

Aging Well in Rural Places:

*Development and Pilot Testing of a
Community-Based Strategy for Addressing
Depression in Seniors in Atlantic Canada*

Final Report



Acknowledgements

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- Canadian Mental Health Association, New Brunswick

- Seniors Resource Centre of Newfoundland and Labrador

- Lea Place Womens’ Centre, Sheet Harbor, Nova Scotia

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1. Introduction: Mental Health of Rural Seniors

The mental health of seniors living in rural communities was identified by the Deputy Ministers of Health in the four Atlantic Provinces as a common area of concern. It was recognized that, even when there are programs and resources in place to treat mental health problems, there are barriers that impede older people from accessing mental health services. Significant barriers include social myths related to aging and mental illness, the association of depression with dementia, transportation difficulties and lack of accessible services.

Depression can be a normal response to some life situations associated with aging, such as loss of a spouse or development of a disability. This type of depression is often referred to as “situational depression”. Depression can be treated, but if left untreated, it can lead to long-term depression or other health problems. The *Aging Well in Rural Places* project undertook to develop a community-based social marketing strategy related to situational depression in seniors who live in rural Atlantic Canada.

The population of the Atlantic provinces (Newfoundland and Labrador, New Brunswick, Nova Scotia and Prince Edward Island) is one of the most rapidly aging populations in the world (Lilley & Campbell, 1999). In 1996, 24% of Canadians aged 65 and over lived in an area classified as rural (Statistics Canada, 1999). Seniors will make up nearly one third of the population of Atlantic Canada by 2036, especially since the population under 20 years of age has been declining rapidly in the region. This trend is expected to continue. The smallest centers in the region, those with populations between 1,000 and 10,000 people, have the highest levels of population aging.

Figures on the prevalence of depression in the senior population vary greatly, making it difficult to accurately determine rates of depression. The U.S. Surgeon General’s (1999) report states that 8% to 20% of older adults living in the community suffer from depressive symptoms. Many studies conclude that while the diagnosis of major depression appears to decline with age, depressive symptoms, especially among elderly women, appear to increase (Hybels et al., 2001; US Surgeon General 1999; Hooyman & Kiyak, 1999; Rokke & Klenow, 1998; Hoyt et al., 1997; Cappeliez, 1993; Blazer et al., 1991). It may be the case that the senior generation hides or ignores symptoms and so figures are under reported (Chalifoux et al., 1996; Susman et al., 1995). It appears that depression in seniors may be more a sociological problem than a psychiatric one (Scheidt, 1998; Rovner, 1997; Blazer, 1993).

A community-based social marketing approach was recommended by the Deputy Ministers to help identify the barriers to seniors reaching out for help for depression, to help break down these barriers, and to motivate seniors to make behavioral changes in their lives to address symptoms of depression when they occur.

2. Background to the “Aging Well in Rural Places” Project

In the spring of 2001, when Health Canada announced its intention to fund research related to the state of health in rural and remote communities, the Atlantic Health

Promotion Research Centre at Dalhousie University (AHPRC) brought nineteen people from across the Atlantic region together to direct and support a project called *Aging Well in Rural Places*. Prompted by the Deputy Ministers of Health in each Atlantic province, this group identified depression in older adults as a serious health problem. Using the principles of participatory research and the methods of focus groups, interviews and community-based social marketing, the research group designed a project to develop and pilot test a community-based strategy to address depression in seniors in rural Atlantic Canada.

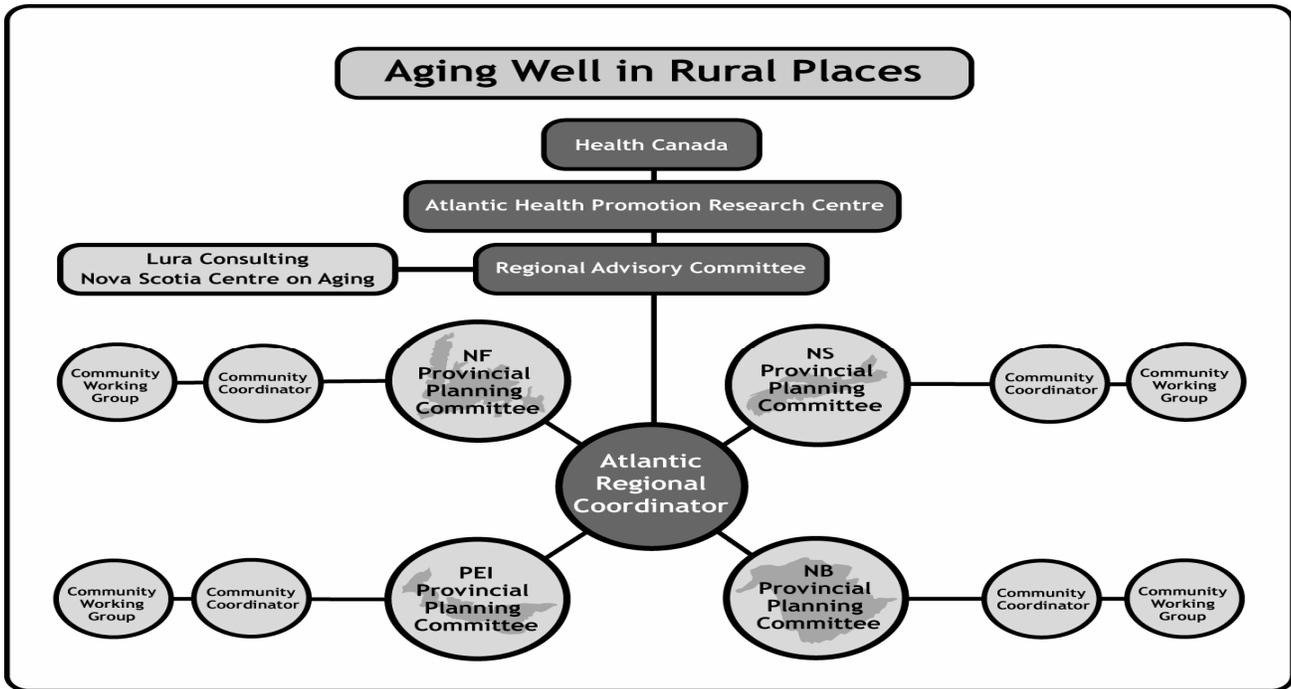
The purpose of the *Aging Well in Rural Places* project was to design an evidence-based strategy for developing social marketing messages and formats in selected communities in Atlantic Canada to address problems of depression among rural seniors in Atlantic Canada.

