

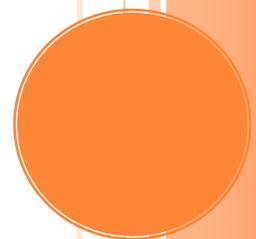
PROMOTING SENIORS' WELL-BEING: THE SENIORS' MENTAL HEALTH POLICY LENS

Plain Language Manual

The SMHPL is a practical tool, based on extensive research, for developing policy, law, programs and services that promote and support the well-being and mental health of all older adults

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For full citations of all documents referenced in this work, please go to the Seniors' Mental Health Policy Lens Website at www.seniorspolicylens.ca

Disclaimer:

Every effort has been made to ensure the accuracy of the information provided and is correct at the time of printing. The views herein do not necessarily represent the views of the Public Health Agency of Canada.

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PROMOTING SENIORS' WELL-BEING: THE SENIORS' MENTAL HEALTH POLICY LENS

INTRODUCTION

Welcome to the Seniors' Mental Health Policy Lens (SMHPL). The SMHPL is a "toolkit"; it is a set of questions, grouped into twelve categories and organized as a checklist. The SMHPL is designed as a multi-purpose practical tool that can be applied to any policy, program or practice that directly or indirectly affects seniors. The SMHPL can be used for as an analytical tool (to systematically examine in detail a policy, program or practice), as well as a process tool (to bring people together and generate discussion). How you use the SMHPL is up to you – your imagination is the only limitation. Most likely, your application of the SMHPL will have some analysis and some process aspects. Here are some examples of how people have used the SMHPL:

- ❖ To guide the development of new programs and policies for seniors
- ❖ To review existing policies and programs for potential unintended negative effects on seniors
- ❖ To identify gaps in current policies and programs for seniors
- ❖ To evaluate policies and programs based on seniors' values and needs
- ❖ As a guide to developing a response to an issue or need
- ❖ To raise awareness about the mental health challenges that seniors in general, and marginalized seniors in particular, may face
- ❖ To build awareness about the influence of policies and programs on seniors' mental health
- ❖ To build a shared understanding of seniors' values and concerns, and of factors that can influence their mental health
- ❖ To complement quality assurance programs, accreditation processes and program reviews

SMHPL is a practical tool, based on extensive research, for developing policy, law, programs and services that promote and support the well-being and mental health of all older adults.

The Purpose of SMHPL

The Seniors' Mental Health Policy Lens is designed to promote and support the mental health and well-being of all seniors.

- 1. It is a set of questions that identifies any negative consequences of policies, programs and services (in place or proposed) on seniors' mental health.*
- 2. It supports the evaluation and development of any policy, program or service relevant to seniors, including those that do not directly target either mental health or seniors.*
- 3. It has been judged as one of the best ways to develop policy that supports seniors' mental health.*

Who Should Use SMHPL

The Seniors' Mental Health Policy Lens can be used by anyone, including: policy makers and analysts, program managers, evaluators, service providers, seniors' organizations and advocates, researchers, educators, or any individual interested in seniors' mental health.

Organization of the SMHPL manual

There are five sections in this manual:

- 1) A brief introduction to seniors' mental health, and a discussion of the importance of policy in supporting or challenging their mental health;
- 2) A description for why the Seniors' Mental Health Policy Lens is needed;
- 3) A description of how the SMHPL was developed, and how it has been evaluated by others;
- 4) The Seniors' Mental Health Policy Lens is presented with directions for how to use it. This section also provides concrete examples of how the SMHPL has been applied in a diversity of settings.
- 5) Background material gathered into three appendices:
 - ❖ Appendix One: Feedback and tips for applying the SMHPL from those who have used it.
 - ❖ Appendix Two: Values, principles and key concepts that inform the SMHPL questions.
 - ❖ A glossary for terms you may be unfamiliar with. Any time you see a word that is underlined, that means there is further explanation of the term at the back of the manual.

This guide is a condensed and simplified version of the 2008 “Promoting Seniors’ Well-Being: The Seniors’ Mental Health Policy Lens Toolkit”, which can be found at: <http://www.seniorspolicylens.ca>

Section One: Introduction to Seniors' Mental Health and Policy

What is mental health?

The World Health Organization defines mental health as a state of well-being where each person is able to:

- ❖ Realize their own potential
- ❖ Cope with the stresses of life
- ❖ Live productively and fruitfully
- ❖ Contribute to their community

What promotes good mental health?

Mental health can either be promoted and supported, or neglected and undermined. Some key factors that promote good mental health include:

- ❖ Valued participation in community and society
- ❖ Connectedness to others
- ❖ Support and encouragement
- ❖ Adequate resources
- ❖ Ability to make informed choices

Good mental health enables seniors to realize their full potential and to cope with both minor and major life events. Poor mental health has the opposite effect. For more factors about what supports or challenges seniors' mental health, please see Appendix Two.

One group of seniors included the following factors as supporting their mental health:

- *Keeping active*
- *Proactively accessing services to "stop a problem before it starts"*
- *Control over life and destiny*
- *The ability to have choices*
- *Community involvement and the use of community wisdom*
- *Adequate income*
- *Physical health*
- *Adequate housing*
- *Peer group and friends*

The social context of mental health

Social context is important to mental health. Social context includes both the individual, as well as their larger social surroundings. Social context includes the following things:

- ❖ Individual characteristics
- ❖ Social, cultural, economic and family circumstances
- ❖ Community
- ❖ Policy

Policy shapes social context because it is the way our society guides and regulates social life. Policy tells us what resources, services and goods are distributed, and to whom. Policy shapes many important aspects of seniors' lives, including:

- ❖ Delivery of services (e.g. waitlists for medical services)
- ❖ Programs (e.g. who is eligible for Home Care services)
- ❖ Organizations (e.g. how Health Authorities deal with dementia)
- ❖ Government legislation (e.g. Old Age Security).

