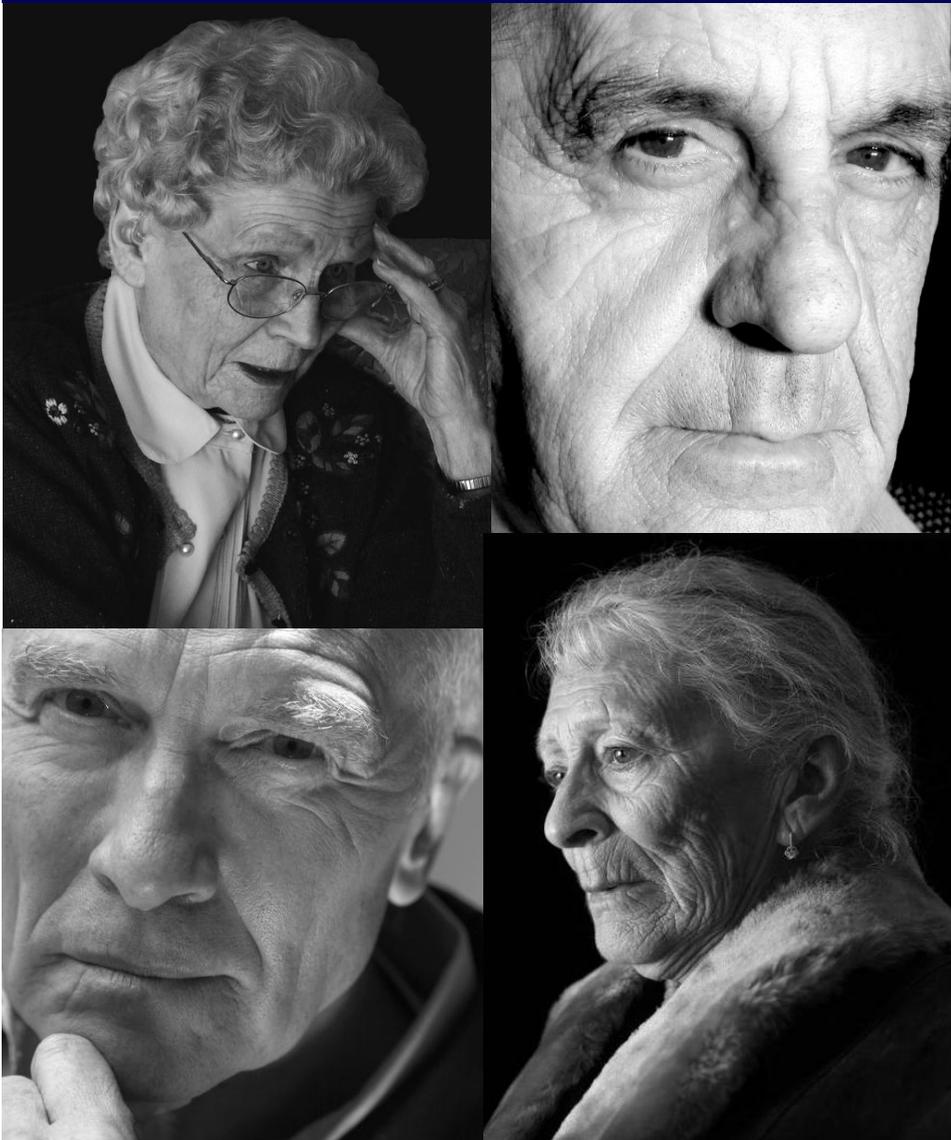


Seniors and Depression

October 2010

*Seniors and
Depression:
An Educational
Video*

A Report on the
Pilot Evaluation



**By Heather Pollett
Policy and Program
Analyst, CMHA-NL**



**CANADIAN MENTAL
HEALTH ASSOCIATION**

**ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE**

NEWFOUNDLAND AND LABRADOR DIVISION

This page left blank for printing purposes.

Executive Summary

Introduction and Background

Research conducted by CMHA-NL in 2006, and consultations with stakeholders in seniors' mental health in 2007, revealed that not only is there a high rate of depression in residents in long term care settings generally, but Newfoundland and Labrador's front-line long term care staff are in need of education around the issues of seniors' mental health. To help fill this gap, an educational video, *Seniors and Depression*, was developed by CMHA-NL in consultation with an advisory committee comprised of individuals from relevant mental health professional and consumer backgrounds.

After launching the video on CMHA-NL's website in October 2008, the process of determining the video's effectiveness and its future direction was undertaken in consultation with representatives of the Regional Health Authorities starting in the winter of 2009. A pilot evaluation comprised of a questionnaire developed by Centre for Nursing Studies students on placement with CMHA-NL was employed in focus-group discussion sessions with long term care staff in both Western Health and Eastern Health.

Results

These evaluation sessions revealed that the *Seniors and Depression* video is effective, but there needs to be more structured programming and other informational resources to complement it. A workshop-style training session built around the video would help to address gaps in educational and professional development opportunities, as well as in mental health services in some areas of the province.

Recommendations

Based on these findings, it is recommended that CMHA-NL take the lead in developing educational programming and further resources on seniors' mental health to complement the *Seniors and Depression* video, both for long term care staff, residents and their families, and for the broader community. Consultation with stakeholders in this field during the program's development and ongoing evaluation will both be key to the success of the program.

Acknowledgments

The evaluation work that resulted in this report involved collaboration between CMHA-NL and the four Regional Health Authorities. It was through our strong partnerships with them, and with the support and expertise of everyone involved, that we were able to build on our capacity to complete this work. CMHA-NL gratefully acknowledges the support and participation of the following individuals and facilities:

Eastern Health: Saint Luke's Homes and Hoyles-Escasoni Complex (St. John's)

Western Health: Interfaith Home for Senior Citizens (Corner Brook), Dr. Charles L. LeGrow Health Centre (Port Aux Basques), and Bay St. George Long Term Care Centre (Stephenville Crossing)

Regional Directors of Mental Health and Addictions: Colleen Simms (Eastern Health), Carol-Ann Wight (Western Health), Des Coombs (Central Health), and Deanne Costello (Labrador-Grenfell Health)

Glenda Compton, Director of Long Term Care - St. John's, Eastern Health

Natalie Reardon, Manager of Program Planning and Evaluation, Central Health

All participants in the evaluation sessions and those in the Regional Health Authorities who helped organize and facilitate this process.

And a special thank-you to:

Geoff Chaulk, former Executive Director of CMHA-NL

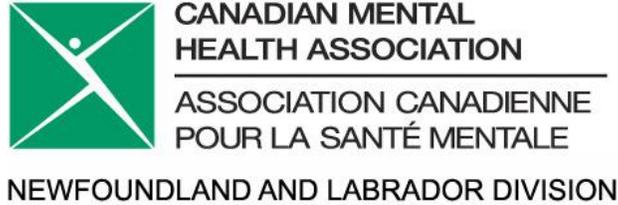
Rebecca Duffy and Donna Douglas, Centre for Nursing Studies students who prepared the evaluation framework as part of their placement assignment with CMHA-NL during the winter of 2008

The Regional Evaluation Advisory Committee members, past and present: past - Irene Barrett (Western Health), Debbie Collins (Eastern Health), Michelle Pike (Eastern Health), Laura Gould (Central Health); and present - Rhonda Green (Labrador-Grenfell Health), Lauren Josselyn (Central Health), and Beverly McLean (Eastern Health)

Irene Barrett and Beverly McLean, who coordinated and facilitated the pilot evaluation/focus group sessions within their respective health regions.

Heather Pollett
Chair, Advisory Committee
Policy and Program Analyst, CMHA-NL

About CMHA-NL



The Canadian Mental Health Association, Newfoundland and Labrador Division (CMHA-NL), is a voluntary, non-profit, charitable organization established in 1964 to promote a better understanding of mental health and mental illness in the province. As a division of the national CMHA, our mission is to promote the mental health of all our citizens, and to support the resilience and recovery of people and families living with the realities of mental illness. This mission is accomplished through advocacy, public education, research, and service at the national and provincial levels.