The project involved extensive consultation with project partners and representatives from four pilot site communities. A participatory research approach was used to ensure inclusion of all partners and community participants.

Project findings were analyzed at both the community and regional levels, revealing significant barriers to the mental health of rural seniors of Atlantic Canada and the under-use of existing mental health services.

Social marketing messages were developed to inform seniors and the general public about situational depression and to build community capacity to help seniors and their support networks recognize and act upon the signs of depression. Lura Consulting was involved in all community-based social marketing aspects of the project and created, based on the research findings, a set of community-specific and generic community-based social marketing messages in various formats. These messages were then pilot-tested in four communities in Atlantic Canada, and the feedback from community members was used to produce four generic and eleven community-specific social marketing messages.

3. Project Structure



The *Aging Well in Rural Places* project was directed at the regional level by the Regional Advisory Committee (all partners) and coordinated by the Atlantic Regional Coordinator. Provincial Planning Committee members selected the four pilot site communities and provided guidance for project activities at the provincial level. Within the pilot site communities, community organizations sponsored the project and Community Coordinators, with the assistance of Community Working Groups, carried out the work of gathering the information needed to develop the social marketing messages and the subsequent pilot testing of 15 messages and formats in four communities. Brief descriptions of each group and key personnel within the project structure can be found below. Terms of Reference for the Committees and Working Groups can be found in Appendix A.

Committees

Regional Advisory Committee included representatives from all partner organizations, a Social Marketing Advisor from the Province of New Brunswick and the Research Consultant from the Atlantic Health Promotion Research Centre. As an advisory body, the Committee provided leadership, direction and resources for the project.

Atlantic Regional Coordinator was responsible for overall project coordination, administration, relationship building, research and pilot testing activities, and completion of project objectives on schedule.

Provincial Planning Committees included the project partners from each province. The four Provincial Planning Committees (one in each Atlantic province) developed selection criteria for the community pilot sites, selected the pilot sites, and provided support and advice to the Community Coordinators.

Chairs Coordinating Committee was made up of the Chairs of the Regional Advisory Committee and of each Provincial Planning Committees. Members of this Committee met periodically to keep each other updated on provincial activities and to maintain the regional focus of the project.

Working Groups

Community Working Groups were organized in each of the four pilot sites. Working Group members included seniors, representatives from senior organizations, neighborhood associations, service providers and health professionals. The Working Groups, supported by the Community Coordinators, encouraged people in the community to participate in the focus groups and interviews, participated in data collection and analysis of research findings, and evaluated the draft social marketing messages and prompts for use in their community.

Community Coordinators worked closely with the Community Working Groups and the Atlantic Regional Coordinator to conduct research and pilot testing of the social marketing messages in the community pilot sites. The Community Coordinators organized community meetings, led focus groups, conducted interviews, assisted with data analysis and promoted the project in the community.

Community Sponsors were organizations and agencies in the community who supported the pilot site activities including support for the Community Coordinator, promotion of the project, recruiting contacts in the community and various administrative duties.

4. Project Goal and Objectives

The goal of the *Aging Well in Rural Places* project was to design an evidence-based strategy for developing social marketing messages and formats in communities to address problems of depression among rural seniors in Atlantic Canada, in order to improve the mental health and quality of life of this segment of the population. This goal was achieved through the following objectives:

1. development of an organizational structure for the project;
2. evaluation of the process and outcomes of both the project and the development of the social marketing strategy;
3. examination and synthesis of (formal and informal) strategies in Canada and elsewhere;
4. selection of four pilot site communities, one in each Atlantic province;
5. initiation of a process in each pilot site community for the development and testing of social marketing messages related to depression and rural seniors;

6. collection of information from community members regarding needs, barriers, and resources related to depression and seniors;
7. development of social marketing messages and formats in each community based on locally identified needs, barriers, and resources;
8. pilot testing of the draft social marketing messages and formats;
9. dissemination of findings to increase awareness of the factors associated with depression in older adults.

These objectives formed the basis for the process and outcome evaluation of the project. More detail on the tasks and activities undertaken to achieve the objectives can be found in Appendix B: Project Activities Schedule.

5. Profile of Target Populations

The target populations for the *Aging Well in Rural Places* project were seniors who live in rural communities and their informal supporters. In this context, “seniors” was defined as persons 65 years of age and over, and “informal supporters” as people providing informal, unpaid support to seniors such as family, neighbours and friends.

6. Definition of “Rural” Communities

The project targeted seniors and their informal supporters from selected rural communities of Atlantic Canada. As reported in the initial literature review, there is no single definition of “rural” (Pitblado et al., 1999; Du Plessis, Beshiri & Bollman, 2001). The Statistics Canada (1996) definition, in which “rural” is defined as “regions outside of urban areas with populations of less than 10,000 people” was adopted for the purpose of selecting pilot site communities for the project. Further selection criteria for the pilot site communities can be found in Section 10.1 of this report.

7. Definition of “Situational Depression”

“Situational depression” is generally understood as depression that follows a stressful life event (Hughes & MacCormack, 2000). Older adults may be at risk for situational depression because of changes in their lives over time, such as:

- ▶ Retirement
- ▶ Death or illness of spouse or friends
- ▶ Children may move away for life or work opportunities
- ▶ Changes in health may prevent participation in usual activities
- ▶ Changes in residence can result in loss of connections in the community or neighbourhood

Although the diagnosis of major depression appears to decline with age, depressive symptoms, especially among elderly women, appear to increase (US Surgeon General 1999; Hybel et al., 2001; Hooyman & Kiyak, 1999). It may be possible to avoid the

incidence of major or chronic depression if the symptoms of situational depression are attended to.