Policy plays an important role in creating the social environment in which older adults live, and can impact their mental health.

For example, Pharmacare policies that do not cover chronic illness medications can create a significant stress for older adults with low incomes, and can compromise their mental health.

Many seniors lack access to adequate, affordable transportation, meaning they can't get to services that support their physical and mental health.

Section Two: Why is the Seniors' Mental Health Policy Lens Needed?

There were several reasons to create a guide to assess policy from a seniors' mental health perspective. Each of these concerns is discussed below, and reflected in the SMHPL document.

Aging Population

Older adults experience unique physical, psychological and social changes. These changes may challenge their mental health, and sometimes result in mental illness.

The Seniors' Mental Health Policy Manual helps to create social environments (including health services) that promote and support the good mental health of older adults. This will reduce the chances of mental health problems occurring in the first place.

Researchers estimate that 1 in 5 people over the age of 65 have a mental health disorder. The percentage of the Canadian population over 65 years of age will increase from 13% to 22% between 2006 and 2026. This means there will be an increasing number of seniors at risk for mental health problems.

Lack of Input from Seniors

A great deal of policy affecting older adults has been developed without seniors' consultation. These policies are unlikely to reflect the priorities and values of older adults. Seniors' mental health is marginalized through policy decisions that:

- Reduce supports that older adults consider important to their well-being, and
- Re-direct services in a way that detracts from good mental health.

The Seniors' Mental Health Policy Lens is intended to give voice to seniors, highlight seniors' strengths, support their social inclusion and promote their mental health.

The Seniors' Mental Health Policy Lens includes seniors' values and perspectives on the mental health challenges of aging. The importance of these values and perspectives has been identified through extensive research with seniors. The Seniors' Mental Health Policy Lens is designed to make sure that policies and programs affecting seniors are evaluated on these values and priorities.

Stigma and Marginalization

Negative stereotypes of older adults promote age discrimination and ageist attitudes. Ageism is a type of stigma; it sets apart older adults as being less important and competent than people who are younger. Ageism can affect what priority is given to seniors' needs, and how these needs are understood by others, including those who fund, design, and deliver health and social services.

Seniors who are part of marginalized groups may experience multiple forms of stigma. For example, a senior who is gay and First Nations may experience homophobia and racism along with ageism. There is also a powerful stigma attached to those struggling with mental health issues, and this stigma can further contribute to poor mental health. We can see this stigma operating in our society through the scarce resources for older adults with mental illness and addictions compared to other illnesses such as diabetes and cancer.

If these biases in policies are unrecognized, they can lead to poor planning and design of laws, programs, services and interventions. These biases can be very costly in both human and economic terms.

The Seniors' Mental Health Policy Lens is designed to identify biases in policy that may lead to negative effects on the mental health of older adults, including those who are members of marginalized groups.

Biomedical Framing of Seniors' Mental Health

In our society, seniors' mental health is usually discussed as an individual illness. This framing of seniors' mental health as purely a biomedical issue leads to policies, services and programs that focus primarily on the diagnosis and treatment of illness, acute care and cure. There is little emphasis, or funding, on non-medical interventions or community-based services to promote seniors' mental health. Yet for many seniors with mental health issues, their needs are often related to disability or deficits in their social supports. Programs to reduce social isolation or to support caregivers are important services that support seniors' well-being. The Mental Health Commission of Canada advocates taking a comprehensive approach to mental health and mental illness, which includes:

- Creating a mental health system that focuses on a recovery model rooted in person-centered care
- Respecting individual rights
- Focusing on the strengths and capacities of individuals.

The Seniors' Mental Health Policy Lens is designed to promote fundamental changes in the way we think about how health and social services are defined, delivered, and funded. The goal is to increase emphasis on recovery, mental health promotion, and on the prevention of mental health problems.

Section Three: Development and Evaluation of SMHPL

Development of the SMHPL

The Seniors' Mental Health Policy Lens was designed to reflect the values and perspectives of older adults and to facilitate their inclusion in policy design and analysis. To find out what these values and perspectives are, twelve focus groups were conducted with older adults across Canada in English, French and Chinese. Participants were asked:

- To identify challenges of aging to their well-being and mental health
- How they meet these challenges
- What is helpful to them in meeting these challenges

Additionally, findings from other Canadian studies of older adults were examined for seniors' perspectives about what factors influence their emotional well-being and mental health. The development of the Seniors' Mental Health Policy Lens also took into consideration:

- Population health determinants
- Principles of health promotion
- Healthy aging policy
- Values and core principles from the *Guidelines for Elderly Mental Health Care Planning for Best Practices for Health Authorities (BC Ministry of Health, 2002)*, *The National Framework for Aging (Health Canada, 1998)* and the *Framework for a Mental Health Strategy for Canada (Mental Health Commission, 2008)*.

The Seniors' Mental Health Policy Lens was developed as a part of a national project, "Psychosocial Approaches to Mental Health Challenges of Late Life", awarded to the British Columbia Psychogeriatric Association by the Population Health Fund.

Evaluation of SMHPL

The Seniors' Mental Health Policy Lens has been evaluated at more than 20 sites in different sectors across Canada. Sites included government, seniors' organizations, health care, education and programs for older adults. These evaluations showed that the Seniors' Mental Health Policy Lens is a

practical, relevant and useful tool for designing policies from the perspective of seniors' values.

Those who have used the Seniors' Mental Health Policy Lens found the underlying principles valuable. Those who have used the SMHPL found that it:

- ❖ Promotes the inclusion of seniors and their advocates in designing and reviewing programs and policies relevant to them.
- ❖ Is valuable in helping stakeholders, with varied perspectives and interests, to find common ground to work effectively.
- ❖ Develops awareness about factors influencing seniors' well-being and mental health.
- ❖ Fits well with already existing settings and practices.
- ❖ Provides a critical lens for examining issues related to seniors' well-being.