For more information on CMHA-NL, please contact us or visit our website at www.cmhanl.ca

**Canadian Mental Health Association,
Newfoundland and Labrador Division
70 The Boulevard, 1st Floor
St. John's, NL A1A 1K2**

Tel: 753-8550, toll free 1-877-753-8550

Fax: (709)753-8537

Email: office@cmhanl.ca

Table of Contents

| | |
|---|----|
| Introduction and Background..... | 1 |
| Results..... | 4 |
| Discussion..... | 9 |
| The Bigger Picture..... | 10 |
| Recommendations..... | 14 |
| Appendices: | |
| Appendix A: Evaluation Framework - Overview, table of outcomes, and survey..... | 15 |
| Appendix B: Summary Report from Western Health..... | 30 |
| Appendix C: Summary Report from Eastern Health..... | 36 |

Introduction and Background

The educational video *Seniors and Depression* arose from the need to educate front-line staff throughout the province on the signs and symptoms of depression in seniors in long term care facilities (LTCs). Filmed on location in St. John's at Eastern Health's Saint Luke's Homes, the video focuses on the experience of one of its residents, Marilyn Burt, who shares her personal story of recovery from depression, and features interviews with representatives from psychiatry, nursing, social work, government, and LTC administration backgrounds who offer their professional perspectives on the issues.

This project was born of the work of Memorial University students who worked with the Canadian Mental Health Association, Newfoundland and Labrador Division (CMHA-NL), on aging and mental health issues, starting in the summer of 2006 with a literature review on healthy aging. One of the major findings of this literature review was that there is higher rate of depression in seniors in LTCs than in the community. The following winter, with the help of social work and nursing students from Memorial University working with CMHA-NL, a roundtable discussion on aging and mental health was held with representatives of various organizations and persons with lived experience of mental illness, or consumers. This discussion confirmed the findings of the literature review here in our own province and identified the need for an educational tool to address the issue of depression in long term care.

CMHA-NL received funding from the United Way of Avalon and the Department of Health and Community Services, Government of Newfoundland and Labrador, to produce an educational video on the topic, and an Advisory Committee came together in February 2008 to guide its development. Led by CMHA-NL, the Advisory Committee was comprised of the video's interviewees, representatives from CMHA-NL's staff and board of directors, a personal care home, the Seniors Resource Centre, the Department of Health and Community Services, and the Licensed Practical Nurses Association of Newfoundland and Labrador, as well as the film makers, Wavelight Productions.

After filming ended in June 2008, CMHA-NL was involved in the editing process, working closely with Wavelight to ensure that the final product was reflective of the issues and messages that the Advisory Committee wanted to highlight for its intended audience. The video was officially launched by CMHA-NL at Saint Luke's on Monday, October 6th, 2008, the beginning of Mental Illness Awareness Week. The video has been available on the CMHA-NL website since then and can be viewed anytime at the following address:

<http://www.cmhanl.ca/seniorsdepression/seniorsdepression.asp>

A Note about the "DVD"

DVD (short for Digital Video Disc) has been the general term used by CMHA-NL since the beginning of the video's development to refer to this educational product; this was also the term used in the evaluation framework and the evaluation session reports (see Appendices A-C). DVD is in reference to a particular video format, but a video can take many different formats, both the newer digital (i.e. DVD, MPEG, etc.) and older analog (i.e. VHS) formats. It was generally understood that the term "DVD" was used informally and interchangeably with "video" throughout the evaluation process outlined in this report. Originally, the intended format for distribution of the video was to be a DVD, but it was decided that the video would be more accessible, at least in the short term, if it was available to everyone in a digital streaming format

online on the CMHA-NL website. Unfortunately, this has led to some confusion about the format and availability of the video. Some DVD copies of the video were produced, but the product is currently only available to the general public for viewing on the CMHA-NL website. In the main body of this report, the term “video” is generally used to refer to the product.

Evaluation

A pilot evaluation of the video in the four health regions was undertaken to determine both its effectiveness with the target audience and whether a complementary program, like a workshop or similar educational training session, should be developed to accompany it. To help guide this planning process, which began in February 2009, a regional evaluation advisory committee was established. Chaired by CMHA-NL, the Committee was comprised of an interdisciplinary mix of representatives from all four of the regional health authorities: Eastern Health, Central Health, Western Health and Labrador-Grenfell Health.

During their winter semester placements with CMHA-NL, two nursing students with the Centre for Nursing Studies, Donna Douglas and Rebecca Duffy, developed an evaluation framework (see Appendix A) for the video in consultation with the Committee, which included a survey that combined both quantitative and qualitative methods of measurement. The Committee discussed possible means of circulating the survey to front-line staff in LTCs throughout the province. It was advised that sending the survey out by email and encouraging the target audience to view the video online at the CMHA-NL website might not be an effective approach to engaging LTC managers and staff to participate in the pilot evaluation for several reasons:

- LTC staff often do not have access to email at work;
- It would take time away from their busy schedules;
- It would be difficult to ensure that there is uptake on an email survey. This approach would require some form of follow-up, perhaps someone within each of the sample LTCs in each region who would be designated to carry out this task.

Rather than send the survey out by email, the Committee determined that facilitated “Lunch and Learn”-style sessions consisting of a viewing of the video followed by a discussion at lunch time with food provided would get the most buy-in from managers and would help to ensure staff participation. This approach would also closely mirror the style of delivery of a workshop or broader educational program to be developed around the video.

Key Objectives

Key objectives and outcomes were identified during the initial evaluation planning process (see Appendix A for a more detailed table of outcomes), and they are as follows:

- To improve professional development opportunities for staff of long-term care facilities about mental illness among seniors.
- To accommodate the preferred learning styles of the front-line staff to effectively deliver the information within the demands of their work.
- To increase awareness among front-line staff of the prevalence of depression among seniors in long term care facilities.
- To increase awareness of the myths associated with seniors with depression.
- To increase awareness of programs used to create meaningful activities for seniors to alleviate depression.
- To assess satisfaction with the range of programs offered at the long term facilities in which the front line employees are employed.
- To increase the employees' ability to detect signs and symptoms of depression in seniors in long term care.
- To increase knowledge of the risk factors associated with depression in seniors in long term care.
- To increase awareness of the barriers associated with recognizing depression.

The survey questions were developed based on the key objectives and outcomes. Questions for the focus groups were also developed to collect feedback on the video and comments on the broader issues related to seniors' mental health in long term care.

