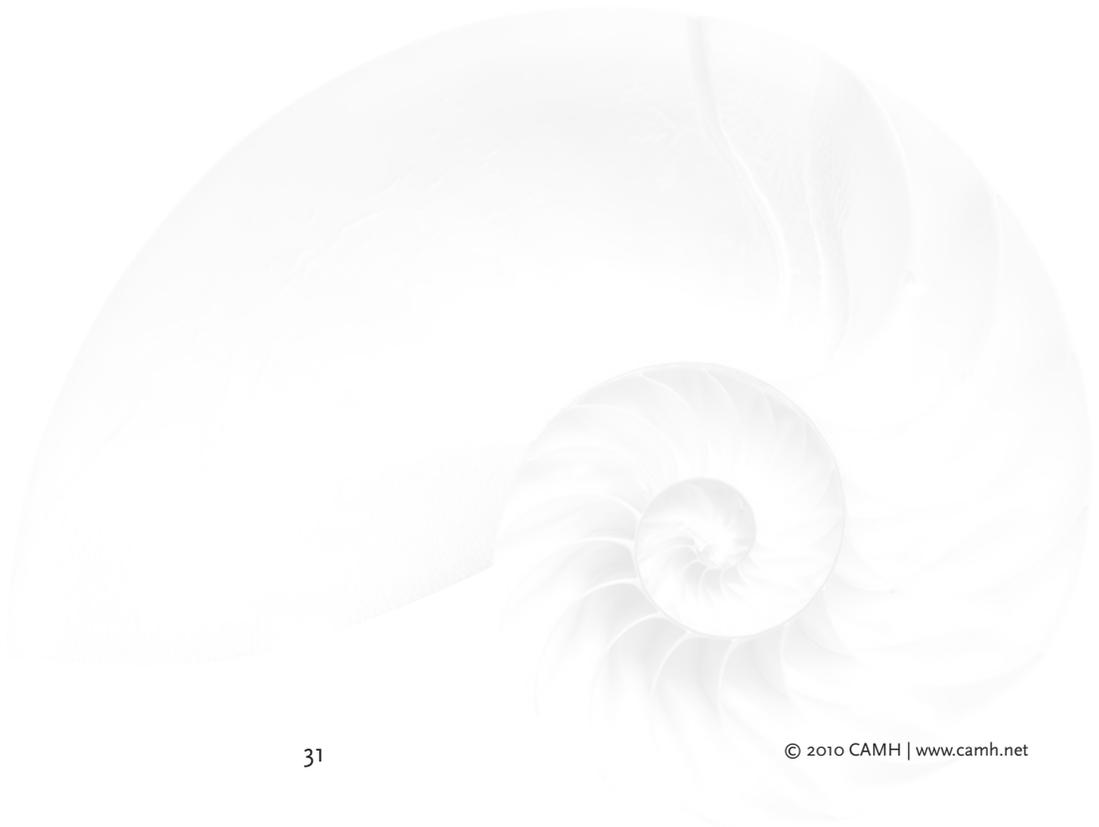


# What are the determinants of health?

The determinants of health are based on the understanding that health is determined by complex interactions between social and economic factors, the physical environment and individual behaviour.

This list provides examples of determinants of health identified by Public Health Agency of Canada (2003):

- income and social status
- social support networks
- education and literacy
- employment/working conditions
- social environments
- physical environments
- personal health practices and coping skills
- biology and genetic endowment
- health services
- gender
- culture





# 3. Guidelines for mental health promotion for adults aged 55+

These guidelines define best practices for mental health promotion initiatives (which comprise a broad range of interventions including services, information, programs, campaigns, policies, strategies, research and evaluation). They are based on mental health promotion principles that have been identified through critical analysis of literature reviews. The guidelines are not intended to be used as an evaluation tool, but rather to encourage health and social service providers (“practitioners”) and others who work with older adults to include mental health promotion principles in existing services, and to aid the development of new initiatives. The guidelines may also help practitioners advocate with and on behalf of older adults.

Not all components will apply in all contexts, because the guidelines are based on ideal mental health promotion interventions. Practitioners will have to take into consideration their available resources and possible restrictions, given the overall mandate of their organization, and should apply what is relevant for their programming needs.

For illustrations of the guidelines in practice, see Chapter 4, “Examples of Programs That Incorporate Good Practice.”

## Summary of guidelines

1. Identify and address a specific population for your program/initiative.
2. Address and modify risk and protective factors, including determinants of health, that indicate possible mental health concerns for older people.
3. Intervene in multiple settings.
4. Support professionals and non-professionals in establishing caring and trusting relationships with older people.
5. Provide a focus on empowerment and resilience.
6. Promote comprehensive support systems.
7. Adopt multiple interventions.
8. Ensure that information and services provided are culturally appropriate, equitable and holistic.
9. Involve multiple stakeholders.
10. Address opportunities for organizational change, policy development and advocacy.
11. Demonstrate a long-term commitment to program planning, development and evaluation.

## **GUIDELINE**

### NOTES

# Guideline 1

Identify and address a specific population for your program/initiative by:

- determining a particular population's needs (considering all aspects of mental and physical health)
- considering the life transition specific to the population
- identifying how, when and where the specified population can be reached
- planning for ways to ensure the participation of the specified population in all aspects of program planning, development and evaluation.

Examples of specific populations include:

- older adults who are recently bereaved
- older adults living in poverty
- older adults who are immigrants, visible minorities or Aboriginal
- residents of long-term care or retirement homes
- older adults who are socially isolated
- adults in early retirement
- older adults with a low level of education
- older adults with chronic diseases
- employees nearing retirement.

## Guideline 2

### GUIDELINE

#### NOTES

Address and modify risk and protective factors, including determinants of health, that indicate possible mental health concerns for older people by:

- identifying relevant protective factors, risk factors and determinants of health
- assessing which factors and health determinants can be modified
- developing a plan to enhance the protective factors, reduce the risk factors and influence the determinants of health relevant to the target population.

Examples of *protective factors* include:

- self-esteem
- resilience
- coping skills
- social support
- healthy lifestyle
- access to support services
- positive health status.

Examples of *risk factors* include:

- stressful life events (e.g., loss of spouse/partner or friends, retirement)
- loss of social roles and of self-esteem
- acute or chronic physical illness
- limited or no social support
- isolation
- depression
- problematic substance use
- recent immigration or resettlement
- language barriers.

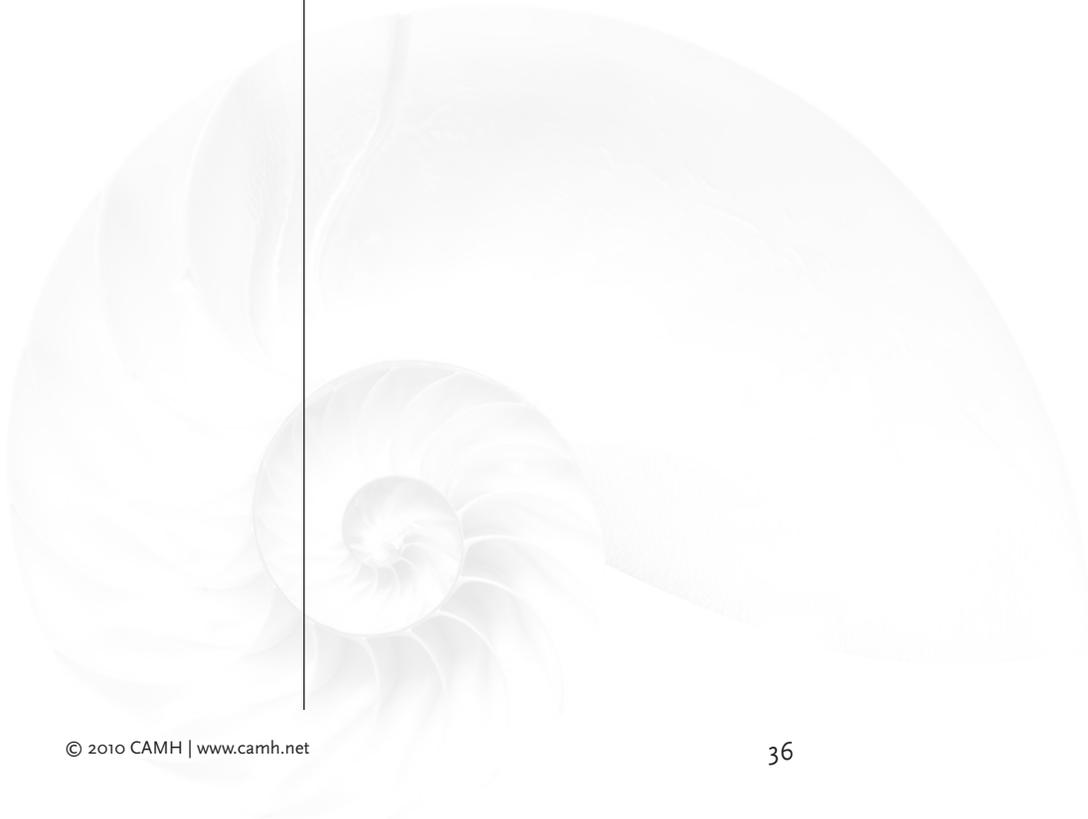
Examples of determinants of health include:

- housing
- employment and working conditions
- income

## **GUIDELINE**

### NOTES

- social supports
- mobility
- leisure or recreational pursuits
- safety and security
- freedom from discrimination and violence
- gender, age and ethnoracial/ethnocultural background
- physical environment.