The experiences of those who have used the SMHPL were used to re-develop the lens as a best practice in program and policy design. Feedback was incorporated into the current toolkit, which was then presented at a number of conferences for further feedback. Next, a symposium was held to share experiences about applying the Seniors' Mental Health Policy Lens and to identify the benefits and challenges of doing so. All of this information has been used to further refine the lens, and to design materials to support the implementation of the SMHPL in diverse settings and for different purposes.

One organization using the SMHPL to evaluate their program development stated that the SMHPL helped them to see that "while we're not perfect... using the SMHPL helped us to explore areas we need to improve and allowed us to feel confident in the strengths of our work".

One physician who participated in an SMHPL application stated: "I am humbled -the depth of discussion has made me realize how little I take into account the human experience of the individual in my care. Thank you for this opportunity to get re-focused on why I do this work".

Section Four: Seniors' Mental Health Policy Lens

Instructions for using SMHPL

The Seniors' Mental Health Policy Lens is a toolkit – it is a set of questions, grouped into twelve categories and organized as a checklist. SMHPL was designed to be easy to use. Beside each question in the checklist, all you need to do is check Yes, No, Not Sure, NA (not applicable), according to what you believe your policy, program or practice reflects.

At the end of this checklist, you will 'score' the number of responses from each category. This scoring will help direct your development of an action plan. Every category may not have the same relevance for you analysis, but you need to be aware that a high number of No, Not Sure and NA may mean that the document or practice that you are analyzing does not apply to the needs, wants, and concerns of those for whom it is intended. Examples and further description of how the SMHPL category has been used are presented in each section.

It is helpful to keep notes as you go about the areas where you need more information and how you plan to obtain that information. In each section you will find a space for jotting down notes. If you would like further information and guidance on how to apply the SMHPL, please see our comprehensive facilitator's guide at: www.seniorspolicylens.ca

At the beginning of the next section, you will find a handy one-page summary of all the questions. To familiarize yourself with the SMHPL, please read through all of the following sections before you start answering the questions.

There are 12 categories in the SMHPL toolkit:

- 1. Seniors' Involvement*
- 2. Collaboration*
- 3. Diversity and Marginalization*
- 4. Transitions and Challenges*
- 5. Accessibility*
- 6. Participation and Relationships*
- 7. Self-Determination and Independence*
- 8. Respect and Dignity*
- 9. Fairness and Equity*
- 10. Security*
- 11. Protection and Risk Management*
- 12. Evidence-Informed*

Summary of the SMHPL Questions

1. *Seniors' Involvement*

- How are seniors, seniors advocates and seniors organizations involved in the design/review of the policy, program or practice?

2. *Collaboration*

- Are key organizations, Ministries, interest groups or individuals involved?

3. *Diversity and Marginalization*

- Assess whether any seniors are likely to experience inequities or negative impacts resulting from their membership in marginalized groups.

4. *Transitions and Challenges*

- Consider whether the seniors likely to be affected by the policy, program or practice are impacted by transitions such as declining health, bereavement or isolation. If so, how will negative effects be addressed?

5. *Accessibility*

- Does the program, policy or practice make attempts to remove handicaps, accommodate seniors' needs, and enable their participation?

6. *Participation and Relationships*

- Does the policy, program, or practice promote and support seniors' relationships and their social participation?

7. *Self-Determination and Independence*

- Does the policy, program or practice promote and support seniors' self-determination and independence?

8. *Respect and Dignity*

- Does the policy, program or practice reflect respect for seniors and support their dignity?

9. *Fairness and Equity*

- Does the policy, program or practice ensure fairness to seniors while not diminishing benefits to others?

10. *Security*

- Does the policy, program or practice facilitate seniors' psychological, physical, and economic security?

11. *Protection and Risk Management*

- Does the policy, program or practice provide seniors with the security of knowing assistance is available, if needed?

12. *Evidence-Informed*

- Is the policy, program or practice informed by evidence?

Preparation for SMHPL Application

Describe the Policy/Program:

What is the purpose and objective of the policy, program or practice that you are evaluating?

Further Description of the SMHPL question: *Preparation*

Review the purpose and objective of the policy, program or practice to which the SMHPL is being applied. In some instances, specific areas of the SMHPL may need to be given more or less weight.

Example:

The SMHPL was used to design a community nutrition program intended to maximize seniors' independence by ensuring they can get proper food without moving to an institution. Because the goal was independence, the closest attention was paid to the Independence questions/scores.

Consider the Seniors' Populations Affected by the Policy, Program or Practice:

Which seniors, or groups of seniors, will be most affected by this policy, program or practice?

Further Description of the SMHPL question: *Consider the Seniors' Population Affected by the Policy, Program or Practice*

It is important when applying the SMHPL that you have up to date knowledge about the current and future seniors who are most likely to be affected by the policy, program or practice. This will ensure that the policy, program or practice is appropriate to whom it is directed.

Example:

A health care agency used the SMHPL to better understand who should be involved in designing policy for their behaviourally challenged senior clients. After applying the SMHPL, participants realized that while the "right" people were sitting at the table, they were missing several key organizations and populations that would be affected by their policy. Based on this expanded understanding of who would be affected, the discussion of diversity revealed other sub-groups that had been overlooked. Everyone agreed for the need for a continuum of services that would support every person affected by the new policy.

THINK ABOUT THESE SENIORS AS YOU RESPOND TO EACH OF THE SMHPL QUESTIONS

1. Seniors' Involvement

How are seniors, seniors advocates and seniors organizations involved in the design/review of the policy, program or practice? Who else should be involved?

Seniors' Involvement	Yes	No	No Sure	NA
Are there processes in place for seniors to be consulted and actively involved in the design, application, and evaluation of this policy, program or practice?				