Sessions

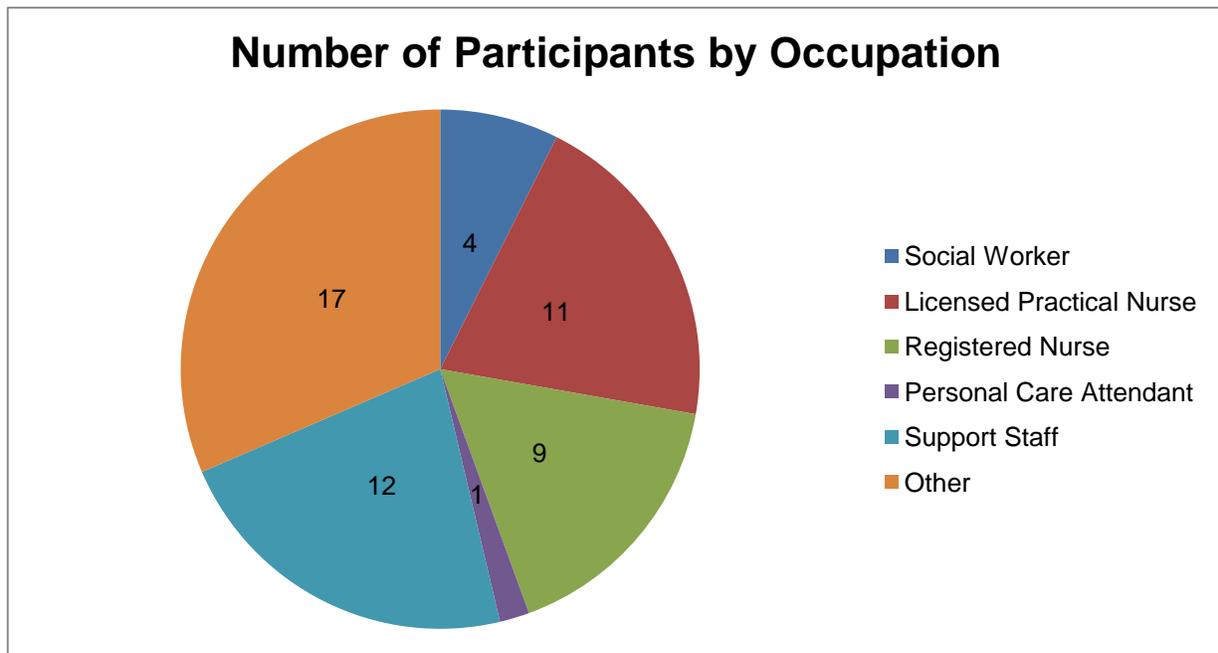
Originally, the Committee intended to take a region-by-region approach to conducting the evaluation sessions, with a small number of sessions in each region. Due to delays in the process and difficulties coordinating the necessary resources to carry out this work, Western Health and Eastern Health were the only two health authorities that took part in this process. However, the results from Eastern Health mirrored the findings in Western Health and, after consultation with the Committee, it was agreed that the results from both regions provided a clear indication of the direction without the need to continue with sessions in Labrador-Grenfell and Central Health. The Committee agreed that the participation of all health regions would be most valuable during a program planning process, if CMHA-NL decided to take on such an initiative once the pilot evaluation was complete.

Western Health took the lead in piloting the evaluation of the video in three locations in that region through Lunch and Learn sessions¹. These sessions were conducted with the help of a facilitator from that health authority, Irene Barrett, and were comprised of a viewing of the video, survey completion, and then a focus group discussion. Following the success of the initial sessions in Western Health, a facilitator from Eastern Health, Beverly McLean, conducted similar sessions in LTC facilities in St. John's.

Results²

There were 54 participants in total. In Western Health, there were 23 participants, in 3 separate sessions that took place at the Interfaith Home for Senior Citizens (Corner Brook), Dr. Charles L. LeGrow Health Centre (Port Aux Basques), and Bay St. George Long Term Care Centre (Stephenville Crossing). In Eastern Health, 31 individuals participated in sessions at 2 facilities, Hoyles-Escasoni Complex (St. John's) and Saint Luke's Homes (St. John's).

The following chart shows the number of participants by occupation.



¹ A summary of the Western Health results and a viewing of the video were presented at the Canadian Psychiatric Association National Conference in St. John's, NL, August 28, 2009.

² The full survey can be found in Appendix A.

The group of 17 participants who identified as “Other” was comprised of the following occupations: 10 recreation staff in various positions; 1 Manager of Tenant Services; 1 Nurse Practitioner; 1 Resident Care Coordinator; 1 Director; 1 Pharmacist; 1 Housekeeping; and 1 Manager of LTC.

Most participants in the Western Health sessions had only heard of the video when they were solicited to participate in the evaluation sessions, and all had seen the video for the first time at these sessions. In Eastern Health, 81 per cent had seen the video for the first time at the evaluation session. However, 19 per cent of respondents indicated that they had already seen the video between 2 and 4 times.

70 per cent of all respondents preferred an interactive/participatory style of learning, with 17 per cent preferring a self-study approach.

In terms of misconceptions about seniors and depression and the effectiveness of the video itself, 76 per cent of respondents indicated that prior to viewing, they did not have misconceptions about seniors and depression, and so the video did not change their misconceptions. Those who did identify misconceptions said that the video made them more aware of the statistical prevalence of depression in this population and of the different ways to approach residents who might have depression, and that the video explained the issues in further detail.

Respondents were also asked about their level of agreement with statements about the video after watching it. The following table shows the results.³

³ The results associated with two statements in question 9 on the survey, “The DVD was easily accessible,” and “I was able to view the DVD in a comfortable setting,” were not included in this table because the sessions were designed to include a viewing of the DVD in the work environment as opposed to watching the video online or at home, which were earlier viewing options discussed when the survey was initially developed.

| Statements about DVD | Level of Agreement Overall with Statements |
|---|--|
| The Seniors and Depression DVD accommodated my learning style. | 88% agreed |
| The DVD accommodated my work schedule. | 86% agreed |
| The Seniors and Depression DVD provided me with an additional opportunity to learn about seniors and depression. | 92% agreed |
| I was satisfied with the length of the DVD. | 98.5% agreed |
| The DVD increased my awareness of the prevalence of depression among seniors in long term care facilities. | 87% agreed |
| After viewing the DVD, my awareness of programs catered towards alleviating depression among seniors in long-term care facilities increased | 83.5% agreed |
| After watching the DVD, my ability to detect signs and symptoms of depression of seniors in long term care has improved. | 74% agreed |
| After watching the DVD, my knowledge of the risk factors associated with depression in seniors in long term care has improved. | 77% agreed |
| After watching the DVD, my awareness of the barriers associated with depression in seniors in long term care has improved. | 73.5% agreed |

Finally, respondents were asked how helpful they felt the video was overall in terms of learning to recognize the signs and symptoms of depression among seniors in long-term care: 99 per cent found the video helpful (43 per cent responded “Very Helpful”, and 56 per cent “Somewhat Helpful”). 100 per cent of respondents said that they would recommend viewing the video to their colleagues.

Qualitative feedback on the video was very positive, with most remarking that the video was helpful and of high quality, but there were some suggestions for improvement:

- Viewing the video should be mandatory for all employees in LTC and a part of orientation for new staff members;
- It was helpful to view the video and then follow it up with group discussion;
- The video has potential for residents to view and see that they are not alone in whatever mental health issues they may be facing; the inclusion of the consumer perspective was important and appreciated;
- Have copies present in LTCs themselves for staff members to sign out and view on their own time;
- Other information is needed for residents and family members/caregivers: “More paper information provided at different settings for the workers and families”;
- The short length of the video was appreciated, but some felt that it needed to be viewed again, or that “Pauses throughout the video to summarize and reiterate important learning points would be helpful”;
- The importance of communicating with residents was emphasized: “Add more education to help people/staff family/friends ...to communicate with people with depression and [learn] how to respond to comments made by the depressed individual”; “include residents who can’t speak for themselves but depend on their health providers to pick up on cues that may indicate depression is present.”

Highlights from the Focus Groups⁴

During the focus group discussions, participants were asked a series of questions related to the video and were then invited to share their thoughts. Participants liked that the video was brief and provided different perspectives on the issues related to depression in seniors in long term care. Lunch and Learns were also considered a good style for delivery of educational sessions.

When asked if they believed that the video is an effective resource to raise awareness of this issue amongst LTC staff working with this population, participants indicated that the video would be most effective for new nursing staff, particularly those who have just graduated, or for new staff members in LTC in general. The video is also seen as helpful for staff members who might not have experience or access to others with whom they can consult on mental health issues, and for those who have experience in this area but want to stay current on the issues.

Additionally, the video was seen as being potentially helpful for families of residents:

“This video would be great to show to families of our residents who are experiencing depression, because a lot of times, they are the ones who refuse to recognize the issue and then they resist the treatment we can provide to increase the residents’ quality of life. We spend a lot of time beating around the bush to get families on board to what the residents need.”

There was also general agreement that the video should be made mandatory viewing, and that residents should be given opportunities to watch it, as well.