# Guideline 3

## **GUIDELINE**

### NOTES

Intervene in multiple settings by:

- considering all aspects of the setting or environment that affect older adults (e.g., norms, policies, social environment, physical environment)
- developing strategies to intervene in various settings
- promoting and supporting independence
- assessing and addressing accessibility issues
- looking at how older adults use space and how this affects their mental health (e.g., organizing walking clubs in shopping malls, horticultural programs in long-term care homes or social programs in retirement complexes to reduce isolation)
- aiming to improve and develop the overall physical and social environment of the setting.

Examples of settings include:

- private home
- workplace
- retirement and long-term care homes
- community settings (e.g., community centre, senior centre, library)
- neighbourhoods, city districts
- health services.



## **GUIDELINE**

### NOTES

# Guideline 4

Support professionals and non-professionals in establishing caring and trusting relationships with older people by:

- providing training in aging and age-related transitions
- providing information and training about mental health and substance use problems
- raising awareness about stigma and discrimination related to aging (ageism) as well as that associated with mental health and substance use problems
- involving and training older adults to be peer supports and educators where appropriate.

Examples include:

- discussion and feedback sessions for relatives and other caregivers (to sensitize caregivers about mental well-being)
- programs that foster relationship-building
- training in health promotion principles
- training volunteers to provide peer support.



# Guideline 5

## **GUIDELINE**

### NOTES

Provide a focus on empowerment and resilience by:

- providing skills training to older adults in:
  - self-esteem
  - stress management
  - dealing with feelings of loss, conflict and anger
  - communication and social skills
  - building social networks
  - problem-solving skills
  - cognitive development
  - competencies (e.g., computer training, languages, health and self-care)
  - physical activity
  - nutrition
  - memory enhancement strategies
  - advocacy and self-advocacy
- providing skills training to family members, other caregivers and peers
- dealing with clients' feelings in a respectful and dignified manner
- enhancing active participation
- promoting access to information
- promoting lifelong learning, including literacy, for older adults through the education sector.

## GUIDELINE

### NOTES

# Guideline 6

Provide comprehensive support systems by:

- facilitating the development or improvement of a strong support network for older adults, including emotional, social and physical support through community services, health services and tangible assistance such as financial support and transportation.
- facilitating networking and collaboration between services and organizations (e.g., social service centres, recreation services, sports and other clubs, education services, schools, public health services)
- making a comprehensive support system accessible.

Examples include:

- counselling, reassurance and sympathetic listening
- friendly visiting programs
- intergenerational programs
- resources such as health directories in languages other than English
- promoting caring and supportive relationships with family, friends and service providers
- accessible transportation networks, counselling and other services
- day programs and services for seniors
- shopping services, meals on wheels, financial services etc.

# Guideline 7

## **GUIDELINE**

### NOTES

Adopt multiple interventions by:

- planning a comprehensive approach using multiple strategies, which include identifying gaps and barriers in services, building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, reorienting health services, and developing and building new social networks.
- using strategies to reach multiple audiences in formats appropriate to their needs and preferences
- using strategies that reinforce each other to reach a common goal
- using a range of strategies, such as outreach, home visiting, active lifestyle programs, empowerment, participation and lifelong learning.

Examples of interventions include:

- community social events (e.g., informal social gatherings, information sessions)
- caregiver support groups
- self-help groups to help older people handle stressful life events
- skill-building workshops (e.g., behaviour management, anger management, lifestyle, language, physical activity)
- workplace policy (e.g., to provide retirement planning, to prevent ageism)
- community engagement (e.g., links between the community and senior centres and residences)
- programs for older adults in libraries and other community settings
- intergenerational activities
- home visits
- telephone counselling
- train-the-trainer models.

## GUIDELINE

### NOTES

# Guideline 8

Ensure that information and services provided are culturally appropriate, equitable and holistic by:

- considering the person as a whole and taking into account the physical, emotional, spiritual, religious, mental and social factors that affect his or her mental health
- facilitating access for older adults to culturally relevant supportive social networks
- providing relevant information, such as printed materials (e.g., about life changes and mental health), in an understandable and culturally appropriate manner
- facilitating participation from minority groups
- directly addressing the needs of socially disadvantaged people
- understanding the impact of stigma and working toward its elimination.

Examples include:

- peer educators who are members of ethnic minority or Aboriginal populations
- multilingual information material (e.g., health guides)
- tailoring programs to meet specific needs (e.g., gender and cultural differences)
- CAMH Diversity Policy and Framework
- Toronto Public Health Divisional Policy and Procedure Manual: Access and Equity Policy.

To learn more about diversity and equity, review the CAMH Diversity Policy and Framework (available at [www.camh.net/About\\_CAMH/Diversity\\_Initiatives](http://www.camh.net/About_CAMH/Diversity_Initiatives)), and contact Ruby Lam, Manager, Access and Equity at 416 392-0955 for more information about the Toronto Public Health Access and Equity Policy ([http://insideto.toronto.ca/health/planning/pdf/access\\_equity\\_policy.pdf](http://insideto.toronto.ca/health/planning/pdf/access_equity_policy.pdf)).

# Guideline 9

## GUIDELINE

### NOTES

Involve multiple stakeholders by:

- engaging with multiple sectors (e.g., education, public health, medical services, government, community, long-term and community care, recreation, housing, financing, transportation, faith communities, labour)
- connecting different players at all levels (e.g., governmental, non-profit, for-profit)
- involving different members of the care team (e.g., family and other caregivers, health care professionals, social workers, community service providers)
- enabling members of the target population to be involved in the planning and decision-making process
- achieving a joint vision for mental health promotion among multiple stakeholders.

Examples include:

- establishing a periodic retreat or planning day with specific client groups
- establishing and maintaining ongoing partnerships with community members, coalitions and networks
- including many stakeholders on program advisory committees and community councils
- providing transportation and paying honoraria for participants' time
- making meetings accessible to older persons (e.g., by using large print materials, booking physically accessible meeting rooms, ensuring hearing access).

## **GUIDELINE**

### NOTES

# Guideline 10

Address opportunities for organizational change, policy development and advocacy by:

- mobilizing people over 55 to be advocates for themselves and others
- being aware of and monitoring upcoming legislation and government initiatives to identify and influence change that incorporates a mental health promotion approach
- implementing client and/or staff surveys to assess the organizational climate of an agency
- working with community members, with agency management and staff and with older adults themselves to create a health-promoting community and workplace
- giving community members and older people opportunities to voice issues and engage in dialogue to solve problems
- identifying policy initiatives to influence all aspects of community living, including residential settings such as long-term care homes.

Examples include:

- an anti-ageism policy
- networking
- policies that promote healthy communities
- advocacy for physical activity in the community
- advocacy for green space and gardens
- lobbying for legislative change
- advocating that the education system provide opportunities for lifelong learning.

# Guideline 11

## GUIDELINE

### NOTES

Demonstrate a long-term commitment to program planning, development and evaluation by:

- conducting a situational assessment to inform the design of initiatives, taking into account the diversity of the population(s) and their strengths and assets
- clearly defining for whom the mental health promotion programs, interventions and policies are intended
- involving members of the intended population(s) in program design and implementation
- ensuring that the length and intensity of the intervention is appropriate for the population(s) of concern and will achieve the intended outcomes
- continually revising program objectives to ensure progress toward goals
- ensuring that data collection methods and mechanisms are in place
- outlining an evaluation process that states outcomes clearly and considers outcome and process indicators (see below).
- drawing on a variety of disciplines
- reviewing and using successful research-based programs, interventions and policies.

Examples include:

- program logic models and evaluation plans
- community advisory committees engaged in program planning and evaluation
- monitoring systems to review information about mental health assets and strengths as well as problems for older adults (e.g., community asset mapping)
- outcome and process indicators in mental health promotion

To review information on program evaluation, visit the website of the the Health Communication Unit at [www.thcu.ca/infoandresources/evaluation.htm](http://www.thcu.ca/infoandresources/evaluation.htm).

# Outcome and process indicators

Outcome and process indicators are tools organizations can use to gauge the success of their work.

## Outcome indicators

Outcome indicators measure how well your initiatives are accomplishing their intended results. They compare the result of an intervention to the situation beforehand.

The examples in the table below show how a well-chosen outcome indicator can measure an initiative's success:

Intervention type	Possible outcome indicator
Changing a risk factor	Percentage of adults 55+ reported abused or neglected  Percentage of adults 55+ reporting loneliness
Changing a determinant of health	Percentage of housing for seniors rated above good/standard/substandard/ poor condition  Percentage of adults 55+ living in homes that are heated adequately (specify temperature) all year
Intervening in multiple settings	List of essential services within walking distance that adults 55+ use

Intervention type	Possible outcome indicator
Building relationships	Percentage of adults 55+ who report that they are satisfied with the relationships they have with professionals, family and friends
Building skills	Percentage of adults 75+ who report being able to shop, cook and clean for themselves
Policy change	List of policies introduced at the municipal level that enable adults 55+ to live at home in the community
Overall change in mental health	<p>Scores on self-perceived health and happiness</p> <p>Percentage of adults 55+ reporting good to excellent self-esteem or well-being</p>

## GUIDELINE

NOTES

## Process indicators

Process indicators measure how well you are running your activities. They track how much you're doing and how well people like it. Examples include:

- number of people who attended your training session
- number of times you contacted the housing authority about increasing the heat for senior tenants
- number and variety of people who have become leaders in running social programs in a nursing home
- number of meetings held to develop a nutrition policy and who attended
- participants' satisfaction rating of your training session.



## 4. Examples of mental health programs that incorporate good practice

Based on best practice guidelines, the following examples were found to follow some of the guidelines and have been deemed good practice. A brief description of the projects is provided, along with a reference or web link to access further information about the initiative.