8. Methodologies

The *Aging Well in Rural Places* project used two complementary methodologies to conduct this qualitative research. The first was **participatory research**. The project relied on the idea that people who are seeking to address a social problem have particular insights into the problem and can offer solutions (Frankish et al, 1997; Green et al., 1995; Institute of Health Promotion Research, 1995). The involvement of seniors and informal supporters of seniors as participants in the design of the research process, the collection and interpretation of data, and the project evaluation added community wisdom and personal experience to the findings from the literature. Seniors were involved/represented in every aspect of the project including the Regional Advisory Committee, the four Provincial Planning Committees, the four Community Working Groups, the focus group sessions, the key informant interviews and the pilot testing sessions. Participants in four of the focus group sessions and four of the pilot tests were exclusively seniors.

The second method used was **community-based social marketing**. Social marketing is “the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society” (Andreasen, 1995). Social marketing seeks to increase awareness of issues and to cause shifts in social attitudes and behaviour towards addressing health or social issues. Community-based social marketing is based on behavioral psychology, and seeks not just to increase awareness but to motivate people to act on the basis of increased awareness in the direction of positive change for health. (See also Appendix C: Community-Based Social Marketing.)

9. Key Findings from the Literature Review

A comprehensive literature review was conducted under the direction of one of the project partners, the Nova Scotia Centre on Aging, Mount Saint Vincent University, Halifax, N.S. The literature review explored the following areas: definitions of “depression”, definitions of “rural”, characteristics of the rural senior population, prevalence of depression among rural seniors, depression and suicide, depression and other illnesses, depression and use/misuse of pharmaceuticals and over-the-counter medications, depression in elderly caregivers, barriers to treatment of depression in the rural senior population, access to services, “rural” attitudes that affect understanding and treating depression, ageism, effective approaches to programs and services, and program models. Key findings from the literature review include:

- There is limited literature dealing specifically with depression in the rural, older adult population. Given that there is no single definition for what constitutes a “rural”

population and that no single definition of “depression” exists, the prevalence of depression in the senior population is difficult to determine.

- The literature describes a number of generalized characteristics of the rural senior population including a strong work ethic and need for independence. However, due to the heterogeneity of this population, over-generalization must be avoided.
- The rates of chronic depression among the rural, older adult population appear to be low relative to the general population. However, the rates of depressive symptoms appear to be much higher in the senior population and one group suffering from alarmingly high rates of depression is older informal caregivers.
- There is general agreement on the barriers to accessing and delivering programs and services for mental health to the rural senior population. Barriers include: geographic and social isolation and their inherent service issues; lack of transportation; illiteracy and low education levels; attitudes among rural families about mental health and lack of knowledge about available services; confidentiality; stigma; intergenerational miscommunication; ageist attitudes, especially among health care professionals; and a perceived bias towards urban populations in the delivery of health care services.
- There are a number of effective initiatives related to the health of seniors being carried out in the Atlantic region that reflect five general approaches: (1) health promotion and social marketing, (2) outreach, (3) gate-keeping, (4) empowerment, and (5) technological.
- Ageism in social marketing images and messages must be avoided if the messages are to successfully reach the target audience and influence their behavior.
- The use of technology to reach elderly mental health consumers in rural and remote areas is in its infancy.

10. Research Process

10.1 Criteria for Selecting Community Pilot Sites

For the purpose of selecting community pilot sites for the project, the Regional Advisory Committee discussed definitions of “rural communities”, access to mental health services, cultural diversity, and the availability of community sponsors and community coordinators. The selection criteria for pilot site communities included:

1. the community must have a population of 5,000 - 10,000 people
2. the community must be within one hour of a major center with access to at least one mental health service, either local or visiting
3. the community must include a local group or organization willing to provide a “home” for the project
4. at least one community must be predominantly French-speaking
5. the Community Coordinator must be hired from the pilot site area.

10.2 The Community Pilot Sites

Based on the criteria above, the Provincial Planning Committees selected the community pilot sites. The following sites were chosen for the project:

- Eastern Shore, Nova Scotia (a reduced triangular area of the whole region including the three Musquodoboits, the Jeddore and Sheet Harbour)
- Town of Bonavista, Newfoundland and Labrador
- Central West Prince, Prince Edward Island (a reduced area of the West Prince region including the communities of Alberton and O’Leary)
- Town of Caraquet, New Brunswick

A community sponsor was designated in each of the pilot site communities and Coordinators were residents or near-by residents of the pilot sites.

10.3 Development of Research Questions

Research questions were designed to explore perceptions of depression among rural seniors, their informal supporters (friends, family, neighbours) and key informants in the community. Key informants included residents of the community and professionals who were knowledgeable about the community. Types of information gathered included: terms seniors and others use to describe depression; perceptions related to why seniors get depressed; signs and symptoms of depression; perceptions of whether or not there are seniors in rural communities who are depressed; what seniors and their informal supporters do (or do not do) to deal with depression; barriers to seeking help for depression; whether or not it is “natural” for seniors to experience depression; levels of knowledge regarding the existence of community resources to deal with depression; and, suggestions for the content and format of social marketing messages that would most effectively mobilize seniors and others to seek help for depression. The senior’s focus group guide provided the basic questions for all data collection, and was modified slightly for use with informal supporters and key informants. (See Appendix D, Focus Group Guide.)

10.4 Pre-testing of Focus Group and Interview Guides

The focus group and interview guides containing the research questions were pre-tested with three groups that corresponded with the three categories of respondents (seniors, informal supporters of seniors and key community informants). The seniors’ focus group guide was pre-tested with members of Canadian Pensioners Concerned, NS. The informal supporters focus group guide was pre-tested with informal caregivers and friends of the Alzheimer’s Society, Halifax, NS. The interview guide for key community informants was pre-tested with staff at the Metropolitan Housing Authority of Halifax, NS. The purpose of the pre-test was to ensure that the questions in the guides were clearly stated and led to the kinds of information being sought by the project. Minor revisions were suggested by the pre-testing and these revisions were made to the instruments prior to data collection in the pilot site communities.