Participants were also asked about their thoughts on what would make viewing the video more effective as an educational experience for LTC staff. Responses included providing a handout to accompany the viewing; stopping the video to summarize main points and provide more information; and the importance of engaging in discussion after viewing the video:

- “Having this discussion group was important for me. If we had to of [sic] watched the DVD, filled in the questionnaire and went on, I wouldn’t have given the information the same consideration as we are doing here now.”
- “It would be nice to have a day-long workshop on the subject to provide to our staff.”
- “If there were more people present to talk about it with. We’re only a small number of people working here.”

⁴ Summary Reports of the Focus Group discussions can be read in their entirety in Appendices B and C.

When asked, “What do you think would be a logical next step in getting this information out to practitioners?”, the possibility of including it as part of staff orientation arose again, and participants responded that a staff workshop on the topic would be helpful, as would making it more accessible to residents and families in LTC libraries, or on the health authority Intranet systems for staff members to view. Ensuring that as many people as possible in long term care facilities see the video was also recommended.

Discussion

Overall, staff in long term care settings, the target audience, found the video effective and would recommend it to colleagues. The evaluation sessions themselves provided a much-needed professional development opportunity, and participants indicated that more such opportunities in the form of further workshops or other in-servicing on the topic would be welcome, complete with a viewing of the video. The short length of the video and the Lunch and Learn delivery comprised of a viewing and discussion seemed to accommodate the preferred interactive/participatory learning style of most participants.

87 per cent of participants agreed that the video increased their awareness of the prevalence of depression in long term care settings. Over 83 per cent of survey respondents found that the video heightened their awareness of programs used in long term care settings to help alleviate depression in seniors, and many strongly agreed that their awareness of barriers was increased. Most of the respondents indicated that they did not have misconceptions about seniors and depression before viewing the video, and so it is impossible to say whether the video has much effect in this regard. In terms of detecting signs and symptoms of depression in seniors, the majority of respondents felt that it was somewhat helpful, but some indicated that they were already aware of them. Similarly, most respondents somewhat agreed that their knowledge of risk factors for depression was increased by viewing the film.

The lower level of agreement related to misconceptions, signs and symptoms, and knowledge of risk factors may be related to the occupational backgrounds of some of the respondents. Survey respondents other than social workers and nurses seemed to find it more helpful, particularly the recreation and housekeeping staff. Additionally, the survey did not capture data about the respondents’ level of experience working with seniors with depression or the length of time someone has worked in the field overall, so it is difficult to say whether this might have been a factor in some of the responses, as those working in the area longer may have more awareness of signs, symptoms, and risk factors.

Additionally, the short length of the video, which is under 18 minutes, meant that there was no time to recap the signs and symptoms, which were introduced early in the video. The video was intended to appeal to all staff members working in LTC, which may mean that the information was not as in-depth for some workers with more experience in this area, but it appears to be

useful as a refresher for this group. A facilitator who can pause the video and then lead a discussion on the issues during the viewing, and complementary materials or an information package that staff can take away and read at their own convenience, may help fill this gap, as indicated by participants.

It is not surprising that most would have only heard about the video when asked to participate as there was limited promotion of the video. Most of those who indicated that they had seen the video 2 to 4 times were from Saint Luke's, which makes sense given that it was filmed at that facility.

One of the things to come out of sessions was that the participants expressed that they were glad not only to view the video, but also to have the opportunity to discuss related issues in the focus group, as they rarely had time set aside for professional development in this area. The video and the evaluation sessions filled a gap in this area, and point to the need for further professional development opportunities in all health regions of the province.

It is acknowledged that the pilot evaluation had some limitations. For example, we were not able to conduct pre- and post-tests to measure outcomes given the time constraints faced by front-line LTC staff, hence the participation in a single evaluation session with one survey. Instead, the survey asked respondents to self-report changes in their knowledge and awareness after viewing the video. Additionally, a question about the number of years of experience of respondents was not included in the survey, which would have provided some additional insight on the video's effectiveness. Finally, there were a small number of respondents/participants (54 in total), and sessions were not carried out in all health regions of the province.

In conclusion, the results from the surveys and the focus groups indicate that the *Seniors and Depression* video is effective and should be seen by a wider audience working in these settings all across the province, but there needs to be a more structured educational program and complementary information materials to accompany it.

The Bigger Picture

In addition to information about the video, we also got a glimpse of the bigger picture in seniors' mental health in this province, both from comments in the surveys and from focus group discussions in response to the following questions⁵:

- ***Throughout your experience in supporting seniors, have you noted any areas of concern regarding seniors' mental health well being?***

⁵ For more detailed summaries of comments related to these questions, see Appendices B and C.

- ***How can we prevent seniors from experiencing isolation or lowered mood?***
- ***Do you believe there are systemic gaps of service in Mental Health for seniors? If so, what are they?***
- ***How could Western Health/Eastern Health and the Canadian Mental Health Association support the development of these services?***
- ***What do you believe has been working well in our support of seniors for their mental health wellbeing?***

Survey respondents felt that there are a number of programs that are helpful for residents in long term care settings currently, in particular good recreation programs with a variety of meaningful activities, programs that promote interaction amongst residents, and programs that are tailored to meet residents' needs and interests. Despite the success of these programs in helping with mental health and wellbeing, results from the survey reveal that there is still dissatisfaction with programming offered in some long term care settings. Many issues were identified, including the following:

- There is not enough programming in general;
- The programming offered does not always take mental health into consideration;
- There are issues with staffing and human resources in terms of consistency and low numbers, which can be barriers to carrying out some activities;
- There are not enough one-on-one programs, or programs geared towards smaller groups that can be held with residents on locked units;
- There are often no activities offered outside the 9-to-5 weekday during evenings or on weekends, and there are often no activities on Sundays outside of church services;
- Programming tends to include some residents, but does not necessarily reach those who have high risk factors for depression;
- There is a lack of variety of programming and lack of individualized programming – residents are diverse;
- There is a general lack of programs that make residents feel useful, needed, and have self worth;
- More therapy programs like those that focus on music, arts, and cooking are needed.

Social isolation and loneliness are risk factors for poor mental health and, unfortunately, it is a common problem in many long term care settings. One participant expressed concern for

residents with depression who refuse to participate in programming that could potentially be helpful:

“We function under the philosophy that every person has the right to choose. Although we know that a depressed patient would benefit from our programs, a lot of the times they choose to stay in their rooms. We need to explore how we can still respect their privacy while also trying to prevent them wilting away in front of our eyes and not be able to do anything about it.”

Staffing issues can also contribute to problems with programming:

“Because of the lowered level of staffing, it’s hard to strike a balance between engaging in recreation therapy individually for individuals who refuse to partake in programming and still implementing preventative social programs for those wishing to partake in them.”

Participants also noted that depression is not always noticed or treated appropriately in long term care because other health issues tend to take priority over mental health problems. In terms of service delivery when depression is identified, it was indicated that there are services needed in areas like Western Health that are more available in St. John’s, and there appear to be gaps in psychiatric and other specialized geriatric services in the province generally. Having an educational program related to the video might be especially valuable in less populated areas outside of the St. John’s and the Avalon area where there are bigger gaps in mental health services.

In addition to gaps in services, LTC workers find it hard to pick up on signs and symptoms not only because of their busy schedules and other demands, but also because of a lack of general education in the area. One respondent commented, “We sometimes find it hard to pick up on depression because we are so taxed. It’s not uncommon to talk to housekeeping staff to get a better sense of what’s going on with a resident because they see them in a different light than what we do.” Another participant said:

“we have the belief that there is a significant portion of our residents that are prematurely admitted to long-term care facilities because their symptoms of depression are mistaken for a decrease in physical capabilities, which is not the case. We find once some residents receive the social and emotional support, they begin functioning adequately to meet their own needs.”

Transitioning from life in the community and adjusting to the LTC environment can also negatively affect mental health:

- “Residents are placed on medication too quickly. They need time to adjust to this setting and if they show any difficult behaviour they are placed on medication right away.”