# Aging Well and Healthy

## Goals and objectives

- to assess the effect of a short health promotion program on the health and physical activity of first-generation Turkish immigrants to the Netherlands

## Description

Aging Well and Healthy was a short-term health promotion program consisting of health education and physical exercises. During the workshop session, participants were provided with general medical information as well as information about nutrition, physical and mental health and endurance, and symptoms related to aging. In addition, a low-intensity exercise program was delivered (Guideline 5).

The program was highly attentive to cultural and social diversity. This was shown in its adaptation to the Turkish culture, the use of Turks as peer educators and the provision of information in Turkish. For people with low literacy, information was provided via pictures and symbols (Guideline 8).

During the intervention, organizers evaluated each session with the health educator and the exercise instructor. Finally all organizers, health educators and exercise instructors were interviewed on the quality of the program (Guideline 11).

## Start date

2001

## Guideline 1: Audience, specific populations

Turkish immigrants in the Netherlands aged 45 and over

## Guideline 2: Protective and risk factors, and determinants of health

### *Risk factors*

- low socio-economic status
- low educational level
- language barriers
- illiteracy

### *Determinants of health*

- social status
- ethnocultural background
- gender
- health services

## Guideline 3: Multiple settings

- welfare services in six Dutch cities

## Guideline 7: Multiple strategies

- health education
- physical exercises

## Guideline 9: Multiple stakeholders

- social workers
- physiotherapists
- health educators

## Guideline 11: Evaluation

yes

### Learn more

Reijneveld, S.A., Westhoff, M.H. & Hopman-Rock, M. (2006). Promotion of health and physical activity improves the mental health of elderly immigrants: Results of a group randomised controlled trial among Turkish immigrants in the Netherlands aged 45 and over. *Journal of Epidemiology and Community Health*, 57 (6), 405–411.

# Caregivers out of Isolation

## Goals and objectives

- to provide direct support to caregivers according to their self-identified needs
- to enhance awareness about issues identified by caregivers
- to promote policy development that responds to issues identified by caregivers

## Description

This project aims to support caregivers in the community through a variety of support programs such as support groups, workshops, caregiver activities and open panel discussions (Guideline 6). These services aim to help caregivers deal with the many pressures they face and to enhance awareness of the issues faced by caregivers and seniors. There is a focus on empowering oneself and increasing self-efficacy (Guideline 5). This program also tries to build local supports for caregivers and trains volunteers to work with caregivers and older adults (Guideline 4).

This program is particularly useful in rural communities, where support and access is limited.

## Start date

June 2006

## Guideline 1: Audience, specific populations

- caregivers
- older adults
- rural residents
- urban residents

## Guideline 2: Protective and risk factors, and determinants of health

### *Protective factors*

- access to support services
- coping skills
- healthy lifestyle
- resilience
- social support

### *Risk factors*

- anxiety
- depression
- isolation
- issues with self-esteem
- limited or no social support
- stress
- suicidal ideation or history of suicide attempts

### *Determinants of health*

- social supports

## Guideline 3: Multiple settings

- physicians' offices
- senior centres
- senior organizations

## Guideline 9: Multiple stakeholders

- Canadian Cancer Society
- caregivers
- community members
- Newfoundland and Labrador Association for Community Living
- Seniors Resource Centre of Newfoundland and Labrador
- VON Canada
- women's institutes

## Guideline 11: Evaluation

yes, ongoing

### Learn more

Holland, Erin. (2006). *How We Grew: Regional Caregiver Networks in Newfoundland and Labrador*. St. John's: Seniors Resource Centre of Newfoundland and Labrador. Available: [www.seniorsresource.ca/careguide.pdf](http://www.seniorsresource.ca/careguide.pdf). Accessed March 9, 2009.

Contact: Erin Holland

Tel.: 709 737-2333

E-mail: [info@seniorsresource.ca](mailto:info@seniorsresource.ca)

# Healthy Aging—Active 55+

## Goals and objectives

- to enhance the health and quality of life of older adults
- to show how existing health and social services can be efficiently enhanced with the help of health promotion strategies
- to increase older people's community involvement and to help them to maintain healthy and independent living for as long as possible

## Description

This German project shows how existing health and social services can be enhanced with the help of health promotion strategies. Counsellors specifically trained in “client-focused counselling” started to visit older adults who were interested in the project in 2002 (Guideline 1). During the first visit, the client and counsellor jointly carried out a personal needs assessment, produced a personal action plan and, where necessary, made appropriate referrals to other services (Guideline 6). Throughout the project the participants were provided with social skills training and supported in increasing their self-esteem, building up peer relationships and thus building social networks (Guideline 5).

During the project, the participants, the community and the public health service co-operated in creating ways to support the health of older adults in the community (Guideline 9).

## Start date

2001

### Guideline 1: Audience, specific populations

older adults (aged over 55) who have retired during the previous two years and/or are widowed

### Guideline 2: Protective and risk factors, and determinants of health

#### *Protective factors*

- local social support networks
- personal health practices
- coping skills

#### *Risk factors*

- anxiety
- depression
- isolation
- unhealthy weight

#### *Determinants of health*

- social supports
- social connectedness
- environment

### Guideline 3: Multiple settings

- individual homes
- community settings
- cafés

### Guideline 7: Multiple strategies

interventions at two general levels:

- individual needs

Support for the counsellors was provided through weekly peer meetings to exchange ideas and experiences (Guideline 4).

The pilot program was evaluated by the University of Düsseldorf, with an emphasis on improvements in the collaboration between local health organizations and the community and improvements in the health of older adults (Guideline 11). To ensure the sustainability of the program, the Active 55+ association was established.

- community institutions (including intersectoral co-operation)
  - home visits
  - skill-building workshops
  - self-help groups
  - community social events
  - community engagement
  - target agreements with clients

### **Guideline 9: Multiple stakeholders**

- charities
- health insurance companies
- older adults living in the community
- nursing homes
- hospitals
- faith communities
- University of Düsseldorf (evaluation and academic support)
- community council
- sports and cultural associations
- counsellors

### **Guideline 11: Evaluation**

yes

#### **Learn more**

World Health Organization Regional Office for Europe. (2005). *Gesundes Altern: Aufsuchende Aktivierung älterer Menschen*. Copenhagen: Author. Available: [www.euro.who.int/Document/HEA/Gesundes\\_Altern\\_G.pdf](http://www.euro.who.int/Document/HEA/Gesundes_Altern_G.pdf). Accessed March 4, 2009.

Contact: Dr. Reinhold Hinkl (e-mail [reinhold.hinkl@aktiv55plus.de](mailto:reinhold.hinkl@aktiv55plus.de)) or Petra Bill (e-mail [petra.bill@aktiv55plus.de](mailto:petra.bill@aktiv55plus.de))

# Mental Health Promotion Project for Senior Francophones in Southern Ontario

## Goals and objectives

- to inform older adults about the stress-related factors that influence physical and mental health and to help them develop strategies to address these factors
- to give recent francophone retirees the opportunity to share knowledge and expertise with their older counterparts in the community
- to develop partnerships with francophone service providers

## Description

This project offered a mental health promotion program to older francophones (Guideline 1), taking into account the lack of culturally specific services available to this population (Guideline 8)—especially services that address aging-related stress. The project trained non-professional volunteers to work with people in need (Guideline 4) and held workshops where these older adults could gain information and share personal experiences (Guideline 5). By providing these resources, the project hoped to promote mental health among older francophones while also decreasing the stigma attached to mental health problems. The project aimed to connect new retirees and older retirees with more community services, thereby easing their adjustment into retirement (Guideline 6). The project was completed successfully in 2006 and has been evaluated. There is hope for the project to

## Start date

2001–2002

## Guideline 1: Audience, specific populations

- francophones
- rural residents

## Guideline 2: Protective and risk factors, and determinants of health

### *Protective factors*

- access to support services
- healthy lifestyle
- resilience

### *Risk factors*

- anxiety
- depression
- isolation
- issues with self-esteem
- limited or no social support
- suicidal ideation or history of suicide attempts

### *Determinants of health*

- social supports
- ethnocultural backgrounds

## Guideline 3: Multiple settings

- community health care centres
- social service offices

## Guideline 7: Multiple strategies

- providing volunteer training
- providing workshops for older people to

continue as a result of the positive feedback from the community (Guideline 11).

- gain information and share experiences
- connecting older people with community services

### **Guideline 9: Multiple stakeholders**

- Community Care Access Centres
- Hamilton/Niagara Region

### **Guideline 11: Evaluation**

yes

#### **Learn more**

Contact: Christine Lebert, CAMH

Tel.: 705 675-1181

E-mail: [christine\\_lebert@camh.net](mailto:christine_lebert@camh.net))



# Nunavut Addictions and Mental Health Services (Kivalliq Region)

## Goals and objectives

- to build on the traditional values and strengths of Nunavut communities
- to provide the best possible culturally grounded and evidence-based services to addiction and mental health clients

## Description

This program focuses on developing and implementing substance use and mental health services to meet the needs of citizens of Nunavut. Psychiatrists visit each community once or twice per year to act as a “doorway” to acute care services and to provide support. In addition, mental health consultants meet with Inuit elders, creating a comprehensive support system (Guideline 6) that aims to meet the four goals—healthy communities; simplicity and unity; self-reliance; and continuing learning—set out in the *Pinasuaqtavut*, the Nunavut government’s goals and objectives. Medical interpreters are used in this process, helping to ensure that the information presented to the target population is culturally appropriate (Guideline 8).