10.5 Data Collection and Analyses

The project held focus groups in the pilot site communities with seniors and informal supporters of seniors (family, friends, neighbours). In addition, interviews took place with key informants in each community, including providers of health services, clergy, and leaders of seniors’ organizations. In total, 85 people participated in the focus groups and interviews.

The Community Coordinators and Community Working Groups conducted the first level of data analysis in each community. Some members of the Provincial Planning Committees were also involved in this analysis. A second round of analysis took place at the regional level, conducted by the Atlantic Regional Coordinator, the AHPRC Research Consultant and Lura Consulting, the social marketing firm contracted by the project. At the regional level, overall themes were documented. The analysis at the regional level centered on findings specific to the content and format of the social marketing messages to be pilot tested in each of the pilot communities. (See Appendix E, Data Analysis Guide)

11. Research Findings

11.1 Terms seniors use to describe depression

Not all seniors used the term “depression”. Seniors and their informal supporters were more likely to use terms such as “feeling down”, “feeling low”, “not feeling well”, “feeling down in the dumps”, “blue”, “sad”, “nervous”, “disinterested” or “anxious”. Seniors referred to feeling “lonely” or having a “case of the blues”. Terms such as “crazy” and “a mental case” were also used in relation to mental illness.

11.2 Awareness of depressed seniors in the community

Respondents from all four community pilot sites stated that there were depressed seniors in their communities. They said that depressed seniors often try to keep their feelings hidden from others. The stigma of mental illness in rural communities is very strong. Small towns lack privacy and seniors said news travels fast. Seniors reported being brought up with a negative perception of mental illness, mental institutions and frightening stories of dangerous and “crazy” people. They do not want their “good family names” tainted by a connection to mental illness. It was reported that some seniors deny they need help even when they are having thoughts of suicide.

11.3 Why seniors get depressed

Loneliness and loss: There was great commonality across Atlantic rural community sites regarding reasons why seniors might get depressed. By far, loneliness, isolation and loss of loved ones were the most reported causes of depression. Seniors grieve the loss of their partners or spouses and miss their grown children and grandchildren who often move a distance away for better life or work opportunities. Older people who witness the

deaths of friends report depressed feelings. Some seniors who are forced to retire miss their work relationships and may become depressed or are at risk for depression.

Illness and incapacity: Physical losses brought on by chronic illness and incapacity become daily reminders to seniors of the things they can no longer do. Seniors fear illness, loss of independence, institutionalization and dying.

Geographic isolation: Geographic isolation is also a reason for depressed feelings in seniors. Rural seniors experience transportation difficulties and lack family or friends to drive them places they want or need to go. Many seniors no longer have a driver’s license and the loss of one’s driver’s license can be devastating. Public transportation in rural regions is inadequate and harsh winters prohibit travel and visiting, often leaving seniors home alone for long periods of time.

Stress: Seniors reported financial worries. Some seniors worry they will not be able to afford their medications or that they may lose their homes. For some seniors, family conflicts cause stress and in some instances, family members may take over decision-making, leaving seniors feeling dependent and alone.

11.4 How seniors act when they are depressed

Project participants stated that when seniors are depressed, they exhibit both physical and behavioral clues. Sad facial expressions, poor appetite and disturbed sleep were reported as symptoms of depression. It was also reported that depressed seniors neglect their personal care, cry a lot and do not talk very much. Withdrawal from normal activities was commonly referred to as an important symptom seen in depressed seniors. Seniors may close their doors and drapes, stay at home, avoid friends, watch TV constantly or just stay in bed. Reportedly, some seniors commit suicide as a result of feeling depressed.

Depressed seniors may exhibit a sense of hopelessness, lack motivation to do anything and have difficulty seeing the positive side of life. Participants reported that seniors who are depressed visit their physicians more frequently with minor complaints, call the hospital emergency room during lonely nights to talk and try to talk to their home care workers, family or clergy.

11.5 Barriers that prevent depressed seniors from getting the help they need

Generally, there is a lack of accessible mental health services. Where services exist, there is a lack of awareness about the services or how to access them. Project participants reported that there are long waiting lists for mental health specialists. As well, some seniors described insensitivity on the part of their family physicians. Also, depressive symptoms may be overlooked by seniors and their informal supporters. For many people, feeling sad and alone are normal aspects of aging, thus seniors may not even know they are experiencing depression and therefore do not act to change how they are feeling.

Strong societal biases and stigma about mental illness exist in rural communities.

Seniors feel shame and fear that someone will discover that they are “feeling down” or suffering from a mental health problem. For example, seniors in one community noted that the mental health office was located in the basement of the hospital, at the end of a crowded hallway where clients were waiting for other services. They indicated that, due to a lack of privacy, they were unlikely to walk past others who might know them and through a door that promoted mental health services. The stigma in small communities is too great to allow them to be seen seeking help for mental health problems.

Seniors say that “learned behavior” is a barrier. Most seniors were raised in a culture where independence is greatly valued and one does not complain. Many just accept their ‘lot in life’, thinking that nothing can be done.

Geographic isolation is a barrier in rural communities. Public transportation systems in rural communities are absent or inadequate. Some seniors do not have anyone who can drive them to health appointments or to attend social events. Harsh winters in rural Atlantic Canada can limit travel due to road conditions and make getting around the community a real challenge.

11.6 Who seniors turn to for help

Although some seniors reported that their family physicians were insensitive to their needs, others named their physician as one of their first contacts for help. Seniors also said they talked to their clergy, social worker, the hospital emergency services personnel, home care nurse, a friend or another senior about how they were feeling. Some seniors talked with family, but many did not. They sometimes tried to hide their feelings from family members and did not want to burden them or to ask for help.