- “When a resident dies, their roommate needs time to grieve. They have to get used to a new roommate right away. That can cause upset.”
- Roommates should be matched according to their interests and personalities
- Information on mental health should be provided to residents and families in an admission kit.

Staff members are also encouraged to be friendly, to communicate and “chat” with residents. However, as one person noted, “There are people out there who many times still can’t be reached because we sometimes talk down to them or talk over them with others with them present. Sometimes there are [*sic*] a voiceless face saying I’m here.” Creating a friendly, social atmosphere and having some fun are seen as being very helpful to promoting good mental health and supporting recovery from depression, as is having consistent staff and having families involved in the residents’ care.

Overall, there are not enough resources for long term care residents, and not enough information for staff. Although the video was intended for front-line staff in long term care, the responsibility for being aware of and ensuring that seniors’ mental health is a priority in long term care is on all of us, both in long term care and in the community, and everyone has an important role to play, including residents with lived experience of depression and their families.

Finally, two comments identify that the stigma that is associated with mental illness and the ageism that is prevalent in our society continue to pose barriers to addressing issues related to aging and mental health:

- “Mental health issues are very prevalent in the LTC facilities, but lack of resources prevent the identification, intervention and overall treatment of some. This population within our community deserve to be treated with respect and dignity which should include access to mental health services (full range) in the LTC facilities.”
- “There needs to be a voice to counter the ageism in our province. Seniors are the ‘forgotten ones’ in programming. It’s like we believe they are at the end of the road so we won’t bother to consider their needs. But we’re all going to be seniors too, and when we’re at that stage of life, we want people to think about us, so why are we not thinking about them now.”

While great strides in government, in long term care settings, and in the broader community have been made in recent years in relation to policy, education and programming that aims to improve mental health and well-being for seniors, it is clear that there is still much work that needs to be done. Given that that over the past thirty years, the population of Newfoundland and Labrador has aged faster than any other province in Canada⁶, the importance of seniors’ mental health has and will continue to be a growing issue in this province.

⁶ Government of Newfoundland and Labrador. Department of Finance. Economic and Statistics Branch (Oct. 2006) *Demographic Change: Issues and Implications*.

Recommendations

The results of the pilot evaluation of the video and the broader issues discussed above clearly point to the need for more education on mental health and mental illness for staff, seniors and their families, both in long term care and in other health and community settings. Although the *Seniors and Depression* video is effective, more resources are necessary to disseminate and promote the video. In order for this educational video to have the necessary impact in Newfoundland and Labrador, based on an analysis of the findings and in consultation with the advisory committee the following recommendations are hereby made:

- CMHA-NL should undertake the development of a complementary workshop-style educational program related to seniors' mental health to be delivered in long term care settings and in broader health, community, and other settings as appropriate. This program should be coordinated/facilitated by a permanent, full-time, dedicated position with CMHA-NL who will deliver educational sessions him/herself and also offer train-the trainer sessions;
- As a broader part of this educational program, CMHA-NL should also develop complementary, general mental health and anti-stigma educational materials for staff, families and residents in long term care, and for seniors, caregivers and home support workers in community and other settings as appropriate. These materials will be made widely available, including in an electronic format on the CMHA-NL website and circulated to other organizations for their use;
- Development of the program and other resources should be led by CMHA-NL in collaboration with an advisory committee comprised of representatives from the Government of Newfoundland and Labrador; the four regional health authorities; the Seniors Resource Centre; representatives from long term care, nursing, social work, LPN, psychology, and other related professional occupations and community organizations; and, most importantly, LTC residents with lived experienced of mental health issues and their families and caregivers;
- Ongoing evaluation of the overall educational program should be conducted to measure its effectiveness and ensure sustainability;
- There should be production of more copies of the video in DVD format for libraries, community and other health settings; and
- There should be more promotion of the video on the CMHA-NL website.

Appendix A: Evaluation Framework

By Donna Douglas and Rebecca Duffy

Evaluation Plan

In October, 2008, The Canadian Mental Health Association-Newfoundland and Labrador Division (CMHA-NL), in partnership with Eastern Health launched a Seniors and Depression DVD. The DVD was developed as a result of a literature review conducted on aging and mental health issues. A major finding of the review was that depression among seniors is more prevalent within long-term care facilities than within the community. The DVD arose from the need to educate front-line staff on the signs and symptoms in seniors in long term care facilities.

An evaluation of the Seniors and Depression Long Term Care DVD is required to determine whether its objectives have been met. This evaluation framework includes an overview of the project, the purpose of the evaluation, identification of evaluation stakeholders, and the type of evaluation proposed. Further, specific project objectives and expected outcomes were developed as means to develop the evaluation tool, specifically, a survey to assess the effectiveness of the DVD in fulfilling its objectives. The evaluation framework, will be provided to the representatives within each of the regional health authorities who will distribute it to front-line employees within the long term care facilities.

1. Project Description

Needs

A study conducted by Kim Mercer and Lisa Howell, fifth year social work students of Memorial University revealed a need for increased knowledge among front-line long-term care employees working with seniors with mental illness. Further, the study found that opportunities for professional development for front-line employees were limited in the area of seniors' mental health. Therefore, the primary need addressed by the DVD was to increase opportunities for professional development among front-line employees within long-term care facilities, and ultimately to increase knowledge among front-line staff.

Target Group and Planned Outcomes

The target group consists of front-line employees working within long term care facilities of each of the five health regions of Newfoundland and Labrador. Front-line employees consist of registered nurses, licensed practical nurses, personal care workers, dietitians, occupational therapists, physiotherapists, social workers, and management.

Findings in the literature and research within the province show high rates of depression in seniors, especially those who reside in long term care facilities. Front-line employees were informed and encouraged to view the educational resource: Seniors and Depression DVD in an effort to increase their knowledge in this area.

Planned outcomes for the evaluation involve the success of the Seniors and Depression DVD as an effective educational resource for front-line employees to improve professional development and learning in the area of seniors mental health. Specific objectives and associated outcomes are presented in a table in a separate document. The results of the evaluation may lead to further development of the DVD, specifically a workshop to be distributed to facilities/agencies across the province.

2. Evaluation Purpose

The purpose of the evaluation is to assess the degree to which project objectives were achieved and to provide recommendations for further development and improvement.

3. Evaluation Stakeholders

Primary stakeholders of this project include those who will be directly affected by the results, and individuals and organizations that have an interest. As project participants, the front-line employees of long term care facilities across the province will be affected by the results of the evaluation. Project team members include second year fast-track nursing students from Memorial University and members of the Newfoundland and Labrador Division of the Canadian Mental Health Association CMHA . Other Primary stakeholders include the various organizations and consumers who were a part of identifying the need for the educational DVD project. The United Way of Avalon and the Department of Health and Community Services funded the production of the educational DVD. An advisory committee, comprised of the video's interviewees, representatives from CMHA-NL's staff and board of directors, a personal care home, the Seniors Resource Centre, the Department of Health and Community Services, and the Licensed Practical Nurses Association of Newfoundland and Labrador, as well as the film makers, Wavelight Productions guided the development of the DVD and its content.

Secondary stakeholders of the educational DVD project include all sectors of healthcare professionals within the province including front-line employees who work in the long term care facilities across the province. Seniors who reside in long term care facilities across the province will benefit from the educational DVD, as it will support achievement of an optimal level of health through the recognition of signs and symptoms and help reduce the stigma surrounding mental illness in seniors.