Opportunities for advocacy are clear, since this program was created as a push for access to mental health services for people living in Inuit communities in the Kivalliq region (Guideline 10).

## Start date

1999

## Guideline 1: Audience, specific populations

- Inuit
- people with concurrent disorders
- people with specific disorders
- residents of isolated northern communities
- rural residents
- older adults (Inuit elders)

## Guideline 2: Protective and risk factors, and determinants of health

### *Protective factors*

- access to support services

### *Risk factors*

- anxiety
- depression
- isolation
- issues with self-esteem
- limited or no social support
- suicidal ideation or history of suicide attempts

### *Determinants of health*

- social supports
- ethnocultural background

## Guideline 3: Multiple settings

- community health care centres
- social service offices

## Guideline 9: Multiple stakeholders

There is a long-term commitment to this issue (Guideline 11), as demonstrated by the support from the government of Nunavut and the positive responses generated.

- Inuit elders
- Nunavut Department of Health and Social Services (Kivalliq Region)
- family physicians
- psychiatrists
- RCMP
- Government of Nunavut
- University of Manitoba

### **Guideline 11: Evaluation**

yes, ongoing

#### **Learn more**

Contact: Wendy Dolan (tel. 867 645-2171 or e-mail [wdolan@gov.nu.ca](mailto:wdolan@gov.nu.ca)) or Barb Mueller (tel. 867 793-2816)



# Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)

## Goals and objectives

- to empower participants and help them develop the skills to define and solve their problems
- to enable participants to become more socially and physically active, and experience more pleasant activities
- to decrease participants' symptoms of depression and improve their health-related quality-of-life and emotional well-being.

## Description:

PEARLS for Older Adults is primarily a community-based, participant-driven intervention that uses problem solving, social and physical activation, and increased pleasant events to reduce minor depression (Guideline 2) in physically impaired and socially isolated adults aged sixty and older (Guideline 1).

The PEARLS intervention is delivered by professionals over the course of six to eight sessions in a six-month period. The intervention consists of problem solving treatment, behavioral activation, and pleasant activities scheduling (Guideline 7).

Initially developed to be part of a research study, the efficacy of PEARLS was validated. Those who participated in the PEARLS Program were three times as likely to experience a reduction in their depressive symptoms as those who were not treated with the PEARLS

## Start date

2000

### **Guideline 1: Audience, specific populations**

physically impaired and socially isolated adults aged sixty and older

### **Guideline 2: Protective and risk factors, and determinants of health**

#### *Protective factors*

- mental health
- physical activity

#### *Risk factors*

- homebound
- depression
- chronic physical illness

#### *Determinants of health*

- Personal health practices and coping skills
- Social support networks

### **Guideline 3: Intervene in multiple settings**

- private home
- community settings

### **Guideline 5: Provide a focus on empowerment and resilience**

- problem-solving skills
- physical activity
- enhance active participation
- build social networks

Program. The program also had a positive influence on the participants' health-related quality of life and emotional well-being, as well as a demonstrated trend of decreased hospitalizations. Subsequently, PEARLS was established as a program that can be broadly implemented in the real world (Guideline 11).

The success of PEARLS is founded on a collaborative effort among several key roles within an organization carried out by professionals and para-professionals from varied fields: social work, mental health, or a related field. The strength of the intervention also reflects its links to existing community infrastructures.

The three basic components of the PEARLS Program include:

**Problem-Solving Treatment** – a seven-step, participant-driven approach in which the individual is supported by a counsellor to identify and solve problems that the participant wants to address (Guideline 5)

**Social and Physical Activation** - counsellors work with participants to increase their engagement in social, physical and recreational activities, in both their homes and in their community (Guideline 3)

**Pleasant Activity Scheduling** – participants are encouraged to select an activity they would enjoy doing on their own or in the company of others (a pleasant activity they can do as “homework”); over 200 diverse activities are offered in the PEARLS Toolkit as possible options for participants to consider (Guideline 5).

Several agencies provide the PEARLS Program, and a PEARLS Implementation Toolkit is available online at [www.pearlsprogram.org/](http://www.pearlsprogram.org/)

## Guideline 7: Adopt multiple interventions:

- home visits
- community engagement
- community social events

## Guideline 11: Evaluation

yes

### Learn more

Ciechanowski, P., Wagner, E., Schmaling, K., Schwartz, S., Williams, B., Diehr, P., Kulzer, J., Gray, S., Collier, C. & Logerfo, J. (2004). Community-Integrated Home-Based Depression Treatment in Older Adults. A Randomized Controlled Trial. *Journal of the American Medical Association*, 291(13), 1569-77.

PEARLS Program website:  
[www.pearlsprogram.org/Default.aspx](http://www.pearlsprogram.org/Default.aspx)

### Contact:

PEARLS Program email:  
[uwpearls@u.washington.edu](mailto:uwpearls@u.washington.edu)

# Seniors CAN

## Goals and objectives

- to increase older adults' ability to decipher the overwhelming body of information on health and wellness, thereby increasing their sense of control over their lives.

## Description

Senior CAN was a wellness education program for older people. It provided education in an interactive setting and encouraged participants to try something new in each lesson. During 15 workshop sessions, older adults learned about and discussed nutrition, hygiene and fall prevention, among other topics (Guideline 5).

Senior CAN used volunteers from two groups: peer educators from the target audience over 55 years of age and volunteers from agencies that already provided service to elderly clients. Using a train-the-trainer model, volunteers were given basic training in teaching skills for conducting and facilitating an interactive class (Guideline 4). Representatives of ethnic minorities were trained to act as peer educators (Guideline 8).

To assess the overall impact of Seniors CAN, a pre-/post-test design was employed, using the UCLA Loneliness Scale (Pearlin & Schooler, 1978) and the Mastery Scale (Russell et al., 1980), along with a newly developed instrument to assess participants' increased knowledge on nutrition, safety and wellness information presented during the lessons.

## Start date

1998

## Guideline 1: Audience, specific populations

older adults (aged 55 and over)

## Guideline 2: Protective and risk factors, and determinants of health

### *Protective factors*

- opportunities for lifelong learning

### *Risk factors*

- stress
- loneliness
- sense of loss of control

### *Determinants of health*

- economic status
- ethnicity

## Guideline 3: Multiple settings

- seniors centres

## Guideline 7: Multiple strategies

- workshops
- community-based education in an interactive setting
- train-the-trainer

## Guideline 9: Multiple stakeholders

- University of Nevada Co-operative Extension
  - nutrition professionals
  - researchers of aging
- Las Vegas Housing Authority

The program expanded to senior centres across Nevada, and the train-the-trainer workshops are expanding program delivery into other states (Guideline 11).

Nevada Housing and Neighborhood Development

## Guideline 11: Evaluation

yes

### Learn more

Collins, C. (2003). Volunteers: The key to expanding extension programming for older adults. *Journal of Extension*, 41 (5), 1-4.

Collins, C. (2006). Seniors CAN: Enhancing independence for older adults. *Journal of Extension*, 39 (6), 1-4.

Collins, C. (2006). Seniors CAN: Community-Based Education to Promote Independence for Older Adults. *The LLI Review*, 1, 60-68. Available: <http://usm.maine.edu/olli/national/lli-review.jsp> Accessed February 9, 2011.

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# Stimulating Friendship in Later Life

## Goals and objectives

- to help older women reduce loneliness either by improving existing friendships or developing new ones

## Description

This educational program from the Netherlands consisted of a 12-session psychoeducational group based on theories of social support and self-help. The program was structured according to a four-stage conceptual model explaining how relational competencies influence one's relationships. Sessions focused on diverse topics linked to friendship (e.g., expectations for a friendship, self-evaluation as a friend) and included practice in social skills important for friendships (Guideline 5). Participants were given the opportunity to develop their friendships and to build a network of friends (Guideline 6).

After the program was completed, participants' changes in friendships and experiences of loneliness were observed and compared to those of a control group of women. More women in the friendship program were successful in significantly reducing their loneliness as compared to the control group. The majority of program participants had made new friends, and slightly less than half had improved existing friendships. A follow-up study conducted a year later showed a significant increase in the complexity of

## Start date

1994

## Guideline 1: Audience, specific populations

lonely older women

## Guideline 2: Protective and risk factors, and determinants of health

### *Protective factors*

- social contacts / friendships

### *Risk factors*

- loneliness

## Guideline 7: Multiple strategies

- group sessions consisting of theory, skills practice and role playing
- homework

## Guideline 9: Multiple stakeholders

- local senior services agency
- University of Nijmegen

## Guideline 11: Evaluation

yes

## Learn more

Martina, C.M.S. & Stevens, N.L. (2006). Breaking the cycle of loneliness: Psychological effects of a friendship enrichment program for older women. *Aging and Mental Health*, 10, 467–475.

participants' friendship networks. A manual for the program was produced in 1995 and has been distributed in over 300 agencies providing services for older people. The program has also been adapted for women in middle age (40–60 years old) and for visually impaired older persons, and a version for older men is being developed (Guidelines 8 and 11).

Stevens, N.L. (2001). Combating loneliness: A friendship enrichment program for older women. *Ageing and Society*, 21, 183–202.

Stevens, N.L., Martina, C.M.S. & Westerhof, G.J. (2006). Meeting the need to belong: Predicting effects of a friendship enrichment program for older women. *The Gerontologist*, 46, 495–502.

Stevens, N.L. & van Tilburg, T. (2000). Stimulating friendship in later life: A strategy for reducing loneliness among older women. *Educational Gerontology*, 26 (1), 15–35.