11.7 What Individuals and Communities can do to help Seniors avoid depression

- Seniors, their informal supporters, community members and professionals need more education about depression in the senior population, signs and symptoms of depression, and the special circumstances of living in rural communities which might contribute to depression.
- Communities need to help seniors prepare for retirement, learn coping skills, make new friends and help them stay involved in their communities.
- Workshops on the aging process, wellness and the effects of negative stereotypes about seniors are needed. Availability of seniors’ support groups and educational campaigns about isolation, loss and other causes of depression would help break down the stigma about mental illness.
- Mental health officials should carefully consider the location of mental health services given the issues that were identified in the focus groups related to privacy as a factor in preventing seniors from seeking assistance and support.

- Communities should work to improve their public and informal transportation options and enhance volunteer driver programs to enhance social opportunities for seniors and enable them to access mental health services as needed.
- Communities should promote the use of community-based social marketing strategies that prompt seniors to act on their own behalf and to change their help-seeking behaviors.
- Community initiatives such as phone buddies, seniors clubs, volunteer drivers, community gardens and peer advocate programs are all ways to enrich the lives of seniors and help them deal with loss and avoid loneliness and depression.
- People need to reach out to seniors in their communities by “staying in touch” with older family members, neighbors and aging friends.

11.8 Messages likely to create positive changes in seniors’ help-seeking behaviours

- Seniors and their informal supporters need health-oriented and motivational messages that are targeting them as a particular population with special needs and preferences.
- Seniors and their informal supporters say the messages should speak to them as people first, avoid a focus on age, use plain language and provide a message of hope.
- Messages should promote wellness rather than focus on illness.
- Messages should be delivered by people who seniors know and trust such as nurses, physicians, pharmacists and social workers.
- Messages should avoid standardized, middle-class images of seniors.
- Messages should be written in plain language and consider literacy issues. Large print and lively colours are preferred.
- Educational messages about seniors and depression should also target health and social services professionals.
- Participants noted that seniors are particularly interested in messages that use meaningful metaphors and depict life stories.
- Seniors say they like useful items they can keep in their homes (e.g., “to do” lists and refrigerator magnets).
- Seniors attend to informational sources such as television, local cable TV stations, and radio. They are likely to pick up and read materials found at their churches, in physicians’ offices, clinics and local pharmacies.

12. Development of Community-Based Social Marketing Messages

12.1 Training in community-based social marketing

In the early stages of the project, Lura Consulting (a community-based social marketing firm) made a presentation to the Regional Advisory Committee on community-based social marketing. An initial overview of this approach to social marketing was also provided to the four Community Coordinators, the Atlantic Regional Coordinator, the Research Consultant and the contracted Evaluator for the project. A full day workshop on community-based social marketing was also held in each of the four community pilot sites for members of the Community Working Groups, members of the Provincial Planning Committees, Community Coordinators, and community sponsors.

12.2 Conceptualizing the messages

In February and March, 2002, the research team and Lura Consulting analyzed the research findings and developed the first drafts of the community-based social marketing messages. In addition to the data collection activities, an additional meeting of the Community Working Group was held in Caraquet, NB to ensure that the development of the messages for this community considered French language translation and interpretation issues.

A meeting was held in Halifax in March 2002 to bring the Community Coordinators together to involve them in finalizing the concepts, content and intent of the draft messages particular to their pilot sites. Subsequent to this, the drafts of the community-based messages and formats were created in preparation for the pilot-testing process. In addition to the community-specific messages, four ‘generic’ messages were developed to reflect the research findings that were common to all four community pilot sites and that have the potential for broader application.

12.3 Pilot-testing the draft community-based social marketing messages

The Research Team used the literature review and the research findings as a basis for conceptualizing the draft messages and formats. The Atlantic Regional Coordinator and Vice-President of Lura Consulting traveled to the four pilot site communities to pilot-test the draft community-based social marketing messages and formats. In total, 15 sessions were held and feedback was received from 106 seniors, informal supporters of seniors, and other interested people in the communities. Seniors were represented both in the seniors’ pilot test sessions and in the informal supporters’ pilot test sessions.

Four generic messages and 11 community-specific messages were pilot-tested. Each of these is described below. (The materials for Caraquet, NB were translated into French and their pilot testing sessions were conducted in French, assisted by local project partners.)

12.4 Generic Community-based Social Marketing Messages

Four generic messages were developed for widespread use in the pilot site communities and in other communities.

- ▶ **Educational brochure:** intended to break down the myths of mental illness by promoting a message that depression can happen to anyone. Signs and symptoms of depression are listed and contact information for local mental health services is included. The brochure should be distributed and explained by a health or social services worker.
- ▶ **Thirty-second Cable TV Ad:** promoting HOPE and a brighter path for seniors, with contact information for local mental health resources as a prompt to call for help.
- ▶ **Thirty-second Radio Ad:** promoting a positive message about overcoming loss, grief and loneliness and referring to local mental health services.
- ▶ **Thirty-second TV Ad:** depicting the path of life and some of the challenges associated with aging. Contact information for local mental health resources is included.

12.5 Community Specific Community-based Social Marketing Messages

Social marketing messages and prompts were developed for specific use in the pilot site communities.

Town of Bonavista, Newfoundland and Labrador

1. *Magnetic “To Do” List:* 25-page booklet contains daily uplifting messages, provides space to list shopping or other tasks, and contains contact information for mental health resources and the Seniors Resource Centre of Newfoundland and Labrador.
2. *Educational brochure:* contains messages that can help to break down the myths of mental illness, lists signs and symptoms of depression, and refers to local resources for mental health. The brochure is to be distributed and explained by health and social services professionals.

Caraquet, New Brunswick

1. *Educational brochure:* intended to help break down the myths of mental illness and to emphasize that depression can happen to anyone. The brochure details signs and symptoms of depression and contains local mental health resources and other essential phone numbers.
2. *Two promotional messages* (brochure and poster) for future use in promoting the coordination of a network of organizations that promote senior’s activities and clubs as a community initiative.