4. Evaluation Type

To aid in the direction of the evaluation of the Seniors and Depression DVD, an outcome evaluation is proposed. It will assess the extent to which the project has achieved its objectives. The outcome evaluation will determine questions which need to be answered and data which needs to be collected surrounding the effect the project had on the target population's awareness and knowledge about seniors mental health.

| Objective | Outcomes | Survey Questions |
|--|--|--|
| <p>To improve professional development opportunities for staff of long-term care facilities about mental illness among seniors.</p> | <p>80% of long term care employees viewed the DVD.</p> <p>Among those who viewed the DVD, 80% will report that it contributed to their professional development opportunities.</p> | <p>Are you aware of the Seniors and Depression DVD?</p> <p>How did you learn about the Seniors and Depression DVD?</p> <p>Did you view the Seniors and Depression DVD?</p> <p>How many times did you view the DVD?</p> <p>Please rate your level of agreement with the following statement: The Seniors and Depression DVD provided me with an additional opportunity to learn about seniors and depression.</p> |
| <p>To accommodate the preferred learning styles of the front-line staff to effectively deliver the information within the demands of their work.</p> | <p>Among those who viewed the DVD, 80% reported it supported their learning styles.</p> <p>Among those who viewed the DVD,</p> | <p>Which of the following best describes your preferred learning style?</p> <p>Interactive participatory approach, self study approach.</p> <p>Please rate your level of agreement with the following statements:</p> |

| Objective | Outcomes | Survey Questions |
|--|--|--|
| | 80% will report that it that the format accommodated their work schedule. | <p>The Seniors and Depression DVD accommodated my learning style.</p> <p>The DVD was easily accessible</p> <p>I was able to view the DVD in a comfortable setting.</p> <p>The DVD accommodated my work schedule.</p> <p>How satisfied were you with the length of the DVD?</p> |
| To increase awareness among front-line staff of the prevalence of depression among seniors in long term care facilities. | Among those who viewed the DVD, 80% will report that their awareness of the prevalence of depression among seniors in long-term care facilities has increased. | <p>Did the information provided in the DVD increase your awareness of the prevalence of depression among seniors in long term care facilities?</p> <p>Please specify how did it increase your awareness?</p> <p>Please specify why it did not increase your awareness?</p> |

| Objective | Outcomes | Survey Questions |
|--|---|--|
| <p>To increase awareness of the myths associated with seniors with depression.</p> | <p>Front-line employees that viewed the DVD will describe at least two of the myths outlined in the DVD.</p> | <p>Did you have any misconceptions about seniors and depression before viewing the DVD?</p> <p>Please describe these misconceptions.</p> <p>Did the DVD change your misconceptions of seniors with depression?</p> <p>Please describe how your misconceptions have changed as a result of viewing the DVD?</p> |
| <p>To increase awareness of programs used to create meaningful activities for seniors to alleviate depression.</p> | <p>Front-line employees that viewed the DVD will describe at least two of the programs outlined in the DVD.</p> | <p>After viewing the DVD, has your awareness of programs catered towards alleviating depression among seniors in long-term care facilities?</p> <p>Please list the programs you are aware of as a result of watching the DVD.</p> |
| <p>To assess satisfaction with the range of programs offered at the long term facilities</p> | <p>After viewing the DVD, front-line employees will relate the</p> | <p>After viewing the DVD, how satisfied are you with the range of programs to alleviate depression among seniors in the long term facility in which you are employed?</p> |

| Objective | Outcomes | Survey Questions |
|--|--|--|
| <p>in which the front line employees are employed.</p> | <p>information about programs provided in the DVD to their own facility.</p> | <p>Please describe why you are satisfied with the programs offered at your facility.</p> <p>Please describe why you are dissatisfied with the programs offered at your facility.</p> |
| <p>To increase the employees' ability to detect signs and symptoms of depression in seniors in long term care.</p> | <p>Among those who viewed the DVD, 80% will agree (strongly or somewhat) that their ability to recognize signs and symptoms has improved.</p> <p>Front-line employees who viewed the DVD will list at least two of the signs and symptoms associated with depression in seniors.</p> | <p>Please rate your level of agreement with the following statement: After watching the DVD, my ability to detect signs and symptoms of depression of seniors in long term care has improved.</p> <p>Please list the typical signs and symptoms associated with seniors with depression in long-term care.</p> <p>Overall, how helpful do you feel the DVD was to help you to recognize the signs and symptoms of depression among seniors in long-term care facilities?</p> |

| Objective | Outcomes | Survey Questions |
|---|---|--|
| <p>To increase knowledge of the risk factors associated with depression in seniors in long term care.</p> | <p>Among those who viewed the DVD, 80% will agree (strongly or somewhat) that their knowledge of the signs and symptoms has improved.</p> <p>Employees who viewed the DVD will list at least two of the risk factors associated with depression in seniors.</p> | <p>Please rate your level of agreement with the following statement: After watching the DVD, my knowledge of the risk factors associated with depression in seniors in long term care has improved.</p> <p>Please list the risk factors associated with seniors with depression in long-term care.</p> |
| <p>To increase awareness of the barriers associated with recognizing depression.</p> | <p>Among those who viewed the DVD, 80% will agree (strongly or somewhat) that their awareness of barriers associated with depression in long term care has improved.</p> <p>Employees who viewed the DVD will list at least two of the barriers</p> | <p>Please rate your level of agreement with the following statement: After watching the DVD, my awareness of the barriers associated with depression in seniors in long term care has improved.</p> <p>Please list the barriers associated with seniors with depression in long-term care.</p> |

| Objective | Outcomes | Survey Questions |
|-----------|--|------------------|
| | associated with depression in seniors. | |

Survey

In October, 2008, The Canadian Mental Health Association-Newfoundland and Labrador Division (CMHA-NL), in partnership with Eastern Health launched a Seniors and Depression DVD. The DVD was developed as a result of a literature review conducted on aging and mental health issues. A major finding of the review was that depression among seniors is more prevalent within long-term care facilities than within the community. The DVD arose from the need to educate front-line staff on the signs and symptoms in seniors in long term care facilities. The CMHA-NL is currently evaluating the success of the Seniors and Depression DVD in fulfilling its goals and objectives. You can provide your feedback on the DVD through the completion of this survey. Your input for this evaluation is greatly appreciated. Please be assured that your responses will be held strictly confidential. The results of this survey will be analyzed on group basis and your individual responses will not be identifiable. Thanks for your feedback; we look forward to hearing what you have to say.

- 1) Please put in writing the long term care facility in which you are currently employed?

- 2) Please state the health region in which your facility is located.

- 3) What is your current occupation within the long-term care facility? **(Select only one response)**

- Registered nurse
- Licensed practical nurse
- Personal care attendant
- Social worker
- Occupational therapist
- Support staff
- Other, please specify: _____

4) Are you aware of the Seniors and Depression DVD?

- Yes (**Continue**)
- No (**That is the end of the survey, thank for your participation**)

5) How did you learn about the Seniors and Depression DVD? (**Select all responses that apply**)

- The administrator held a meeting
- Through a notice posted on the bulletin board
- Through discussions with colleagues
- The CMHA-NL website
- Don't know
- Other, please specify: _____

6) Did you view the Seniors and Depression DVD?

- Yes (**Continue**)
- No (**That is the end of the survey, thank you for your participation**)

7) How many times did you view the DVD?

- Just once
- Two to four times

- Five or more times
- Don't know

8) Which of the following **best** describes your preferred learning style? **(Select only one response)**

- Interactive participatory approach
- Self study approach
- Don't know
- Other, please specify: _____

9) Please rate your level of agreement with the following statements. **(Select only one response for each statement)**

| | Strongly agree | Somewhat agree | agree nor disagree | Somewhat disagree | Strongly disagree | Don't know |
|--|----------------|----------------|--------------------|-------------------|-------------------|------------|
| The Seniors and Depression DVD accommodated my learning style. | | | | | | |
| The DVD was easily accessible. | | | | | | |
| I was able to view the DVD in a comfortable setting. | | | | | | |
| The DVD accommodated my work schedule. | | | | | | |
| The Seniors and Depression DVD provided me with an additional opportunity to learn about seniors and depression. | | | | | | |
| I was satisfied with the length of the DVD. | | | | | | |

| | | | | | | |
|---|--|--|--|--|--|--|
| The DVD increased my awareness of the prevalence of depression among seniors in long term care facilities. | | | | | | |
| After viewing the DVD, my awareness of programs catered towards alleviating depression among seniors in long-term care facilities increased | | | | | | |
| After watching the DVD, my ability to detect signs and symptoms of depression of seniors in long term care has improved. | | | | | | |
| After watching the DVD, my knowledge of the risk factors associated with depression in seniors in long term care has improved. | | | | | | |
| After watching the DVD, my awareness of the barriers associated with depression in seniors in long term care has improved. | | | | | | |

10) Before viewing the DVD, did you have any misconceptions about seniors with depression?