Verstraten, P. & Stevens, N.L. (2007). Building and maintaining a personal network: a training programme for visually impaired older adults. Grave, Netherlands: Sensus.

Contact: Nan Stevens, Centre for Psychogerontology, Radboud University, Nijmegen, Netherlands

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# Other programs of interest

Here are some additional programs, identified through a web search, that focus on mental health promotion for older adults. While they do not meet as many guidelines as the previous examples, they may also be of interest. Other similar programs may exist that did not appear in the databases we searched.

## Creative Retirement *Manitoba*

### Goals and objectives

- to develop older people's skills and resources to handle life's later decades
- to enrich the retirement years through educational programs
- to make it possible for retired people to continue to be productive members of society by sharing their talents and skills through teaching

Learn more: [www.crm.mb.ca/index.html](http://www.crm.mb.ca/index.html)

## Age Concern. Your Guide to Healthy Living: A holistic approach to your mind & body *Thanet, U.K.*

### Goals and objectives

- to promote the independence of older people
- to provide information to enable older people to make decisions about their own lifestyles

Learn more: [www.ageuk.org.uk/documents/en-gb/acig12\\_your\\_guide\\_to\\_healthy\\_living\\_inf.pdf?dtrk=true](http://www.ageuk.org.uk/documents/en-gb/acig12_your_guide_to_healthy_living_inf.pdf?dtrk=true)

## Senior Corps *USA*

### Goals and objectives

to connect older people with people and organizations that need their help, thus providing them new challenges and responsibilities

Learn more: [www.seniorcorps.org](http://www.seniorcorps.org)

## Solid Ground Retired and Senior Volunteer Program *(Seattle)*

### Goals and objectives

- to develop and provide creative, comprehensive and effective responses to community needs
- to advocate for public policies and private initiatives that give all people equal opportunities and resources
- to support the efforts of others who share the same vision of community

Learn more: [www.solid-ground.org/GetInvolved/Volunteer/RSVP/Pages/default.aspx](http://www.solid-ground.org/GetInvolved/Volunteer/RSVP/Pages/default.aspx)

## U.K. Department of Health's mental health services for older people

### Goals and objectives

- to promote good mental health in older people
- to treat and support older people with dementia and depression

Learn more: [www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/DH\\_079329](http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/DH_079329)

## Appendix 1:

# Worksheets

This worksheet can be used by practitioners to plan and implement mental health promotion initiatives, followed by a sample worksheet showing how it has been used in a mental health promotion initiative.



# Worksheet information

## Purpose of the worksheet:

This worksheet is an important part of the resource, Best Practice Guidelines for Mental Health Promotion Programs for Older Adults 55+. It is intended to be used as a tool to help service providers identify which guidelines could be implemented within new or existing mental health promotion initiatives for older adults. As some guidelines may prove a higher priority or, conversely, may not be relevant to your specific initiative, we recommend that you focus on the guidelines that relate best to your initiative when completing the worksheet. This worksheet is not meant as an evaluation tool, but as a resource of referral for the planning, implementation and promotion of best mental health practices within your intervention.

## Why should you use this worksheet?

1. Using the worksheet to follow the best practice guidelines will contribute to an evidence base that will help advance the field of mental health promotion for Older Adults.
2. Using the Guide will contribute to better understanding about what issues are faced by older adults and what your initiative can do to further help them.
3. Contributing information through using this worksheet could help other organizations and service providers to apply such practices aimed at helping older adults.
4. By documenting your efforts on the worksheet, you could recognize the full potential of your initiative to empower older adults and engage them in learning new skills.
5. Use of the Guide and completion of the worksheet will result in a careful analysis of your effort, help you to better understand your strengths and pinpoint areas to improve, and thereby make your work more effective.

6. Documentation will make it possible to communicate what you have accomplished to others.
7. Describing the accomplishments of your effort can raise your organization's profile. That, in turn, could increase your possibilities for funding and other support.

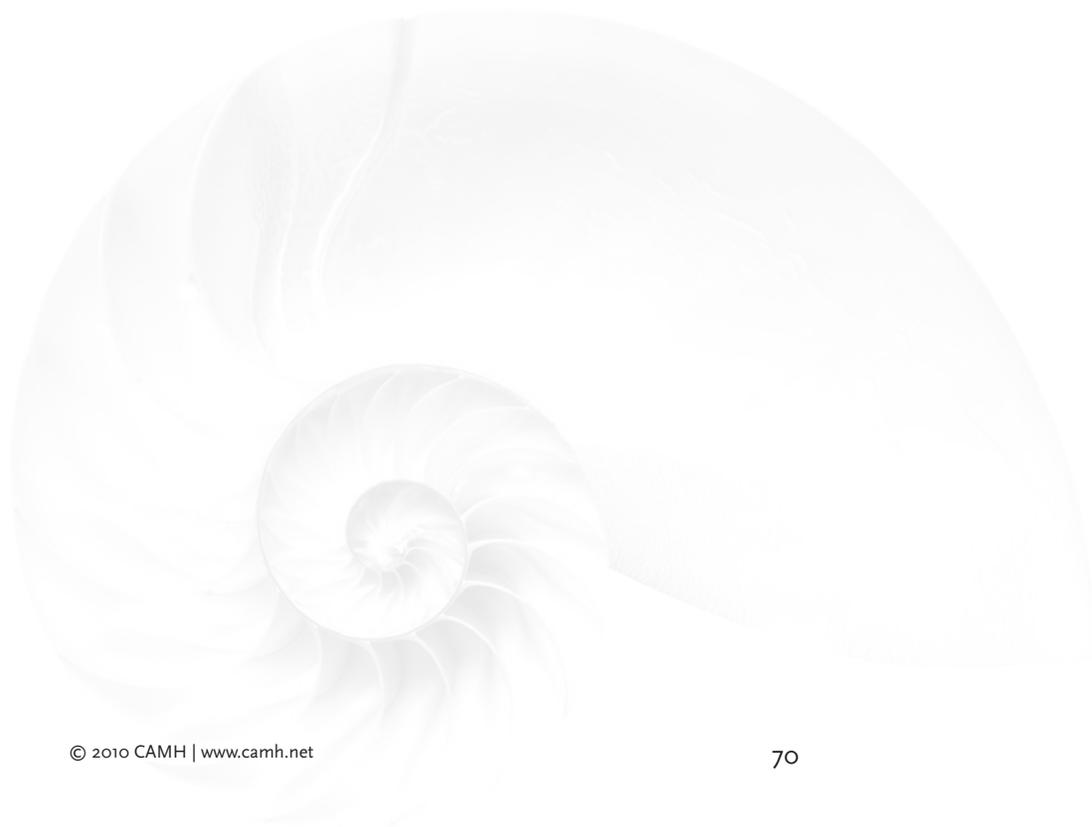
## How to use the worksheet:

The worksheet has a user-friendly format to help you identify where your initiative is presently at with regards to the guidelines and what you intend to further achieve.

- The first column of the table includes the 11 guidelines relevant to promoting the mental health of the older adult population. They are posed as questions in order for you to think about how your intervention relates or does not relate to each.
- The second column provides more detailed components of each guideline question and offers suggestions of how you may go about implementing such practices within your initiative. It can also be used as a preliminary checklist to “tick off” the actions you already carry out. Please also refer back to the original set of guidelines for more information and examples on each action.
- The third column allows you to identify what your initiative has achieved in relation to the best practice guidelines so far and how. Referring to your initiative's aims and objectives will be useful here. However, do not feel you have to fill in every row – only complete areas relevant to your initiative. Adding general notes here may also be useful as a future reference for the further development of your initiative.
- The fourth column is intended for you to recognize what your initiative may be missing and how you could improve it. Be realistic and set goals for your initiative to apply over the next year. However, you may also find that you have achieved everything possible and may not need to provide any information in this column.
- The fifth column allows you to document what specific actions you plan to take in order to achieve the goals over the next year. This could also be an opportunity to collaborate with people who use your services in order to receive their input on how you could improve your initiative and the services

provided for older adults. Again, this column may not require completion if your initiative has already achieved its goals.

- The final column helps you set a date for achieving these goals and to then later “tick off” what your initiative has achieved over a given period. The worksheet is intended to be a long-term tool that you could duplicate for the future development of your initiative aimed at promoting the mental health of the older adult population.



# Worksheet for mental health promotion initiatives for older adults

Date: \_\_\_\_\_

Name of intervention: \_\_\_\_\_

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>1. Does your initiative identify and address a specific population (e.g., older adults who live in poverty or who are retired etc.) by...</b></p>	<p><input type="checkbox"/> ...determining a particular population's needs (considering all aspects of mental and physical health)?</p> <p><input type="checkbox"/> ...considering the life transition specific to the population(s) of concern?</p> <p><input type="checkbox"/> ...identifying how, when and where the specified population(s) can be reached?</p> <p><input type="checkbox"/> ...planning for ways to ensure the participation of the specified population in all aspects of program planning, development and evaluation?</p> <p><input type="checkbox"/> ...other means?</p>				

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>2. Does your initiative address and modify risk and protective factors (including determinants of health) that indicate possible mental health concerns for older people by...</b></p>	<p><input type="checkbox"/> ...identifying relevant risk and protective factors, and determinants of health (i.e., self-esteem)?</p> <p><input type="checkbox"/> ...assessing which factors and health determinants can be modified and how?</p> <p><input type="checkbox"/> ...developing a plan to enhance the protective factors, reduce the risk factors and influence the determinants of health relevant to the target population?</p> <p><input type="checkbox"/> ...other means?</p>				

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>3. Does your initiative intervene in multiple settings by...</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> ...considering all aspects of the setting or environment that affect older adults (e.g., norms, policies, social and physical environment)?</li> <li><input type="checkbox"/> ...developing strategies to intervene in various settings?</li> <li><input type="checkbox"/> ...promoting and supporting independence?</li> <li><input type="checkbox"/> ...assessing and addressing accessibility issues?</li> <li><input type="checkbox"/> ...looking at how older adults use space that affects their mental health (e.g., organizing walking clubs in malls)?</li> <li><input type="checkbox"/> ...aiming to improve and develop the physical and social environment of the setting?</li> <li><input type="checkbox"/> ...other means?</li> </ul>				

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>4. Does your initiative support professionals and non-professionals in establishing caring and trusting relationships with older people by...</b></p>	<input type="checkbox"/> ...providing training in aging and age-related transitions?				
	<input type="checkbox"/> ...providing information and training about mental health and substance use problems?				
	<input type="checkbox"/> ...raising awareness about stigma and discrimination related to aging (ageism) as well as that associated with mental health and substance use problems?				
	<input type="checkbox"/> ...involving and training older adults to be peer supports and educators?				
	<input type="checkbox"/> ...other means?				