Central West Prince, Prince Edward Island

1. *Colorful telephone sticker:* displays the senior’s civic address (for use in an emergency) and promotes the use of local mental health resources.

2. *Poster*: targeting professionals and physicians to encourage them to “Take a Second Look” at repeat visits by seniors with minor ailments that may mask depression. Referral numbers for mental health services are provided.
3. *Educational poster*: for seniors and other community members, with information on depression in rural seniors and a prompt to call for help if experiencing symptoms of depression. Telephone numbers for mental health services are provided.

Eastern Shore, Nova Scotia

1. *Colorful telephone sticker*: reminds seniors to call a friend when they feel lonely and includes telephone numbers for local mental health resources.
2. *Refrigerator magnet*: lists signs and symptoms of depression in older adults and prompts seniors to call the local help line and other mental health resources.
3. *Educational brochure*: helps to dispel myths about depression so seniors learn they are not alone and that depression can happen to anyone; refers to mental health services and other local resources such as physician and pharmacist.

13. Community-based Initiatives

As a result of the skills and resources developed in the course of the *Aging Well in Rural Places* project, community leaders, government representatives, professionals and seniors are creating community-based initiatives to help address depression in rural seniors.

Town of Bonavista, Newfoundland and Labrador: the Seniors Resource Centre of Newfoundland and Labrador plans to launch a satellite of its volunteer Peer Advocate Program in the Town of Bonavista. This program combines health promotion and support for seniors plus a community development approach in the recruitment, training and mobilizing of seniors as volunteer supporters of other rural seniors.

Central West Prince, Prince Edward Island: with the support of the community sponsor, Rural Community Learning Inc., and the involvement of mental health services and community professionals, funding is being sought to hire a seniors mental health outreach worker to help identify seniors at risk for depression, to help promote the community-based social marketing messages and to address the referral needs of depressed rural seniors.

Eastern Shore, Nova Scotia: with the support of the community sponsor, Lea Place Women’s Centre, and local agencies and boards, greater awareness and collaboration is taking place with a renewed focus on the mental health of rural seniors and depression. The project has also helped inform a study on transportation issues currently underway in the region.

Caraquet, New Brunswick: members of the Caraquet community, led by the Centre de Bénévolat, are seeking funds for the launch of a “Seniors Network” that will serve the Acadian Peninsular area. This network of agencies will coordinate social,

educational and learning opportunities for seniors and support transportation assistance that will encourage the participation of rural isolated seniors.

14. Communications and Promotions

The partners and staff of the *Aging Well in Rural Places* project conducted dozens of presentations, talks, group discussions and one-on-one meetings to promote the project and its objectives. Numerous presentations, reports, summaries and updates were prepared and distributed to partners and interested others over the course of the project. The following list details some of the presentations and publications.

- article published in the *Health Promotion Atlantic* newsletter. (Summer 2001)
- presentation to the Canadian Mental Health Association, NB Division by project partner Eileen Malone of the Third Age Centre, Fredericton, NB. (October 2001)
- article published in the bi-lingual “Vital Aging” Bulletin of the CLSC Rene-Cassin/Institute of Social Gerontology of Quebec and the Foundation for Vital Aging. (October 2001)
- radio interview on CBC Radio with Town of Bonavista Community Coordinator, Cyndy Stead. (November 2001)
- article in the *Packet* newsletter, NF. (December 2001)
- news release issued for publication in church bulletins of the Bonavista area. (February 2002)
- article published in the NS Senior Citizens Secretariat newsletter: “Atlantic project on depression in rural elderly: Breaking down the barriers.” (Spring 2002)
- press release for the launch of the Atlantic Health Promotion Research Centre’s new document “What a Difference Eight Years Can Make” featured the Aging Well in Rural Places project. (February 2002)
- presentation - The *Aging Well in Rural Places* project was one of two projects featured during the above AHPRC document launch. Dr. John Campbell, member of the project’s Regional Advisory Committee, spoke about the project. (February 2002)
- feature publication “What a Difference Eight Years Can Make” provides a two-page spread on the project. This document is enjoying wide distribution across the Atlantic region and Canada. (March 2002)
- televised interview - The Atlantic Regional Coordinator participated in a taped TV interview on East Link Cable, which enjoyed repeat showings throughout the Halifax Regional Municipality. (March 2002)
- interview - The Atlantic Regional Coordinator provided a taped interview for EKOS Research of Ottawa on the project. EKOS also conducted a focus group with Community Working Group members from the Eastern Shore community pilot site. This research was conducted by Health Canada as part of an evaluation study on national rural projects. (March 2002)
- article published in the N.S. Seniors Advocate newspaper: “Seniors talk about depression in rural Nova Scotia”. (Summer 2002)
- news release for publication in the Bonavista Health Care Peninsula Newsletter. (March 2002)

- press release from Prince Edward Island partners elicited a response for potential participation in the up-coming Mexican-Canadian Summit to be held in Toronto. (Spring 2002)
- presentation by the Research Consultant, AHPRC, on project findings to the Research Board of the Alzheimer’s Society of Nova Scotia, Halifax. (May 2002)
- publication spread – The project co-sponsored the Spring 2002 issue of the *Health Promotion Atlantic* newsletter, which featured extensive promotional coverage of project activities, the regional collaborative model, research findings and social marketing message development. (June 2002)
- article published in *The Journal Pioneer*, PEI by Community Coordinator, Anna Enman: “Aging Well in Rural Places project addresses seniors’ depression”. (June 2002)
- article published in the *Voice for Island Seniors*, by Community Coordinator, Anna Enman: “Aging Well in Rural Places”. (June 2002)
- interview with Donna Brewer, CBC Radio Morning Show, Moncton. (August 2002)
- interview with Don Connolly, CBC Radio Morning Show, Halifax. (August 2002)
- interview with Jack Julien, CBC Halifax. (August 2002)
- interview with Don Munroe, CBC Cape Breton. (August 2002)
- poster display at the Canadian Rural Health Research Society’s conference “Health Research in Rural and Remote Canada, Meeting Challenges, Creating Opportunities”. (October 24-25, 2002)
- project was featured in a poster display, “Health Policy as a Determinant of Health: Perspectives from Atlantic Canada”, at the Social Determinants of Health conference, York University, Toronto, ON (November 26-27, 2002)

15. Project Outcomes

A variety of outcomes were achieved through the *Aging Well in Rural Places* project. Outcomes include:

Regional Partnership Model – a collaborative model supported by the Departments of Health in the Atlantic Provinces and led by the Atlantic Health Promotion Research Centre at Dalhousie University, Halifax, NS. The model consisted of a Regional Advisory Committee, an Atlantic Regional Coordinator, Provincial Planning Committees, Community Sponsors, Community Working Groups and Community Coordinators. Partners represented the perspectives of government, university and the community.