NOTES:

Further Description of the SMHPL question #1: *Seniors' Involvement*

Seniors' involvement in decisions affecting them is a central theme of the SMHPL. Seniors have a wealth of experience to share and are experts in their own lives. Policies, programs or practices affecting seniors need to be informed by seniors and reflect their values.

Example:

A provincial Ministry of Health applied the SMHPL to drafts of their Chronic Pain and Chronic Disease Prevention and Management Strategies. These documents set out key directions and strategies to guide policy and service development, funding and collaboration. Using the SMHPL led them to re-organize their Advisory Groups, adding seniors' organizations and community agencies. Based on seniors' input, they also made significant changes to the content of their strategies.

2. Collaboration

Are key organizations, Ministries, interest groups and individuals involved?
Who else should be involved?

Stakeholder Involvement	Yes	No	Not Sure	NA
Does the policy, program or practice emphasize partnership and collaboration with key stakeholders?				
Are relevant organizations (government and non-government, voluntary, private) and Ministries engaged?				

NOTES:

Further Description of the SMHPL question #2: *Collaboration*

Factors that affect seniors' mental health and well-being are complex and interwoven. Given this, a diversity of organizations and individuals may need to be involved in policy, program or practice development and analysis. These organizations and individuals may include: seniors' organizations, seniors' advocates, various levels of government, Ministries and non-governmental organizations.

Example:

A coordinator of a municipal leisure centre used the SMHPL to review their programs. The coordinator determined that they needed to improve accessibility for older adults, particularly for seniors isolated by lack of transportation. To strategize how to address this issue, she invited seniors' organizations, local businesses, voluntary organizations and the city transit corporation to discuss the issue. This resulted in a variety of novel services and subsidies to suit individual needs. Seniors were then involved in evaluating the new approaches.

3. Diversity and Marginalization

Will this program, policy or practice create or continue injustices or other negative impacts for seniors resulting from their membership in marginalized groups?

Does this policy, program or practice avoid negative effects for seniors who are:	Yes	No	Not Sure	NA
Gay, lesbian or transgendered				
Members of a minority (including language, religion, culture, ethnicity, and race)				
Women				
Men				
Low income				
Mentally ill				
Cognitively impaired				
First Nations				
Physically disabled (e.g. mobility, vision, hearing)				
Chronically ill				
Institutionalized				
Developmentally disabled				
Experiencing addictions				
Immigrants (as seniors)				
Employed (paid or volunteer)				
Over age 85				
Other				

NOTES:

Further Description of the SMHPL question #3: *Diversity and Marginalization*

Seniors are a diverse population, with differing needs, circumstances, and aspirations. Some seniors are marginalized and vulnerable, often for multiple reasons. If the policy, program or practice you are examining applies to all seniors, you should review how life events and transitions present specific challenges to seniors' mental health using the categories within this section. If the policy, program or practice you are examining affects vulnerable groups of seniors, additional research may be necessary to determine what special issues and challenges they may face.

Examples:

The SMHPL was used to frame research about the needs of caregivers of older adults with persistent mental illness and addictions. From this research, caregivers and service providers reported that older adults with addictions faced significant stigma, were often poor, suffering from chronic health problems, and faced discrimination in accessing seniors' services, health care and housing.

The SMHPL was applied by a First Nations' organization to frame the development of a program to promote healthy aging. Through this framework, the uniqueness and importance of First Nations' cultural and spiritual practices were recognized. All of these factors were then taken into account to design a mental and physical health promotion program that built on First Nations' seniors' strengths and reduced barriers to participation.

4. Transition and Challenges

Are seniors' likely to be affected by the policy, program or practice impacted by any of the transitions and challenges listed below? If so, how will negative effects be addressed?

Does this policy, program or practice address any potential negative impacts that the following experiences may have on seniors' mental health?	Yes	No	Not Sure	NA
Bereavement				
Relocation				
Isolation (social or geographic)				
Decline in health, senses, physical or cognitive functioning				
Family status (e.g. single, childless)				
Inadequate social support networks (e.g. weak, dysfunctional)				
Inadequate social environment (e.g. deprived, unsafe, conflicted)				
Caregiving				
Living situation (e.g. homeless, alone, long-term care institution, hospital)				
Experiencing Ageism				
Other				

NOTES:

Further Description of the SMHPL question #4: *Transitions and Challenges*

Age-specific life events and critical transitions may pose increased challenges to some seniors' mental health. For example, a woman living in a rural area caring for her husband with dementia at home is vulnerable to negative changes in her or husband's health, social and geographic isolation, and the possibility of limited respite and other resources. The SMHPL can be used to raise awareness about these and other transitions and challenges, as well as the highlight the need to target services to these seniors.

Example:

A hospital discharged a recently bereaved elderly man with cardiovascular problems to his farm where he now lived alone. Shortly after discharge he committed suicide. After this incident, the hospital used the SMHPL to review its discharge policies. It was found that his social situation was not taken into account at discharge. This awareness resulted in a policy that seniors facing the challenges of transitions would not be discharged without social work involvement to develop a plan for supported discharge.

5. Accessibility

Does the program, policy or practice make attempts to remove handicaps, accommodate seniors' needs, and enable their participation?

Accessibility	Yes	No	Not Sure	NA
Is accessibility made easier by sufficient staff/volunteers?				
Is information about eligibility and other concerns about access presented clearly and simply?				
Is important information presented in a relevant and easily available format? (Take into account: literacy, knowledge, vision/hearing problems, language, culture)				
Are any physical barriers removed for seniors with impairments? (mobility, visual, hearing)				
Is it affordable?				
If needed, will enough resources be available in a timely manner?				
Is transportation readily available?				

NOTES:

Further Description of the SMHPL question #5: *Accessibility*

Accessibility is about removing social, cultural, economic and physical barriers to seniors' programs. This includes being aware of how and what information is presented to seniors, as well as physical and social adaptations. Ease of access is necessary in order for seniors to successfully use a program, and ensures that seniors can make the most of their abilities.