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>5. Does your initiative promote a focus on empowerment and resilience by...</b></p>	<input type="checkbox"/> ...providing skills training to older adults (i.e., in self-esteem, stress management, problem solving, etc.)?				
	<input type="checkbox"/> ...providing skills training to family members, other caregivers and peers?				
	<input type="checkbox"/> ...dealing with clients feelings in a respectful and dignified manner?				
	<input type="checkbox"/> ...enhancing active participation?				
	<input type="checkbox"/> ...promoting lifelong learning, including literacy, for older adults through education?				
	<input type="checkbox"/> ...other means?				

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>6. Does your initiative provide comprehensive support systems by...</b></p>	<p><input type="checkbox"/> ...facilitating the development or improvement of a strong support network for older adults (including emotional, social and physical support through community services etc.)?</p>				
	<p><input type="checkbox"/> ...facilitating networking and collaboration between services and organizations (e.g., social service centres, recreation services, sports and other clubs etc.)?</p>				
	<p><input type="checkbox"/> ...making a comprehensive support system accessible to older adults?</p> <p><input type="checkbox"/> ...other means?</p>				

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>7. Does your initiative adopt multiple interventions by...</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> ...planning a comprehensive approach using multiple strategies (including identifying barriers to services, building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, reorienting health services, and building new social networks)?</li> <li><input type="checkbox"/> ...using strategies to reach multiple audiences in formats appropriate to their needs/preferences?</li> <li><input type="checkbox"/> ...using strategies that reinforce each other to reach a common goal?</li> <li><input type="checkbox"/> ...using a range of strategies (i.e., outreach, home visiting, active lifestyle programs, lifelong learning)?</li> <li><input type="checkbox"/> ...other means?</li> </ul>				

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>8. Does your initiative ensure that information and services provided are culturally appropriate, equitable and holistic by...</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> ...considering the person as a whole and taking into account the physical, emotional, spiritual, religious, mental and social factors that affect his or her mental health?</li> <li><input type="checkbox"/> ...facilitating access for older adults to culturally relevant supportive social networks?</li> <li><input type="checkbox"/> ...providing relevant information, such as printed materials (e.g., about life changes and mental health), in an understandable and culturally appropriate manner?</li> <li><input type="checkbox"/> ...facilitating participation from minority groups?</li> <li><input type="checkbox"/> ...directly addressing the needs of socially disadvantaged people?</li> <li><input type="checkbox"/> ...understanding the impact of stigma and working toward its elimination?</li> <li><input type="checkbox"/> ...other means?</li> </ul>				

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>9. Does your initiative involve multiple stakeholders by...</b></p>	<p><input type="checkbox"/> ...engaging with multiple sectors (e.g., education, public health, medical services, government, community, long-term and community care, recreation, housing, financing, transportation, faith communities, etc.)?</p>				
	<p><input type="checkbox"/> ...connecting different players at all levels (e.g., governmental, non-profit, for-profit stakeholders, etc.)?</p>				
	<p><input type="checkbox"/> ...involving different members of the associated care team (e.g., family members and other caregivers, health care professionals, social workers, community service providers, etc.)?</p>				
	<p><input type="checkbox"/> ...enabling members of the target population of older adults to be involved in the planning and decision-making process (i.e., by providing transportation to meetings and forms of payment for their time, etc.)?</p>				
	<p><input type="checkbox"/> ...achieving a joint vision for mental health promotion among multiple stakeholders?</p>				
	<p><input type="checkbox"/> ...other means?</p>				

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>10. Does your initiative address opportunities for organizational change, policy development and advocacy by...</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> ...mobilizing people over the age of 55 to be advocates for themselves and others?</li> <li><input type="checkbox"/> ...being aware of and monitoring upcoming legislation and government initiatives to identify and influence change that incorporates a mental health promotion approach?</li> <li><input type="checkbox"/> ...implementing client and/or staff surveys to assess the organizational climate of an agency?</li> <li><input type="checkbox"/> ...working with community members, agency management and staff, and with older adults themselves to create a health-promoting community and workplace?</li> <li><input type="checkbox"/> ...giving communities and older adults opportunities to voice issues and engage in dialogue to solve problems?</li> <li><input type="checkbox"/> ...identifying policy initiatives to influence all aspects of community living, including residential settings (i.e., long-term care homes)?</li> <li><input type="checkbox"/> ...other means?</li> </ul>				

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>11. Does your initiative demonstrate a long-term commitment to program planning, development and evaluation by...</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> ...conducting a situational assessment to inform the design of initiatives, taking into account the diversity of the population(s) and their strengths and assets?</li> <li><input type="checkbox"/> ...clearly defining for whom the mental health promotion programs, interventions and policies are intended?</li> <li><input type="checkbox"/> ...involving members of the intended population (s) in program design and implementation?</li> <li><input type="checkbox"/> ...ensuring that the length and intensity of the intervention is appropriate for the population(s) of concern and will achieve the intended outcomes?</li> <li><input type="checkbox"/> ...continually revising program objectives to ensure progress toward goals?</li> <li><input type="checkbox"/> ...ensuring that data collection methods and mechanisms are in place?</li> <li><input type="checkbox"/> ...outlining an evaluation process that states outcomes clearly and considers outcome and process indicators?</li> <li><input type="checkbox"/> ...drawing on a variety of disciplines?</li> <li><input type="checkbox"/> ...reviewing and using successful research-based programs, interventions and policies?</li> <li><input type="checkbox"/> ...other means?</li> </ul>				

# Worksheet for mental health promotion initiatives for older adults

**Date:** September 2011

**Name of intervention:** Fit, Fun & Fully Alive! (Fitness Classes for Older Adults) (FFFA)



Sample  
Worksheet

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>1. Does your initiative identify and address a specific population (e.g., older adults who live in poverty or who are retired, etc.), by...</b></p>	<p>...determining a particular population's needs (considering all aspects of mental and physical health)?</p>	<p>Target population defined: older adults in WB &amp; AB regions of Renfrew County</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...considering the life transition specific to the population(s) of concern?</p>	<p>Volunteer instructors know participants well (target group) and will respond where possible and appropriate to issues in program relating to life transition (e.g., if a partner retires and wants to join the class, he or she will be welcomed by the group; if a person is recovering from surgery or a health issue and needs one-on-one assistance to participate, additional volunteer instructors will assist to facilitate continued participation)</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...identifying how, when and where the specified population(s) can be reached?</p>	<p>Done: promotional plan developed and reviewed annually</p>	<p>n/a</p>	<p>n/a</p>	<p>n/a</p>
	<p>...planning for ways to ensure the participation of the specified population in all aspects of program planning, development and evaluation?</p>	<p>Participants are asked to complete a printed survey twice annually, and are invited to participate in workshop presentations, program review processes and training opportunities where appropriate</p>	<p>Identify other opportunities to engage the target group and volunteer instructors in program planning</p>	<p>Work plan review; actions developed and monitored</p>	<p>By June 2010</p>
	<p>...other means?</p>				

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>2. Does your initiative address and modify risk and protective factors (including determinants of health) that indicate possible mental health concerns for older people, by...</b></p>	<p>...identifying relevant risk and protective factors, and determinants of health (e.g., self-esteem)?</p>	<p>Risk factors: physical inactivity; social isolation; low income; chronic illness</p> <p>Protective factors: opposite of above (e.g., opportunity for physical activity; program delivered in local communities; free-will donation per class as able)</p>	<p>Review risk and protective factors annually via work plan review, in particular donation collection and to see if class can provide opportunity to address other risk factors or determinants of health</p>	<p>Work plan review; actions developed and monitored</p>	<p>By June 2010</p>
	<p>...assessing which factors and health determinants can be modified and how?</p>	<p>See above</p>	<p>See above</p>	<p>Work plan review; actions developed and monitored</p>	<p>By June 2010</p>
	<p>...developing a plan to enhance the protective factors, reduce the risk factors and influence the determinants of health relevant to the target population?</p>	<p>See above</p>	<p>See above</p>	<p>Work plan review; actions developed and monitored</p>	<p>By June 2010</p>
<p>...other means?</p>					