Literature Review and Synthesis - two documents, describing in detail and in summary, current research findings on depression in the senior population, factors contributing to depression, barriers to the treatment of depression, and program models. The literature review was conducted by staff at the Nova Scotia Centre on Aging, Mount Saint Vincent University, Halifax, N.S.

Process and Outcome Evaluation - a comprehensive evaluation of the project structure, participation, activities and communications, was coordinated through the Nova Scotia Centre on Aging, Mount Saint Vincent University, Halifax, N.S.

Community Capacity Building - individual and group efforts that build skills and resources in communities for decision-making, research and management so that people can help solve their problems and plan for the future.

Community-Based Social Marketing – training was undertaken with all project partners and in the community pilot sites regarding the local application of this unique approach towards raising awareness and prompting behavior change in people who are addressing a health issue in their community.

Community Asset Mapping – identification of all relevant community resources that can be coordinated or contacted to promote sustainability of the capacity-building efforts.

Research Findings – information provided by seniors, the people who support them informally (family, friends, neighbours) and key community informants that contributes to the knowledge base about depression in the senior population. Findings include regional and community-specific perspectives.

Community-based social marketing messages and formats – eleven community-specific messages and four generic messages in various formats have been produced. User-friendly formats in English and French allow for widespread use and adaptation for other communities.

16. Capacity Building to Improve the Mental Health of Rural Seniors

Capacity building is defined as individual and group efforts in communities that build skills and resources for decision-making, research and management so that people can solve their problems and plan for the future.

Project Activities	Capacity Building: People, Skills and Resources	Outcomes that support Sustainability
Partnership Development	<ul style="list-style-type: none"> ● Atlantic Provinces Scope ● Regional Advisory Committee ● Regional Coordinator ● Provincial Planning Committees ● Independent Project Evaluator ● Community Working Groups ● Community Coordinators ● Community Sponsors ● Communities 	<ul style="list-style-type: none"> ● Model for inter-provincial collaboration and research ● Strong resource base for the region and in the communities ● Regional evaluation that stresses the need for high-level communications ● Community initiatives
Literature Review and	<ul style="list-style-type: none"> ● Partner participation ● Knowledge sharing across 	<ul style="list-style-type: none"> ● Information source ● Research findings and program

Synthesis	sectors	strategies
Community Pilot Sites	<ul style="list-style-type: none"> ● Community sponsoring agencies provide support and administration ● Coordinators and Working Groups develop skills and expertise ● Information about local seniors 	<ul style="list-style-type: none"> ● Knowledge development in research, social marketing and depression ● Project equipment remains in the pilot communities ● New or strengthened partnerships
Data Collection and Analysis	<ul style="list-style-type: none"> ● Participation at all levels in development of research tools ● Data analysis at both regional and community levels ● Community asset mapping 	<ul style="list-style-type: none"> ● Findings provide rich data for program development and future research ● Research skills developed or enhanced ● Community asset identification
Community-Based Social Marketing	<ul style="list-style-type: none"> ● Training in community-based social marketing ● Development of messages and formats ● Community input and feedback 	<ul style="list-style-type: none"> ● 11 Community specific messages ● 4 Generic messages in various formats (TV, radio and print) for communities to share and use
Information Sharing	<ul style="list-style-type: none"> ● Partners at all levels participated in communications about the project ● Project materials in English and French 	<ul style="list-style-type: none"> ● Increased awareness of the problem of depression in rural seniors at all levels include specific strategies for community change

17. Project Evaluation

The Nova Scotia Centre on Aging, Mount Saint Vincent University, was contracted to conduct a comprehensive evaluation of the *Aging Well in Rural Places* project. The specified activities of the process and outcome evaluation, which began in July 2001, included: development of an evaluation framework and selection of indicators; consultation on data collection procedures; provision of directions on the collection of data for evaluation purposes; analysis of evaluation findings and preparation of the evaluation report.

The overall conclusion from the evaluation was that the *Aging Well in Rural Places* project achieved all of the objectives set out in the project plan within the specified time frame. Key strengths of the project were the regional model and the community-based social marketing strategy. The model facilitated and encouraged the engagement and commitment of the pilot communities to undertake (and take ownership of) community-based research. The community-based social marketing methodology gave communities a clear understanding of the approaches to follow. The regional organizational structure facilitated involvement at Atlantic regional, provincial and community levels. However, the structure was also a limitation because the many layers led to complexity. Another

limitation for the project was the short timeframe available to establish the infrastructure and complete the many tasks.

Key recommendations from the evaluation included that the social marketing messages be distributed as widely as possible in the provinces and that future project designs that incorporate multi-layers of community involvement include additional time solely for the purpose of setting up project infrastructure.

18. Recommendations

Background to the Recommendations

During the course of the *Aging Well in Rural Places* project, seniors, representatives of seniors’ organizations, professionals, service providers and community leaders have shared their knowledge and experiences about depression in senior populations in four rural communities in the Atlantic region. This information helped to design an evidence-based strategy for developing community-based social marketing messages and formats to address the problem of depression in rural seniors.