Examples:

A seniors' centre, concerned about the lack of participants, applied the SMHPL to their program. They discovered that the printed information about the program was not reaching many of the seniors in the community due to language differences, low literacy and lack of vision. The centre then provided information in different languages and in large print. The centre also worked with local seniors to make sure that the centre's information, food, and activities were culturally appropriate and to promote the program. Together, these activities increased participation at the centre.

After using the SMHPL, a rural municipality better recognized the risk of social isolation and related mental and physical health risks resulting from a lack of affordable and appropriate transportation. This awareness resulted in a multi-stakeholder meeting that developed a grant program for innovative solutions to transportation issues.

6. Participation and Relationships

Does the policy, program or practice promote and support seniors' relationships and their social participation?

Does, the policy, program or practice:	Yes	No	Not Sure	NA
Remove barriers to seniors' social and civic participation? (e.g. financial, technological, institutional, attitudinal, etc.)				
Increase seniors' access to their social network of family and friends?				
Increase seniors' access to their community? (e.g. cultural, geographic, spiritual)				
Promote and support a sense of belonging/mattering?				

NOTES: _____

Further Description of the SMHPL question #6: *Participation and Relationships*

Like everyone else, seniors value being involved and active in all areas of life. This includes:

- ❖ Having a meaningful role in daily affairs
- ❖ Participating in available programs and services
- ❖ Being involved and engaged in activities of daily living
- ❖ Being involved in decisions and initiatives in all spheres of community, not just those oriented specifically to seniors

Example:

A seniors' centre using the SMHPL discovered that their physical environment suffered from poor lighting, excessive noise, and a lack of reception for new members. This inadvertently kept some seniors from becoming involved at the centre. The centre made changes to their space and recruited volunteers to greet new members. Based on seniors' input, the center also now has family teas and a service to read mail and write letters.

7. Self-Determination and Independence

Does the policy, program or practice promote and support seniors' self-determination and independence?

Does the policy, program or practice:	Yes	No	Not Sure	NA
Provide opportunities to make choices?				
Provide support to make choices and informed decision-making? (e.g. information, time, encouragement, resources)				
Promote coping skills and personal strengths?				
Build on the capacity of seniors to adjust to different circumstances?				
Enable seniors to make the most of their abilities? (e.g. compensate for mobility issues, sensory changes, etc.)				
Provide a full range of options when offering choices and to inform decisions?				
Promote recovery, hope and resiliency?				

NOTES: _____

Further Description of the SMHPL question #7: *Self-Determination and Independence*

Seniors value being in control of their own lives, being able to do things for themselves, and making their own choices about practical matters and other decisions. Interdependence – having access to a strong support system – is also important in self-determination and independence. Creating an environment in which seniors are provided with information, options and supports to make real choices can enhance independence and self-determination.

Example:

A geriatric mental health service used the SMHPL to discuss how health professionals – although well intended – “prescribe” what is appropriate care and treatment for seniors. This conversation led to an incorporation of questions about coping skills and strengths of seniors into their assessment and care plan.

8. Respect and Dignity

Does the policy, program or practice reflect respect for seniors and support their dignity?

Does the policy, program or practice:	Yes	No	Not Sure	NA
Promote seniors' self-esteem?				
Support seniors' dignity?				
Respect privacy and confidentiality?				
Demonstrate respect for seniors?				
Acknowledge the uniqueness of each individual?				
Portray seniors positively?				

NOTES:

Further Description of the SMHPL question #8: *Respect and Dignity*

Seniors value being treated with respect, regardless of the situation. This includes having:

- ❖ A sense of self-esteem and self-work
- ❖ Being accepted "as one is"
- ❖ Being appreciated for life accomplishments
- ❖ Being respected for having a continuing role and contributions to family, friends, community and society
- ❖ Being treated as a worthy human being and a full member of society.

Example:

A hospital used the SMHPL to review the care of older adults. Review revealed a number of practices that compromised seniors' dignity such as: sharing rooms with people of the opposite sex; staff talking over seniors in a bed, calling them by their first name without asking, and not responding quickly to toileting needs. A policy was created to address these issues.

9. Fairness and Equity

Does the policy, program or practice ensure fairness to seniors while not diminishing benefits to others?

Is the policy, program or practice fair?	Yes	No	Not Sure	NA
Are the procedures and criteria of the policy, program, or policy fair and reasonable?				
Does it consider both individual and collective needs?				

NOTES:

Further Description of the SMHPL question #9: *Fairness and Equity*

Seniors value fairness and equity. Their needs should be considered equally to those of other Canadians, including having equitable access to social, economic and political resources and services. Seniors should be treated in a way that maximizes their inclusion in society.

Example:

A nursing home policy was reviewed using the SMHPL. It was noted there was no policy in place to balance the needs of older adults with disturbing and challenging behaviours. There was pressure on the nursing home to discharge these residents. A clinical practice guideline of ongoing assessment was implemented to ensure that “least intrusive” interventions (such as modifying the social and physical environment) were implemented prior to considering relocation.

10. Security

Does the policy, program or practice address seniors' psychological, physical and economic security?

Does the policy, program or practice:	Yes	No	Not Sure	NA
Enable seniors' security to plan for the future? (e.g. for appropriate care, housing, services, and end of life)				
Provide a sense of safety?				
Promote psychological security?				
Reduce the risks of crime, disease or injury?				
Promote physical security?				
Promote economic security?				