- Yes **(Continue with question 11)**
- No **(Go to question 14)**
- Don't know **(Go to question 14)**

11) Please describe these misconceptions.

12) Did the DVD change your misconceptions of seniors with depression?

- Yes **(Continue with question 13)**
- No **(Go to question 14)**
- Don't know **(Go to question 14)**

13) Please describe how have your misconceptions changed as a result of viewing the DVD?

14) After viewing the DVD, how satisfied are you with the range of programs to alleviate depression among seniors in the long term facility in which you are employed? **(Select only one response)**

- Very satisfied **(Continue with question 15)**
- Somewhat satisfied **(Continue with question 15)**
- Neither satisfied nor dissatisfied **(Go to question 17)**
- Somewhat dissatisfied **(Go to question 16)**
- Very dissatisfied **(Go to question 16)**
- Not applicable to profession **(Go to question 17)**

15) Please describe why you are satisfied with the programs offered at your facility.

16) Please describe why you are dissatisfied with the programs offered at your facility.

17) Overall, how helpful do you feel the Seniors and Depression DVD was to help you to recognize the signs and symptoms of depression among seniors within long-term care?
(Select only one response)

- Very helpful
- Somewhat helpful
- Not very helpful
- helpful
- Don't know

18) Would you recommend to your colleagues to view the DVD?

- Yes
- No
- Don't know

19) Please describe any suggestions you have for improving the delivery of the Seniors and Depression DVD in the space below.

20) Please write any additional comments you have in the space below.

Thank you very much for your time. Your input is greatly appreciated!

Appendix B: Summary Report from Western Health

Canadian Mental Health Association

Seniors and Depression DVD Pilot

Focus Group Feedback

Irene. A. Barrett (M.Ed, CCC)

Regional Mental Health Prevention Consultant

Western Health

In collaboration with the Canadian Mental Health Association's Newfoundland and Labrador Chapter, Western Health has volunteered to participate in a pilot project for the CMHA' Seniors and Depression DVD. Facilitated by the Regional Mental Health Prevention Consultant, three focus groups comprised of an interdisciplinary team working in Long-Term Care facilities were brought together in a "Lunch and Learn" format to view and provide feedback on the DVD. Participants were solicited from three Long-Term Care facilities in the region (Port Aux Basques, Stephenville Crossing, and Corner Brook). Each focus group was provided with an initial greeting and a synopsis of the feedback requested in their participation. They were then presented with the DVD, immediately followed by the circulation of a questionnaire designed by the Canadian Mental Health Association, then concluded with an informal question and answer period. This paper outlines the thematic feedback provided by the participants as well as recommended areas of development The Canadian Mental Health Association can consider if additional programming is desired. Some responses are taken verbatim while others are representations of similar responses provided by more than one professional.

Professional Participation within Focus Groups

Management- 4

Social Worker-4

Nurse Practitioner-3

Licensed Practical Nurse-1

Recreation Development Specialist-2

Recreation Worker-4

Pharmacist-1

Housing Coordinator-1

Resident Care Coordinator-2

Housekeeping-1

Responses

Question 1: After viewing this DVD, what do you believe was the most important message health practitioners need to receive regarding seniors experiences with depression?

- It is significant that depression is most often not noticed due to other compounding health issues.
- There was nothing new within the information but it was a great way to refresh the topic because sometimes it's easy to forget.
- The personal narrative regarding the woman's experiences with depression gave voice to the issue that most individuals accessing our services are unable to do due to physical or mental disabilities.
- "Don't chalk it [depression] up to a part of aging."
- Under-diagnosis. "Based on those statistics, we have 25 residents that are depressed from our 115, and we only have 5 diagnosed. That's scary."
- "That depression prevents seniors from living a quality of life."
- "It raised awareness about how difficult it can be to have the dialogue around a residents' feelings here because we are short staffed and extremely busy trying to meet their basic physical needs. We need to have the time to do more than that."

Question 2: Do you believe this DVD is an effective resource to raise awareness of this issue amongst professionals working with this population?

- “I really can see this being significantly effective with new nursing staff, especially those that are call-in or just out of school.”
- “It would be a wonderful tool to share with acute care staff who may not have access to professionals like Recreation Therapists who can provide consultation around senior’s needs.”
- “Because we don’t have a Geriologist in the region, having a resource like this is necessary for us to stay current in the needs of our patients.”
- “We could make this a mandatory media to be viewed for all new staff hired in our department.”
- “It is a great resource tool.”
- “We really enjoyed it, now where can we get it.”
- “This video would be great to show to families of our residents who are experiencing depression, because a lot of times, they are the ones who refuse to recognize the issue and then they resist the treatment we can provide to increase the residents’ quality of life. We spend a lot of time beating around the bush to get families on board to what the residents need.”
- The video was also highlighted as a potential resource for a family/resident committee titled *Resident Council* that exists in one of the Long-Term Care facilities
- *It is important to note that all three focus groups categorically agreed that the DVD was effective in raising awareness around the issue.*

Question 3: What would make viewing this DVD more effective as an educational experience for Long-Term Care staff?

- “Having this discussion group was important for me.” If we had to of watched the DVD, filled in the questionnaire and went on, I wouldn’t have given the information the same consideration as we are doing here now.”
- Lunch and Learns are a good style
- It would be effective to use during the nursing orientation
- “It would be nice to have a day-long workshop on the subject to provide to our staff.”
- “If there were more people present to talk about it with. We’re only a small number of people working here.”

Question 4: What do you think would be a logical next step in getting this information out to practitioners?

- A staff orientation/ workshop about the topic
- Taking the DVD to all Long-Term Care facilities in the region
- All three focus groups highlighted an interest in seeing the DVD be used as a mandatory resource tool. One focus group suggested that it should also be used in Western Health’s general orientation due to the large number of seniors who access Acute Care services.

Question 5: Throughout your experience in supporting seniors, have you noted any areas of concern regarding seniors' mental health well being?

- We are in need of a psychologist that specializes in geriatric mental health needs.
- There needs to be more community programs created and sustained in rural communities to support seniors' social well-being.
- For individuals in remote rural areas, tele-health services could be a good option.
- For individuals who were receiving mental health support prior to their residence in a Long-Term Care facility, it is important for us to consider the continuation of those services. Currently, outpatient services end once patients reside in Long-Term Care.
- Concern for patients with depression who refuse to participate in programming. "We function under the philosophy that every person has the right to choose. Although we know that a depressed patient would benefit from our programs, a lot of the times they choose to stay in their rooms. We need to explore how we can still respect their privacy while also trying to prevent them wilting away in front of our eyes and not be able to do anything about it."
- "Because of the lowered level of staffing, it's hard to strike a balance between engaging in recreation therapy individually for individuals who refuse to partake in programming and still implementing preventative social programs for those wishing to partake in them."
- According to an intake worker "we have the belief that there is a significant portion of our residents that are pre-maturely admitted to long-term care facilities because their symptoms of depression are mistaken for a decrease in physical capabilities, which is not the case. We find once some residents receive the social and emotional support, they begin functioning adequately to meet their own needs."
- "There is a lack of practitioners who specialize in mental health issues, and we are not provided on site training around the topic."
- "It is difficult to get residents appointments with psychiatrists and psychologists, and even if they do manage to get a treatment plan, it is rarely ever followed up on."
- "I found it hard to not laugh when the lady on the video said that her psychiatrist sat down with her and analyzed things because we don't see that here on the West Coast."