The Research Advisory Committee and staff of the *Aging Well in Rural Places* project are pleased to present the following recommendations. The recommendations are presented in two sections. In the first section, we outline substantive areas for consideration (what needs to be done). In the second section, we outline specific actions related to these substantive areas (who can act on this issue and how).

Section I: Substantive Areas (What Needs to Be Done)

1. **Education and Awareness are Needed...**
 - a. about depression and the symptoms of depression in rural seniors.
 - b. about the social myths associated with aging, seniors and depression, specifically, that depression is not a normal part of aging, that depression can happen to anyone and is not a sign of personal weakness, that loss and life circumstances can lead to depression, and that there is confidential help for rural seniors who are experiencing depression.
 - c. about ways to overcome the stigma associated with depression and mental illness, including privacy issues that seniors say act as barriers to seeking help for mental health problems.
 - d. about existing mental health services, their location and ways to access these services.
 - e. about the possibilities for the practical application of community-based social marketing approaches to behaviour change related to mental health.

2. **Programs and Services are Needed...**
 - a. that provide rural seniors with more user-friendly services, particularly help lines, 24-hour mental health crisis numbers, senior’s counseling services, senior’s support groups, in-home visiting by mental health professionals and Telemedicine programs.
 - b. that address the socialization and integration needs of rural seniors through increased funding for seniors clubs and community initiatives such as peer advocacy programs, community gardens and “telephone buddies” programs.
 - c. that are coordinated and integrated with existing community initiatives, expertise and resources.

3. **Transportation and Mobility Options are Needed...**
 - a. that address rural senior’s social and geographic isolation by improving public transportation systems and programs.
 - b. that utilize informal (volunteer) strategies that are supported through increased funding of local volunteer agencies and volunteer driver programs.
 - c. that address safety and access issues for seniors, such as improved entry to public buildings, more sidewalks and walking paths.

4. **Community-Based Social Marketing is Needed...**
 - a. to empower seniors and the people who support them to resolve health and social problems.
 - b. to improve knowledge and understanding about depression and the resources available to help seniors overcome depression.

Section II: Specific Actions (Who Can Act? and How?)

1. **Health Canada Can Act by...**
 - a. using the findings from the *Aging Well in Rural Places* project, including community-based social marketing strategies, as the basis for future research and interventions designed to demonstrate positive changes in the mental health of rural seniors.
 - b. continuing to support the multi-disciplinary and inter-sectoral research team developed during the course of the *Aging Well in Rural Places* project in order to sustain the efforts initiated by this project; specifically, to support the existing team in a follow-up project that quantitatively measures current behaviors, applies community-based social marketing messages, formats and strategies and subsequently researches the impacts of the messages on seniors’ help-seeking behaviours relative to their mental health. The diverse and dedicated research team is now an established resource base with regional representation, and extensive experience in conducting large-scale regional projects.
 - c. providing immediate funding of \$25,000 to the *Aging Well in Rural Places* project team to develop a comprehensive proposal and budget for a follow-up project to apply the newly developed community-based social marketing messages and formats.
 - d. continuing to support Atlantic regional cooperation to address health and social issues through the funding of future regional initiatives and projects.
 - e. considering the community-based social marketing behavioral approaches developed by this project for application to other rural communities in Canada.
 - f. disseminating findings from the *Aging Well in Rural Places* project through the Health Canada website and other communication vehicles

2. **Atlantic Provinces Departments of Health Can Act by...**
 - a. continuing to support the model of regional partnership and collaboration developed in this project and recognizing the potential of working across academic disciplines, sectors, and provinces to address complex health and social problems
 - b. allocating or re-directing funding to develop or enhance programs and services that address the mental health needs of rural seniors, with consideration of the long-term health and social outcomes, integrated service provision and cost-effectiveness
 - c. applying community-based social marketing strategies to support the efforts of rural municipalities and communities to address depression in the senior population
 - d. dedicating resources towards regional responses to the health and well-being of rural seniors in Atlantic Canada.

19. Conclusions

The outcomes of the *Aging Well in Rural Places* project showcase the work and dedication of seniors, professionals, academics and people in rural communities in Atlantic Canada. The collaboration of governments, universities and communities was essential to the success of the project.

The data collected from seniors, their informal supporters (family, friends, neighbours) and community informants gives us a sense of the scope and character of depression among seniors in the rural areas of Atlantic Canada. The findings indicate that, according to the 160 project participants, there are at least some depressed seniors in rural communities, that they have particular ways of thinking and talking about depression, and that they experience barriers that prevent them from being socially integrated in their communities and seeking help when depression occurs. We learned, through the literature review and synthesis, about community-based approaches that could prove useful in addressing depression in the senior population in rural Atlantic Canada and, through data collection and analysis, ways that individuals and communities can help seniors maintain their mental wellness.

We are more than ever aware of the profound stigma surrounding mental illness in rural communities and the fear that exists for seniors in smaller communities where “everyone knows everybody’s business”. Seniors are very much aware of the effects of ageism and other subtle (and sometimes not so subtle) social constructions that devalue the contributions of aging citizens in a youth-oriented society. The data tell us a story of how at least some rural seniors are isolated - socially, emotionally and geographically in their communities. Isolation may be the result of personal loss, retirement, lack of family and friends for support, illness or disability, access to social opportunities, distance, weather, poor road conditions or transportation problems.

The people who were involved in the pilot testing of the community-based social marketing messages indicated that the messages have real potential to encourage seniors and their informal supporters to act in ways that will help them address signs and symptoms of depression. The movement in each pilot site community toward building capacity to address some of the issues and barriers related to depression and seeking help for depression indicates that depression among seniors is an important issue in rural communities and people are willing to work together to address this issue.

The *Aging Well in Rural Places* project has provided a foundation and a model for future endeavors where multiple partnerships and regional resources are brought together to help solve community health problems. Provincial governments and Health Canada now have the opportunity to build on this foundation by providing the guidance and resources to implement the use of the community-based social marketing messages developed in this project to improve the mental health and quality of life of seniors living in rural Atlantic Canada.

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