NOTES: _____

Further Description of the SMHPL question #10: *Security*

Seniors value a sense of security. Seniors' security can be accomplished by having:

- ❖ Adequate income
- ❖ A safe and supportive living environment
- ❖ Physical security
- ❖ Access to family and friends
- ❖ A sense of close personal and social bonds
- ❖ Emotional and practical support

Example:

A seniors' advocacy group recognized that the way seniors were being portrayed in the media and by politicians was ageist and stigmatizing. They were portrayed as "robbing" youth of their pensions, and as health care "burdens". Using the SMHPL as a guide, they developed a strategy to involve seniors in a campaign to educate advertisers, government and elected representatives about the impact of negative stereotypes on seniors' mental health and well-being.

11. Protection and Risk Management

Does the policy, program or practice provide seniors with the security of knowing assistance is available, if needed?

Does the policy, program or practice:	Yes	No	Not Sure	NA
Promote appropriate interventions to protect seniors when needed?				
Provide for timely and effective management and communication of risks?				
Reduce risks to seniors' health, security and well-being?				
Ensure that the least intrusive measure (given the risks) is taken?				
Take into account the preferences of seniors, as much as possible?				
Respect and protect seniors' legal rights?				

NOTES: _____

Further Description of the SMHPL question #11: *Protection and Risk Management*

Although self-determination is important to seniors, so is the security of knowing that assistance is available when needed.

Example:

A seniors' mental health service applied the SMHPL to their eligibility, intake and referral policies. They found that their waitlists practice and the time taken in making initial assessments and communicating these results to other health professionals was too lengthy. These practices contributed to increased risks to some clients as interventions and resources were delayed. The service streamlined their processes, and developed a professional intake, triage and crisis response. They also developed a proposal for additional staff.

12. Evidence-Informed

Is the policy, program or practice informed by evidence?

Is the policy, program or practice:	Yes	No	Not Sure	NA
Based on current evidence or best practices?				
Have ways to evaluate for process and outcome?				

NOTES:

Further Description of the SMHPL question #12: *Evidence-Informed*

Policies, programs and practices need to be informed by relevant legal and regulatory frameworks, standards, guidelines, research evidence and “best” or leading practices. While SMHPL is designed to have an inclusive framework of seniors’ mental health care issues, other sources of information and tools of analysis may also need to be considered when analyzing a specific policy, program or practice.

Examples:

One organization used the SMHPL framework to review policies related to tenancy in supportive housing. They found that provincial Landlord Tenant Policies and Residential Care Standards did not apply. This left a policy vacuum around the issue of evictions for seniors’ living in supportive housing.

A home support agency applied the SMHPL to an examination of admission and exit criteria for supportive housing. They determined that they needed to first review the legal requirements related to supportive housing and then to factor these into their policy analysis.

NOW TO THE NEXT PAGE TO FIND YOUR SCORE AND TO CREATE AN ACTION PLAN.

Creating an Action Plan

This guide provides four areas that should be addressed when creating an action plan to respond to the policy, program or practice being evaluated.

1. Scoring of Final Totals

While not all categories will be equally relevant, it will strengthen your analysis by using as many categories as possible. In the columns below, write down the total number of YES, NO, NOT SURE and NA.

YES	NO	NOT SURE	NA

More YES than NO

You are well on your way to a positive policy, program or practice. You can still look for ways it can be improved. Go back and determine if there are any changes that will increase the number of YES responses.

More NO than YES

This is an opportunity to reflect about the policy, program or practice. Return to the policy, program or practice and examine it for content and overall intent. If you have more NO than YES, it appears that what is important for seniors may not be fully addressed in the policy, program or practice. Ask seniors and their advocates to provide input.

More NOT SURE than either YES or NO

You need to gather more information before proceeding with your policy, program or practice. This will make sure it is more comprehensive.

More NA than either YES or NO

Go back and critically examine your policy, program or practice. Are there really this many categories that do not apply? Or does much of the policy, program or practice not apply to the needs, wants and concerns of those for whom it is intended?

2. Review your notes and your discussion. Note the strengths of the policy, program or practice:

3. Identify the individual areas that need improvement and ways that potential negative effects could be addressed. Note who needs to be involved in this process, and what information needs to be gathered. Set target dates.

Issues Identified	Actions/Information Needed	Who needs to be involved	Target Date

4. Make a recommendation

Answer yes or no to the following questions:

- ❖ Should this policy, program or practice be accepted?
- ❖ Should this policy, program or practice be accepted with some revisions?
- ❖ Do you need more information before you can accept or reject the policy, program or practice?

Recommendation	Yes	No
Accepted		
Accepted with revisions		
Need more information to make decision		
Reject		

Some policies, programs or practices will need revision before they can be accepted; in this case, re-apply the SMHPL questions to the revised document or practice until it can be recommended for acceptance.

APPENDIX ONE: TIPS FOR USING THE SENIORS' MENTAL HEALTH POLICY LENS

This section will provide you with information and tips for applying the SMHPL. These tips are practical – they have been provided by people who have used the SMHPL in a diversity of settings.

Planning the Application of the SMHPL

- ❖ When deciding who to involve, think broadly but also be strategic – who do you want to influence and develop new partnerships with?
- ❖ Application of the SMHPL stretches thinking, but takes time – plan for this. If you are applying the SMHPL to large, complex policies, programs or practice, you will need to think about the amount of time you need to organize and conduct focus groups, consultations and other tasks such as research.
- ❖ Obtain the commitment of leaders before applying the SMHPL; they will be useful in navigating complex levels of bureaucracy.

Applying the SMHPL

- ❖ To be effective in applying the SMHPL, you need to know the population of seniors who are, or will be, affected by the policy, program or practice you are examining.
- ❖ Think clearly about any biases you may be bringing to the process.
- ❖ Those who use the SMHPL need to establish an environment of trust for individuals to be able to disclose their honest views.
- ❖ People may interpret the SMHPL questions in various ways; use this difference to develop an understanding of diverse perspectives.
- ❖ By focusing on the SMHPL questions, you can keep focus on the seniors who will be affected by the policy, program

One health authority used the SMHPL to examine their “first available bed” policy. As is often the case in discussing long-term care, there were many differing viewpoints. Participants stated that having the SMHPL as the focal point of the conversation allowed for a diversity of viewpoints, in a safe and open environment.