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>3. Does your initiative intervene in multiple settings, by...</b></p>	<p>...considering all aspects of the setting or environment that affect older adults (e.g., norms, policies, social and physical environment)?</p>	<p>Setting for class delivery assessed prior to implementation to consider how space meets needs of class, instructor and participants</p>	<p>Implementing “formal” setting review using template created to identify space/ settings needs for program delivery</p>	<p>Develop itemized inventory tool for completion when reviewing potential new spaces for class delivery</p>	<p>By June 2010</p>
	<p>...developing strategies to intervene in various settings?</p>	<p>See above: settings include long-term care residences; retirement residences; community locations (e.g., arenas, church recreation rooms, etc.)</p>	<p>See above</p>	<p>See above</p>	<p>See above</p>
	<p>...promoting and supporting independence?</p>				
	<p>...assessing and addressing accessibility issues?</p>	<p>See above: letters of support are provided on request to obtain funding to increase physical accessibility of building entrances for older adults</p>	<p>See above</p>	<p>See above</p>	<p>See above</p>
	<p>...looking at how older adults use space that affects their mental health (e.g., organizing walking clubs in malls)?</p>	<p>Volunteer instructors’ training includes specific focus on how to promote participation in classes for those with mental health issues</p>	<p>See above</p>	<p>See above</p>	<p>See above</p>
	<p>...aiming to improve and develop the physical and social environment of the setting?</p>	<p>See above: Would be identified in assessment and addressed prior to start of the program</p>	<p>See above</p>	<p>See above</p>	<p>See above</p>
	<p>...other means?</p>				

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>4. Does your initiative support non-professionals in establishing caring and trusting relationships with older people, by...</b></p>	<p>...providing training in aging and age-related transitions?</p>	<p>During SFIC training course, biannual refresher training, presentations at meetings</p>	<p>Continue with existing training schedule; share relevant training opportunities with volunteer instructors (e.g., Heart Wise training; Annual CCAA conference; other local training events)</p>	<p>Integrate planning for training into FFFA program work plan</p>	
	<p>...providing information and training about mental health and substance use problems?</p>	<p>As above; integrated into SFIC training but not specific or extended focus</p>	<p>Delivered one training/presentation including info specifically on substance use problems</p>	<p>n/a</p>	
	<p>...raising awareness about stigma and discrimination related to aging (ageism) as well as that associated with mental health and substance use problems?</p>	<p>Not specific focus of program</p>			
	<p>...involving and training older adults to be peer supports and educators? ...other means?</p>	<p>Focus of volunteer training is on this element</p>	<p>No change needed</p>	<p>n/a</p>	

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>5. Does your initiative promote a focus on empowerment and resilience, by...</b></p>	<p>...providing skills training to older adults (e.g., in self-esteem, stress management, problem solving, etc.)?</p>	<p>Specific skills training for volunteer instructors already well integrated into planning (e.g., SFIC course, refresher training and other relevant training opportunities)</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...providing skills training to family members, other caregivers and peers?</p>	<p>See above</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...dealing with clients' feelings in a respectful and dignified manner?</p>	<p>See above</p>			
	<p>...enhancing active participation?</p>	<p>See above</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...promoting lifelong learning, including literacy, for older adults through education?</p>	<p>See above</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...other means?</p>				

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>6. Does your initiative provide comprehensive support systems, by...</b></p>	<p>...facilitating the development or improvement of a strong support network for older adults (including emotional, social and physical support through community services, etc.)?</p>	<p>Volunteer instructors have support of CHC staff to refer participants where appropriate to other health and social support services and service providers; social support developed through participation in classes is the benefit most frequently identified through evaluations of</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...facilitating networking and collaboration between services and organizations (e.g., social service centres, recreation services, sports and other clubs, etc.)?</p>	<p>Training provided by CHC staff and with other service providers and organizations (e.g., local hospital staff)</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...making a comprehensive support system accessible to older adults?  ...other means?</p>	<p>See above</p>	<p>n/a</p>	<p>n/a</p>	

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>7. Does your initiative adopt multiple interventions, by...</b></p>	<p>...planning a comprehensive approach using multiple strategies (including identifying barriers to services, building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, reorienting health services, and building new social networks)?</p>	<p>This intervention is designed as a single focused intervention to increase physical activity through participation in fitness classes by the target group</p>	<p>May be addressed through work plan review; actions developed and monitored</p>	<p>Work plan review; actions developed and monitored</p>	<p>By June 2010</p>
	<p>...using strategies to reach multiple audiences in formats appropriate to their needs/ preferences?</p>	<p>See above</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...using strategies that reinforce each other to reach a common goal?</p>	<p>See above</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...using a range of strategies (e.g., outreach, home visiting, active lifestyle programs, lifelong learning)?</p> <p>...other means?</p>	<p>See above</p>	<p>n/a</p>	<p>n/a</p>	

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>8. Does your initiative ensure that information and services provided are culturally appropriate, equitable and holistic, by...</b></p>	<p>...considering the person as a whole and taking into account the physical, emotional, spiritual, religious, mental and social factors that affect his or her mental health?</p>	<p>Considered during situational assessment review and definition of target group, which is very homogenous culturally and linguistically, meaning there are fewer issues to address regarding accommodation for participation</p>	<p>Would like to recruit men to the SFIC training to become fitness leaders; not a goal for within the year but within two years</p>	<p>Incorporate recruitment activities targeting men for next SFIC training session</p>	<p>Fall 2010</p>
	<p>...facilitating access for older adults to culturally relevant supportive social networks?</p>	<p>See above</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...providing relevant information, such as printed materials (e.g., about life changes and mental health), in an understandable and culturally appropriate manner?</p>	<p>Achieved</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...facilitating participation from minority groups?</p>	<p>See above</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...directly addressing the needs of socially disadvantaged people?</p>	<p>Classes are delivered in local communities to facilitate access and so minimize travel and associated costs; participants attending classes make free-will donation</p>			
	<p>...understanding the impact of stigma and working toward its elimination?</p>				
<p>...other means?</p>					

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>9. Does your initiative involve multiple stakeholders, by...</b></p>	<p>...engaging with multiple sectors (e.g., education, public health, medical services, government, community, long-term and community care, recreation, housing, financing, transportation, faith communities, etc.)?</p>	<p>Effective program delivery requires multiple stakeholder involvement including community location representatives, training partners, Heart Wise partners, funding partners, etc.</p>	<p>Have completed program plan review and revised work plan</p>	<p>Review activities and outcomes of existing partnerships; assess changes in stakeholder representation to incorporate into work plan</p>	<p>Fall 2010</p>
	<p>...connecting different players at all levels (e.g., governmental, non-profit, for-profit stakeholders, etc.)?</p>	<p>Achieved</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...involving different members of the associated care team (e.g., family members and other caregivers, health care professionals, social workers, community service providers, etc.)?</p>	<p>Different team members are involved, from our own organization and from partner agencies</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...enabling members of the target population of older adults to be involved in the planning and decision-making process (e.g., by providing transportation to meetings, and forms of payment for their time, etc.)?</p>	<p>Instructors' and participants' input is actively sought and incorporated into planning exercises for the program; mileage costs are reimbursed for volunteers; and all equipment, resources, certification, and training costs are provided by the agency</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...achieving a joint vision for mental health promotion among multiple stakeholders?</p>	<p>Not a focus to date; will engage target group in strategic planning process</p>	<p>n/a</p>	<p>n/a</p>	
<p>...other means?</p>					

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<p><b>10. Does your initiative address opportunities for organizational change, policy development and advocacy, by...</b></p>	<p>...mobilizing people over the age of 55 to be advocates for themselves and others?</p>	<p>No specific strategy or activities in program design to address this</p>	<p>In program review consider relevance and capacity to incorporate advocacy activities</p>	<p>Integrate into FFFA program work plan</p>	
	<p>...being aware of and monitoring upcoming legislation and government initiatives to identify and influence change that incorporates a mental health promotion approach?</p>	<p>Not a specific activity of this program</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...implementing client and/or staff surveys to assess the organizational climate of an agency?</p>	<p>Done at Board level Done annually for Centre and twice a year for evaluation of program</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...working with community members, agency management and staff, and with older adults themselves, to create a health-promoting community and workplace?</p>	<p>Embedded in the CHC Model of Care and required in our work as a CHC</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...giving communities and older adults opportunities to voice issues and engage in dialogue to solve problems?</p>	<p>Embedded in the CHC Model of Care and required in our work as a CHC</p>	<p>n/a</p>	<p>n/a</p>	
	<p>...identifying policy initiatives to influence all aspects of community living, including residential settings (i.e., long-term care homes)?</p>	<p>n/a</p>	<p>n/a</p>	<p>n/a</p>	<p>n/a</p>
	<p>...other means?</p>				

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
<b>11. Does your initiative demonstrate a long-term commitment to program planning, development and evaluation, by...</b>	...conducting a situational assessment to inform the design of initiatives, taking into account the diversity of the population(s) and their strengths and assets?	Underway	Have completed program plan review and revised work plan with consideration of program planning and evaluation best practices	Integrate into FFFA program work plan	Fall 2010
	...clearly defining for whom the mental health promotion programs, interventions and policies are intended?	Wasn't done on initial program implementation but part of current program review			
	...involving members of the intended population(s) in program design and implementation?	Wasn't done on initial program implementation but part of current program review	May be addressed through work plan review; actions developed and monitored	Work plan review; actions developed and monitored	
	...ensuring that the length and intensity of the intervention is appropriate for the population(s) of concern and will achieve the intended outcomes?	Volunteer training developed by Canadian Centre for Activity and Aging (partner agency) based on evidence; length of classes and other elements of training considered and annually evaluated	n/a	n/a	n/a
	...continually revising program objectives to ensure progress toward goals?	Not done systematically or consistently but program reviewed during annual health promoter work plan review	May be addressed through work plan review; actions developed and monitored	Work plan review; actions developed and monitored	

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
... 11. <i>continued</i>	...ensuring that data collection methods and mechanisms are in place?	Done via data management system (Purkinje); ongoing quality improvement process through changes in Purkinje and program plan review	n/a	n/a	
	...outlining an evaluation process that states outcomes clearly and considers outcome and process indicators?	Not done systematically or consistently but program reviewed during annual health promoter work plan review	May be addressed through work plan review; actions developed and monitored	Work plan review; actions developed and monitored	
	...drawing on a variety of disciplines?	See actions for question 9			
	...reviewing and using successful research-based programs, interventions and policies?	SFIC based on evidence-based training program offered through CCAA	May be addressed through work plan review; actions developed and monitored	Work plan review; actions developed and monitored	
	...other means?				