Question 6: How can we prevent seniors from experiencing isolation or lowered mood?

- Community involvement
- We need more regional services to be able to support those in long-term care as well as to engage outreach services. There are two issues. The first issue is that we can't recruit and retain staff in professional health positions like occupational therapy, where they come long enough to get their foot in the door then leave. Second, the focus of services remains in Eastern Health, where they have more staffing and program opportunities than anywhere else in the province, even though we have the highest population of seniors in our region.
- "More programming in-house. There is a need for more positions to achieve the quality of care that was showed on the video."

- “Address the stigma around mental health illness, both with the residents, and with those supporting them.”

Question 7: Do you believe there are systemic gaps of service in Mental Health for seniors? If so, what are they?

- “You can always look at what you don’t have and feel bad about the positional vacancies but down here we have a great interdisciplinary team and we support each other in supporting those that receive our services and that team effort helps us serve seniors in an effective manner.”
- A physician or psychiatrist that specializes in geriatric issues.
- “We need more educational support around mental health issues. Because we don’t have a psychologist or mental health worker, it’s left to us to decide what to do when there’s an issue, and then we’re criticized for our decisions. Like, for example, our use of Ativan during a crisis. If medications are the only solution we have available to us, then it is in our best practice to administer to prevent injury during a crisis. If we had other solutions, we would prefer to take those, of course, but we don’t, so we’re doing the best we can.”
- “There needs to be a better process in relation to patients’ prescription and monitoring of psychological medication. The blanket prescription doesn’t work for everybody, but unfortunately a high majority end up on the same prescriptions and dosages and we’re then left to work against the side effects.”
- “We need mental health workers on staff at our LTC’s. One social worker per 100+ residents leaves many needs unmet, not because we don’t want to meet them, but because we can’t do so with such a large caseload.”
- “A regional Psychologist that solely is responsible for mental health issues in LTC’s would be an asset.
- “We sometimes find it hard to pick up on depression because we are so taxed. It’s not uncommon to talk to housekeeping staff to get a better sense of what’s going on with a resident because they see them in a different light than what we do.”
- We need Clinical Educator Nurses to support the nurses working in our LTC’s.
- We need more accessibility to assessments for residents. Most often residents are treated without an assessment which we do not think is right.”

Question 8: How could Western Health and the Canadian Mental Health Association support the development of these services?

- Increase awareness of the issues
- Support in the development of workshops/staff information services
- “There needs to be a voice to counter the ageism in our province. Seniors are the ‘forgotten ones’ in programming. It’s like we believe they are at the end of the road to we won’t bother to consider their needs. But we’re all going to be seniors too, and when we’re at that stage of life, we want people to think about us, so why are we not thinking about them now.”
- “Western Health provide the funding the staffing needs in our LTC’s.”
- Provide a sensitivity workshop for practitioners who may not understand mental health needs of residents.
- Support in establishing an interdisciplinary team.
- “Hire more staff and lower workloads.”
- “Support the change of the attitudes of people.”

Question 9: What do you believe has been working well in our support of seniors for their mental health wellbeing?

- Intergenerational recreation program
- Pet therapy
- Music therapy
- Community kitchens
- Reminiscence Therapy programs
- “We work as an interdisciplinary team and it works well for us. We value each others’ perspectives which in turn results in a valuable service to our residents.”
- “We do try to advocate on behalf of our residents, and we support each other in that process. Rarely are recommendations presented from one worker. We put them out there as a team.”
- Advocacy and Empathy.
- “The interest is there to support residents in the best way we can.”

Appendix C: Summary Report from Eastern Health

Canadian Mental Health Association, Newfoundland and Labrador Division

Seniors and Depression DVD Pilot Evaluation

Eastern Health Focus Group Feedback

Name of Facilitator: Beverly McLean

Position: Regional Psychologist, LTC St. John's Eastern Health

Background/Process:

In collaboration with the Canadian Mental Health Association, Newfoundland and Labrador Division (CMHA-NL), Eastern Health has volunteered to participate in a pilot project for CMHA-NL's Seniors and Depression DVD.

Facilitated by Bev McLean, Psychologist, two focus groups comprised of staff working in Long-Term Care facilities were brought together to view and provide feedback on the DVD. Participants were solicited from St Luke's and the Hoyles-Escasoni Complex in St. John's.

Each focus group was provided with an initial greeting and a synopsis of the feedback requested in their participation. They were then presented with the DVD, immediately followed by the circulation of a questionnaire designed by CMHA-NL, then concluded with an informal question and answer period. This paper outlines the thematic feedback provided by the participants as well as recommended areas of development CMHA-NL can consider if additional programming is desired. Some responses are taken verbatim while others are representations of similar responses provided by more than one professional.

Participation within Focus Groups

Management- 4

Licensed Practical Nurse-10

Recreation Development Specialist-4

Housekeeping-5

Dietary-4

Receptionist-1

Personal Care Attendant-1

Registered Nurse-2

Questions and Responses

Question 1: After viewing this DVD, what do you believe was the most important message health practitioners need to receive regarding seniors experiences with depression?

Notes:

“That help is available.”

“That seniors should not be treated with medication only.”

“Residents need to be more active and feel useful. – that’s 90% of the problem.”

“Residents should be assessed for a few weeks after admission before they are placed on medication.”

Question 2: Do you believe this DVD is an effective resource to raise awareness of this issue amongst professionals working with this population?

Notes:

“Yes it is brief and to the point.”

“It gives different perspectives on the problem.”

“Residents should have a chance to see it.”

Question 3: What would make viewing this DVD more effective as an educational experience for Long-Term Care staff?

Notes:

“Provide a handout to accompany the dvd.”

“Stop it and summarize or give more information.”

Question 4: What do you think would be a logical next step in getting this information out to practitioners?

Notes:

“More inservicing on the topic.”

Have it available in the library for residents, staff and families.”

Have it on Eastern Health Intranet.”

“Have it as part of orientation.

Question 5: Throughout your experience in supporting seniors, have you noted any areas of concern regarding seniors’ mental health well being?

Notes:

“Isolation and loneliness is a common problem.”

“Residents need to feel useful and wanted.”

“Sometimes very small activities make them very happy, such as listening to music.

“Residents are placed on medication too quickly. They need time to adjust to this setting and if they show any difficult behaviour they are placed on medication right away.”

Question 6: How can we prevent seniors from experiencing isolation or lowered mood?

Notes:

“Listen more.”

“Have more activities, especially for those with dementia.”

“Get everyone up first thing in the morning.”

“Have more meals together.”

“Try to match roommates according to interests and personality.”

“When a resident dies, their roommate needs time to grieve. They have to get used to a new roommate right away. That can cause upset.”

Question 7: Do you believe there are systemic gaps of service in Mental Health for seniors? If so, what are they?

Notes:

“People don’t talk about it.”

“Not enough resources for residents.”

“Not enough information for staff. We are not trained in it.”

“Information should be provided to residents and families in admission kit.”

Question 8: How could Eastern Health and the Canadian Mental Health

Association support the development of these services?

Notes:

“Get feedback from the residents.”

“Need a geriatric Psychiatrist.”

“Have more resources for counseling and management of behaviour.”

“Support staff in their efforts to spend more time with residents, listening to music, having a laugh. Some staff get mad if we turn on music and dance around. The residents love it.”

Question 9: What do you believe has been working well in our support of seniors for their mental health wellbeing?

Notes:

“Small homes are more intimate and get to know residents.”

“When staff are consistent this is really helpful for the residents.”

“Music, recreation, pub nights and socials are very popular.”

“Having families involved in care.”



CANADIAN MENTAL
HEALTH ASSOCIATION

ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE

NEWFOUNDLAND AND LABRADOR DIVISION

St. John's, NL - CMHA-NL 2010