- or practice rather than on personal agendas.
- ❖ Be sure to identify and document what is being done right so the process does not seem negative or overwhelming.
 - ❖ Remember, the SMHPL process reinforces that all seniors are entitled to quality care, maximum participation in issues that affect them, and a high quality of life, regardless of impairment.

Follow-up after Application of the SMHPL

- ❖ If you need further information about the population or setting of the policy, program or practice, make sure you obtain it.
- ❖ Ensure timelines and identified responsibilities are allocated and followed up on. This includes procedures and communication plans.
- ❖ Issues raised by the SMHPL may require increased staffing, education and other resources. Build advocacy for this into the over-all process – make it an action item.
- ❖ Ensure an accountability mechanism is designed to guarantee follow-up.
- ❖ The results of the SMHPL application to the policy, program or practice needs to be communicated to affected seniors, as well as other stakeholders.
- ❖ While the SMHPL takes on the perspective of an “ideal world”, this perspective helps give depth to discussions and analysis. Recommendations and action plans can be made for future funding and resource opportunities.

One community who used the SMHPL to address seniors' inclusion in community planning created a follow-up committee to plan and design a pamphlet of free and low-cost services to seniors in their community.

You can also find more tips and information about how to plan your application of the SMHPL with our workshop facilitator's guide at: www.seniorspolicylens.ca

Why should you use the SMHPL?

Hopefully, by this point you have a very good idea of the strengths and use of the SMHPL, and how it has been used in a diversity of settings; from large complex medical institutions and highly-regulated government agencies to

small, informal community organizations. In some of these environments, you may find some resistance to the idea of using the SMHPL. People may feel that they already have adequate tools, that they already “know” the issues, or have feelings of ownership and feel threatened by outside help. The following reasons for using the SMHPL may help you provide a context for those who do not have familiarity with the lens, and to gain entry to those with influence. Using the SMHPL:

- ❖ Has been endorsed by the Canadian Mental Health Commission
- ❖ Has been evaluated as a “best practice”
- ❖ Is a way to engage with The World Health Organizations’ Healthy-Aging Communities Initiatives
- ❖ Provides a structured process for generating discussion and ideas
- ❖ Can highlight what an organization is doing right
- ❖ Adds value to any policy, program or practice, without increasing cost
- ❖ Reflects a commitment to include seniors at any point of a policy, program or practice development, implementation or evaluation
- ❖ Provides an opportunity to be recognized as a community, provincial and federal leader in seniors’ well-being and mental health
- ❖ Is an non-threatening tool that facilitates conversations from a diversity of perspectives
- ❖ A practical way to support seniors well-being and mental health
- ❖ Provides a wealth of expertise from a diversity of disciplines, including: population health, mental health promotion, and healthy aging policy
- ❖ Promotes a society that is inclusive of, and values, seniors

One community organization that uses the SMHPL on a regular basis states: “We believe the SMHPL provides a practical means of evaluating how well policies and services actually address the needs and opinions of seniors. We also believe the SMHPL is a versatile tool that can be readily tailored to any specific population in danger of being “unheard”, not just seniors”.

A seniors’ advocacy organization had local seniors’ apply the SMHPL to one of their drop-in programs. The staff was surprised when seniors discussed accessibility issues. Unbeknownst to the staff, when the weather turned icy, the slight slope at the front door made it difficult for seniors to use the entrance.

APPENDIX TWO: THE SMHPL VALUES, PRINCIPLES, AND CONCEPTS

This section provides a basic introduction to the values, principles, and concepts that the SMHPL toolkit are built on. For more detailed information about these, please see the SMHPL website, at: www.seniorspolicylens.ca/TheIssues.html

I. Values and Principles

All of the following values and principles were developed through extensive consultation with seniors, policy analysts, and other key stakeholders across Canada. These values and principles are also based on extensive reviews of existing policies on seniors' well-being and mental health.

Challenges to Mental Health Identified by Seniors

- ❖ Seeing yourself deteriorate
- ❖ Maintaining self-esteem
- ❖ Having no “real” role to play in society
- ❖ A loss of status
- ❖ Family dysfunction
- ❖ Loneliness and isolation
- ❖ Not being able to engage in previously enjoyed activities
- ❖ Having to depend on others
- ❖ Loss (of spouse, income, home, abilities)
- ❖ Lack of resources, and inability to access existing resources
- ❖ Feeling invisible in a youth-oriented society
- ❖ Seniors who face marginalization or stigmatization may face additional challenges to their mental health.

Factors That Support Mental Health Identified by Seniors

- ❖ Adequate physical health
- ❖ Social interaction
- ❖ Ability to cope with loss and change
- ❖ Adequate information to make informed choices
- ❖ Opportunities for choice

- ❖ Adequate income to meet basic needs, including medications, transportation and social participation
- ❖ Access to assistance if needed
- ❖ A sense of belonging, dignity and purpose

Principles for Promoting and Supporting Seniors' Mental Health

- ❖ **Dignity.** This includes being treated with respect, and having a sense of being accepted and belonging to their community and larger society. In short, it means treating seniors as a full and important member of society.
- ❖ **Independence.** This includes being able to control one's life, making decisions, and being responsible (as much as possible and practical) in their own lives. Independence also requires having access to a support system that enables this freedom of choice and self-determination.
- ❖ **Participation.** This includes getting involved, staying active and taking part in the community. Participation in activities of daily living also includes being able to access available programs and services.
- ❖ **Fairness.** This includes understanding that seniors' needs for available resources and services are equal to those of other Canadians, and that they be treated in a way that maximizes their inclusion in community and society.
- ❖ **Security.** This includes having adequate income, support and access to safe and supportive environments, access to family and friends, and a sense of close personal and social bonds.