## Appendix 2:

# Web resources

Note: All web addresses were current as of February 2, 2010.

Active Living Coalition for Older Adults (ALCOA):

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

Alcohol and Seniors:

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

American Psychological Association:

[www.apa.org/topics/aging/index.aspx](http://www.apa.org/topics/aging/index.aspx)

Canadian Coalition for Seniors' Mental Health:

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

Canadian Mental Health Association publication *Supporting Senior's Mental Health: A Guide for Home Care Staff*:

[www.marketingisland.com/CMHA/pages/product.asp?id=2504](http://www.marketingisland.com/CMHA/pages/product.asp?id=2504)

Culture Counts: A Roadmap to Health Promotion:

[www.camh.net/About\\_CAMH/Health\\_Promotion/Community\\_Health\\_Promotion/Culture\\_Counts\\_Guide/](http://www.camh.net/About_CAMH/Health_Promotion/Community_Health_Promotion/Culture_Counts_Guide/)

European Public Health Alliance page on aging and older people:

[www.epha.org/r/37](http://www.epha.org/r/37)

European Network for Mental Health Promotion and Mental Disorder Prevention:

[www.gencat.cat/salut/imhpa/Du32/html/en/Du32/index.html](http://www.gencat.cat/salut/imhpa/Du32/html/en/Du32/index.html)

Mental Health: A Report of the Surgeon General (U.S.):  
[www.surgeongeneral.gov/library/mentalhealth/home.html](http://www.surgeongeneral.gov/library/mentalhealth/home.html)

Mental Health Foundation (U.K.):  
[www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

Mental Health Foundation of New Zealand:  
[www.mentalhealth.org.nz/](http://www.mentalhealth.org.nz/)

National Programme for Improving Mental Health and Well-Being: Addressing  
Mental Health Inequalities in Scotland—Equal Minds:  
[www.scotland.gov.uk/Publications/2005/11/04145113/51135](http://www.scotland.gov.uk/Publications/2005/11/04145113/51135)

National Institute of Mental Health (U.S.):  
[www.nimh.nih.gov/health/topics/older-adults-and-mental-health/index.shtml](http://www.nimh.nih.gov/health/topics/older-adults-and-mental-health/index.shtml)

Health Scotland: Health Ageing:  
[www.healthscotland.com/topics/stages/healthy-ageing/index.aspx](http://www.healthscotland.com/topics/stages/healthy-ageing/index.aspx)

National Network for Mental Health:  
[www.nnmh.ca](http://www.nnmh.ca)

Project Seagull—Seniors Education and Alcohol:  
[www.projectseagull.ca](http://www.projectseagull.ca)

Public Health Agency of Canada:  
[www.phac-aspc.gc.ca/publicat/mh-sm/mhpo2-psmo2/2\\_e.html](http://www.phac-aspc.gc.ca/publicat/mh-sm/mhpo2-psmo2/2_e.html)

Seniors Mental Health:  
[www.seniorsmentalhealth.ca/](http://www.seniorsmentalhealth.ca/)

Spry Foundation—Setting Priorities for Retirement Years:  
[www.spry.org](http://www.spry.org)

World Health Organization page on aging and mental health:  
[www.who.int/mental\\_health/resources/ageing/en/index.html](http://www.who.int/mental_health/resources/ageing/en/index.html)

## Appendix 3:

# Glossary

**Accessibility:** A measure of the proportion of a population that can access appropriate health services. For example, cultural accessibility considers whether access to health services is impeded by language, cultural taboos, beliefs or values.

**Best practices:** “Best practices in health promotion are those sets of processes and activities that are consistent with health promotion values/goals/ethics, theories/beliefs, evidence, and understanding of the environment, and that are most likely to achieve health promotion goals in a given situation” (Kahan & Goodstadt, 2005, p. 8).

**Capacity building:** “Work that strengthens the capability of communities to develop their structures, systems, people and skills so that they are better able to define and achieve their objectives, engage in consultation and planning, manage community projects and take part in partnership. It includes aspects of training, organizational and personal development and resource building organized in a planned and self-conscious manner reflecting the principles of empowerment and equality” (Skinner, 1997, quoted by Bush, 1999).

**Community action:** The collective efforts of communities directed toward increasing community control over the determinants of health, and thereby improving the health status of the community as a whole.

**Community development:** Any action that engages community members with the potential to transform local conditions in a positive way. Community development should emphasize the building of social relationships and communication networks, and contribute to the social well-being of community members.

**Community health education (or health education in the community):**

Community health education is concerned not only with the communication of information, but also with fostering life skills, confidence and overall community health.

**Determinants of health:** These are based on the understanding that health is determined by complex interactions between social and economic factors, the physical environment and individual behaviour. Most of the time, the term refers to non-lifestyle factors such as income, shelter, peace, food and employment.

**Equity/inequities:** Equity in health status is the presence of the same levels of health, even between groups with different levels of socio-economic status (wealth, power or prestige). Inequities in health are differences in health status between groups of people that correspond to their respective levels of social advantage or disadvantage.

**Health education:** See Community health education.

**Healthy public policy:** Healthy public policy is characterized by explicit attention to health and equity in all areas of policy development, including non-health sector policies. Healthy public policy should be a collective effort across sectors, directed at creating healthy social and physical environments (World Health Organization, 1988).

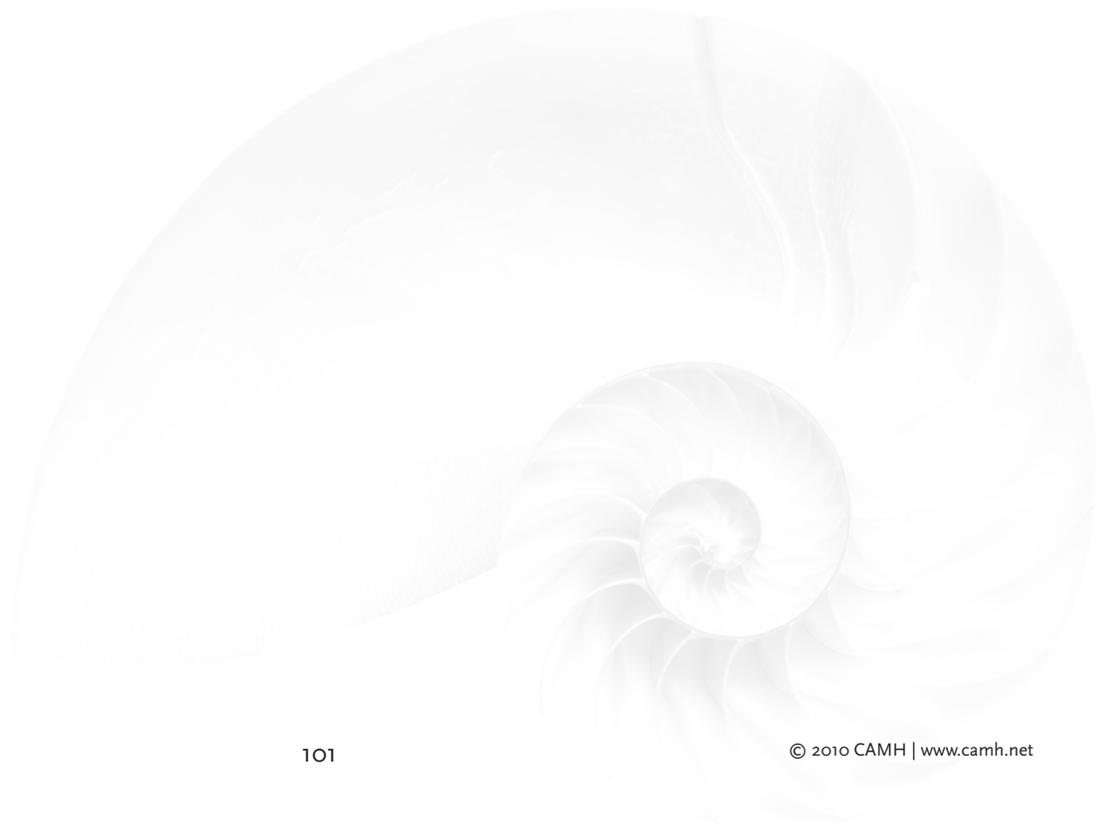
**Risk conditions:** The social, political, environmental or biological conditions that are associated with, or cause, increased susceptibility to a specific disease, ill health or injury (Nutbeam, 1998). Risk conditions (e.g., substandard housing) are usually a result of unhealthy public policy and may be modified through collective action and social reform (Public Health Agency of Canada, 2002).

**Self-efficacy:** “People’s beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. Self-efficacy beliefs determine how people feel, think, motivate themselves, and behave” (Bandura, 1994).

**Social support networks:** Help available to individuals from friends, family, co-workers and others within communities that can provide a buffer against adverse life events and living conditions, and can provide a positive resource for enhancing quality of life (Nutbeam, 1998).

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This section includes a reference list of works cited in this document, and a separate bibliography of other works that were consulted in developing this material.



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