Principles and Values of Seniors' Mental Health Care

- ❖ Older adults (and their families) need to be involved in personal care, life goals, treatment and supports
- ❖ Promoting and achieving quality of life
- ❖ Promoting a model of mental health care that includes social and economic influences on seniors' well-being
- ❖ Specific, goal oriented services that include accountability from those providing them
- ❖ Accessible and flexible services for older adults
- ❖ Comprehensive, interdisciplinary care that focuses on a continuum of care

II. Core Concepts of the SMHPL

These concepts form the basis of the SMHPL. They are derived from reviews of:

- ❖ Population health principles
- ❖ Principles of mental health promotion
- ❖ Healthy aging policy
- ❖ “Recovery” orientation to mental health care

Further information, research and examples on each of these core concepts, please visit:
www.seniorspolicylens.ca

Population Health Principles

From a population health perspective, “health” is understood as a product of complex interactions among: 1) individual characteristics, 2) the physical environment, and 3) social and environmental factors. Rather than seeing health as a characteristic only of the individual, a population health approach assesses the health of the population as a whole, as well as groups within it, over a lifespan. At the same time, a population health perspective highlights that older persons are not a homogeneous group and that individual diversity increases with age. This “life course” approach recognizes that at each stage of life, an individual’s experiences occur as part of the normal aging process, and affect changes to identity, role, relationships, abilities and patterns of behavior. In relation to mental health, this approach acknowledges that it usually occurs in the context of medical illness, disability and mental and social impoverishments.

Principles of Mental Health Promotion

Using the above population health principles, mental health promotion is based on empowering individuals and communities to have control over their lives, environment and their mental health. Mental health promotion is an approach to *wellness*, aiming to achieve wellness by addressing what supports (or negates) good mental health for an entire population. This requires strategies that foster supportive environments and individual resilience, and includes respect for culture, equal rights, connections between individuals, their environment and their society, and personal dignity. It relies on collaboration of all sectors of society.

Strategies to Promote Mental Health

While seniors are a diverse population, there are some general themes for promoting their mental health. These themes include: valued participation, connectedness, support, and encouragement. For example, volunteering allows seniors to share their wisdom, skill and time, which in turn makes a valuable contribution to building community capacity as well as their own well-being. Physical activity is another way to promote seniors' mental health – regular exercise helps older adults manage physical ailments and reduce the risk of depression. There are many strategies to promote mental health in seniors; what they all have in common is that they can promote independence, a sense of belonging, support and a robust sense of self.

Healthy Aging Policy

Healthy aging policy provides a framework for policy makers that builds on population health and mental health promotion strategies. The goal of healthy aging policy is to design policy, programs and practices that optimize the well-being of all Canadians as they age. While concern for individual health is maintained, the major thrust of healthy public policy is to develop health policies in all sectors of life. This approach provides a template for policy makers who wish to promote social environments that support healthy aging. The healthy aging policy approach incorporates the following principles:

- ❖ Health is enhanced when it is addressed in all sectors of life
- ❖ Promoting health should include principles of fairness to all
- ❖ Health promotion needs to include the participation of seniors
- ❖ Promoting health requires an ecological perspective which places individual humans within a larger social and physical context.

Recovery Orientation to Seniors' Mental Health Care

A recovery orientation stresses the individual journey of healing. Family, friends, and service providers are partners in this journey. A recovery orientation enables people living with mental health problems and illnesses to lead meaningful and productive lives in the community and reach their full potential, regardless of their limitations. The key components of recovery are:

- ❖ Finding and maintaining hope
- ❖ Re-establishing a positive identity
- ❖ Building a meaningful life
- ❖ Taking responsibility and control.

GLOSSARY OF TERMS

Best Practice: A process, activity, or incentive that is believed to be more effective at delivering a particular outcome than any other process or activity when applied to a particular condition or circumstance. Best practices can also be defined as the most efficient and effective way of accomplishing a task, based on repeatable procedures that have proven themselves over time for large numbers of people.

Bias: A tendency or preference towards a particular prejudice that interferes with the ability to be open to other ideas. Bias is a “one-sided” perspective. Biases can be unconscious or conscious.

Biomedical Framing: A way of seeing health only from a “scientific” medical perspective. Biomedical framing ignores larger social and environmental contexts that influence health. Biomedical framing of mental health sees the mind and the body as separate entities, and is unable to include understandings of health that are holistic.

Healthy Aging Policy: Healthy aging policy focuses on maintaining the health of older adults and keeping them autonomous and independent. A wide range of policies can affect healthy aging, and when structured appropriately, can interact and be self-reinforcing. Healthy aging policy requires that a wide range of policies be addressed, including social, economic, and environmental policy. Policies for aging are thus likely to require policy integration across a number of organizations and Ministries.

Marginalization: The social process of becoming or being made marginal, especially as a group within the larger society. Marginalization often occurs in economic or political arenas where an individual, an ethnic or national group is made powerless by a more powerful individual, ethnic, or national group. Marginalized persons or groups have little power or control over their destinies.

Policy: A formal plan or course of action, especially one of an organization or government. A policy is usually a written statement that communicates intent, objectives, requirements, responsibilities, and standards.

Population health determinants: Population health is about the health outcomes a group of individuals, including the distribution of such outcomes within the group. Population health determinants include medical care,

public health interventions, aspects of the social environment, the physical environment, genetics, and individual behavior. Population health determinants also link health outcomes to health policies and interventions.

Principles of health promotion: Mental health promotion uses strategies that foster supportive environments and individual resilience while showing respect for culture, equal rights, connections between people and personal dignity.

Stigma: An attribute, behavior, or reputation which is socially discrediting in a particular way. Stigma is often based on stereotypes, and causes an individual to be classified as undesirable in some way.